

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**

**Transactional Analysis Diploma**

**Student Handbook**



**2017**

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## 1: INTRODUCTION

Transactional Analysis is:

- A theory of personality
- A philosophy of equality and reciprocity in human relations
- A therapeutic methodology

Healthy human relationships are characterised by an attitude of *I'm OK You're OK* with both self and other being respected as having worth, value and dignity. Transactional Analysis maintains that people have the ability to change self limiting ways of being in the world. The therapeutic method therefore examines both intrapsychic and interpersonal dynamics and supports the development of awareness, the capacity for intimacy, and release of spontaneity and the importance of the therapeutic relationship as the medium for change

The Transactional Analysis programme as taught by the Manchester Institute for Psychotherapy (MIP) covers the major Schools of Transactional Analysis – the Classical approach of Eric Berne, the Redecision approach, the Cathexis approach, the Integrative approach and the Relational Approach.

The fundamental aim, which directs the course structure and guides content, is to provide students with a thorough theoretical and practical understanding of classical and contemporary Transactional Analysis Psychotherapy to enable them to become competent exponents and practitioners in Adult Psychotherapy. In order to achieve this aim the course has been designed to provide an integrated specialised education that will develop skills of independent and co-operative learning, and satisfy the MIP requirements in personal clinical competence.

Psychotherapy education can be considered integrated when the four components of theory, clinical practice, clinical supervision and personal development are in accord and constitute an integrated system of teaching and learning. Therefore running throughout the course, both alongside and interwoven with the academic requirements, are explicit parallel clinical obligations which must be met in order to achieve the award of Certificate in Transactional Analysis Psychotherapy with Clinical Speciality – and the Diploma on Transactional Analysis Psychotherapy.

The Manchester Institute for Psychotherapy is at the growing edge of developments in the wider community of Transactional Analysis through its collaboration with the United Kingdom Association of Transactional Analysis and the European Association of Transactional Analysis all training is offered for the educational benefit of the trainees.

## **2: DEFINITION OF PSYCHOTHERAPY**

### **Psychotherapy**

- is concerned with the human being as a whole, i.e., his/her body, mind and soul, in the context of a concrete life situation and at a given stage in the development of his life history, and integrates its psychological methods and techniques into a holistic therapeutic model, or plan of treatment, in the light of which the process may be reflected continually.

### **Purpose and objectives**

Transactional Analysis Psychotherapy is practised:

- to understand, change resolve or alleviate conditions of suffering,
- to promote self-knowledge and experience of self, so as to enable the individual or groups of persons to make better use of his/her, personal life energy as well as his/her potential.
- to broaden the field of knowledge regarding the human being as a whole, community life and the mutual influence of people on each other as well as the relationship of the influence between them and their environment (processes which lead to and reinforce suffering and illness, and those that promote health).

Often these three levels of interest tend to overlap. What is always involved is the raising of awareness and insight to permit assessment of their impact, and where possible, to make use of them.

The psychotherapist's role will always include the ethical objective to promote the existential potential of the individual as well as of society/culture, and to foster a dynamic balance between self-determination and adaptability.

The course processes and content need to reflect the essential aims of the purposes of psychotherapy outlined above.

### **3: THE POSITION OF PSYCHOTHERAPY TODAY**

#### **An Independent Discipline**

1. The course makes the assumption that psychotherapy is a field in its own right: it accepts the contributions of the different basic sciences and integrates these in to its own concepts.
2. The origins of psychotherapy are interdisciplinary with its roots in a variety of fields that have contributed to its development. Transactional Analysis for example has its roots in Psychoanalysis, the Ego Psychology of Federn (1952), Gestalt psychotherapy, Existentialism, Humanism, Field Theory, Constructivism and Developmental Psychology.
3. A fundamental focus of rationale for this course is that Psychotherapy is an independent field of activity and while it should continue to seek enrichment from all possible sources, the contributions of other field of science must be integrated into its own perspectives and concepts.

#### **3.1 A Scientific Discipline**

1. Essentially psychotherapy is defined by the relationship between the patient or client, and the psychotherapist, and by work on unconscious/unaware material. Effectiveness and assessment of effectiveness is therefore closely linked to what the therapist experiences during the therapy, which in turn depends on his/her personality, intuitive understanding, empathy with the situation, theoretical base and ability to communicate. This subjective experiencing is an important healing element in the therapeutic process.
2. Transactional Analysis Psychotherapy is a scientifically based approach to human inquiry (a science of persons) in so far as it maintains the “ideals of critical self-reflective inquiry and openness to public scrutiny” (Reason, 1994). However, the epistemological bases of Transactional Analysis Psychotherapy contrasts with the positivist world view that separates science from everyday life, knower from known, researcher from subject, self from other, mind from body, masculine from feminine.

#### **References:**

- |                   |                                                                                            |
|-------------------|--------------------------------------------------------------------------------------------|
| Berne E (1975)    | ‘What do you Say After You Say Hello’,<br>NY: Grove Press, (p268)                          |
| Clarkson P (1992) | ‘TA in Psychotherapy’, Routledge, (p4)                                                     |
| Federn P (1971)   | ‘Ego Psychology and Psychosis’, London:<br>Haresfield (first published 1952)               |
| Reason (1994)     | ‘Participation in Human Inquiry.<br>Developments in New Paradigm Research’,<br>Sage, (p10) |

### **3.2 Academic Rationale Including Programme Philosophy**

The philosophy outlined below applies to the study of Transactional Analysis during each of the four years of training with MIP.

The programme philosophy is contained in the following four sections.

1. The basic assumptions of the theoretical model adopted for the programme:
  - A) A theory of personality
  - B) A theory of communication
  - C) A theory of life plan
2. The basic assumptions about the nature of the psychotherapy process – theory of psychotherapy.
3. The epistemological bases adopted by the programme.
4. A statement of values arising from the above.

#### **3.2.1 *Basic Assumptions of the Theoretical Model***

##### **TA Theory of Personality – Ego States**

1. The mind is a living, active, self-organising system which receives, recalls and processes information.
2. The mind is a complex psychic organ which has three primary ways of processing – identification processes, data processing and regressive processes. These are known colloquially as Parent, Adult and Child Ego States.
3. Ego State analysis is used to identify patterns of interpersonal relationship and intrapsychic process.
4. Ego State analysis is an important instrument for the identification of Transference phenomena.

##### **TA Theory of Communication**

1. Transactional Analysis theory defines and differentiates various modes of communication and provides a method for understanding effective and ineffective communications.
2. Transactional Analysis examines covert communications.
3. Personal distress arises out of archaic and inappropriate systems of communication.

##### **A Theory of Life Plan – Life Script**

1. The infant-caregiver relationship is the primary relationship in which a child

organises its life script, i.e. beliefs about self, others and the world. Life script is influential in all subsequent relationships and recreates and reinforces itself in order to maintain the status quo and resist change. Other schools of psychotherapy refer to this process as repetition compulsion, fixed Gestalt etc.

- 2 People have a desire for growth, self actualisation, and satisfying relationships. At the same time there is a tendency towards regression and the maintenance of familiar internal and interpersonal structures.
- 3 Life Script is perceived to be a child's creative adjustment, that is, a child's way of making sense and structure of their world. It helps the therapist to understand both the content and process of the client's functioning and informs therapeutic intervention.

### **3.2.2 Theory of Psychotherapy**

#### **3.2.2.1 Basic assumptions about the nature of the psychotherapy process**

1. Goal of Therapy.

In Transactional Analysis the ultimate goal of psychotherapy is seen as script cure. Transactional Analysis supports people to become autonomous and to choose healthy ways of being in the world. Autonomy is characterised by the capacity for spontaneity, awareness and intimacy.

- 2 The Role of the Therapist

Eric Berne, the founder of Transactional Analysis believed that a person could influence their future by changing the past in the present. It is the therapist's task to foster co-operation and mutuality by modelling a consistent attitude of *I'm OK, You're OK* with the client. This is facilitated by the use of contracts which, delineate and protect each person's rights and responsibilities. The therapist communicates psychological information in a language that is clear and understandable.

- 3 Styles and Modalities of Transactional Analysis

Transactional Analysis has a variety of styles and modalities and is practised with individuals, groups, couples, families and with children. It is increasingly applied in educational and organisational settings. It is widely used by human resource professionals seeking ways to manage the process of change. The styles in each modality will use a variety of techniques, which can be subsumed within one or more of the five main Transactional Analysis Approaches.

- 4 Techniques

TA is "an ever-expanding system of related techniques designed to help people understand their feelings and behaviours" (Woollams & Brown 1978). Whilst technical competence is essential, the techniques of Transactional Analysis are nevertheless secondary to the quality of the therapeutic relationship. Transactional Analysis, as taught at the Manchester Institute for Psychotherapy, believes the



therapeutic relationship is the major agent of change. Contemporary psychotherapy research supports this position.

The quality of the therapeutic relationship is a core factor in effecting therapeutic change and is facilitated by a consistently caring attitude that leads to the creation of a mutually reciprocal experience (mutual empowerment). In the use of the self the psychotherapist particularly emphasises openness, non-defensiveness, respect, and an attitude of understanding. The psychotherapist and client join together in dialogue to re-order the client's rational experience and change unhelpful beliefs about self, others and the world (reorganise the intrapsychic structure).

Therapeutic techniques which manipulate, reject or demean the client do not honour the subjective experience of the client. Techniques should develop from within the therapeutic relationship.

The therapist facilitates insight and where appropriate, the safe expression of emotion. Emotional literacy is an important goal of Transactional Analysis psychotherapy.

### **3.2.3 *The Epistemological Basis of the Programme***

Transactional Analysis is "a humanistic/existential psychotherapy by virtue of its primary emphasis on human freedom and autonomy" (Clarkson 1992)

#### **1. Existentialism**

Human beings are engaged consciously or unconsciously in endlessly remaking or discovering themselves. Transactional Analysis focuses on a persons' existence, relationships with others, hopes and despair, joys and suffering as directly and immediately experienced. A way of living that is not based on the truth of oneself in the world is inauthentic and self deceiving and leads to feelings of dread, shame, guilt and anxiety. Transactional Analysis confronts in-authenticity and challenges the client to organise a more meaningful existence.

#### **2 Humanism**

Transactional Analysis maintains an essentially optimistic attitude about the human potential, however it is cognisant of a negative side of human nature and the potential for destruction within the human shadow, "every human being seems to have a small fascist in his head" (Berne 1972).

#### **3 Constructivism**

Human knowledge (making meaning) is essentially socially constructed so that Transactional Analysis will give attention to the impact on the client of relational history, cultural norms, issues of gender, race, etc.

#### **4 Developmental Psychology**

Developmental Psychology maintains that out of the early infant-caregiver relationship the child develops its beliefs about self, others and the world which

influences all subsequent relationships. Developmental Psychology underpins the Transactional Analysis notion of Life Script.

### **3.2.4 Statement of Values**

The statement of values set out below are integral to the philosophy of the teaching and practice of the training staff and are organised within the three fundamental assumptions of Transactional Analysis.

**People are Born OK** – Taking the position *I'm OK, you're OK* is the minimum requirement for good psychotherapy and enduring emotional and social well being.

1. A person's right to be different is supported by the epistemological basis of the programme and is fundamental to the theory of Transactional Analysis.
2. The programme will challenge and confront structural/historical inequality e.g. racism, sexism, ageism, classism.
3. Course members will be facilitated to challenge abuse of power among their peers, from their tutors, or the theoretical assumptions of the training programme.
4. Humanism and Constructivism support the belief that personal growth and change is possible and that it requires intrapsychic, interpersonal and socio-political awareness in order to deconstruct and reconstruct knowledge and understanding.
5. The programme staff will provide support for students who are members of both visible and invisible minorities e.g. students who are dyslexic, hard of hearing, etc.

**People in emotional difficulties are nevertheless full, intelligent human beings.** They are capable of understanding their own and others problems.

1. The learning environment created by the programme will seek to maximise opportunity for students to share their thinking, experiences and perspectives in a way that encourages creative personal and professional development.

**All emotional difficulties are curable given adequate knowledge and the proper approach.** The difficulty psychotherapists have in providing healing with the more damaged personality is due to a lack of understanding, knowledge and resources, rather than incurability.

### **References:**

Berne, E. (1972). *What do you say after you say hello?* New York, Bantam Books.

Clarkson, P. (1992). *"TA in Psychotherapy"*. Routledge.

Woollams, S & Brown, M. (1978). Transactional Analysis. Huron Valley Institute Press.

### **3.3 Health & Disease**

The programme will enable students to understand health as the ability to maintain an *I'm OK You're OK* position with regard to self and others. It will raise consciousness of the many ways in which life script interferes with our capacity for healthy relating and results in varying degrees of social and occupational functioning and personal distress. Personal growth and development is a continual focus of the training during which students and staff will have the opportunity to experience and reflect on the quality of their relationships one with another. This is complemented by a student's ongoing personal therapy which is a fundamental requirement of the training programme.

The relational/developmental focus of the programme emphasises both technical competence and the importance of the therapeutic relationship and requires course members to commit themselves to:

- Increasing awareness
- Listening to self and others
- Becoming responsible
- Making informed choices
- Engaging in and assessing risks
- Being open to feedback
- Identifying own needs
- Monitoring tendencies to justify, explain or defend
- Recognising social, cultural and political sources of 'personal distress.
- In summary, the goals of Transactional Analysis psychotherapy are to enhance a person's capacity for spontaneity, awareness and intimacy, via satisfying experiences and relationships.

From the Transactional Analysis perspective, an individual cannot achieve autonomy in isolation. Three types of basic hungers (survival needs) are described – Structure, Stimulation and Recognition – which emphasise the interdependence of the individual on its environment.

Environmental factors can prove a major source of distress disempowerment and alienation. This is particularly manifested by inequality of opportunity. The programme will address in both general and specific ways inequality based on nationality, race, gender, sexual orientation, age disability, class, political or religious belief.

Assumptions about the validity and effectiveness of Transactional Analysis will be challenged by contemporary research and reflected in the literature content of the programme.

Matters of professional ethics and clinical practice are an important feature of the programme in view of professional registration following graduation.

### **3.4 Overall Aims of the Programme**

#### **3.4.1**

The general aim of the Diploma in Transactional Analysis Psychotherapy with Clinical Speciality is to provide students with sufficient theoretical and practical exposure to modern views of Transactional Analysis psychotherapy to enable them to become competent exponents and practitioners in Adult Psychotherapy.

Fundamental to sound clinical practice is a training that combines theoretical understanding, as a way of conceptualising clinical issues. Therefore the aim of the academic focus of the course will be to introduce students to contemporary theoretical paradigms and, to enable them to develop ways of reflecting upon and conceptualising clinical issues. In particular the programme will encourage an understanding of the value and role that research can contribute to Transactional Analysis Psychotherapy.

The programme has been designed to provide an integrated specialised education that will (a) develop skills of independent and co-operative learning appropriate to the preparation of a Research Project (b) satisfy the clinical requirements of the Manchester Institute for Psychotherapy, and the requirements for professional registration as a Transactional Analyst with The European Association for Transactional Analysis and with the United Kingdom Council for Psychotherapy and UKCP Registration as an Integrative Psychotherapist.

#### **3.4.2**

A major aim of Psychotherapy education is to integrate the following four components: theory, clinical practice, clinical supervision, personal development/therapy are in accord and constitute an integrated system of teaching:

1. integrative model and are reflected at the theoretical and practical level.
2. when these four components of education are presented as interrelated; understanding of the different areas and their interrelationship will be subject to critical scrutiny and research.
3. when the personal growth of the student is in accord with the developing requirements of psychotherapy education and accompanies the practice of supervised psychotherapeutic activity.

#### **3.4.3 *The specific aims will be described under the following headings:***

Theoretical aims of the course  
Personal Development  
Supervision

## Practice

### 1. Theoretical aims of the course

Theory provides a coherent framework for the different aspects of the training programme. Theory affects the goals of psychotherapy and provides guidance and direction for therapeutic intervention. Theory influences diagnosis and prognosis and the experience gained in the application of theory affects both its own further development and suggests areas of exploration for research.

Metatheory – General Foundations of Transactional Analysis Psychotherapy.

What is my perception of the world? -	Epistemology.
What is the nature of the human being?-	Anthropology.
What 'should I' or 'should I not do' ?-	Ethics.
Traditional science v new paradigm science -	Theory of Science.
Groups, culture, socio-political, economic-	Sociology.

### 2. Aims of Personal Development

Personal development permeates the whole of the modular programme and students will be required to obtain appropriate additional sources of personal development in the form of personal therapy (Transactional Analysis) on an ongoing basis and for the duration of the programme. It is ethical and necessary for the therapist to be exposed to the form of therapy they intend to practice and to experience its effect on themselves. The United Kingdom Council for Psychotherapy requires that psychotherapists undergo personal therapy of the frequency and duration similar to that they intend offering to clients.

In each of the four years of the Programme a student must undergo regular weekly personal therapy which should include both group and individual psychotherapy. The therapy must be with a UKCP registered Transactional Analyst and consist of 40 hours per year minimum.

### 3. Aims of Supervision

Clinical training supervision is an important and ongoing component of the modular programme and begins in the third year of training where each module will provide an opportunity for live supervision in large and small groups. In addition appropriate sources of qualified supervision (Transactional Analysis) will be identified for on going client supervision.

Supervision includes specific teaching functions:

- to accompany the learning process of the student.
- to stimulate the integration of personal development, knowledge and skills.
- to evaluate the interaction between the student therapist and their client.

### 4. Aims of Clinical Practice

Supervised clinical practice among peers will be an ongoing feature of the course, enabling the development of therapeutic skills and competencies and increasing

students' ability to engage in self-assessment.

In addition students will be required to engage in clinical practice with clients using the Transactional Analysis approach. Students will need to demonstrate how they intend to meet this requirement before the commencement of the course.

#### 5. Student Participation in Group Process.

Each weekend between 2-4 hours is spent in group process. The purpose of group process is for the students to understand their role in the life of the group and to experience and become aware of the impact of the group and members of the group on their own script processes. The learning experience is experiential and as such is an important part of the students overall learning and development as a TA Psychotherapist. It is an integral part of the entire weekend and as such must be attended.

#### **3.4.4 In addition to the above the course will:**

1. Develop awareness of the ethical context of psychotherapy and of issues which require particular attention and clarification, for example, use and abuse of the power differential within the therapeutic relationship, confidentiality, contracting, anti-oppressive practice.
2. Provide opportunities for students to develop their understanding and practice of psychotherapy within their main sphere of professional practice e.g., medicine, psychiatric nursing, social work, private practice.
3. Identify ways in which students may educate and assist their organisations to increase awareness of the nature and scope of the therapist's role and function.
4. Provide students with the opportunity to identify their psychotherapy and related training needs and to negotiate ways of meeting these. The teaching/learning methods used on the course are designed to encourage active involvement in the learning processes.
5. Provide a critical introduction to and an opportunity for ongoing critical evaluation of the relevance and efficacy of alternative psychotherapies and counselling, and Integrative Transactional Analysis psychotherapy in particular.
6. Special emphasis will be given to encouraging the adoption and use of research attitudes and methods in the accumulation and utilisation of information throughout the course and in particular the research project which has to be completed.
7. Seek to create a learning environment in which course members are encouraged to share their thinking and feelings openly, respecting both similarities and differences. Such a learning environment is facilitated by the humanistic-existential and constructivist basis of Transactional Analysis psychotherapy.

- 8 To undertake a Research Methods in Psychotherapy module and produce a research project.
- 9 To provide tutorial support in the preparation of the Research Project and preparation for UKCP registration.

## **4. GENERIC LEARNING OUTCOMES**

### **4.1 Learning and Stage Related Outcomes**

#### **YEAR 1**

On completion of the preparatory year students should be able to evaluate and synthesise the following:

##### **Theory**

1. Understand the core concepts of Transactional Analysis
- 2 Show some understanding of the inter-relatedness of Transactional Analysis theories

##### **Personal Development**

1. Apply Transactional Analysis to understand own script.

#### **YEAR 2**

On completion of this year students should be able to evaluate and synthesise:

##### **Theory**

1. They have some familiarity of the academic concerns of their chosen discipline and to present written work in a manner consistent with conventions of modern scholarly writing (citation, bibliography a clear understanding of plagiarism etc.).
- 2 They are competent in handling advanced critical, methodological and theoretical models relevant to the problems and issues addressed in the taught component.
- 3 They are able to express in a critical manner their understanding of their chosen discipline.
- 4 They are able to evidence a certain independence of thought with regard to the taught programme.

##### **Personal Development**

- 1 An ability to relate significant aspects of Transactional Analysis theory to their own personal development.
- 2 Critically reflect on the therapeutic process and on own functioning in order to develop practice.



- 3 Develop a capacity for self-monitoring
- 4 Demonstrates a satisfactory level of awareness of ethical requirements and standard of professional practice

### **Clinical Practice**

1. There is some ability to formulate a persons problem/s in terms of Transactional Analysis theory.
2. There is a developing awareness of ethical considerations and the student has begun to recognise their strengths and the limits of their competence.
3. Students will be able to deliver the ten clinical competencies devised by MIP following their full endorsement.
4. The clinical endorsement will be completed by December of the 2<sup>nd</sup> year of the 4 year training.
5. By passing the clinical endorsement this indicates that the trainee has been endorsed by the Manchester Institute for Psychotherapy as competent to begin their clinical life as a trainee psychotherapist under supervision.

### **YEAR 3**

On completion of this year students should be able to evaluate and produce professionally relevant syntheses of the following:

#### **Theory**

1. They are conversant with the academic concerns of their chosen discipline and the problems and issues addressed in the taught component and are fully conversant with the conventions of scholarly writing.
2. They are competent in handling advanced critical, methodological and theoretical models relevant to the problems and issues addressed in the taught component.
3. They are able to review the competencies gained already in the light of competencies gained in the current year.
4. They have acquired the ability to evaluate the competing critical, methodological and theoretical models which they have encountered in the taught programme.
5. They can evidence independence of thought with regard to the taught programme such that they can formulate a coherent and realisable research project

6. They have competence to undertake a research project.
- 7 By the end of Year 3, trainees will be expected to have a clinical caseload and relevant supervision and to have a placement, either externally or internally.

### **Personal Development**

1. There is a development of personal insight to make a mature assessment of their personal history and current functional and dysfunctional behaviour.

### **Clinical Teaching Supervision**

- Assess clients suitability for psychotherapy
- Establish and work with the therapeutic relationship
- Critically reflect on the therapeutic process and on own functioning in order to develop practice
- Identify, clarify, assess and manage a range of clinical problems
- Make effective use of supervision
- Demonstrates a capacity for autonomy in their professional practice
- Develop a capacity for self monitoring
- Demonstrates a satisfactory level of awareness of ethical requirements and standard of professional practice
- Ability to work proactive and co-operatively with others to formulate solutions to ethical problems

### **Clinical Practice**

In addition to the competencies acquired at previous stages course members will now be able to:

- 1 Reflect and comment on the quality of contact between themselves and their clients
- 2 Demonstrate effectiveness in terms of clarity, precision, timing and effectiveness of interventions

### **Year 3 Mental Health Familiarisation Module**

1. A three day mental health familiarisation workshop is required of students with little or no experience of working in a psychiatric setting.

### **YEAR 4**

On completion of Year 4 students should be able to demonstrate through their research project that:

1. They are familiar with the critical, methodological and theoretical literature associated with their field of enquiry
2. They are able to provide an argued alternative to the received literature associated with the nominated field of enquiry
3. They have a thorough grounding in appropriate research methodologies and the academic concerns associated with their chosen field of enquiry
4. They can collect data and analyse it according to accepted methods of analysis
5. They are able to evaluate critically available models of analysis
6. They can propose, where appropriate alternative (or hypothetical) models of analysis
7. They can evaluate the outcomes of inductive and/or deductive analysis with regard to the material under consideration
8. They can sustain from evidence submitted, a reasoned argument and draw consistent and coherent conclusions
9. They can cite the outcomes/conclusions of a research project
10. They are able to reflect in a mature fashion upon the outcomes/conclusions of the enquiry, and can be self-critical in assessing the contributions from their own research.

## **Clinical Teaching Supervision**

Students should be able to demonstrate the following abilities:

### **1. Therapeutic Skills**

- 1.1 Assess clients' suitability for psychotherapy
- 1.2 Formulate and apply appropriate therapeutic Interventions
- 1.3 Establish and work with the therapeutic relationship
- 1.4 Manage the termination of therapy, planned and premature endings

### **2. Reflective Practice**

- 2.1 Critically reflect on the therapeutic process and on own functioning in order to develop practice

### **3. Management of Clinical Practice**

- 3.1 Identify, clarify, assess and manage a range of clinical problems
- 3.2 Make effective use of supervision

### **4. Communication & Presentation**

- 4.1 Engage confidentially in communication with professional e.g., therapists, doctors, social workers.

### **5. Context of Professional Practice**

- 5.1 Capacity for adaptation and innovation in response to complex and unpredictable or specialised area of work.

### **6. Responsibility**

- 6.1 Demonstrates a capacity for autonomy in their professional practice
- 6.2 A capacity for self monitoring
- 6.3 Demonstrates a satisfactory level of awareness of ethical requirements and standard of professional practice
- 6.4 Ability to work proactive and co-operatively with others to formulate solutions to ethical problems
- 6.5 Capacity to tolerate the ambiguity and uncertainty that often accompanies ethical dilemmas

Competent clinical practice together with the ability to use supervision effectively must be evidenced in the formally assessed research project. In particular the course member will need to demonstrate:

- A high level of intuition (range, flexibility and creativity) in their work as a therapist
- An ability to anticipate the general direction of the therapy

## **4.2 Teaching and Learning Related to 4.1**

### **4.2.1 Teaching/Learning Aims**

The aims of the teaching/learning methods used on the programme will be consistent with the overall aim of the course thus:

The framework for this course will reflect the overall aim of providing a specialised integrated education, including theory, personal development, clinical supervision and clinical practice. To enable such a framework to work effectively modules are arranged over ten weekends of each training year.

NB. Clinical supervision does not take place in Year 1.

Each day will provide for an integrated day which reflects the module framework:

- Group Process
- Theory
- Supervised practice in large group
- Peer practice in small groups

Within this framework the following aims are identified:

1. To facilitate structured and informal learning. Obviously there will be considerable overlap as, for example, theory will permeate the whole day and cannot be contained within its own specific time slot. Similarly personal development will occur during the theory time as well as being the specific focus of group process.
2. To raise awareness of the interrelatedness between process, content and outcome.
3. To develop trust in the process of learning by increasing awareness of self and other, self in dialogue with peers and staff, self in dialogue with the theory.
4. To challenge and support self and others in the adventure of learning.
5. To develop a learning environment that balances support and challenge.
6. To provide a teaching/learning model consistent with the epistemological basis described in the programme philosophy namely, Constructivism, Existentialism, Field Theory, Developmental Psychology and Humanism.

#### **4.2.2 Teaching/learning strategies**

The teaching/learning strategies used in the Programme are intended to reflect basic features of the Programme Philosophy, Aims and Values.

Students are encouraged to explore their own developmental/relational history to understand the influence this has had on their subsequent beliefs about self, others and the world

The teaching and clinical training will enable students to develop self awareness, emotional literacy and the capacity to engage in relationships with peers and staff with both spontaneity and authenticity. This will be achieved in several ways including:

- Facilitating insight into how students life scripts are maintained through the various defence mechanisms.
- Developing awareness of the significance of transference phenomena relevant to life script, including projective identification and counter transference.
- Critical evaluation of the role of hypnotic induction as a vehicle for transference.
- An exploration of students intrapsychic and interpersonal functioning through the analysis of Ego States.
- Recognition of the difference between content and process in human relating.
- Awareness of external sources and effects of oppression on self and others.
- Awareness of internal sources and effect of oppression on self and others, i.e. the internalisation of external oppression and vice versa
- Willingness to be confronted and to own responsibility for ones own oppressive attitudes and behaviour.
- The commitment to be open to experiential learning and willingness to examine cherished theoretical concepts.
- Willingness to adopt alternative frameworks for understanding the client.
- Developing an attitude to knowledge which recognises its tentative transient nature.
- Willingness to acknowledge resistance to change, the inevitability of change and the conflict between them.
- Acknowledgement of personal and professional limitations in terms of ethical and professional practice.

The teaching/learning strategies and the processes of learning (including the integrated day) will enable students to appreciate own and others frames of reference.

The teaching learning methods will facilitate learning in the four major components of the specialised integrated teaching.

- 1 Theory
- 2 Supervision
- 3 Clinical Practice
- 4 Personal Development

The training will provide for an exploration of content (theories, methods, issues, problems etc.) and process.

The training will provide opportunities for course members to practice and develop technical skills (techniques, strategies of intervention) – Doing and group process skills – Being.

Critical feedback from peers and staff will be an essential feature of the training

During the integrated day, course members will identify and agree individual learning objectives. There will also be an evaluation of the Personal Learning Journal.

## **5: ADMISSIONS POLICIES AND PROCEDURES**

### **5.1 The Manchester Institute for Psychotherapy Admissions Policy**

The Manchester Institute for Psychotherapy entry qualifications reflect a desire to make all courses, including the main four year psychotherapy training course to be open to as many people as possible.

Therefore all applicants, if they feel they have other experiences to offer, even if they do not have a degree, or equivalent qualifications are encouraged to contact the Institute to discuss their eligibility for admission to MIP courses.

#### **Selection Procedure**

1. To fill in The Manchester Institute for Psychotherapy application form for the psychotherapy training and send it to the overall training Director.
2. Two trainers from The Manchester Institute for Psychotherapy, one being the overall training Director, will discuss the content of the application form to ensure the candidate has achieved the required criteria for entry into the psychotherapy training programme.
3. If the candidate has the required criteria for entry into the psychotherapy training programme, they will be invited to The Manchester Institute for a two hour selection process.
4. The overall Director of training and one other trainer will meet the potential candidate on an individual basis, to discuss their reasons, motivation and purpose behind their application for training at the Institute.

The major objective of this selection process will be to judge their readiness for admission to the psychotherapy programme.

#### **Issues highlighted and discussed during this process will include:**

Details concerning the application form; Any details concerning their curriculum vitae; Current personal situation; Current professional situation; Motivation and interest for the training; Own experiences with psychotherapy process; Psychotherapy courses and groups that they have attended; Self appraisal of own psychological health and resilience; Are able to meet the financial costs of psychotherapy training; Special circumstances and bursaries etc.

5. After discussion of the above, a decision will be made by the two trainers on behalf of The Manchester Institute, with regards to the candidate's entry into the psychotherapy training programme.
6. If successful, the candidate will be invited into the psychotherapy training course and for the candidate to accept the course place in writing.



7. If the candidate is refused entry into the psychotherapy training programme, they will be given the reasons why verbally at the selection interview, by the trainers on behalf of The Institute.
8. If the candidate decides to appeal against the trainers decision, they will need to put their reasons in writing to the overall training Director of the psychotherapy training programme

## **5.2 Admissions Criteria APEL**

Usual entry requirements as described and in addition:

5.2.1 A portfolio of work which would include:

- experience in counselling in a volunteer or other capacity;
- formal and information education;
- independent study. E.g. reading which relates to counselling / psychotherapy;
- other experiences which are relevant, e.g. receiving counselling /psychotherapy;
- references from an appropriate person; eg employer
- written form of compilation of the evidence of the above would be required.

5.2.2 In addition to the above an essay of 2,000 words on a counselling/therapy related topic.

5.2.3 The criteria against which this essay would be tested are:

- Issues in the title are addressed in a lucid, relevant, rigours and coherent way.
- The work is well structured, themes/ideas/issues are developed in a logical and consistent way.
- There is evidence of use of personal experience and views, reading of relevant literature, and of practical implications.
- Clear use is made of appropriate concepts to analyse own and others experience and to criticise and explore issues.
- There is awareness of the influence of own and others' values and beliefs on ideas and practice.
- Unsupported generalisation are to be avoided, and clear distinctions between evidence and opinion should be maintained.
- Further implications of the issues are indicated, which there may not be space to develop.
- The conclusion draws together the main arguments in a way which enables the reader to appreciate why these conclusions are reached. The conclusion may indicate relevant areas which have not been referred to (for lack of space) and it may include further issues or questions of which the writer has become aware.

5.2.4 If the candidate satisfies the above requirements then she/he may be admitted to the programme for Year 2, 3 or 4 at the discretion of the Director of MIP.

- 5.2.5 In the event of a candidate failing to achieve entry to the Programme, the course tutor would advise the candidate as to what courses of study and experience would be appropriate to undertake prior to the next application.
- 5.2.6 Registration will be for at least a year and not normally only for Modules. This is due to the nature of the course in which processes, relationships and content need time to develop.

### **5.3 Equal Opportunities – MIP**

The Manchester Institute for Psychotherapy recognises and values diversity and difference and, as a result, it is working actively to ensure that its services are non discriminatory in nature.

The Manchester Institute for Psychotherapy recognises that it exists in a community, rich in diversity and difference. The Institute also recognises that direct and indirect discrimination exists in society, and the disadvantage that can adversely affect individuals and groups as a result. An obligation is therefore accepted at the Institute to ensure that services provided do not exclude or discriminate against individuals or groups on criteria other than suitability for psychotherapy or training.

The Manchester Institute for Psychotherapy is actively committed, within the resources at its disposal, to pursue a positive strategy that goes beyond an undertaking not to discriminate or oppress. The Institute recognises its sphere of influence and seeks to offer a positive contribution to the debate on therapy and equality. In order to combat discrimination and oppression, the Institute is working towards an increased awareness of the needs of oppressed and disadvantaged groups.

The Manchester Institute for Psychotherapy is opposed to any display of prejudice, either by word or conduct, by any member of the Institute. The culture surrounding addressing oppressive behaviour encourages the use of sensitive intervention except in those cases where behaviour is deemed to be totally unacceptable.

The aim of the policy is to ensure that no trainee, client, member of staff, trainer or any applicant for these positions receives less favourable treatment on grounds that cannot be shown to be justified.

The Full Equality Policy can be accessed in the MIP Library or from the website [www.mcpt.co.uk](http://www.mcpt.co.uk).

As proponents of TA, we will recognise that much of the early literature was written in the 1950's and 1960's at a time when there was little awareness of the impact of discriminatory language. Berne the founder of TA used many terms, which would be unacceptable if he were writing today.

It is of course impossible to study TA without becoming familiar with the writings of

the founder and other authors of that era. We emphasise that TA has moved on since then and that MIP is committed to developing a TA community that embraces Equality of Opportunity and Diversity.

In line with this commitment, we note that much early TA literature used discriminatory labels and concepts. Such literature if used sensitively provides a valuable resource for training to explore and challenge discriminatory labels and concepts and move to best practice. Ref. UKATA Equality and Diversity documents

Further information on Equality of Opportunity and Diversity along with the relevant legislation can be obtained from:

### **Commission for Racial Change**

[info@networkforeurope.eu](mailto:info@networkforeurope.eu)

Tel: 0151 237 3972

[www.networkforeurope.eu](http://www.networkforeurope.eu)

### **Reasonable Adjustments**

Depending on specific circumstances reasonable adjustments could include:

The provision of information in alternative accessible formats (eg: Braille, large print, on tape)

The provision of an interpreter during training/counselling sessions. Additional costs arising from this would need to be charged across the customer base and not simply be passed on to the disabled person.

Free participation for support workers.

The provision of accessible venues (full physical access will be a legal requirement by 2004) or the use of suitable alternative venues.

The use of conference/meeting facilities with full access for disabled people – eg: wheelchair access, availability of loop induction, provision of interpreters, etc.

Discrimination i.e. explicit, institutional and indirect discrimination is unlawful with regards to race, gender and disability. The relevant legislation is: 1) The Race Relations Act 1976. 2) The Sex Discrimination Act 1975 amended 1999. 3) The Disability Discrimination Act 1995. (Further information can be accessed from the contacts list in the Addendum at the back of the Policy).

However more subtle forms of discrimination continue to affect many people. TA Practitioners are in a position of responsibility with regard to those with whom they work. It is expected that all relationships arising out of TA practice will develop on a professional, caring and non- discriminatory basis.

TA practitioners have a responsibility to recognise the reality of difference and of discrimination and prejudice in society and within the profession. Practitioners are responsible for addressing and challenging discrimination.

## 6: PROGRAMME STRUCTURE

### 6.1 Structural Rationale

The programme structure reflects the overall aim of providing an integrated specialised education in Transactional Analysis psychotherapy. The concept of an integrated specialised education in psychotherapy is evident in the Curriculum Contents and Requirements of Training Courses for member organisations of the United Kingdom Council for Psychotherapy and other national governing bodies in the field of psychotherapy in Europe.

The integrated specialised programme in Transactional Analysis psychotherapy is in a modular structure which provides a clear sense of progression, sequence and development that is in accord with the personal and professional development of a psychotherapist from relative beginner, through intermediate phases, to competent practitioner.

The course modules are of **two/three full days** duration to allow for in depth study with sufficient space between modules to allow for the assimilation of the experience content and process. 100% attendance is expected in order to complete the course.

Research modules are included in order to:

- evaluate psychotherapy practice and outcome
- recognise and encourage the links between research, clinical practice and the evolution of professional knowledge.

The structural framework indicates the sequential relationship between the modules and the MIP Parallel Clinical Obligations. It makes explicit the integration and coherence which is a fundamental aim of the Programme.

### 6.2 Integrative Relational Transactional Analysis 4 year Assessment Programme.

<b>Year 1</b>	Personal Therapy	Min 40 sessions
	Attendance	100%
	Assignment (2)	100% Coursework Pass
	Personal Learning Journal	Satisfactory
	Personal development Profile	Satisfactory
<b>Year 2</b>	Personal Therapy	Min 40 sessions
	Attendance	100%
	Assignment (2)	100% Coursework Pass
	Clinical Competencies	Pass
	Personal Learning Journal	Satisfactory

	Personal development Profile	Satisfactory
<b>Year 3</b>	Personal therapy Attendance Assignments (2) Clinical Competencies Personal Learning Journal Personal development Profile	Min 40 sessions 100% 100% Coursework Pass Pass Satisfactory Satisfactory
<b>Year 4</b>	Personal Therapy Attendance Research-based Project Personal Learning Journal Personal development Profile Mini case study	Min 40 sessions 100% 100% Coursework Pass Pass Satisfactory Satisfactory

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**Manchester Institute for Psychotherapy**  
**CRITERIA FOR MARKING OF WRITTEN ASSIGNMENTS**

**Essay Marking Criteria**

	<i>There should be a structured plan for the work with an introduction, development and middle and conclusion and the work should address the essay title</i>	<i>Own ideas should be developed and others included and referenced, to show application of theory to practice self awareness</i>	<i>Theory should be used to support the essay title, in addition there needs to be practical links of the theory to specific areas of application</i>	<i>All work should be referenced and include a Reference section, using an agreed format. - reference could be to course handouts, books, articles, web items</i>	<i>Assignments should be typed and double spaced, with pages numbered and named. Marking will take into account spelling, grammar and adherence to word limit (+ or – 10% )</i>
<b>Mark</b>	<b>Organisation and planning 15%</b>	<b>Argument and application to practice 25%</b>	<b>Theory and Analysis 25%</b>	<b>Research and referencing 20%</b>	<b>Style and Presentation 15%</b>
<b>A 80–100%</b>	Exceptional planning resulting in excellent structure and presentation	Arguments developed and refined to include high order critique. Strong conclusions substantiated by valid findings underpinned by evidence from reading and good integration of theory and practice;	Effective critical analysis maintained throughout. Sophisticated grasp of theory and its application within a well developed and critical argument. Integration of self awareness to support the analysis	Method/s deployed highly effective. Evidence obtained of high order. Referencing follows agreed format with minimal errors. Extensive reading from Course List and other sources;	Expression is fluent throughout and with very few grammatical/spelling errors. Keeps to word limit
<b>B 65%-79%</b>	Evidence of careful planning resulting in a well structured and well presented piece of work	Argument developed and refined with strongly substantiated conclusions. Showing some integration of theory and practise	Clear understanding of theories and critical analysis throughout the work	Method/s of research used well. Some good evidence and few errors. Referencing follows agreed format with few errors. Inclusion of required books	Vocabulary is exact and expression is good throughout Keeps to word limit
<b>C 50%-64%</b>	Clear evidence of planning leading to a reasonable structure	Good arguments provided and with substantiated deductions and conclusions in parts. Some mention of practise	Evidence of understanding of theories and strong analysis, with much of this critical in approach	Method/s of research used competently and supported by sufficient evidence. (reading) Referencing follows agreed format but with some errors	Clear expression and with few grammatical/spelling errors. Reasonably presented.

<b>D</b> <b>40%-49%</b>	Some logic and thought given to planning and structure	Argument weak or predictable and with predictable conclusions. Little evidence of thinking of how to apply the theory	Some use of theories and analysis throughout. Content is predominantly descriptive rather than critical.	Method/s of research used adequately. Attempts made to reference but not in agreed format. Some reading from course list	Some grammatical/spelling errors or in part poorly expressed and presented. Over or under word limit
<b>FAIL</b> <b>0%-39%</b>	Limited evidence of planning of work and little structure	Lacking in argument and objective comment and with simplistic and unsubstantiated conclusions no self awareness of application to practise	Solely descriptive content with little or not analysis.	Evidence of some research. Limited in depth and methods used. Very limited or no referencing	Quality of expression and grammar poor and difficult to follow. Badly presented and no adherence to word limit.



**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**  
**CRITERIA FOR MARKING OF WRITTEN ASSIGNMENTS**

**Research Project – Marking Criteria**

	<p><i>There should be a structured plan for the work with an introduction, development and middle and conclusion and the work should address the essay title</i></p> <p><b>Re: research project, organisation and planning will be shown in the effectiveness of pre-research <u>ethical proposal</u> engagement and evidenced by the clarity of the <u>structure of the research report</u> and <u>thematic analysis</u> (including the extent guidelines have been followed).</b></p>	<p><i>Own ideas should be developed and others included and referenced, to show application of theory to practice self awareness</i></p> <p><b>Re: research project, <u>literature review, findings, and discussion sections</u> should show critical analysis and awareness of issues re: application</b></p>	<p><i>Theory should be used to support the essay title, in addition there needs to be practical links of the theory to specific areas of application</i></p> <p><b>Re: research project, analysis should be demonstrated in the quality of the <u>data analysis</u> and in the links being made between findings and theory in <u>both literature review and discussion sections</u>.</b></p>	<p><i>All work should be referenced and include a Reference section, using an agreed format. - reference could be to course handouts, books, articles, web items</i></p> <p><b>Re: research project, understanding should be shown of <u>research methodology</u> (and phenomenology specifically) and academic skills demonstrated in references to relevant <u>literature</u>. Awareness of research <u>ethics</u> should be demonstrated.</b></p>	<p><i>Assignments should be typed and double spaced, with pages numbered and named. Marking will take into account spelling, grammar and adherence to word limit (+ or – 10% )</i></p> <p><b>Re: research project, writing skills will be shown in the <u>quality of expression</u> (including ability to write in a clear, evocative way) and the extent the report shows potential for publication (A grade papers).</b></p>
<b>Mark</b>	<b>Organisation and planning 15%</b>	<b>Argument and application to practice 25%</b>	<b>Theory and Analysis 25%</b>	<b>Research and referencing 20%</b>	<b>Style and Presentation 15%</b>
<b>A 80 – 100%</b>	Exceptional planning resulting in excellent structure and presentation	Arguments developed and refined to include high order critique. Strong conclusions substantiated by valid findings underpinned by evidence from reading and good integration of theory and practice;	Effective critical analysis maintained throughout. Sophisticated grasp of theory and its application within a well developed and critical argument. Integration of self awareness to support the analysis	Method/s deployed highly effective. Evidence obtained of high order. Referencing follows agreed format with minimal errors. Extensive reading from Course List and other sources;	Expression is fluent throughout and with very few grammatical/spelling errors. Keeps to word limit
<b>B 65%-79%</b>	Evidence of careful planning resulting in a well structured and well presented piece of work	Argument developed and refined with strongly substantiated conclusions. Showing some integration of theory and practise	Clear understanding of theories and critical analysis throughout the work	Method/s of research used well. Some good evidence and few errors. Referencing follows agreed format with few errors.	Vocabulary is exact and expression is good throughout Keeps to word limit

				Inclusion of required books	
<b>C</b> <b>50%-64%</b>	Clear evidence of planning leading to a reasonable structure	Good arguments provided and with substantiated deductions and conclusions in parts. Some mention of practise	Evidence of understanding of theories and strong analysis, with much of this critical in approach	Method/s of research used competently and supported by sufficient evidence. (reading) Referencing follows agreed format but with some errors	Clear expression and with few grammatical/spelling errors. Reasonably presented.
<b>D</b> <b>40%-49%</b>	Some logic and thought given to planning and structure	Argument weak or predictable and with predictable conclusions. Little evidence of thinking of how to apply the theory	Some use of theories and analysis throughout. Content is predominantly descriptive rather than critical.	Method/s of research used adequately. Attempts made to reference but not in agreed format. Some reading from course list	Some grammatical/spelling errors or in part poorly expressed and presented. Over or under word limit
<b>FAIL</b> <b>0%-39%</b>	Limited evidence of planning of work and little structure	Lacking in argument and objective comment and with simplistic and unsubstantiated conclusions no self awareness of application to practise	Solely descriptive content with little or not analysis.	Evidence of some research. Limited in depth and methods used. Very limited or no referencing	Quality of expression and grammar poor and difficult to follow. Badly presented and no adherence to word limit.

## **7.1 Assessment Rationale**

The Assessment Modules and the sequence are designed to incorporate the range of learning experienced on the Programme and the complementary teaching and learning strategies. Some modules will be taught over two or three weekends and some modules are taught across three consecutive years.

The assessment criteria are intended to enable the students to be aware of the qualitative criteria which they need to address in the achievement of Learning Outcome's. The assessment criteria also allow a literal and numerical grade to be awarded above the threshold level of Learning Outcome achievement.

Modules are assessed by Essays, Personality Development Profile, Personal Learning Journal, Clinical Competencies, written Clinical Case Study and Research Project. Success in the assessment of a Module is the achievement of the Learning Outcome's associated with that Module. This combination of essay/written project and personal learning journal reflects the integrative nature of the Programme.

Course members must also undertake the parallel clinical obligations – personal psychotherapy, clinical practice and supervision.

All clinical evaluation assessments and course work must be in pass status and personal therapy, learning journals and profile must have met the minimum criteria in order that the student/trainee is able to advance to the next year. Clinical obligations must be vouched for by the personal therapist or supervisor.

## **7.2 Assessment of Personal Development Profile (length 3,000 words)**

The purpose of the Personal Development Profile is to provide a record of a student's personal development over the year and to demonstrate a practical understanding of the importance of the personal development of therapist training and its impact within the therapeutic relationship.

The Personal Development Profile will be based on information written in the Course Learning Journal and should include reflections on the following themes:

The setting, reviewing and evaluating of specific personal development objectives.

Awareness of self in-relationship and the nature and quality of contact with:

- Self
- Peers
- Staff
- Clients
- Significant others

The level of participation and 'way of being' in all parts of the course, including Transactional Analysis Group Process.

The issues that have been figural in a student's personal work during the year.  
The relationship between the student as a person and professional practice.

Possible future directions in personal work.

Two important criteria for assessing the Profile are that:

- The written work has demonstrated a genuine commitment to personal work.
- The written work has demonstrated an ability to reflect on personal development in terms of the themes outlined above.
- This will be graded as either, satisfactory or not-satisfactory

### **7.2.1 Assessment of Personal Learning Journal**

The purpose of the Personal Learning Journal is to:

reflect upon the course experience in terms of thoughts, feelings and behaviours.

set learning objectives and monitor how far these are being achieved, noting factors which are affecting the outcomes.

evaluate the development of attitudes, values, knowledge and skills.

explore ideas for making changes – both personal and professional changes.

A period of time (approximately 15 minutes 2pm -2.15pm) is set aside each day of a Module to complete the journal entry. Towards the end of each Module course members will each choose a review partner and have 15 minutes each to share significant aspects of the journal with a peer.

The journal is reflective rather than descriptive so the total experience of the Module is encompassed. Daily entries vary in length but a suggested minimum length is one side of A4 paper. It is important to simply write spontaneously. The intention is for the journal to be creative and that the flow of thought is not censored. Experiment with different forms of expression, written, pictorial, poetry, humour. The most important criteria for assessing the Personal Learning Journal are:

- A course member's willingness to expose him/herself spontaneously.
- The Journal reflects a genuine commitment to personal growth and development.
- This journal will be graded as satisfactory or unsatisfactory.

**7.2.2** Self-Assessment is integrated throughout the course and the focus of specific structured work. Course members will complete a Self Assessment and a Peer

Assessment at the end of each year. A detailed framework is provided for Self and Peer Assessments.

### **7.2.3 Research Project (8,000-10,000 words)**

The trainee will need to demonstrate a basic understanding and knowledge of research methodologies and approaches with regard to psychotherapy practice to include the basic research techniques and application into the investigation and evaluation of psychotherapeutic interventions from assessment to the conclusion of treatment

This will incorporate an ability to critically review a piece of relevant published research (journal standard) and should demonstrate a competent translation into the practice of Integrative Relational Transactional Analysis concepts and methodology.

1. A basic understanding of different approaches to research to psychotherapy practice
2. A capacity to critically understand a research report in relevant clinical and professional journals
3. A capacity to evaluate the significance of research findings with respect to practice, and their practice
4. A working knowledge of research findings in relation to assessment for therapeutic intervention, and a capacity to critique these
5. A working knowledge of research findings regarding psychotherapy process and their implications for practice.

*(UKCP May 2012)*

The student is encouraged to discuss the project with his/her supervisor.

### **7.2.4 Parallel Clinical Obligations**

A student's Clinical Supervisor will be required to submit a brief annual report at the completion of each year.

Confirmation that a course member is meeting the additional requirements of the profession for personal therapy, clinical practice and clinical supervision will also need to be established via the Programme Tutor's Annual Report.

All methods of assessment will enable a course member to identify areas of strength, where he/she shows ability, skill, creativity etc., and give serious attention to any problem areas which require advice, support and direction.

## **8: PROGRAMME MANAGEMENT AND ORGANISATION**

### **8.1 Programme Management**

As part of the process of monitoring and evaluating the Programme, the Primary Course Tutors are responsible for preparing a report to be copied to the Training Co-ordinator by July 31<sup>st</sup> each year. The Specialist Programme Report will contain:

Curriculum development and assessment (changes in content, delivery, teaching/learning strategies) as detailed on the lesson plans

Teaching/Learning Strategies (lesson plans)

Staff Resources -range of expertise, staff development, research (lesson plans)

Physical Resources – accommodation, equipment, Library (lesson plans)

External Moderators Report (highlighting main points raised by the External Examiner, action proposed, action taken if relevant)

Student Evaluation (main points raised in the annual evaluation session, informal feedback, student questionnaire, together with action taken)

Examples of good practice

Action Requirements (a list of the items requiring action to support and improve the quality and delivery of the Specialist Programme), within MIP.

### **8.2. Module Review**

All students will be required to complete an anonymous course questionnaire in May and June. It is the responsibility of the Primary Course Tutor to collate this information, and any action points to be raised. The original questionnaires will then be passed to the Training Coordinator at MIP.

## **9: MODULE DESCRIPTION**

### **9.1 Introduction to Modules**

What follows is a broad outline and description of the modules for the Transactional Analysis Psychotherapy Training.

The Learning Outcomes and Indicative content of the modules have the following general aspects in common:

1. In the first phase the modules build on each other and are designed to provide a developmental and progressive process of learning.
2. Each module is specifically designed around core concepts of the conceptualisation of Transactional Analysis Psychotherapy.
3. Each module is geared towards enhancing students' personal and professional development.
4. Theory is linked with practice.
5. Modules aim to increase students' conceptual, critical and thinking capacities in relation to themselves and their work.
6. Students are encouraged to create an enquiring and objective appreciation of the profession of psychotherapy, its academic discipline and students own professional identities.
7. There is support for students to formulate an evolving and personally relevant view of Transactional Analysis Psychotherapy.

### **Research Modules**

The research module is taught in the third year of training. The assessment hand in date is in the fourth year of training.

These general aims apply to the research module:

1. To familiarise students with a range of research methods and techniques which are currently and commonly used clinically to investigate and evaluate psychotherapeutic practice.
2. To use the seminars as an opportunity for exploring which methods are useful in researching particular problems.
3. To provide the opportunity for critical appraisal of existing research in the areas of psychotherapy and human relations through engagement with the existing literature including a critique of the core TA model.
4. To explore research as a collaborative process, researching with/for people, rather

than on people.

1. To create a scientist-practitioner aspect to the training and study of Transactional Analysis which allows students to understand the relevance of research findings in human development, psychopathology, neuropathology, memory, diversities, ethics and legal issues.
2. **MIP TA – Training Programme Modules**



***Training Modules: 4 year Course in Transactional Analysis (from an integrative perspective)***

<b>Modules -Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
Introductions. The Fundamentals of TA. Completion of yearly contracts.	Contracts – What it is to be an ethical practitioner. Clinical Competencies.	Contracting and ethics. Using Supervision effectively.	Research progress, research feedback and social media presence – building an online presence
The philosophy of Integrative transactional analysis. Ego states – structural, functional and integrated adult.	Diagnosis and treatment planning and f vulnerable adults	Transference, Counter Transference, Projective Identification.	Contracting, supervision, clinical placement and evaluation.
TA and Defence Mechanisms - Contaminations and exclusions - Hungers	Integrative Psychotherapy Model Weekend 1	Intersubjectivity – the world between therapist/client.	Obsessive compulsive personality disorder
Transactional analysis/theory. The use of 3ps – Permission, Protection, Potency in psychotherapy.	Skills Practice and Mock Clinical Evaluation	Working with Child ego state.	Schizoid personality disorder
Script – script analysis and script maintenance.	Clinical Competencies Evaluation Weekend	Working with parent ego state.	Diagnosis & treatment of Narcissistic personality disorder.
TA and Defence Mechanisms – Rackets, Games and Game Analysis.	The Classical School	Personality adaptation model.	Diagnosis of Borderline personality disorder. 3 days
Introduction to Clinical Competencies weekend	The Redecision approach.	Research Module 3 days	Diagnosis of Historionic Paranoid personality disorder.
Neuro Biology, Human development model and comparative approaches to psychotherapy, Introduction to clinical competencies	The Cathexis approach	Mental Health familiarisation 3 days	Treatment of Paranoid personality disorder
Child developmental model, introduction to clinical competencies	The Relational Approach	Formal case study explained and tape evaluation.	Treatment of Passive Aggressive & Anti- social personality disorder. 3 days
Diversity – gendered and culturally influenced Development. Clinical Competencies	The Integrative Psychotherapy Model – Weekend 2	Evaluation weekend.	Formal and Peer assessment
Evaluation – Formal/ peer assessment	Evaluation. Formal peer assessment	-	

## **Year 1 Weekend 1**

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<b>Module Title:</b>	<b>Fundamentals of Transactional Analysis</b>
<b>Taught</b>	<b>1 weekend</b>
<b>Credit Level</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>None</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations,</b>

### **Context**

This module will introduce students to the basic concepts of Transactional Analysis psychotherapy, theory and practice. It will present a variety of interrelated models and systems which describe personality development, intrapsychic functioning and interpersonal behaviour. It will acquaint students with the philosophical and ethical foundations of Transactional Analysis.

### **Learning Outcome**

On completion of the module students will be able to:

1. Identify the basic concepts of Transactional Analysis.
2. Explore the centrality of the concept of contractual method to Integrative Transactional Analysis.
3. Critically analyse alternative psychotherapies and counselling modalities

### **Indicative Content**

- The philosophical foundations of Transactional Analysis.
- The national/international context of Transactional Analysis within The European Association for Transactional Analysis, The International Transactional Analysis Association and The United Kingdom Council for Psychotherapy.
- An overview of the history and development of Transactional Analysis.
- Basic concepts of Transactional Analysis
- Contractual method – theory, practice and philosophy.
- Ethics and Professional Practice. EATA / UKATA / UKCP Code of Ethics
- The historical context of psychotherapy in general.
- Appendix

### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including personal development, theory and clinical practice. The module is organised to provide for:

- Group process
- Theory (Didactic and experiential)

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice, a high degree of student effort is required: 40 hours personal psychotherapy **Appendix 1**, 20 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal **Appendix 12** which will accumulate in a formative way towards assessment of the Module on Transactional Analysis and Defence Mechanisms.

## **Assessment**

Entries in the Personal Learning Journal for the Modules: Fundamentals of Transactional Analysis, Ego States, Script Development and Maintenance and TA and Defence Mechanisms will enable Students to complete a Personal Development Profile **Appendix 13** (of a minimum 3,000 words) that will meet the Learning Outcomes.

## **Resources**

TA Today – Ian Stewart – 2012 – Lifespace Publishing

Contracts in Counselling & Psychotherapy – Charlotte Sills – 2006 – Sage Publications

Developing Transactional Analysis in Counselling – Ian Stewart – 2000 – Sage Publications –

Transactional Analysis Counselling in Action – Ian Stewart – 2013 – Sage Publications

One Hundred Key Points in Transactional Analysis – Mark Widdowson – 2009 – Routledge

Contract Presentation – You Tube – MIP – Bob Cooke

Scripts People Live – Claude Steiner – 1990 – Grove Press

## **Year 1 Weekend 2**

<b>Module Title:</b>	<b>The philosophy of Integrative Transactional Analysis, Ego States</b>
<b>Taught</b>	<b>1 weekend</b>
<b>Credit Level</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations,</b>

## **Context**

The theory presented in this module forms one of the cornerstones of Transactional Analysis and will provide students with the opportunity to relate theory to practice.

## **Learning Outcomes**

On completion of the module students will be able to:

1. Critically evaluate Ego State theory
2. Identify the difference between overt and covert transactions

## **Indicative Content**

- The historical/philosophical background to the theory of Ego States

- The model of the person
- Transactions and interpersonal process
- Functional Analysis
- Structural Analysis
- Integrative Transactional Analysis
- Ego State Options
- Ego grams
- Ego State pathology
- Ego State Treatment considerations

### **Learning and Teaching Strategy**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including both theory and personal development. The module is organised to provide for:

- Group process
- Theory (Didactic and experiential)

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards assessment of the Module on Transactional Analysis and Defence Mechanisms.

### **Assessment**

Entries in the Personal Learning Journal for the Modules: Fundamentals of Transactional Analysis, Ego States, Script Development and Maintenance, TA and Defence Mechanisms will enable Students to complete a Personal Development Profile (of a minimum 3,000 words) that will meet the Learning Outcomes.

### **Resources**

TA Today – Ian Stewart & Vann Joines – 2012 – Lifespace Publishing

100 Key Points in Transactional Analysis – Mark Widdowson – 2009 – Routledge

Transactional Analysis Counselling in Action – Ian Stewart – 2013 – Sage Publications

Transactional Analysis, An Integrated Approach, Petruska Clarkson - 2013 – Routledge

Beyond Empathy, Erskine – 2014 – Routledge

Integrative Psychotherapy, Erskine 2004

Transactional Analysis – Eric Berne – 2001 – Souvenir Press

Personality Adaptations – Ian Stewart and Vann Joines – 2002 – Lifespace Publishing

The Transactional Analyst in Action – Michele Novellino – 2012 – Karnac Books

### **Year 1 Weekend 3**

<b>Module Title:</b>	<b>TA and Defence Mechanisms: Contaminations, exclusions and Hungers</b>
<b>Taught:</b>	<b>1 weekend</b>
<b>Credit level</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations, Clinical evaluations.</b>

#### **Context:**

This module naturally follows on the previous module and focuses on the maintenance of the Script System through various defence mechanisms. These defence mechanisms are explored from a developmental-relational perspective.

#### **Learning Outcomes**

On completion of the module, students will be able to:

1. Explore the notion of defence mechanisms as 'creative adjustments'.
2. Critically assess the concept of resistance with reference to their own personal experience.

#### **Indicative Content**

- Strokes
- Contaminations
- Exclusions
- Hungers
- Time Structuring
- Passive behaviours
- Discounting
- Resistance
- Creative adjustment

#### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including personal development, theory and clinical practice. The module is organised to provide for:

- Group process
- Theory (Didactic and Experiential)

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: 40 hours personal psychotherapy, 20 hours self-directed study including course work

preparation.

Students are required to complete a Self-Assessment form and Peer Assessment form.

## **Assessment**

Entries in the Personal Learning Journal for the Modules: Fundamentals of Transactional Analysis, Ego States, Script Development and Maintenance TA and Defence Mechanisms will enable Students to complete a Personal Development Profile (of a minimum 2,500 words and maximum 3,500 words) that will meet the Learning Outcomes.

## **Resources**

TA Today – Ian Stewart and Vann Joines – 2012 – Lifespace Publishing

100 techniques in Transactional Analysis – Mark Widdowson – 2009 – Routledge

An Introduction to Transactional Analysis – Phil Lapworth and Charlotte Sills – 2011 – Sage Publishing

Transactional Analysis in Action – Ian Stewart – 2013 – Sage Publishing

TA Today – Ian Stewart and Vann Joines – 2012 – Lifespace Publishing

Transactional Analysis an Integrative Approach – Petruska Clarkson – 2013 – Routledge

Transactional Analysis Psychotherapy – Eric Berne – 2001 – Souvenir Press

Bob Cooke You Tube Channel 2012

## **Year 1 Weekend 4**

<b>Module Title:</b>	<b>Transactional Analysis Theory and the Use of the 3Ps</b>
<b>Taught:</b>	<b>1 weekend</b>
<b>Credit level</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations, Clinical evaluations.</b>

**Context:**

**Learning Outcome:**

**Indicative Content:**

### **Learning and Teaching Strategies:**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including personal development, theory, clinical supervision and clinical practice. The module is organised to provide for:

Group process

Theory (Didactic and Experiential)

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards assessment of the Module on Transactional Analysis and Defence Mechanisms.

### **Assessment**

Entries in the Personal Learning Journal for the Modules: Fundamentals of Transactional Analysis, Ego States, Script Development and Maintenance TA and Defence Mechanisms will enable Students to complete a Personal Development Profile (of a minimum 2,500 words and maximum 3,500 words) that will meet the Learning Outcomes.

### **Reading list/resources**

100 Key Points in Transactional Analysis – Mark Widdowson 2009 – Routledge

TA Today – Ian Stewart and Vann Joines 2012 – Lifespace Publishing

Scripts people live – Claude Steiner – 1990 – Grove Press

What do you say after you say hello – Eric Berne - 1975 – Corgi

Introduction to Transactional Analysis – Phil Lapworth & Charlotte Sills -2011 – Sage Publishing

Life Scripts – A Transactional Analysis of Unconscious Relational Patterns -Erskine - 2010 – Karnac Books

Transactional Analysis Counselling in Action - Ian Stewart – 2013 – Sage Publishing

Bob Cooke You Tube Channel 2012

### **Year 1 Weekend 5**

<b>Module Title:</b>	<b>Script Analysis and Maintenance</b>
<b>Taught</b>	<b>1 weekend</b>
<b>Credit Level</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

#### **Context**

Early Script decisions influence life style, personality and beliefs about self, others and the world. In this module students will develop an understanding of their own and others Script Systems enabling them to formulate initial diagnosis and ‘treatment’ plans.

#### **Learning Outcome**

On completion of the module students will be able to:

1. Critically evaluate the concept of Life Script.
2. Demonstrate their understanding of the intrapsychic and interpersonal theories underpinning the Script System.
3. Identify the model of human change and how change can be facilitated.
4. Formulate an initial diagnosis and ‘treatment’ plan to facilitate change.

#### **Indicative Content**

- Script Development – Origins of Script.
- Script as a Decisional model.
- Cultural Scripting
- Script patterns and Greek Mythology.
- Steiner’s Script types.
- The transmission of script – Script Matrix.
- Script maintenance.
- Counterscript (Drivers)
- Injunctions
- Script diagnosis and treatment planning.
- Mini – Script
- Frame of Reference.
- Life – Positions
- Time Structuring

#### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised



integrated education including personal development, theory, clinical supervision and clinical practice. The module is organised to provide for:

Group process

Theory (Didactic and Experiential)

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards assessment of the Module on Transactional Analysis and Defence Mechanisms.

## **Assessment**

Entries in the Personal Learning Journal for the Modules: Fundamentals of Transactional Analysis, Ego States, Script Development and Maintenance TA and Defence Mechanisms will enable Students to complete a Personal Development Profile (of a minimum 3,000 words) that will meet the Learning Outcomes.

## **Reading list/ resources**

What do you say after you say hello – Eric Berne – 1975 – Corgi Books

Scripts People Live – Claude Steiner – 1990 – Grove Press

TA Today – Ian Stewart – 2012 – Lifespace Publishing

Into TA – W Cornell – 2016 – Karnac Books

Script Cure – Article by Erskine – [www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com) 2002

Transactional Analysis – Eric Berne – 2001 – Souvenir Press

Introduction to Transactional Analysis – P Lapworth & C Sills (page 59) -2011 – Sage Publishing

Life Scripts – Richard Erskine – 2010 – Karnac Books

Theories and Methods of an Integrative Transactional Analysis – 1997 – Erskine- Intl – TA Association

100 Key Points in Transactional Analysis – Mark Widdowson – 2009 – Routledge

## **Year 1 Weekend 6**

<b>Module Title:</b>	<b>TA and Defence Mechanisms: Rackets, Games and Game Analysis</b>
<b>Taught:</b>	<b>1 weekend</b>
<b>Credit level</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations, Clinical evaluations.</b>

### **Context:**

This module naturally follows on the previous module and focuses on the maintenance of the Script System through various defence mechanisms. These defence mechanisms are explored from a developmental-relational perspective.

### **Learning Outcomes**

On completion of the module, students will be able to:

1. Explore the notion of defence mechanisms as 'creative adjustments'.
2. Critically assess the concept of resistance with reference to their own personal experience.

### **Indicative Content**

- Racket System/Racket Analysis
- Strokes
- Games
- Drama Triangle
- Time Structuring
- Racket v Authentic feelings
- Passive behaviours
- Discounting
- Resistance
- Creative adjustment

### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including personal development, theory and clinical practice. The module is organised to provide for:

- Group process
- Theory (Didactic and Experiential)

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

Students are required to complete a Self Assessment form and Peer Assessment form.

## **Assessment**

Entries in the Personal Learning Journal for the Modules: Fundamentals of Transactional Analysis, Ego States, Script Development and Maintenance TA and Defence Mechanisms will enable Students to complete a Personal Development Profile (of a minimum 2,500 words and maximum 3,500 words) that will meet the Learning Outcomes.

On Human Therapies – Nick Tottton - 2010 – Karnac Books

Individual Therapies in Britain – Windy Dryden 1984 – Longman Higher Education

Clinical Competencies – MIP Programme 2016

### **Year 1 Weekend 7**

<b>Module Title:</b>	<b>Clinical Skills: Introduction to Clinical Competencies</b>
<b>Taught :</b>	<b>1 weekend</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co – requisite:</b>	<b>Parallel Clinical Obligations</b>

### **Context.**

Following group process the tutor will introduce the clinical skills weekend and teach what is meant by active listening and assess the level of knowledge the trainees have with regards to clinical competency.

In the afternoon there will be an introduction to the clinical competencies as outlined below:

### **Learning Outcomes:**

On completion of the module, students will be able to:

1. Critically evaluate both their own practice and the practice of others with regards to client interaction.
2. Demonstrate their understanding of the skills required by a proficient psycho therapist

### **Indicative Content:**

- Group work
- Active listening and paraphrasing
- Open and closed questions
- Video and tape work
- Enquiry
- Explanation of an effective therapy session

**Learning and teaching strategies:****Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervision

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

**Assessment/Resources:****Appendix 6****Appendix 13****Appendix 15****Appendix 16****Appendix 20**

## **SKILLS COMPETENCY**

Yr 1	Student Name:	
No.	Description	Pass
1	Listen actively / summarise / paraphrase.	Yes / No
2	Can establish bilateral mutual Contracts	Yes/ No
3	Can describe at least two clinical interventions made with clients in TA theoretical terms.	Yes / No
4	To demonstrate the ability to stay in contact with the client within the therapeutic relationship.	Yes / No
5	Can demonstrate Inquiry and Attunement	Yes / No
6	Ask open questions and not closed questions within the therapeutic session.	Yes / No
7	Treat clients with dignity, respect and integrity, i.e., come from, I ok – you ok position	Yes / No
8	Ability to listen, non-judgmentally and with openness.	Yes / No
9	Ability to facilitate the client, to talk openly and freely.	Yes / No
10	Demonstrates effective interventions using TA	Yes / No
11	To reflect on possible Transference issues and who they may be for the client.	Yes / No

	Clinical Competencies Pass/Refer Tutor signature: Date: Comments:	
	Student signature and comments Date	

**Assessment:** the student is deemed to have passed all eleven competencies outlines above by the tutor

### Year 1 Weekend 8/9

**Module Title:** Neuro Biology, Human Development Model, Comparative approaches to psychotherapy core concepts. Introduction to clinical competencies  
**Taught:** 2 weekends  
**Credit Level:** 7  
**Pre-requisite:** Previous Core Modules  
**Co-requisite:** Parallel Clinical Obligations

### **Context**

This module will focus on the significance of core concepts in developmental psychology that have particular relevance for psychotherapy in general and Transactional Analysis Psychotherapy in particular.

### **Learning Outcomes**

On completion of the module students will be able to:

1. Identify key issues in their own developmental history.
2. Critically evaluate the application of a developmental perspective to the practice of Transactional Analysis Psychotherapy, as appropriate to the award being followed.
3. Critically evaluate the multi-dimensional nature of the therapeutic relationship

## **Indicative Content**

- Core concepts from Object Relations theory.
- Core concepts from Psychoanalytical Self Psychology.
- Core concepts from the developmental theories, Transactional Analysis.
- Neuro Biology.
- Human development model.
- Child development model.
- Relevant findings from Infant Research.
- Attachment, separation, individuation.
- The model of the person.
- The development of identity.
- A model of human change and how this may be facilitated.
- The notion of the 'good enough' parent.
- Recognition hungers.
- Introduction to Clinical competencies

## **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including personal development, theory and clinical skills practice. The module is organised to provide for group process, theory, (didactic & experiential). The module overall provides 28 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

## **Assessment**

Entries in the Personal Learning Journal for this module will, in conjunction with entries in the Personal Learning Journal for the Module on Research Methods will enable students to complete a Personal Development Profile that will meet the Learning Outcomes.

## **Reading list / resources**

Cycles of Power – Pam Levin – 2001– The Nourishing Company Communications

The Interpersonal World of the Infant – Daniel Stern – 1985 – Karnac Books

Growing up again – Jean Illsley Clark – 1998 – Hazelden Publishing

What Every Parent Needs to Know – Margot Sunderland - 2007 –

Why Love Matters – Sue Gerhardt 2014 – Routledge

Attachment across the life course – David Howe – 2011 – Palgrave Macmillan

Attachment Intimacy and Autonomy –David Howe – 1996 – Sage Publishing

Connections – Jane Illsley Clarke – 2000 – Hazelden Information & Educational Services

Making and Breaking of Affectional Bonds – Bowlby – 2005 – Routledge

A Secure Base – Bowlby – 2005 – Routledge

Self Esteem, A Family Affair – Jane Illsley Clarke – 2011 – Hazelden Publishing

The Neuro Science of Psychotherapy– Louis Cozolino – 2010 – W.W. Norton & Company

The Neuro Science of Human Relationships – Louis Cozolino – 2014 – W.W. Norton & Company

On Human Therapies – Nick Tottton - 2010 – Karnac Books

Individual Therapies in Britain – Windy Dryden 1984 – Longman Higher Education

Clinical Competencies – MIP Programme 2016

### **Year 1 Weekend 9**

<b>Module Title:</b>	<b>Child Developmental Model and introduction to Clinical Competencies Continued (see previous weekend)</b>
<b>Taught</b>	<b>As above</b>
<b>Credit Level</b>	<b>As above</b>
<b>Pre-requisite</b>	<b>As above</b>
<b>Co-requisite</b>	<b>As above</b>

### **Year 1 Weekend 10**

<b>Module Title:</b>	<b>Diversity</b>
<b>Taught:</b>	<b>1 weekend</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

### **Context**

In this module students will become familiar with direct and indirect discrimination and its and will relate practice to TA theory.

### **Learning Outcomes**

On completion of the module students will be able to:



1. Identify the major influences regarding prejudice and discrimination.
2. Recognise societal influence on norms and values regarding diversity.
3. Identify their own experiences regarding diversity.

### **Indicative Content**

- Societal and other influences on diversity
- Script issues – contamination and prejudice. Racism, sexism, disability, gender, sexuality, religion.
- Language affects and usage  
The effects of discrimination on mental health
- MIP Equality policy
- UKCP Equality Policy
- A model of culturally and gendered influenced human development
- Clinical competencies

### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervision

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: 5 hours clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

### **Assessment**

Assessment Weighting: 100% course work.

Course Work Assignment:

End of year written essay/project of a minimum 2,500 words and maximum 3,500 words

### **Reading list /resources**

Transactional Analysis in Psychotherapy – Eric Berne – 2001 – Souvenir Press

Games People Play – Eric Berne – 2010 – Penguin Books

Sex in Human Loving – Eric Berne 1973 – Penguin Books

P. Drego –The Cultural Parent, 1983, TAJ 13(4)

P Drego – Cultural Parent Oppression and Regeneration, 1966, TAJ 13(4) page 224-227

P Drego – Paradigms and Models of Ego States, 1993, TAJ 23(1)

P Drego – Cultural Parent Oppression and Regeneration, 1996, TAJ 26(1)

P Drego – Towards and Ethic of Ego States, 2000, TAJ 30(3)

P Drego – Keynote Speech Material, 2005, World TA Conference Edinburgh and TAJ 36(2)

When the Cradle and the Culture Hurt – A Heathcote & M Plouffe. Conference paper TA World Conference S. Africa, August 2008

Brain Sex Matters – Dr Anne Moir, Neuropsychologist, website Brain Sex Matters – Embarrassing Bodies, EP 3, 2015

Brainsex – The Real Difference Between Men & Women – Anne Moir & David Jessell - 1989 – Michael Joseph Ltd.

The Psychodynamics of Race and Culture in Ego States – Shivanath and Hiremath 2003. Sills and Hargaden

Beyond Script Destiny: Change and Circumstance in the Life Course, TAJ July 1 2010, Tudor and Naughton, 40: 278-287

Being White – Tudor and Naughton 2006, TAJ 26(2)

Defining Sex, Gender and Sexuality –“Boundless Psychology”, Boundless, 3 July 2014

### **Year 1 Weekend 11.**

<b>Module Title:</b>	<b>Course Evaluation, Formal and Peer assessment.</b>
<b>Taught:</b>	<b>4 weekends over 4 years</b>
<b>Credit level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules and full attendance</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations and full participation</b>

### **Learning Outcomes:**

On completion of the module students will be able to:

- Evaluate the course modules based on  
Teaching and learning  
Inclusiveness of language and teaching style  
Appropriateness of language and teaching style  
Resources up to date, clearly written.  
Classroom organisation and management
- Evaluate their own appropriateness within the classroom environment  
Their own ability to learn  
Their own organisation and management of self
- Evaluate their peers ability to work as part of a group
- Evaluate their peers ability to contribute and participate to the overall group learning experience
- Share their own experience of group members.

**Indicative Content:****Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervision

The module provides 56 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

**Assessment/resources**

**Appendix 1**

**Appendix 2**

**Appendix 3**

**Appendix 4**

**Appendix 5**

**Appendix 9**

## **YEAR 2 MODULES**

### **Year 2 Weekend 1**

<b>Module Title:</b>	<b>Contracting and the ethical practitioner (supervision; assessment; placement; clinical skills and evaluation).</b>
<b>Taught:</b>	<b>3 weekends over 3 years</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

#### **Context**

In this module students will become familiar with a range of strategic interventions applicable to contracting with the client which will relate practice to theory.

#### **Learning Outcomes**

On completion of the module students will be able to:

1. Critically analyse the concept of the contractual method in relationship to ; ethics and supervision; assessment and clinical skills and evaluation
2. Critically evaluate the concept of the contractual method in relationship to ; ethics and supervision; assessment and clinical skills and evaluation

#### **Indicative Content**

- Contractual method and the ethical practitioner
- Placement and contracting
- Theory in ethics, supervision; assessment and clinical skills and evaluation
- Practice in ethics, supervision; assessment and clinical skills and evaluation
- Philosophy in ethics, supervision; assessment and clinical skills and evaluation
- EATA UKCP Code of Ethics
- Effective use of supervision

#### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervised practice in large group
- Supervised peer practice in small groups

The module provides 42 hours contact time with the module tutor over three years.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards evaluation.

## **Assessment**

Assessment Weighting: 100% course work.  
Course Work Assignment:

End of year written essays of a minimum of 2,000 words per essay.

## **Resources:**

Contracts in Counselling and Psychotherapy – Charlotte Sills – 2006 – Sage Publications

Ethical Framework for Good Practice in Counselling & Psychotherapy - Stephen Palmer – 2002 – British Association for Counselling & Psychotherapy

TA Today – Ian Stewart and Vann Joines -2012 – Lifespace Publishing

Into TA – William Cornell – 2016 – Karnac Books

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

Contracts in Transactional Analysis – You Tube, Bob Cooke, 2015

Transactional Analysis Counselling in Action – Ian Stewart – 2013 – Sage Publications

What's the Good of Counselling and Psychotherapy – Colin Feltham – 2002 – Sage Publications

EATA Ethics Code 2016 – UKCP Ethics Code 2016

## **Year 2 Weekend 2**

<b>Module Title:</b>	<b>Diagnosis, Treating Planning and Safeguarding Vulnerable Adults</b>
<b>Taught:</b>	<b>1 weekend</b>
<b>Number of Credits</b>	<b>4</b>
<b>Credit Level</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

## **Context**

Transactional Analysis psychotherapy provides a distinct focus on change and cure. In this module students will be introduced to Transactional Analysis approaches to diagnosis and treatment planning. Referral procedures, drug treatments and liaison with other professionals are significant components of the module.

## **Learning Outcomes**

On completion of this module students will be able to:

1. Critically evaluate Transactional Analysis approaches to diagnosis and treatment planning.
2. Critically assess strategies of intervention.
3. Demonstrate an ability to liaise appropriately with other professional agencies.

## **Indicative Content**

- Notions of Cure
- Diagnosis
- Treatment Planning
- Stages of treatment and strategies of intervention
- Personality orientations
- Drug Treatment
- Referral procedures
- Ethics and Professional Practice
- Safe guarding vulnerable adults

## **Learning and Teaching Strategy**

The strategy for this module will reflect the overall aim of providing a specialised integrated education including personal development, theory, clinical supervision and clinical practice. This module is organised to provide for:

### **Group process**

Theory (didactic and experiential)

Supervised practice in large group

Supervised peer practice in small group

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, plus self-directed study including course work preparation.

Entries in the Personal Learning Journal are not assessed but enable students to review their personal development over the period of the module.

## **Assessment**

Assessment Weighting: 100% course work.

## **Year 2 Weekend 3 – 6/10**

<b>Module Title:</b>	<b>Approaches in TA</b>
<b>Taught:</b>	<b>6 weekends</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

### **Context**

In this module students will become familiar with a range of Approaches in TA applicable to the client and will relate practice to theory.

### **Learning Outcomes**

On completion of the module students will be able to:

3. Identify the differing Approaches in Transactional Analysis
4. Critically evaluate the contribution made to TA theory by each of the approaches.

### **Indicative Content**

Integrative Approach  
Classical Approach  
Redecision Approach  
Integrative Approach (2 weekends)  
Cathexis Approach  
Relational Approach

### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)

The module provides 84 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 30 hours self-directed study including course work preparation.

### **Assessment**

Assessment Weighting: 100% course work.

Course Work Assignment:

End of year written essays (2,000 words per essay).

### **Resources**

#### **Integrative Approach**

Beyond Empathy – Erskine – 2014 – Routledge

Integrative Psychotherapy in Action – Erskine – 2010 – Karnac Books

Theories and Methods of Integrative Psychotherapy – Erskine – 1998 – Trans Pub  
Art and Science of Relationship – Erskine – 2003 – Wadsworth Publishing Co.  
Relational Integrative Psychotherapy – Linda Finlay – 2015 – Wiley-Blackwell  
100 Key Points in Transactional Analysis – Mark Widdowson – 2009 – Routledge  
Transactional Analysis – An Integrated Approach – Petruska Clarkson – 2013 – Routledge  
Philosophy of Integrative Psychotherapy – Erskine – Video - MIP website 2016  
What is Integrative Psychotherapy – Erskine – Video MIP website 2016  
Integrative Psychotherapy – Maria Gilbert and Vanja Orlans – 2010 – Routledge  
What is Integrative Psychotherapy – Bob Cooke – You Tube 2016  
Methods and Theories of Integrative Psychotherapy – Erskine 2012 –  
[www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com)  
Key Concepts in Integrative Psychotherapy – Mary O'Reilly Knapp  
[www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com) 2012  
Theory of Relational Needs – Erskine 2015 [www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com)  
Relational Needs – Bob Cooke – You Tube Video 2012

### **Classical Approach**

The Power is in The Patient, A TA/Gestalt Approach to Psychotherapy – Robert Goulding  
– 1978 – Trans Pub  
Changing Lives Through Re-decision Therapy – Mary & Robert Goulding - 1997 – Grove  
Press  
Eric Berne – Ian Stewart – 1992 – Sage Publications  
100 Key Points in Transactional Analysis – Mark Widdowson – 2009 – Routledge  
Born to Win – Muriel James and Dorothy Jongeward – 1996 – Da Capo Press

### **Redecision Approach**

The Power is in The Patient, A TA/Gestalt Approach to Psychotherapy – Robert Goulding  
– 1978 – Trans Pub  
Changing Lives Through Re-decision Therapy – Mary & Robert Goulding - 1997 – Grove  
Press  
Eric Berne – Ian Stewart – 1992 – Sage Publications



100 Key Points in Transactional Analysis – Mark Widdowson – 2009 – Routledge

Born to Win – Muriel James and Dorothy Jongeward – 1996 – Da Capo Press

### **The Cathexis Approach**

Cathexis Reader – Jacqui Lee Schiff – 1975 – Longman

100 Key Points in Transactional Analysis – Mark Widdowson – 2009 – Routledge

Eric Berne – Ian Stewart – 1992 – Sage Publications

TA Today – Ian Stewart and Vann Joines – 2012 – Lifespace Publishing

An Introduction to Transactional Analysis – Phil Lapworth & Charlotte Sills – 2011 – Sage Publishing

### **The Relational Approach**

Transactional Analysis, A Relational Perspective – Helena Hargaden & Charlotte Sills - 2002 – Routledge

Relational Transactional Analysis, Principles in Practice, edited by Heather Fowlie & Charlotte Sills - 2011 – Karnac Books

Co-Creative Transactional Analysis – Keith Tudor & Graemme Summers – 2014 – Karnac Books

Working at Relational Depth in Counselling and Psychotherapy – Dave Mearns & Mick Cooper – 2005 – Sage Publications

The Art of Relational Supervision: Clinical Implications of the Use of Self in Group Supervision – Helena Hargaden – 2015 – Routledge

### **Year 2 Weekend 4/5**

<b>Module Title:</b>	<b>Clinical Competencies/ Skills Practice and Evaluation</b>
<b>Taught:</b>	<b>2 weekends</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

### **Context**

- The module will focus on a Student's level of personal integration of the theory of TA psychotherapy with clinical and ethical Practice which must demonstrate the level of Clinical Competence required by the Manchester Institute for Psychotherapy and for registration as a Psychotherapist with the United Kingdom Council for Psychotherapy.
- The award will be held back until successful completion of this module, all academic criteria and the parallel clinical obligations.

**Indicative content:**

- **Practical learning and experience**
- **Skills practice, group and pairs**
- **Clinical evaluation**
- 

**Learning Outcomes:**

On completion of the module students will be able to:

Demonstrate clinical competence via their effective use of self, personal qualities, techniques and theoretical understanding in the promotion of clients' self-awareness, and effective engagement in inter-personal relationships.

Demonstrate their own practice skills via a mock clinical evaluation and final clinical evaluation programme.

**Learning and Teaching Strategies**

Students will receive 28 hours tutor contact time.

**Assessment**

Assessment Weighting: 100% course work.

Course Work Assignment:

**Management of the Clinical Competence Module****The Role of the Primary Course Tutor:**

The Programme Course tutor has overall responsibility for the management of clinical Competency Module and will fulfil the following roles:

- i.2 Advising on a student's clinical competencies strengths and weaknesses.
- i.2 Making sure that each student practices within the training weekends their particular clinical competencies to the relevant standard.
- 5. Timing of the Completion of the Clinical Competency Module
- 5.1 It is expected that the Clinical Competency requirements will normally be completed by the end of the 2<sup>nd</sup> year of training.
- 6. Mechanisms by which Clinical Competency is to be assessed
- 6.1 YEAR 2. Through reflective clinical endorsement
- YEAR 4. The student will present a mini-case study of 3,000 words
- YEAR 4. The student will complete a 8,000-10,000 word research project
- 6.2 A student's Tutor will assign a Pass or Fail to the Clinical Competencies Assessment. After the student has passed their clinical competency MIP will award the student the clinical endorsement to being working clinically as a beginning practitioner under clinical supervision.
- 6.3 Successful completion of the evaluation of Clinical Competency will not lead to the award of Certificate in Transactional Analysis Psychotherapy with Clinical Speciality until the Research Project (12 credits) has been successfully completed, i.e., been

awarded a Pass or Distinction, and all parallel clinical obligations and programme academic requirements have been fulfilled.

- 6.4 Students and Assessors must take particular care to ensure the safety of confidential material (case study material), especially when it is in transit.

### **Specialist Journals**

Transactional Analysis Journal  
Journal of Psychotherapy Integration  
Journal of Humanistic Psychology  
Journal of the Society for Existential Analysis  
British Journal of Guidance and Counselling  
Journal of the British Association for counselling  
Community Care  
Journal of Black psychology  
Feminism and psychology  
Cross-Cultural Psychology  
Group Analysis  
UKATA News  
The Script  
EATA News  
Psychotherapy and Counselling (magazine of MIP)  
In Session – Psychotherapy in Practice  
Philosophy & Social Criticism

### **Research Software**

TAJ Disc  
TA Tool Box

Clinical Competencies – Bob Cooke – You Tube 2014

Clinical Competencies Video MIP website 2012

Transactional Analysis Psychotherapy – Eric Berne – 2001 – Souvenir Press

Games People Play – Eric Berne – 2010 – Penguin Books

Principles of Group Treatment – Eric Berne 1959 – Grove Press

What Do You Say After You Say Hello – Eric Berne – 1975 – Corgi

Sex in Human Loving – Eric Berne 1973 – Penguin Books

Scripts People Live By – Claude M. Steiner 1990 – Grove Press

Transactional Analysis – Woollams & Brown - 1979 – Prentice Hall

Developing TA Counselling in Action – Ian Stewart – 2013 – Sage Publications

TA today – Ian Stewart and Vann Joines – 2012 – Lifespace Publishing

Eric Berne – Ian Stewart 1992 – Sage Publications

Transactional Analysis in Counselling in Action – Ian Stewart 1989 Sage Publishing

Dictionary of Transactional Analysis – Tony Tilney – 2005 – John Wiley & Sons

100 Key Points in Transactional Analysis – Mark Widdowson – 2009 – Routledge

The Transactional Analyst – M Novelino – 2012 – Karnac Books

An Introduction to Transactional Analysis – Phil Lapworth & Charlotte Sills – 2011 – Sage Publishing

Into TA – William Cornell – 2016 – Karnac Books

### **Year 2 Weekend 11.**

<b>Module Title:</b>	<b>Course Evaluation, Formal and Peer assessment.</b>
<b>Taught:</b>	<b>4 weekends over 4 years</b>
<b>Credit level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules and full attendance</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations and full participation</b>

### **Learning Outcomes:**

On completion of the module students will be able to:

- Evaluate the course modules based on

Teaching and learning

Inclusiveness of language and teaching style

Appropriateness of language and teaching style

Resources up to date, clearly written.

Classroom organisation and management

- Evaluate their own appropriateness within the classroom environment

Their own ability to learn

Their own organisation and management of self

- Evaluate their peers ability to work as part of a group

- Evaluate their peers ability to contribute and participate to the overall group learning experience

- Share their own experience of group members.

Indicative Content:

### **Learning and Teaching Strategies:**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Understand Group process
- Understand Theory (didactic and experiential)

The module provides 56 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

#### Assessment/resources

Appendix 19  
Appendix 15  
Appendix 13  
Appendix 12  
Appendix 9  
Appendix 7  
Appendix 5  
Appendix 4  
Appendix 3  
Appendix 1

### **YEAR 3 MODULES**

#### **Year 3 Weekend 1**

<b>Module Title:</b>	Contracting and Ethics; using supervision effectively; assessment; placement; clinical evaluation.
<b>Taught:</b>	3 weekends over 3 years
<b>Credit Level:</b>	7
<b>Pre-requisite:</b>	Previous Core Modules
<b>Co-requisite:</b>	Parallel Clinical Obligations

#### **Context**

In this module students will become familiar with a range of strategic interventions applicable to contracting with the client which will relate practice to theory.

#### **Learning Outcomes**

On completion of the module students will be able to:

1. Critically analyse the concept of the contractual method in relationship to ; ethics and supervision; assessment and clinical evaluation
2. Critically evaluate the concept of the contractual method in relationship to ; ethics and supervision; assessment and clinical evaluation

#### **Indicative Content**

- Contractual method and the ethical practitioner
- Placement and contracting
- Theory in ethics, supervision; assessment and clinical evaluation
- Practice in ethics, supervision; assessment and clinical evaluation
- Philosophy in ethics, supervision; assessment and clinical evaluation
- EATA UKCP Code of Ethics
- Effective use of supervision

## **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervised practice in large group
- Supervised peer practice in small groups

The module provides 42 hours contact time with the module tutor over three years.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 30 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards assessment

## **Assessment**

Assessment Weighting: 100% course work.

Course Work Assignment:

End of year written essays of a minimum of 2,000 words.

## **Resources**

Contracts in Counselling and Psychotherapy - Charlotte Sills – 2006 – Sage Publications

Supervision in the Helping Professions – Hawkins & Shohet – 2012 – Open University Press

Transactional Analysis Counselling in Action – Ian Stewart - 2013 – Sage Publications

Integrative Supervision – Diana Shmukler 2011 – Sage

The Art of Relational Supervision: Clinical Implications of the Use of Self in Group Supervision – Helena Hargaden – 2015 – Routledge

Passionate Supervision – Robin Shohet – 2007 – Jessica Kingsley Publishers

TA Supervision – Bob Cooke, You Tube Video 2014

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

An Introduction to Transactional Analysis – Phil Lapworth & Charlotte Sills – 2011 – Sage Publishing

## **Year 3 Weekend 2/3**

**Module Title:** Transference and Counter-transference. Explore the Inter-subjectivity – the world between the client and therapist.

**Teaching:** 2 weekends

<b>Credit Level</b>	7
<b>Pre-requisite:</b>	Previous Core Modules
<b>Co-requisite:</b>	Parallel Clinical Obligations

### **Context**

The module will focus on a most powerful dynamic in the therapeutic relationship raising important considerations for clinical and ethical practice.

### **Learning Outcomes**

On completion of this module students will be able to:

1. Critically evaluate the main constructs of the module – transference and countertransference.
2. Critically assess the relevance of these concepts to their own experience both as therapists and as clients.

### **Indicative Content**

- The history and development ideas about the Transference and Countertransference.
- Transactional Analysis constructs of Transference and Countertransference.
- Projective Identification.
- Parallel Process.
- Life Script, Repetition Compulsion, Fixed Gestalt.
- Uses and abuses of transference phenomena in the therapeutic relationship. Exploring the inter-subjectivity of the world between the therapist and the client.

### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including personal development, theory, clinical supervision and clinical skills practice. The module is organised to provide for:

group process  
theory (didactic and experiential)  
supervised practice in the large group  
supervised practice in small groups

The module provides 28 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

Students are required to complete a Self Assessment Form Peer Assessment Form for this module.

### **Assessment**

Assessment Weighting: 100% course work.

Course Work Assignment:

Entries in the Personal Learning Journal for this module, in conjunction with previous

entries in the Personal Learning Journals for Modules: Applied Research, Schools within Transactional Analysis will enable the student to complete a Personal Development Profile (of a minimum 3,000 words).

## **Resources**

Contracts in Counselling and Psychotherapy - Charlotte Sills – 2006 – Sage Publications

Supervision in the Helping Professions – Hawkins & Shohet – 2012 – Open University Press

Transactional Analysis Counselling in Action – Ian Stewart - 2013 – Sage Publications

Integrative Supervision – Diana Shmukler 2011 – Sage

The Art of Relational Supervision: Clinical Implications of the Use of Self in Group Supervision – Helena Hargaden – 2015 – Routledge

Passionate Supervision – Robin Shohet – 2007 – Jessica Kingsley Publishers

TA Supervision – Bob Cooke, You Tube Video 2014

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

An Introduction to Transactional Analysis – Phil Lapworth & Charlotte Sills – 2011 – Sage Publishing  
Module 2

Theories and Methods of Integrative Psychotherapy – Erskine – 1998 – Trans Pub

The Past in the Present – edited by David Mann & Val Cunningham – 2008 – Routledge

The Power of Counter Transference – Karen J Maroda – 2004 – Routledge

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

Transactional Analysis, A Relational Perspective – Helena Hargaden & Charlotte Sills - 2002 – Routledge

Transactional Analysis An Integrated Approach – Petruska Clarkson – 2013 – Routledge

Transference and Projection, Mirrors to the Self – Jan Grant – 2002 – Open University Press

Co-creative transactional analysis – Keith Tudor & Graeme Summers – 2014 – Karnac Books

The Therapeutic Relationships – Petruska Clarkson - 2003 – Wiley-Blackwell

Transference and Counter Transference – Bob Cooke, You Tube Video 2014

Module 3



A Primer of Clinical Intersubjectivity – Joseph Natterson – 1995 – Jason Aronson Inc.

The Risk of Relatedness – Chris Jaenicke - 2007 – Jason Aronson

Psychodynamic Psychotherapy With Transactional Analysis – Anna Tangalo – 2015 – Karnac Books

Between the Therapist and the Client – Michael Kahn – 1997 – St. Martin's Press

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

Beyond Empathy, Erskine – 2014 – Routledge

### **Year 3 Weekend 4/5**

<b>Module Title:</b>	<b>Working with the Child and Parent Ego States.</b>
<b>Taught:</b>	<b>2 weekends</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

### **Context**

In this module students will become familiar with a range of strategic interventions applicable to the Ego state presentation of the client which will relate practice to theory.

### **Learning Outcomes**

On completion of the module students will be able to:

5. Identify their own characteristic Child and Parent Ego State presentation
6. Critically evaluate strategies of interventions with the Child and Parent Ego States

### **Indicative Content**

- Inquiry, involvement and attunement
- The Deconfusion of Child Ego States
- Rechilding
- Working with Regression.
- Spot Reparenting
- Self Reparenting
- The ethics of working with Regressive States.
- Reparenting Strategies
- The parent resolution process.
- Therapy of the Parent Ego State
- The Parent Interview
- Reparenting of the Severely Disturbed
- Working with the child ego state
- Working with the parent ego state

### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervised practice in large group
- Supervised peer practice in small groups

The module provides 28 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards assessment of the Module on Personality Adaptations and Communication Styles in this stage.

### **Assessment**

Assessment Weighting: 100% course work.

Course Work Assignment:

End of year written essays (2,000 words)

### **Resources**

#### **Child Ego state**

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

TA Today – Ian Stewart and Vann Joines 2012 – Lifespace Publishing

Transactional Analysis An Integrated Approach – Petruska Clarkson – 2013 – Routledge

Working with the Child Ego State – Bob Cooke Video You Tube

Working with the Child Ego State – Video – MIP website

Beyond Empathy, Erskine – 2014 – Routledge

Theories and Methods of Integrative Psychotherapy – Erskine – article 2004  
[www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com)

Into to Transactional Analysis – William Cornell - 2016 – Karnac Books

Life Scripts – Richard Erskine - 2010 – Karnac Books

The Past in the Present – edited by David Mann & Val Cunningham – 2008 – Routledge

#### **Parent Ego State**

TA Today – Ian Stewart and Vann Joines 2012 – Lifespace Publishing

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

The Parent Interview – McNeill, TAJ 1979

Transactional Analysis Counselling in Action – Ian Stewart – 2013 – Sage Publications

The Parent Ego State – Erskine 2010, [www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com)

### **Year 3 Weekend 6**

<b>Module Title:</b>	<b>Personality Adaptations</b>
<b>Taught</b>	<b>1 weekend</b>
<b>Credit Level</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

#### **Context**

The module will explore the significance of personality adaptation and styles of communication on interpersonal functioning.

#### **Learning Outcomes**

On completion of the module students will be able to:

1. Identify their own personality adaptations and communication styles.
2. Critically explore the link between personality adaptation and Life Script.
3. Have a critical awareness of the multiple layers of the human experience and the multi dimensional nature of the therapeutic relationship

#### **Indicative Content**

- Personality Adaptations
- Process Communication
- Communication Channels
- Personal Characteristics
- Doors to contact
- Adaptation
- Script Process
- Diagnosis
- Treatment planning
- Ethical Considerations

#### **Teaching and Learning Strategy**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including personal development, theory and clinical practice. The module is organised to provide for:

- Group process

- Theory (didactic and experiential)

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

### **Assessment**

Course Work Assignment:

Entries in the Personal Learning Journal for this module, in conjunction with previous entries in the Personal Learning Journals for Modules: Research Methods, Human Development, Strategic Interventions with Child and Parent Ego States and personality Adaptations will enable the student to complete a Personal Development Profile min 3,000 words which will enable the student to meet the Learning Outcomes.

### **Resources**

Personality Adaptations – Vann Joines and Ian Stewart – 2002 – Lifespace Publishing

TA Today – Ian Stewart and Vann Joines 2012 – Lifespace Publishing

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

Doors to Communication – Paul Ware, TAJ 1983

Personality Adaptations, a Developmental Perspective – Vann Joines, TAJ 1983

Personality Adaptations, a Diagnostic Model for Psychotherapists- Bob Cooke, Video, MIP website and You Tube

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### **Year 3 Weekend 7 (3 days)**

<b>Module Title:</b>	<b>Research Methods in Psychotherapy:</b>
<b>Credit Level:</b>	<b>7</b>
<b>Taught</b>	<b>3 days</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

### **Context**

There are increasing professional and ethical demands for critical appraisal of the process and outcome of psychotherapy. The module will establish the foundation upon which students can begin to develop a scientist-practitioner approach to the theory and practice of Transactional Analysis Psychotherapy. The module will familiarise students with the relevance of and basic approaches to research, research methods, tools and techniques in for example: human development, psychopathology, neurophysiology, memory,

diversities, ethics and legal issues.

### **Learning Outcomes**

On completion of the module students will be able to:

1. Critically assess the relevance of qualitative and quantitative research in the context of their thinking, theorising and practice of psychotherapy.
2. Critically explore some of the ethical issues within psychotherapy research.

### **Indicative Content**

- An introduction to research paradigms in the human sciences in general and psychotherapy in particular.
- Methods of research.
- Research tools – interviews, questionnaires, etc.
- Basic statistical principles relevant to psychotherapy research.
- Ethics of research. Plagiarism.
- Appendix 10
- Appendix 14

### **Learning and Teaching Strategies**

The strategy for this module will reflect the overall aim of providing a specialised integrated education including both theory and personal development. The major emphasis will be on the theoretical component of the integrated day with periods set aside for personal development through the vehicle of group process. The module provides 21 hours contact time with the module tutor.

In order to integrate theory and research with clinical practice a high degree of student effort is required: 10 hours clinical supervision, 40 hours personal psychotherapy, 58 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards assessment of the Module on Human Development.

### **Assessment**

A written essay/project of a maximum 8,000-10,000 words, demonstrating the fulfilment of the Learning Outcomes. This is the summative assessment of this module.

### **Resources:**

#### **Personal tutorial time by arrangement.**

Relational-centred Research for Psychotherapists: Exploring Meanings and Experience – Linda Finlay and Ken Evans – 2009 - Wiley-Blackwell

Phenomenology for Therapists: Researching the Lived World (Chapter 2, pp.43-71) – Linda Finlay – 2011 – Wiley Blackwell

Phenomenology of practice: Meaning-giving methods in phenomenological research and writing (Vol. 13) – Max van Manen – 2014- Left Coast Press

Phenomenological Research Methods – Clark Moustakas – 1994 – Sage Publications.

Interpreting Qualitative Data: Methods for Analyzing Talk, Text and Interaction – David Silverman – 2006 – Sage Publications.

### **Research Ethics**

Phenomenology for Therapists: Researching the Lived World, (pp.217-222) – Linda Finlay – 2011 – Wiley-Blackwell

Clarkson, P. and Keter, V., (2000). UKCP ethics and complaints procedures: Fact or Fiction?. Self & Society, 28(1), pp.5-8.

Lindsay, G. and Clarkson, P., (1999). Ethical dilemmas of psychotherapists. The Psychologist.

<b>Module Title:</b>	<b>Writing the Research Project</b>
<b>Teaching</b>	<b>1 day</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

### **Context**

This triple module will fulfil the aim that Students develop a scientist-practitioner approach to Transactional Analysis Psychotherapy.

The Research Project is to be written within the fourth year after students have demonstrated that they are:

- Conversant with the academic discourse associated with their chosen area of investigation.
- Conversant with the conventions of modern scholarly writing, referencing, plagiarism, appendices.
- Competent in handling advanced critical, methodological and theoretical models relevant to the issues addressed in the core modules.
- Can show evidence of independence of thought capable of formulating a coherent and realisable project for their Research Project.

#### **i Learning Outcomes**

On completion of the triple module students will be able to:

Produce a research Project that meets the criteria for assessment and thereby demonstrates the development of a scientist-practitioner approach to Integrative Psychotherapy or Transactional Analysis Psychotherapy as appropriate to the award being followed.

#### **i.2 Learning and Teaching Strategies**

Students will receive tutorial time throughout the period to the final submission date.

Students will be encouraged to prepare carefully for each tutorial so as to derive maximum benefit from them.

### **i Assessment**

Assessment Weighting: 100% course work.

Course Work Assignment:

A Research Project not to exceed 10,000 words in length.

## **Resources**

### **Transcription**

Hycner, R.H., (1985) Some guidelines for the phenomenological analysis of interview data. Human studies, 8(3), pp.279-303.

Bird, C.M., (2005). How I stopped dreading and learned to love transcription. Qualitative inquiry, 11(2), pp.226-248.

### **i. Deciding on a focus for the research**

Initially, the Research Project Tutor will counsel the student on the choice of an area for study and advise on appropriate methods of inquiry. Together he/she and the student will define the topic, form and scope of the investigation. He/she will also recommend initial and preparatory reading and ensure the student has access to appropriate information and data. The student will also be helped to develop competence in identifying, recording and presenting information.

#### **i.2 Maintaining a dialogue as the research progresses**

As the work develops, students will need to discuss what they are learning from their inquiries. The Research Project Tutor acts as a 'critical friend' at this stage of the research. The Research Project Tutor will encourage an objective and critical approach to ideas, methodologies and information as the Research Project proceeds.

#### **i.2 Reflecting on outcomes**

As the investigation nears its completion, the Research Project Tutor encourage the student to reflect on outcomes, to draw together the elements of the study and to ensure that the findings are appropriately contextualised.

#### **i.2 Advising on presentation**

The Research Project Tutor will advise the student on acceptable ways of presenting the completed study, ensuring that the implications for further study are evaluated and that areas of speculation are clearly indicated.

Research Project Tutor should expect to meet with students on a regular and frequent basis. This will be particularly necessary at the planning stage. Two tutorials per term with the Research Project Tutor will normally be considered a minimum level of contact.

### **i TIMING OF RESEARCH PROJECT COMPLETION**

i.2 It is expected that the Research Project will normally be completed in a minimum of

30 weeks and a maximum of 60 weeks from the date of commencement of the first Research Project module.

i.2 **It is usual to submit the Research Project by 1<sup>st</sup> March in the 4<sup>th</sup> year.**

i.2 Candidates may, for good reason and on notification to the Primary Course Tutor, defer submission of their Research Projects by a period of 15 weeks (one trimester) from the expected time of submission.

#### i **APPROVAL OF INDIVIDUAL RESEARCH PROJECT**

i.2 Students are required to complete a proposal form. This proposal form needs to be submitted to the Primary Course Tutor by the first week in September of their fourth year.

5.2 As a student's Research Project progresses, changes in title may become necessary or desirable. Such changes may only be made with the approval of the Primary Course Tutor.

5.3 Research proposals should be seen and commented on by the primary tutor.

#### i **PRESENTATION REQUIREMENTS**

The Research Project should be:

Typed, double spaced, with 40mm margin on either side, on one side of paper only and should have:

- pages numbered;
- a title
- an abstract;
- a table of contents; chapters, sub-sections ( as appropriate) and conclusion.
- a table of appendices;
- lists of illustrations, tables, figures, diagrams etc;
- Referencing of all work is a requirement. A minimum of 15 references should be included to indicate wider reading of and around the subject.  
**NB.Plagiarised work will be failed.**
- Quotations and references must be made clear using the Harvard System.
- a list of abbreviations (where uncommon abbreviations are adopted);
- 

The work should be professionally bound a copy of which will be kept in the MIP library.

All students will be issued with detailed descriptions of the requirements, assessment criteria, and submission date for the Research Project; all Research Projects will be required to conform to the presentational requirements given. Additionally, the following binding requirements will be observed.

The binding shall be of a fixed type so that leaves cannot be removed or replaced. The



front and rear boards shall have sufficient rigidity to support the weight of the work when standing upright.

The outside front board shall bear the title of the work in at least 24pt type. The name and initials on the candidate, the qualifications and the year of submission shall also be shown on the front board.

Copies of the thesis shall be presented in a permanent and legible form either in typescript or print. Where word processor and printing devices are used, the printer must be capable of producing text of a satisfactory quality.

A4 paper (210mm x 297mm) of good quality and sufficient opacity should be used. Only one side of paper should be used. Margins shall be as follows:

- Left (binding edge) 40mm
- Other margins 20mm
- Double or one-and-a-half spacing should be used in typescript except for intended quotations or where single spacing may be used. In footnotes or endnotes, double or one-and-a-half spacing should be used between each note.
- Pages shall be numbered at the bottom of each page consecutively through the main text including photographs and/or diagrams which are included as whole pages. Such photographs and/or diagrams shall be firmly fixed in place, and where appropriate indexed separately by reference to the facing page.

**i MECHANISMS BY WHICH RESEARCH-BASED PROJECT IS TO BE ASSESSED**

- 7.1 The student will present a Research Project of 8-10,000 words in length. While recognising that length need not be an indication of quality, Research Projects are not expected to exceed 10,000 words in length.
- 7.2 The intellectual property rights of the Research-based Project rests with the student. S/he is free to enter into negotiation with Manchester Institute for Psychotherapy or other agencies as appropriate.
- 7.3 The Research Project will normally be assessed by the reading of the Research Project and exceptionally by a viva voce examination at which the ability of the student to discuss the study will be assessed.
- 7.4 The Research Project Tutor associated with a particular investigation will agree and assign a provisional grade to the Research Project. To ensure consistency in marking, a person not associated with the Research Project will, in addition, be asked to assign a grade as an initial moderation. Where the Tutor cannot agree a grade, the final internal grade will be recommended by the internal moderator.
- 7.5 The decision of the External Examiner(s) is final.
- 7.6 Successful completion of the Research Project will not lead to the award of Diploma

in Transactional Analysis with Clinical Speciality, unless the parallel clinical obligations and all other academic criteria required by the Manchester Institute for Psychotherapy are met.

## **8 CRITERIA FOR ASSESSMENT**

In the assessment of Research Projects, examiners will consider in particular:

- the extent to which a student demonstrates a clear understanding of the implications of the Research Project for future practice:
- evidence that the student is likely to be able to disseminate the results of the project in an effective and informative way to colleagues and others likely to be interested.
- \* the style and presentation of Research Projects should be influenced by considerations such as these as well as by models appropriate to different kinds of research report, in which students should demonstrate:
- familiarity with the received critical, methodological and theoretical literature associated with Transactional Analysis psychotherapy;
- the ability to augment or provide an argued alternative to the received literature associated with Transactional Analysis psychotherapy;
- a thorough grounding in appropriate research methodologies and the academic discourse associated with psychotherapy studies;
- where appropriate, the ability to collect data and analyse it according to accepted models of analysis;
- the ability to examine critically available models of analysis;
- where appropriate, the ability to propose alternative or hypothetical models of analysis.
- the ability to evaluate the outcomes of inductive and/or deductive analysis with regard to the material under consideration.
- an ability to sustain, from evidence submitted, a reasoned argument and to draw consistent and coherent conclusions;
- the ability to ensure that the findings of the project are appropriately contextualised;
- the ability to be self-critical in assessing the contribution made to learning by the Research Project.

For the award of Distinction, the enquiry undertaken in the Research Project must, in addition to the criteria above, represent a significant contribution to knowledge.

## **9 RESEARCH PROJECT – GENERAL INFORMATION**

- 9.1 A Transactional Analysis Psychotherapy theme will permeate the Research Project, as well as being a specific focus of Transactional Analysis psychotherapy Theory and Practice.

The thesis/argument/theme is the thread that holds the Research Project together as well as being a focus of exploration in all chapters.

## **10 STRUCTURE OF RESEARCH PROJECT**

The Research Project will normally include the following sections. They need not all apply to a particular study but the advice of the Research Project Supervisor should be sought about this and about the relative weight given to the different sections.

- 10.1 Outline of Research: This should include a short abstract which provides a summary of the context of the Research Project i.e., the aims of the study, methods and results of research. It is not necessary to present discussions, arguments or evidence at this point. This section is probably the last to be written.
- 10.2 Introduction: This may include a range of reasons and motivations for the investigation. It may also include links to practice or a discussion (social, institutional, psychological) in which the investigation is located.
- 10.3 Review of Previous Research/Literature: The review is intended to make the most effective use of background reading and enables the study to be located alongside others. The review should critically evaluate the theoretical approaches used, and the conclusions reached in published studies. The review should particularly address similarities and differences in theoretical approaches adopted by different authors and researchers.

This is probably the first section to be written enabling the study to move forward.

### **10.4 Research Methodology:**

- Discuss the choice of research methods, their strengths and limitations.
- Explain the design of the research and the relationship between the methods and the kinds of information being sought.
- Give reasons for the choice of people and other sources used to obtain information/data.
- Show how people and sources were chosen and comment on any relevant sampling issues.
- reflect on the use of the research methods and the research outcomes.

### **10.5 Findings and Discussion:**

This section should include a consideration, preferably under a number of sub-headings, of the research findings in the light of the literature review, the theoretical approach and the chosen conceptual frameworks.

It might well consider in some depth the implications of the findings for Integrative Transactional Analysis psychotherapy practice, the provision of this practice and issues for further research.

Section 10.4 and 10.5 need to be considered together. Though they can be written separately, they should add up to a clear description and analytical discussion without duplication.

#### 10.6 Summary and Conclusion:

This obviously refers in summary form to the main issues and implications referred to in the title and Research Project. In addition to this it may include a statement of:

- personal learning
- awareness of the implications of the findings/conclusions
- awareness of further work which may be developed from the Research Project.

### 11 REFERENCES

These should be given in accordance with the Library paper Citations, references. All work must be fully referenced using the Harvard system. Plagiarism will result in a failed paper.

### 12 STYLES OF WRITING

The purpose of the Research Project is to present the products of a serious study in a clear, dispassionate manner. Try to avoid jargon and write simply. Unfamiliar terms should be defined. Tenses should be consistent and the past tense is normal. While it is usual to avoid the first person and use the third, do not make complicated and difficult construction to achieve this. Where you are directly reporting what you did, use the first person but check out such instances with your Research Project Tutor.

### 13 BINDING

A good bookbinder will be able to bind the completed work.

## **Year 3 Weekend 8**

<b>Module Title:</b>	<b>Mental Health Familiarisation Module (3 days)</b>
<b>Taught:</b>	<b>1 weekend over 3 days</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

**Context:** The purpose of this module is for trainees to gain insight into the care and support provided by the NHS and private organisations, available to people diagnosed with a psychopathology.

For those students with little experience in mental health settings, then a 20 day placement must be successfully undertaken.

This module should be studied alongside the notes contained in **Appendix 8**.

### **Learning Outcomes:**

1. To develop a basic understanding of psychiatry and the mental health system, the rights of patients and the psycho- social issues involved.
2. Understand the main principles of the mental health act and the procedures for compulsory admission and detention of patients.
3. Enhance working practices with mental health professionals.
4. To become familiar with psychiatric assessment and the planning of a range of interventions and evaluation procedures.
5. To understand a range of mental health illnesses that can lead to involvement in the mental health system.
6. To familiarise themselves with the different types of intervention used, including medication and ECT and their main side effects.

### **Indicative Content:**

- Historical developments in Psychiatry
- Psychiatric assessment and treatments
- Neurobiology
- Pharmacology
- Psychopathology and the DSM 5R (2015)
- Psychiatry and Psychotherapy
- Appendix 8
- Supervision
- Assessment
- Placement
- Clinical observations

### **Teaching and Learning:**

The strategy for this module will reflect the overall aim of providing a specialised integrated education including both theory and personal development. The major emphasis will be on the theoretical component of the integrated day with periods set aside for personal development through the vehicle of group process. The module provides 21 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, self-directed study including course work preparation.

## **Assessment**

Trainees are required to successfully complete a 21 day mental health placement before the end of their training. Students are required to submit a written report on the external mental health placement prior to the submission of the case study and tape transcript in the Independent Studies Stage (Exam Prep Group).

The Co-ordinator of the Mental Health Placement Programme is required to confirm that students have completed the Programme.

## **Resources**

Sociopath: The Sociopath Laid Bare – Carol Franklin – 2016 – Create Space Independent Publishing Platform

Understanding Personality Disorders – Duane Dobbert – 2010 – Rowman & Littlefield Publishers

Personality Adaptations – Vann Joines and Ian Stewart, 2002

Interpersonal Diagnosis and Treatment of Personality Disorders (Diagnosis and Treatment of Mental Disorders) – Lorna Smith Benjamin – 2003 – Guilford Press

DSM5R 2015

Treatment of Passive Aggressive, Bob Cooke You Tube Video 2012

### **Year 3 Weekend 9**

<b>Module Title:</b>	<b>Formal case study and tape evaluation.</b>	<b>Taught:</b>
<b>1 weekend</b>		
<b>Credit level:</b>	<b>7</b>	
<b>Pre-requisite:</b>	<b>Previous Core Modules and full attendance</b>	
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations and full participation</b>	

**Context:** In this weekend the tutor will explain what the formal 10,000 word case study is and what the trainee/student will have to do to complete the requirement of the 10,000 word case study for UKCP registration.

### **Indicative content:**

1. The teaching component will be breaking down how the student will write and clinically assess the writing of the case study as well as explaining clinical theory to practice.
2. The tutor will also go through tape transcripts of clinical sessions, teach how this is done and evaluate practice.
3. The tutor will also demonstrate the above process as well as taking questions and feedback throughout the weekend.

## **Learning Outcomes:**

The student will gain a clear understanding of the pass standard requirements for the final 10,000 word assignment.

## **Learning and teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Understand Group process
- Understand Theory (didactic and experiential)

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, self-directed study including course work preparation.

## **Resources:**

There are no books concerning the case evaluation and transcript process as that is more a taught critique in house.

## **Year 3 Weekend 10.**

<b>Module Title:</b>	<b>Course Evaluation, Formal and Peer assessment.</b>
<b>Taught:</b>	<b>4 weekends over 4 years</b>
<b>Credit level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules and full attendance</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations and full participation</b>

## **Context:**

### **Learning Outcomes:**

On completion of the module students will be able to:

- Evaluate the course modules based on

Teaching and learning

Inclusiveness of language and teaching style

Appropriateness of language and teaching style

Resources up to date, clearly written.

Classroom organisation and management

- Evaluate their own appropriateness within the classroom environment

Their own ability to learn

Their own organisation and management of self

- Evaluate their peers ability to work as part of a group

- Evaluate their peers ability to contribute and participate to the overall group learning experience

- Share their own experience of group members.

Indicative Content:

Learning and Teaching Strategies

The strategy adopted for this module will reflect the overall aim of providing a specialised

integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervision

The module provides 56 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

**Indicative content:**

**Learning and teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Understand Group process
- Understand Theory (didactic and experiential)

The module provides 56 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

## **YEAR 4 MODULES**

### **Year 4 Weekend 1**

<b>Module Title:</b>	<b>Research progress and feedback, How to build a social media presence</b>
<b>Taught:</b>	<b>1 weekend</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

**Context:**

Saturday will include research teaching and feedback on how the students have chosen their research topic and if they have submitted the ethical framework and practical implications of the research topic.

Sunday will include a visiting trainer who is an expert on building up social media and online presence for the students and teaching them what this means and how to implement this process themselves.

**Learning Outcomes:**

Students will have had an opportunity to discuss their research area and ethical considerations.



Students have an opportunity to identify and overcome practical implications regarding their research project.  
Students will learn the intricacies of social media and advertising

**Indicative Content:**

- Research Ethical Framework
- Professional Code of Conduct

**Resources:**

Appendix 21  
Appendix 20  
Appendix 17  
Appendix 14  
Appendix 10  
Appendix 6

**Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervision

The module provides 14 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

**Assessment**

There is no formal assessment attached to this module

**Year 4 Weekend 2**

<b>Module Title:</b>	<b>Contracting; supervision; clinical placement; and evaluation.</b>
<b>Taught:</b>	<b>3 weekends over 3 years</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

**Context**

In this module students will become familiar with a range of strategic interventions applicable to contracting with the client which will relate practice to theory.

## **Learning Outcomes**

On completion of the module students will be able to:

1. Critically analyse the concept of the contractual method in relationship to ; ethics and supervision; assessment and clinical evaluation
2. Critically evaluate the concept of the contractual method in relationship to ; ethics and supervision; assessment and clinical evaluation

## **Indicative Content**

- Contractual method and the ethical practitioner
- Placement and contracting
- Theory in ethics, supervision; assessment and clinical evaluation
- Practice in ethics, supervision; assessment and clinical evaluation
- Philosophy in ethics, supervision; assessment and clinical evaluation
- EATA UKCP Code of Ethics
- Effective use of supervision

## **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervised practice in large group
- Supervised peer practice in small groups

The module provides 36 hours contact time with the module tutor over three years.

In order to integrate theory with clinical practice a high degree of student effort is required: 5 hours clinical supervision, 40 hours personal psychotherapy, 30 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards assessment

## **Assessment**

Assessment Weighting: 100% course work.

Course Work Assignment:

End of year written essay of a minimum of 2,000 words.

## **Resources**

Contracts in Counselling and Psychotherapy - Charlotte Sills – 2006 – Sage Publications

Supervision in the Helping Professions – Hawkins & Shohet – 2012 – Open University Press

The Art of Relational Supervision: Clinical Implications of the Use of Self in Group Supervision – Helena Hargaden – 2015 – Routledge

## **Year 4 Weekends 3-9**

<b>Module Title:</b>	<b>Diagnosis and Treatment Planning using Strategic Interventions with the Personality Disorders.</b>
<b>Taught:</b>	<b>7 modules</b>
<b>Credit Level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations</b>

### **Context**

In these modules students will become familiar with the diagnosis of and a range of strategic interventions applicable to the Personality Disorders of the client which will relate practice to theory.

### **Learning Outcomes**

On completion of the module students will be able to:

- \* Diagnose and plan the treatment for a variety of Personality disorders
- \* Critically evaluate strategies of interventions with the Personality disorders

### **Indicative Content**

- Obsessive Compulsive personality disorder
- Schizoid personality disorder
- Narcissistic personality disorder
- Borderline personality disorder
- Histrionic personality disorder
- Paranoid personality disorder
- Passive Aggressive and Anti-social personality
- 

### **Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervised practice in large group
- Supervised peer practice in small groups
- 

These modules provide 112 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 35 hours self-directed study including course work preparation.

Entries in the Personal Learning Journal which will accumulate in a formative way towards assessment of the Module on Personality Adaptations and Communication Styles in this stage.

## **Assessment**

Assessment Weighting: 100% course work.

## **Resources**

### **Diagnosis and Treatment**

Personality Adaptations – Vann Joines and Ian Stewart 2002 – Lifespace

Understanding Personality Disorders – Duane Dobbert – 2010 – Rowman & Littlefield Publishers

The Clinicians Guide to Diagnosis and Treatment of Personality Disorders – Daniel Fox – 2013 – PESI

Interpersonal Diagnosis and Treatment of Personality Disorders (Diagnosis and Treatment of Mental Disorders) – Lorna Smith Benjamin – 2003 – Guilford Press

Character Styles – Steven Johnson – 1994 – W. W. Norton & Company

DSM5R

Personality disorders – Bob Cooke, You Tube 2013

### **Obsessive Compulsive Disorder**

### **Schizoid Personality Disorder**

The Empty Core: Object Relations Approach to Psychotherapy of the Schizoid Personality – Jeffrey Seinfeld – 1991 – Jason Aronson Inc. Publishers

Schizoid Phenomena, Object Relations and the Self – Harry Guntrip – 1992 – Karnac Books

Characterological Transformation – The Hard Work Miracle – Steven Johnson – 1985 - W. W. Norton & Company Inc.

Bioenergetics – Alexander Lowen – 1994 – Arkana

Personality Adaptations – Vann Joines and Ian Stewart, 2002

The DSM5R 2015

100 Key Points in Transactional Analysis – Mark Widdowson– 2009 – Routledge

The Schizoid Process – Ray Little 2008, [www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com)

Between Two Worlds – Mary O'Reilly Knapp 2010, [www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com)

The Schizoid Personality Disorder – Erskine, [www.integrativepsychotherapy.com](http://www.integrativepsychotherapy.com)

The Schizoid Personality Disorder – Bob Cooke, You Tube 2012

The Schizoid Personality Disorder – Bob Cooke, MIP website 2012

## **Narcissistic Personality Disorder**

International Journal of Integrative Psychotherapy – Erskine Volume 3 number 2, 2012

Personality Adaptations – Vann Joines and Ian Stewart, 2002

Understanding Personality Disorders – Duane Dobbert – 2010 – Rowman & Littlefield Publishers

Character Styles – Steven Johnson – 1994 – W. W. Norton & Company

Treatment of the Borderline Disorder – Bob Cooke, You Tube 2015

Interpersonal Diagnosis and Treatment of Personality Disorders (Diagnosis and Treatment of Mental Disorders) – Lorna Smith Benjamin – 2003 – Guilford Press

DSM5R 2015

Mental Health Personality Disorders– Carol Franklin – 2015 – Create Space Independent Publishing Platform

Humanising the Narcissistic Style – Steven Johnson - 1987 – W. W. Norton & Co.

## **Borderline Personality Disorder**

Character Styles – Steven Johnson – 1994 – W. W. Norton & Company

Personality Adaptations – Vann Joines and Ian Stewart, 2002

Mental Health Personality Disorders – Carol Franklin – 2015 – Create Space Independent Publishing Platform

Understanding Personality Disorders – Duane Dobbert – 2010 – Rowman & Littlefield Publishers

DSM5R 2015

## **Histrionic Personality Disorder**

Understanding Personality Disorders – Duane Dobbert – 2010 – Rowman & Littlefield Publishers

Character Styles – Steven Johnson – 1994 – W. W. Norton & Company

DSM5R 2015

Personality Adaptations – Vann Joines and Ian Stewart, 2002

Interpersonal Diagnosis and Treatment of Personality Disorders (Diagnosis and Treatment of Mental Disorders) – Lorna Smith Benjamin – 2003 – Guilford Press

**Paranoid Personality disorder**  
**Passive Aggressive and Anti-Social personality disorder**

**Year 4 Weekend 10.**

<b>Module Title:</b>	<b>Course Evaluation, Formal and Peer assessment.</b>
<b>Taught:</b>	<b>4 weekends over 4 years</b>
<b>Credit level:</b>	<b>7</b>
<b>Pre-requisite:</b>	<b>Previous Core Modules and full attendance</b>
<b>Co-requisite:</b>	<b>Parallel Clinical Obligations and full participation</b>

**Learning Outcomes:**

On completion of the module students will be able to:

- Evaluate the course modules based on

Teaching and learning

Inclusiveness of language and teaching style

Appropriateness of language and teaching style

Resources up to date, clearly written.

Classroom organisation and management

- Evaluate their own appropriateness within the classroom environment

Their own ability to learn

Their own organisation and management of self

- Evaluate their peers ability to work as part of a group

- Evaluate their peers ability to contribute and participate to the overall group learning experience

- Share their own experience of group members.

Indicative Content:

**Learning and Teaching Strategies**

The strategy adopted for this module will reflect the overall aim of providing a specialised integrated education including person development, theory, clinical practice and clinical supervision. The module is organised to provide for:

- Group process
- Theory (didactic and experiential)
- Supervision

The module provides 56 hours contact time with the module tutor.

In order to integrate theory with clinical practice a high degree of student effort is required: appropriate clinical supervision, 40 hours personal psychotherapy, 20 hours self-directed study including course work preparation.

**PERSONAL THERAPY**

1. Students are required to make their own copy of the Psychotherapists Annual Report and give it to their therapist.
2. Personal development is fundamental to, and permeates the whole of, the modular programme. Students are also provided with additional sources of personal development. The United Kingdom Council for psychotherapy require that psychotherapists undergo personal therapy of the frequency and duration similar to that they intend offering to clients. This is ethical and obviously necessary for students to be exposed to the form of therapy they intend to practice and to experience its effect on themselves.
3. Students are required to be in personal therapy for the duration of the modular programme and on a regular weekly basis. This will be no less than 40 hours each year. The financial cost of meeting the course requirements for personal therapy are **not** included in the course fees. Students will make their own arrangements for payment of personal therapy fees direct to their therapist.
4. Students will receive personal therapy from a UKCP registered Transactional Analysis psychotherapist. In making their own arrangements for personal therapy students are required to gain the approval of the Programme Leader regarding appropriateness and inform the Programme Leader in writing of the name of their therapist at the commencement of the programme. Students should also inform the Programme Leader of the name(s) of any subsequent therapists within the period of the validated programme. Students should also confirm in writing at the commencement of the course that they have provided their therapist with a copy of this Appendix 1: Personal Therapy.
5. Personal therapy provides an important developmental momentum for students in ensuring their personal growth is in accord with the developing requirements of psychotherapy education and accompanies the practice of supervised psychotherapeutic activity.

Specifically, personal therapy will facilitate students to:

- a) relate significant aspects of Integrative Transactional Analysis theory to their own personal development.
  - b) develop sufficient insight as to be able to make increasingly mature assessment of their own personal history and current level of functioning with individuals and groups.
  - c) be able to relate personal insights to clinical practice especially in the understanding of transference issues.
6. A student's ability to be a therapist is directly related to his/her willingness to be a client. That is, personal therapy requires a willingness to be vulnerable to a developing awareness of self and self in relation to others. This is observable during modules in students increasing ability to establish contact, both with themselves,

and other course members, including staff. Personal development is also the focus of the personal development Profile and Personal Learning Journal.

In view of the fact that a student is in training to achieve a professional qualification then in the event that a student fails to meet the requirement of ongoing personal therapy (e.g., frequent long gaps in attendance without satisfactory explanation, terminating therapy, or failure to work towards resolving serious Script issues), the Primary Course Tutor would reasonably expect to be notified of such by the personal therapist in a brief written statement that is solely confined to a statement about attendance/absence. It is a condition of the training programme that students accept the above.

### **Confidentiality**

The content and nature of a student's personal therapy is confidential. The contract for therapy remains at all times between the student and the personal therapist, as such MIP will at no time request information regarding the content or nature of therapy from the student's personal therapist.

### **Psychotherapists Annual Report**

All students are required to have completed at least 40 sessions of personal psychotherapy during each year of their TA training with a UKCP registered therapist. They are also required to be working towards resolving any serious script issues that may adversely affect their client work.

Would you please confirm that the student has met these requirements

**Date:**

**Students name:**

**Number of psychotherapy sessions attended:**

**Psychotherapists Name:**

**UKCP Registration Number:**

**Please return your reply in the stamped addressed envelope supplied.  
454 Barlow Moor Rd, Chorlton, Manchester, M21 0BQ**

**Many thanks for all of your support.**



## **SUPERVISION**

### 1. **Definition**

Clinical supervision may be described as a form of meta therapy. The supervisor's client is neither the supervisee nor the supervisee's client but rather the relationship between them. Thus, a clinical supervisor helps to explore the therapeutic relationship with a view to developing the therapeutic competence of the supervisee and with regard to the well being of the client. As a result of such exploration all members of the triad – client, supervisee and supervisor – may learn and grow.

2. The Humanistic & Integrative Section (HIPS) of UKCP published a revised set of training standards in June 2000 which specify that trainees should have supervised hours in the approach to be practised.
3. They also acquire a minimum of 900 hours with their trainer, comprising training and supervision; with a minimum of 450 supervised client contact hours prior to UKCP registration. The Clinical Teaching Supervision provided by MIP is 20 hours of teaching supervision over 11 modules in each of years 3 & 4. While the UKCP stipulates a ratio of one hours supervision to six client hours (1:6), MIP also requires one hours supervision to 6 client hours. Group supervision reflects this ratio (minimum 10 mins supervision per client hour). Students require a minimum of 2 years supervised practice and an established regular caseload of which 2 clients at least are long term. Students need to demonstrate that closure can be managed and that they have experience of long and short term contracts. All supervision hours need to be with a UKCP registered Clinical Supervisor. Supervision groups for trainees will be no larger than 3 students per group.
4. The financial cost of meeting the minimum requirements for Clinical Supervision are not included in the course fees. A student will make his/her own arrangements for the payment of Clinical Teaching Supervision fees direct to his/her Clinical Supervisor.
4. The Manchester Institute for Psychotherapy will provide students with the names of Clinical Supervisors who have evidenced a certain level of ability to establish a relationship between the theory of Transactional Analysis Psychotherapy and Clinical Practice.

A Clinical Supervisor thus recommended by the Manchester Institute for Psychotherapy will have likely met the following criteria:

- a Completed a professional training in Transactional Analysis psychotherapy
- b Be registered with the United Kingdom Council for Psychotherapy
- c Completed a minimum of 3 years post qualifying clinical practice
- d Completed an established and/or recognised training course in Clinical

## Supervision

- e Abides by a Code of Ethics and Professional Practice that is compatible with the Code of Ethics of the Manchester Institute for Psychotherapy, the United Kingdom Council for Psychotherapy and the European Association for Psychotherapy.
- f The content of all supervision sessions is confidential. It is the responsibility of the student to explain the nature of the break in confidentiality with their client in order that supervision is gained by them.

### 5, Contact between the Clinical Supervisor and Validated Programme

The Clinical Supervisor will forward to the Primary Course Tutor a brief annual report on a student's professional development (to be forwarded no later than July 31<sup>st</sup>). The annual report is completed for third and fourth years of study. Students are required to copy the appropriate Clinical Supervisors Report below and hand to their Clinical Teaching Supervisor in June/July each year.



## Report of Supervisor

**Trainee: Third Year TA Psychotherapy**

**Name of STUDENT:** \_\_\_\_\_

Number of supervision hours completed by 31<sup>st</sup> July

Is the student on target to complete the minimum 10 hours supervision by completion of training year.

Yes ☐ No ☐

### **Comments:**

Please comment on the following (use additional pages if required and attach to this form)

#### **1. Therapeutic Skills**

Supervisees ability to:

1.1 Establish and work with the therapeutic relationship

#### **2. Reflexive Practice**

2.1 Critically reflect on the therapeutic process and on own functioning in order to develop practice.

#### **3. Management of Clinical Practice**

3.1 Make effective use of supervision

#### **4. Responsibility**

4.1 A capacity for self monitoring

4.2 Demonstrates a satisfactory level of awareness of ethical requirements and standard of professional practice

It is the students responsibility to ensure their supervisor is given this form on or before July 31<sup>st</sup> of their 3<sup>rd</sup> year and 4<sup>th</sup> year of training. It is the Supervisors responsibly to complete and forward the form to the appropriate Training co-ordinator at MIP.

Please note - UKCP stipulates a ratio of one hours supervision to six client hours (1:6), MIP also requires one hours supervision to 6 client hours. Group supervision reflects this ratio (minimum 10 mins supervision per client hour).

***Thank you for completing this form your support is greatly appreciated***

Name of Supervisor

---

Signature

Date

---



## Report of Supervisor

**Trainee: Fourth Year TA Psychotherapy**

Name of STUDENT: \_\_\_\_\_

Number of hours supervision completed by 31<sup>st</sup> July

Is the student on target to complete the minimum 12 hours supervision by 31<sup>st</sup> July?

Yes ☐ No ☐

Comments:

Please comment on the following (use additional pages if required and attach to this form)

### 1 Therapeutic Skills

Supervisees ability to:

- 1.1 Assess client's suitability for psychotherapy
- 1.2 Formulate and apply appropriate therapeutic Interventions
- 1.3 Establish and work with the therapeutic relationship
- 1.4 Manage the termination of therapy, planned and premature endings

### 2. Reflective Practice

- 2.1 Critically reflect on the therapeutic process and on own functioning in order to develop practice

### **3. Management of Clinical Practice**

- 3.1 Identify, clarify, assess and manage a range of clinical problems
- 3.2 Make effective use of supervision
- 3.3 Experience of long and short term contracts

### **4. Communication & Presentation**

- 4.2 Engage confidentially in communication with professional e.g., therapists, doctors, social workers.

### **5. Context of Professional Practice**

- 5.1 Capacity for adaptation and innovation in response to complex and unpredictable or specialised area of work.

### **6. Responsibility**

- 6.1 Demonstrates a capacity for autonomy in their professional practice
- 6.2 A capacity for self monitoring
- 6.3 Demonstrates a satisfactory level of awareness of ethical requirements and standard of professional practice
- 6.4 Ability to work proactive and co-operatively with others to formulate solutions to ethical problems
- 6.5 Capacity to tolerate the ambiguity and uncertainty that often accompanies ethical dilemmas

It is the students responsibility to ensure their supervisor is given this form on or before July 31<sup>st</sup> of their 4<sup>th</sup> year (final) year of training. It is the Supervisors responsibly to complete and forward the form to the Training Co-ordinator at MIP.

Please note - UKCP stipulates a ratio of one hours supervision to six client hours (1:6), MIP also requires one hours supervision to 6 client hours. Group supervision reflects this ratio (minimum 10 mins supervision per client hour).

***Thank you for completing this form your support is greatly appreciated***

Name of Supervisor

---

Signature

Date

---

**Primary Programme Tutor – Annual Report**

It is the responsibility of the Primary Programme tutor to record the completion or otherwise of the parallel clinical obligations below:

---

**Year 1****Name of Student :**

Personal Therapy                      **yes** ☐                      **no** ☐

Essays                                      **yes** ☐                      **no** ☐

PDP                                              **yes** ☐                      **no** ☐

Comments (if any):

---

**Year 2****Name of Student :**

Personal Therapy                      **yes** ☐                      **no** ☐

Clinical Competencies                      **yes** ☐                      **no** ☐

Essays                                      **yes** ☐                      **no** ☐

Clinical Endorsement Achieved                      **yes** ☐                      **no** ☐

PDP                                              **yes** ☐                      **no** ☐

Comments (if any):

### Year 3

**Name of Student :**

Personal Therapy                      **yes** ☐                      **no** ☐

Placement Completed                      **yes** ☐                      **no** ☐

Supervision Undertaken                      **yes** ☐                      **no** ☐

PDP                      **yes** ☐                      **no** ☐

Comments (if any):

---

### Year 4

**Name of Student :**

Personal Therapy                      **yes** ☐                      **no** ☐

Research Project Completed                      **yes** ☐                      **no** ☐

Tape Transcript                      **yes** ☐                      **no** ☐

Supervision Undertaken                      **yes** ☐                      **no** ☐

PDP                      **yes** ☐                      **no** ☐

Case Study                      **yes** ☐                      **no** ☐

**Student Successfully complete final stage**    **yes** ☐                      **no** ☐

Comments (if any):



If a student has completed the ..... year but not all the academic requirements please state what outstanding work is required:

If a student has completed the ..... year and all the academic requirements but not the parallel clinical obligations please state what is outstanding:

If a student has to complete outstanding academic requirements or clinical obligations please state what agreement has been made.

Student signature:

Date:

Tutor signature:

Date:

***NB. Student will not be awarded the Diploma in Integrative Transactional Analysis in Psychotherapy with Clinical Speciality until all academic and clinical requirements of MIP are in pass status.***

**TRANSACTIONAL ANALYSIS PSYCHOTHERAPY TRAINING**

**Peer Assessment**

Date: \_\_\_\_\_ Name of person being assessed: \_\_\_\_\_

Name of person writing this assessment: \_\_\_\_\_

- 1) What have you most appreciated about me.
- 2) How would you describe my contribution to the training group?
- 3) What have you not appreciated?
- 4) How have you experienced me relating to you and others?

Is there anything more you would have liked from me?

Anything less?

- 5) Are there any Script issues that seem figure?
- 6) In what ways have you experienced me developing/changing over the past year or more?
- 7)
  - a) How would you describe my capacity to give feedback.
  - b) How would you describe my capacity to receive feedback.
- 8) What personal work would you think I could focus on in the year ahead?
- 9) What do you consider my strengths or weaknesses in my knowledge and application of Transactional Analysis psychotherapy?
- 10) Why would you refer clients to me, if at all?

## TRANSACTIONAL ANALYSIS PSYCHOTHERAPY TRAINING

## Student Self Assessment and Goal Setting

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

Student's name: \_\_\_\_\_

Below are listed specific areas relevant to the competent practice of psychotherapy. On a scale 1 to 7, rate your present level of competence by putting a tick.

Go back over each areas of competence and select those areas you would like to improve upon or develop further. Indicate these areas by drawing a circle around the appropriate number.

- |   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |
|---|-------------------------------------------------------------------------------------------------------------------------------------------|---|---|---------------------------|---|-------------------|---|
|   | areas of weakness                                                                                                                         |   |   | satisfactory in this area |   | areas of strength |   |
| a | My ability to formulate the client's problems in terms of Transactional Analysis psychotherapy theory.                                    |   |   |                           |   |                   |   |
|   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |
| b | Clarity, precision, timing and effectiveness of my interventions.                                                                         |   |   |                           |   |                   |   |
|   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |
| c | Range, flexibility and creativity of my approach.                                                                                         |   |   |                           |   |                   |   |
|   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |
| d | Quality of contact between myself and my clients, including the awareness and availability of your own process.                           |   |   |                           |   |                   |   |
|   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |
| e | Awareness of ethical considerations and limits of competence.                                                                             |   |   |                           |   |                   |   |
|   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |
| f | Anticipation and predictions of Transactional Analysis psychotherapy process i.e., the ability to chart the general direction of therapy. |   |   |                           |   |                   |   |
|   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |
| g | Ability to practice inquiry, attunement, involvement.                                                                                     |   |   |                           |   |                   |   |
|   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |
| h | Understanding of developmental issues.                                                                                                    |   |   |                           |   |                   |   |
|   | 1                                                                                                                                         | 2 | 3 | 4                         | 5 | 6                 | 7 |

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY****Code of Ethics & Professional Practice**

*The Code of Ethics and Professional Practice will be open to periodic review by the Ethics and Professional Practice Advisory Committee of the Manchester Institute for Psychotherapy (hereafter MIP). Counsellors/Therapists are responsible for the observation of the principles inherent in the Code of Ethics and Professional Practice and are to use the Code as the basis of good practice rather than a set of minimal requirements. The Code of Ethics and Professional Practice may be revised periodically to ensure compatibility with the Code of Ethics and Professional Practice of the United Kingdom Council for Psychotherapy (hereafter UKCP).*

**1. JURISDICTION**

- 1.1 The Code applies to all categories of membership of MIP – Trainee, Graduate, Associate Teaching Member, Teaching Member – in the management of their professional responsibilities to clients, colleagues within MIP and the wider professions of Counselling and Psychotherapy.

**2. INTENTION**

The Code of Ethics and Professional Practice is intended to:

- 2.1 Protect and inform members of the general public who are inquiring about, or receiving, the clinical services of Members of MIP.
- 2.2 Make clear and explicit the standards of professional practice of Members of MIP and promote good practice.
- 2.3 In the event of a breach of Ethics and Professional Practice the Complaints Procedure may be invoked and appropriate sanctions may include suspension or termination of membership.
- 2.4 MIP is required to report to the UKCP the names of Members whose membership has been suspended or terminated.

**3. CLIENT-THERAPIST RELATIONSHIP**

- 3.1 The client-therapist relationship is a professional relationship within which the welfare of the client is the Member's primary concern.
- 3.2 The dignity, worth and uniqueness of the client is to be respected at all times.
- 3.3 It is the Member's aim to promote increased awareness, encourage self support, and facilitate the self development and autonomy of clients with a view to increasing the range of choices available to them, together with their ability/willingness to accept responsibility for the decisions they make.

- 3.3.1 Members are responsible for working in ways which enhance their client's sense of empowerment, their capacity to become self supporting, their ability to make creative choices and changes in response to their evolving needs, circumstances, values and beliefs.
- 3.3.2 Members should be respectful of their client's age, health, gender, sexuality, religion, ethnic group, social context and any other significant aspects of their life.
- 3.3.3 Members should provide regular opportunities to review the terms of the therapeutic contract and the progress of therapy.
- 3.3.4 Decisions regarding the termination of therapy are the joint responsibility of client and Member. Should a Member's professional assessment not accord with a client's decision to terminate, a Member should facilitate termination in a manner which is respectful of the client's autonomy. Termination of therapy or facilitation of a change of therapist should be managed with care and consideration for the client's dignity and well-being.
- 3.4 Members must recognise the importance of a good relationship for effective therapy and be cognisant of the power and influence this responsibility gives them. The Member must act in a manner consistent with this recognition and not exploit client financially, sexually or emotionally for their own personal advantage or their own needs.
- 3.4.1 Members should not take money under false pretences – knowingly retaining a client after therapy has ceased to be effective or increasing fees without prior negotiation with the client.
- 3.4.2 A physical, sexual relationship with a client is exploitative and unethical.
- 3.4.3 Sexual harassment in the form of deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are, or could be, considered offensive by the client, are unethical.
- 3.5 Members need to be aware when other relationships or external commitments conflict with the interests of the client. When such a conflict of interest exists it is the Member's responsibility to declare it and be prepared to work through the issues with the client.
- 3.6 Members need to recognise that dual relationships – where the client is also an employee, close friend, relative, or partner – will likely impair their professional judgement and cause undue stress to clients and themselves.

#### **4. CONFIDENTIALITY**

- 4.1 Confidentiality is intrinsic to good practice. All exchanges between Members and client must be regarded as confidential. Where a Member has any doubts about the limits of confidentiality she/he should seek supervision.
- 4.2 A client should be informed at the outset of therapy (as part of the therapist-client contract) that in extreme circumstances where the client is a danger to themselves

or others, a Member may break confidentiality and take appropriate action.

- 4.3 When a Member wishes to use specific information gained during work with a client – in a lecture or publication, the client's permission should be obtained and anonymity preserved. Clients should be informed that they have a right to withdraw consent at any time.
- 4.4 Members should provide a working environment which ensures privacy.
- 4.5 Members should not make trivialising comments about clients.
- 4.6 Members must maintain confidentiality after the completion of therapy.

## **5. CLIENT SAFETY**

- 5.1 Members must take all reasonable steps to protect clients from physical or psychological harm during therapy.
- 5.2 When a client develops a medical condition, Members should encourage the client to obtain advice from their doctor or other suitably qualified person. Members should obtain clients' permission before contacting other professionals, unless there are overriding ethical or legal considerations.
- 5.4 Members should consider what provisions may be made for clients to be informed in the event of the Members serious incapacity or death. Responsibilities will include management of confidential files and audio/video recordings.

## **6. INITIAL CONTRACTING**

- 6.1 Contracts with clients, whether written or verbal, should be explicit regarding fees, payment schedule, holidays, cancellation of sessions by client or Member. The length of therapy, transfer of clients and termination's, are discussed with clients and mutual agreement sought. This should be done at the outset before any commitment is made to ongoing therapy. Subsequent changes to the contract must be negotiated and agreed with the client.
- 6.2 If requested by a client Members should provide information about their qualifications and experience.
- 6.3 If requested by a client Members should provide information about MIP Codes of Ethics and Professional Practice and MIP Complaints Procedure.
- 6.4 Members must inform clients if they become aware of any relevant conflict of interest at the initial interview or at any subsequent stage of therapy.
- 6.5 Members are responsible for setting and monitoring the boundaries between a professional relationship and a social one, and for making explicit such boundaries to the client.

## **7. COMPETENCE**

- 7.1 Members accept clients commensurate with their training, skill and supervision arrangements.
- 7.2 Members should pay attention to the limits of their competence. Where a Member recognises they are reaching their limit then consultation with a colleague and/or supervisor is essential. It may be appropriate to refer the client to someone else.
- 7.3 Members have a responsibility to maintain their own effectiveness and ability to practice. Members should not work with clients when their capacity is impaired because of emotional problems, illness, alcohol or any other reason.
- 7.4 Members should protect their own physical safety when engaged in therapy.
- 7.5 Members should secure professional indemnity and public liability insurance to protect themselves in the event of legal action being taken against them or against the owners of premises in which they work.
- 7.6 Members should have appropriate therapeutic and supervisory support to maintain ethical and professional practice.

## **8 SUPERVISION**

- 8.1 Supervision provides a challenging and supportive context for Members to share their work, enhance their effectiveness, and protect the client. Members should not practice without appropriate levels of supervision.
- 8.2 A Member's supervisor should not be their therapist.
- 8.3 Members together with their supervisors share responsibility for maintaining a focus on supervision which is purposeful and relevant to the Member's clinical practice.

## **9 CONTINUED DEVELOPMENT**

- 9.1 Members have a particular responsibility to continue their personal and professional development through any or all of the following; personal therapy, regular supervision, further training, research, publication.

## **10 RECORDS**

- 10.1 Members should keep adequate client records which must be kept safely under secure conditions.

- 10.2 As a minimum, records should include client's:
- name, address and telephone number
  - name and telephone number of general practitioner
  - details of any current involvement with other members of the caring professions
  - information regarding significant medical problems
  - ongoing case recordings
- 10.3 Members must ensure that computer based records comply with the requirements of the Data Protection Act 2003.

## **11 ADVERTISING**

- 11.1 Advertising should be confined to descriptive statements about the services available, and the qualifications of the person providing them. Advertising should not include testimonials, make comparative statements, or in any way imply that the services concerned are more effective than those provided by other schools of therapy or organisations. Members should refrain from claiming qualifications they do not possess.
- 11.2 Trainee Members should not describe themselves as a psychotherapist.
- 11.3 Members should not describe themselves as affiliated to any organisation in such a manner that inaccurately and improperly implies or suggests authorisation or sponsorship by that organisation.

## **12 RESEARCH**

- 12.1 Members are obliged to conduct any research in counselling and/or psychotherapy with ethical endeavour and to follow the MIP guidelines for ethical practice in research.

## **13 LEGAL PROCEEDINGS**

- 13.1 Members should be reasonably conversant with the legal implications of their work as counsellors/psychotherapists and have access to legal advice.
- 13.2 A member of the Manchester Institute for Psychotherapy who is convicted in a Court of Law for any criminal offence, or is the subject of a successful civil action by a client should inform the Institute.
- 13.3 Members who become aware of a specific crime in the course of their clinical practice, whether current or past, should seek supervisory and legal advice immediately.



## **14 RESPONSIBILITIES TO THE COUNSELLING/PSYCHOTHERAPY PROFESSION**

- 14.1 Members should not accept anyone as a client if they are already the client of another counsellor/psychotherapist.
- 14.2 It is considered good practice to acknowledge the source of a referral of a client.
- 14.3 Members should conduct themselves personally and professional in ways which promote the confidence of the general public in the professions of counselling and psychotherapy.
- 14.4 A Member who is concerned about the professional conduct of another Member, should discuss their concerns with this person. In the event that the matter cannot be resolved satisfactorily, then the Complaints Procedure of MIP may be implemented.

## **15. SAFEGUARDING**

The Institute recognises that the LGBT community experience other types of discrimination or disadvantage and in it's work to achieve equality for lesbians, gay men and bisexual people it will ensure full consideration of the needs of Black people and those from minority ethnic groups, people with disabilities and other relevant groups.

The Manchester Institute for Psychotherapy promotes a pro-active safeguarding policy for children and vulnerable adults, when appropriate.

Vulnerable Adults are defined as :-

### **Vulnerable adult**

For the purpose of this procedure, a **“Vulnerable Adult”** is defined as a person aged 18 or over –

**“ who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm”.**

*(No Secrets, Department of Health 2000)*

This may include :

- People with a learning disability;
- People who experience mental ill health;
- Disabled people;
- Older people;
- People who are experiencing short or long term illness.

The practitioner will contact their own supervisor and inform the M.I.P's safeguarding lead. When appropriate a referral will be escalated to the local authority, the police and other professional agencies.

It is a requirement that every trainee and practitioner who works with the general public has a DBS Certificate. This needs to be updated every 3 years.

When working with children, appropriate regular supervision by a child and adolescent specific supervisor must be in place.

All practitioners working at M.I.P who have clients under 18 years of age, need to have a specific qualification at working towards qualification to work with children and young people, that is recognised by the UKCP and/or the BACP.

### **To be read in conjunction with:**

#### **i.2 The UKATA Code of Ethics and the Requirements and Recommendations for Professional Practice**

This code is divided into four sections: Section 1 outlines the theoretical framework for the Code of Ethics, Section 2 the Ethical Code, Section 3 gives examples of the application of this framework, and Section 4 outlines the requirements and recommendations for professional practice.

The following abbreviations are used: TA – Transactional Analysis, UKATA – United Kingdom Association of Transactional Analysis, EATA – European Association for Transactional Analysis, ITAA – International Transactional Analysis Association, and BACP – British Association for Counselling & Psychotherapy.

These codes replace all previous UKATA Codes of Ethics and Professional Practice and are dated 1<sup>st</sup> March 2008.

#### **SECTION 1 – THE THEORETICAL FRAMEWORK FOR THE CODE OF ETHICS**

##### **General Introduction**

This Code replaces all previous UKATA Codes of Ethics and is congruent with the EATA Code of Ethics. Appreciation and acknowledgment to the BACP is expressed for the guidance provided by their Code.

This Code is intended to guide and inform both organisations and individual members of UKATA in the ethical practice of transactional analysis.

In this Code the word 'practitioner' relates to all members of UKATA who use transactional analysis as a model for understanding and change with individuals, couples, groups or organisations and also includes the roles of supervisor and trainer. The word 'client' denotes any recipient of professional services of members of UKATA.

Within the helping profession, ethical principles need to address many areas in order to influence ethical behaviour. These are:

- \* Clients
- \* Self as practitioner
- \* Trainees
- \* Colleagues
- \* Our environment and community

TA practitioners will consider the philosophy, ethical principles and personal qualities and reflect on what stance to take and how to behave in each of the mentioned areas. The practitioner will analyse any situation looking at the influence of ethical principles on the practice and choose behaviours taking into account a wide variety of factors, e.g. client, self, environment, etc. A practitioner may wish to seek consultation with a qualified supervisor or qualified peer.

### **Limitations**

It is recognised that any Code of Ethics will have limitations. For example, Berne's philosophy of TA was part of 1950's America, and has an individualistic rather than community based focus. This focus also remains largely true for the early 21<sup>st</sup> century United Kingdom. If there were a shift of emphasis from a culture of individualism to one of community, then both this code and transactional analysis would need to change. It is therefore necessary that this code is considered within the context of benefit to the community as well as benefit to the individual.

### **The Relationship between Morality and Ethical Practice**

\*1 Morality – The evaluation of, or means of evaluating, human conduct especially a) a set of ideas of right or wrong; b) A set of customs of a given society, class or social group which regulate personal and social relationships and prescribe modes of behaviour to facilitate a groups existence or ensure its survival.

Ethics – The study of the general nature of morals and of the specific moral choices to be made by the individual in his relationship with others.

\*1 Definitions from The Universal Dictionary, Reader's Digest 1987

Any ethical code has therefore to be based in both the cultural norms of a country about what are right and wrong behaviours as well as account the particular customs and norms of the TA profession. So the ethical code needs to be rooted in both professional and social norms about how to behave. In practice this is not as straightforward as it seems as it may be that what is morally right in one situation is not morally right in another. As this is the case it becomes apparent that any ethical code which comprises a set of rules cannot fully account every situation nor adequately determine whether or not a course of action is right or wrong. It is therefore necessary to base any ethical decision on whether or not it is variance with our professional philosophy and our personal (moral) values. This code therefore offers a construct which incorporates these features.

This approach moves the arena of ethical practice away from the application of a set of rules, which denotes what shall or shall not be done, to a consideration of the values and philosophical principles which guide us in transactional analysis. It also enables practitioners to address more directly those issues of practice and approach that 'fall between' any rule driven Code of Ethics. A further advantage is that cultural differences are more easily incorporated when considered in terms of philosophy and value.

There are, however, some standards and requirements that are generally accepted by everybody in the profession as ethical and appropriate and breaches of them are therefore considered to be clear requiring little ethical thought. Therefore a set of obligatory rules are listed below.

### **In Conclusion**

Working ethically is a continuous demand on all practitioners in both their professional and private lives. Some ethical challenges are straightforward and are easily resolved. Other

challenges are more difficult to determine when in seeking to act ethically, there seems to be competing obligations or principles. This code seeks to support the practitioner by identifying a variety of factors that influence ethical practice and to offer a variety of ways for the practitioner to consider various courses of action. No ethical code can ever cover every eventuality, nor can it lessen the difficulty of making a professional judgment in a changing and uncertain world. By accepting this code practitioners are committing themselves to the challenge of behaving ethically even when doing so requires courage in the face of moral dilemmas and difficult decisions.

## **SECTION 2 – THE CODE OF ETHICS**

It is intended that this Code represent an attempt to encourage thinking that permits the coexistence of differing views on ethical practice by stating primary principles in ethical practice. It will do this by basing the Code on four central and principles universally held in transactional analysis which are also congruent with the norms of society within the United Kingdom:

- \* The philosophical base from which we practice.
- \* The principles, which support and affirm our practice.
- \* Personal moral qualities of the practitioner.
- \* Clearly explicit, generally accepted rules of behaviour.

### **Reporting Possible Violations and the Responsibility of the Practitioner**

This Code addresses UKATA's commitment to openness and non-defensiveness. It is encouraged that concerned individuals raise their questions, concerns, suggestions or complaints with someone who can address them properly. In the case of an ITA member, in the first instance, it might be with their supervisor, trainer or qualified peer who is in the best position to address an area of concern. For members of the public this may be informally with a member of the ethics committee who can be contacted by telephone via 0845 0099101 or email [ethics@ita.org.uk](mailto:ethics@ita.org.uk). However, if complainants are not comfortable speaking with their supervisor, trainer etc. or are not satisfied with their response, they are encouraged to speak with someone on the Ethics Committee or Professional Practice Committee. Contact details can be found in the UKATA website [www.uktransactionalanalysis.co.uk](http://www.uktransactionalanalysis.co.uk) or on the above phone number.

Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation and appropriately address the ethical and professional issues involved.

### **The philosophical base from which we practice**

Our ethical practice must be grounded in our philosophy and the principles which support it. Practitioners will encounter situations that are not covered by specific codes or will be faced with having to decide between principles. In such circumstances any chosen course of action only becomes unethical if it can be shown that the practitioner did not take appropriate care with due regard to the philosophy and principles of TA. Any examples given have been developed as an indication of good practice and are not to be considered as comprehensive. The fundamental philosophy of transactional analysis is widely known and universally accepted within TA, namely:

- \* Everyone is OK.
- \* Everyone has the capacity to think and influence their life by the decisions they make.
- \* Any decision can be changed.

### **Everyone is OK**

This is defined here as meaning that whatever we may do or say, there is an essential core self that has value, dignity and worth. This core self has the potential and desire for growth and relationship. Acceptance of this philosophy ensures that the TA practitioner respects and recognises human rights and dignity. The practitioner accepts difference whilst at the same time seeks to alleviate distress and suffering and encourages growth and health.

### **Everyone has the capacity to think and influence their life by the decisions they make**

This is defined here as meaning that we all have the ability to consider our situation, consider options for action and we are responsible for those actions. In summary, in the ability to think all practitioners have the capacity to test and evaluate thoughts and actions. Acceptance of this philosophy ensures that the TA practitioner acknowledges that every adult is responsible for his or her own thought processes and is also responsible for the consequences of what she or he decides. However every TA practitioner recognises that congenital abnormalities, physical damage and traumatic early life experience can limit the capacity of an individual to make such decisions.

### **Any decision can be changed**

This is defined here as meaning that when we make a decision, we can later change that decision. Acceptance of this philosophy ensures that the TA practitioner is open and accepting of the possibility of change to meet altering situations and needs. The Principles which support and affirm our practice. We have two primary principles, which support and underpin our philosophy:

#### **\* Open Communication**

This requires that a practitioner will seek to maintain clear overt communication in their professional dealings with both clients and colleagues. It also means that where practitioners are aware of ulterior transactions they will seek to make them overt. Importance of sharing knowledge and insights with the client which is a central feature of this principle. Open communication means that all practitioners are clear in all matters of communication including, for example; advertising, information given about services, rules of confidentiality and working practice and disclosing information that might compromise the professional relationship.

#### \* The Contractual Method

This requires that all contracts are both clear and explicit as to the nature and purpose of the professional relationship and that both parties to the contract have clear, functioning Adult thinking. The contractual method respects a client's right to be self-governing and encourages and emphasises the client's and practitioner's commitment to an active process in enabling change. It means that practitioners seek freely given and adequately informed consent from their clients.

A further principle also guides our practice.

#### \* Above All Do No Harm

This was a central principle for Eric Berne. It requires that in all dealings with clients the practitioner seeks to avoid causing harm. To maintain this Principle practitioners are required to sustain competence through ongoing professional development, supervision and personal therapy where necessary. All practitioners have a responsibility to confront, where appropriate, incompetence and unprofessional behaviour in colleagues, and co-operate in any organisational action against those who discredit the good name of transactional analysis. See also Obligatory Code 1 below.

#### Note on the Principles

Observances of the above principles are central in encouraging and respecting the trust that clients place in the practitioner. All ethical practice can be judged against whether or not any action honours that trust. Personal moral qualities Ethical practice and moral action are inextricably linked with personal qualities. While it would be unrealistic to suppose that ethical practice is based solely on personal moral qualities, such qualities significantly support and assist authentic rather than adapted ethical behaviour. All TA practitioners are strongly encouraged to aim for such qualities. It is recognised, however, that in any ethical process consideration of such qualities needs to be limited to their demonstration in professional practice. Nevertheless, if these qualities were not also demonstrated in an individual's personal life this indicates a lack of congruence and integration.

Integrity; Demonstrated in openness, congruence and straightforwardness in dealings with others.

Courage; The ability to act for what is believed as right in the face of fear, risk and uncertainty.

Respect; To show consideration and regard to others and to self and in the way that others perceive themselves.

Honesty; The capacity to demonstrate truthfulness, sincerity and trustworthiness in all interactions with others.

Compassion; The ability to experience concern and empathy for the suffering of another together with a desire to give support and help.

Humility; The ability to have a realistic understanding of one's own strengths and weaknesses.

Fairness; The ability to view events without bias or prejudice in order to inform decisions and take appropriate actions.

## **Obligatory Codes**

1. UKATA members shall not exploit their professional relationship with any person to whom the UKATA member is providing services in the member's field of specialisation. 'Exploit' means 'to take unfair or selfish advantage of the member's professional relationship with the recipient of services, in any matter including, but not limited to, sexual or financial matters.
2. Contracts with recipients of professional services shall be explicit regarding fees, payment schedule, holidays, and cancellation of sessions by client or practitioner, and frequency of sessions. The member shall make it clear whether the contract with the client is for therapy, training, supervision, consultancy or some other service.
3. Members of UKATA will operate and conduct services to recipient of professional services taking conscientious consideration of the laws of the country in which they reside and work.
4. All communication between the member and the client shall be regarded as confidential except as explicitly provided for in the contract or in compliance with relevant law.
5. In the event that a complaint should be made against a member, that member shall co-operate in resolving such a complaint and will comply in all respects with the requirements of the Procedures for Handling Ethics Charges, which are current at that time. Failure to do so will, in itself, be considered a breach of ethics.

## **SECTION 3 – PRACTICAL EXAMPLES**

### **Use of the Code**

In any given situation the TA practitioner will consider how the philosophy and principles of TA, together with personal values apply. They will explore the situation along with their inner motivations in order to determine what attitude to take and how to behave in a way that is congruent with this code. Such deliberations will be aimed at a reduction of harm and will actively support the possibility of growth for the client.

## **SECTION 4 – THE REQUIREMENTS AND RECOMMENDATIONS FOR PROFESSIONAL PRACTICE**

There has been much confusion about the status of a 'code' and this has led to confusion as to whether or not any breaking of a code of professional practice is, in fact, a breaking of an ethical code. For this reason the words 'code' and 'guidelines' have been replaced by 'requirements' and 'recommendations'. Here requirements mean those regulations that are essentials to belonging to the United Kingdom Association of Transactional Analysis, the European Association of Transactional Analysis and, for psychotherapy members, the United Kingdom Council for Psychotherapy. Recommendations are those things that are held to be appropriate in order to maintain a high level of professionalism in our work (best practice) but are not compulsory.

Clearly the omission or breaking of a requirement will necessitate an organisational response (e.g. suspension of being Registered with UKATA) and not an ethical one. The breaking of a recommendation may result in confrontation from a colleague. Examples of concern over professional practice includes such matters as false or misleading advertising, misuse of the logo, derogatory comments about another member, or a suspected breach of Professional Practice requirements or recommendations. Such complaints are assumed to be the result of oversight or lack of information on the part of the offending party. The individual concerned is contacted and asked to take action to correct the situation. If the person refuses, then it becomes clear that the offending action(s) was intentional and it may become grounds for lodging an ethical charge against the individual. If this is the case then the matter is referred to the Ethics Committee for action. When there is not a clear violation, but rather a dispute between members, the matter may be referred to the Committee for information and advice. If it is considered appropriate, the Committee may also provide some level of mediation. N.B. Failure to meet professional practice requirements or recommendations may also carry with it ethical implications.

## Requirements

1. Insurance: Practising members will take out Professional Indemnity Insurance to provide cover in the event of a legal suit, or other claims that may be made against them (this cover may be provided by the member's employer). Members are advised to check their policy documents for clauses which may invalidate professional insurance e.g. disclosure of Professional Indemnity Insurance to a client. They are further advised to check that their insurance policy covers the full range of their professional activities, and that some provision for legal costs is included.
2. Qualifications: Members' statements concerning their professional qualifications and/or experience will be an accurate reflection of their status. Misrepresentation of qualifications may be illegal under the legal requirements for advertising and promotion that governs standards in commercial advertising and may jeopardise a member's present and future standing with UKATA.
3. Supervision: All practicing members will ensure that they receive appropriate supervision of their work on a regular basis from some one who is suitably skilled and qualified in their chosen field. The recommendation is a minimum of eight times (minimum of an hour per occasion) a year for Certified members.
4. Medical Backup: (specifically applies to Psychotherapy and Counselling members). When a practitioner is working with a client who has a potentially serious medical or psychiatric condition, the practitioner shall ensure that he/she seeks appropriate medical support and advice for the continuation of treatment.
5. Duality of Roles: Members will avoid a duality of professional relationship in the following areas:
  - Therapist/counsellor and supervisor to one person
  - Therapist and examiner to one person.
 Practitioners are also expected to consider the appropriateness and ethicality of other types of dual relationships e.g. when a therapist is being supervised by their client's trainer. N.B. See also under Duality of roles in the recommendations for Professional Practice.



6. Continuing Professional Development: Certified members are required to follow a process of continuing professional development which meets their learning and development needs as well as reflecting their specific working environments and field of application and personal interests. Practitioners are required to maintain professional competence in all areas of their work. Demonstration of CPD is an annual requirement and necessary in order to maintain membership and/or registration with UKATA and UKCP. (Refer to CPD Policy, as set out by the Training Standards Committee and the UKATA Code of Ethics No.15). Additionally for UKCP Registrants (with more than five years Registration with UKCP) a 5 year group peer review of all CPD is required. All such groups will require at least one member who is of a different therapeutic modality to TA.
7. Equal Opportunities Policy: All practising members are required to adhere to UKATA's policy of equal opportunity and ensure that, as far as is reasonably possible, their services are available to all members of society. Training members will inform trainees of all fields of application in TA. (Refer to Equal Opportunities policy as set out by the Membership Committee).
8. Recognition of Training Hours. Only Provisional or full Teaching Transactional Analysts can offer training leading up to recognition as a Transactional Analyst within UKATA, EATA, or ITAA. A registered 101 Trainer who is a CTA may offer TA101 training.
9. Maintaining Records: All members shall maintain records of sessions and these shall be kept confidential in a secure place. Except as agreed in the contract or in compliance with the law, information can be disclosed only with the client's consent, unless the practitioner believes that there is convincing evidence of serious danger to the client or others if such information is withheld. Clients must be informed that practitioners may discuss their work with their supervisors. Supervisors and members of a supervision group shall treat material presented with the same care and confidentiality as provided for in the original contract. Particular care will be taken when presenting case material outside of the usual boundaries of supervision, e.g. for training or teaching purposes. In such cases where case material records are presented – whether printed, verbal, on tape, film, or video, or retrieved from electronic media – the client's consent in writing shall be obtained. Due consideration needs to be given as to the effect on the therapeutic relationship of asking the client's permission to use such material.
10. Maintenance of Professional Membership: All members are required to pay membership dues promptly. Training members are committed to maintain membership of UKATA in order to fulfil membership obligations to EATA.
11. Valuing, Maintaining and Developing Skills and Competence as a Practitioner (Certified or in Training). Practitioners are committed to expanding their range of skills and to recognise their limitations. It is part of their professional responsibility to seek information and advice from colleagues and also to refer clients to other professional services if this may be of benefit to the client. Professional services shall not be started or continued if the practitioner believes her/himself unqualified to meet the client's needs. Psychotherapists and Counsellors have a particular responsibility to promote further study and research into psychotherapy theory and

practice, as well as continue their personal development and the development of their own professional skills and understanding of psychotherapy. Practitioners shall continue in regular ongoing supervision, personal development, and continuing education and accept responsibility for seeking their own psychotherapy as necessary. Practitioners have a responsibility to themselves, their clients and their professional body, to maintain their own effectiveness, resilience and ability to work with clients. They are expected to monitor their own personal functioning and to seek help and/or withdraw from practicing, whether temporarily or permanently, when their personal resources are sufficiently depleted to require this.

## **Recommendations**

**Professional Etiquette:** Practitioners accepting clients for psychotherapy or counselling who are already in a professional relationship as a client with another psychotherapist, counsellor, psychologist or psychiatrist, will normally only do so following consultation with the other professional. Such clients need to be informed that normal practice requires that consultation take place with the professional responsible for their treatment prior to any proposed change or addition to their care. In doing so due account needs to be taken of the wishes and autonomy of the client.

\* Practitioners will not accept as clients anyone with whom they may have a pre-existing and potentially prejudicial relationship. To do so may be considered unethical.

\* For practitioners offering counselling or psychotherapy, they will not accept clients for therapeutic work who already have a counselling or psychotherapy contract with another practitioner unless it is specifically agreed with the all practitioners involved.

\* Practitioners will not solicit trainees or clients from other practitioners. Solicit means to gain trainees by making insistent requests, pleas or bribing.

\* Trainers will only agree to accept EATA training contracts with trainees who are under contract with another trainer following full consultation between all three parties.

\* Practitioners will inform clients, and obtain their written permission, if they intend to use any material from the client for research or publication.

\* Practitioners will maintain clear, 'above-board' contracts with their clients.

**Duality of Roles:** (See also under Duality of Roles in the Requirements above): It is a recommendation that practitioners will, as far as is practically possible avoid a duality of the following professional relationship. This means avoiding the following, except in geographical areas where to do so would create considerable difficulties.

- Therapist/counsellor and Trainer to one person

**Fees:** Psychotherapy and Counselling practitioners are responsible for charging fees which are commensurate with their qualifications and experience.

**Protection:** Practitioners need to make provision in their wills for an Executor of their professional estate in the event of their incapacity or death.

#### Records and the Security of Information:

- a. Records about clients should be kept safely under locked conditions to ensure privacy, and in a form that can be inspected by the client should he/she request this.
- b. Practitioners using computerised record-keeping need to be informed about requirements of the Data Protection Act and register if appropriate. (Refer to Data Protection guidelines issued by the Committee).
- c. Practitioners need to be aware that clients records can be required by the courts and so are advised to keep records and exam materials intact for a minimum period of eight years from the date of the last visit of the client, or if the client is a child until the client's 25<sup>th</sup> birthday or the 26<sup>th</sup> birthday if the client was 17 at the conclusion of the therapy.

#### EAPs and Professional Referral Schemes:

Any member responsible for running or managing a 'Therapeutic Service' such as an EAP or Professional Referral Scheme needs to ensure that it is well boundaried and incorporates the following guidelines:

- a. Provision of an explicit, written outline of how this would work, including the remuneration involved. This would need to be given to the clients and counsellors/therapists/ administrators and everyone involved in the referral system, including referring authorities. Each contract needs to be explicit and agreed between the relevant parties
- b. An EAP differs from a referral service in terms of the three-cornered contract. In the case of an EAP, the therapist is paid directly by that service. In the case of a referral service, the therapist would usually pay a small fee to be a member and receive referrals.
- c. It is recommended that an administrator be employed to run the system, whose sole role would be to administer the system, and would have no dual role in the system.
- d. The counsellors/therapists receiving referrals need access to an independent supervisor.

#### Disputes between Trainers and Trainees:

**Any disputes between a trainer and trainee will be dealt with through the complaints procedure.**

*This policy will be reviewed regularly every 18 months and updated a minimum of every 36 months*

## MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

### CODES OF PRACTICE FOR TRAINERS AND TRAINING ESTABLISHMENTS

*This document should be read in conjunction with the UKATA Code of Ethics and Professional Practice, The Code of Ethics of the Manchester Institute for Psychotherapy and the requirements of the course programme in which a student trainee is engaged.*

“UKCP” means United Kingdom Council for Psychotherapy.

1. The Code is to be read and interpreted in conjunction with other UKATA Policies.

#### 2. OBJECTIVES

The objectives of the Code are:

2.1 To promote excellence in TA training, and to ensure that TA psychotherapy training is delivered to high professional standards.

2.2 To provide RTEs, Trainers, Principal Supervisors, Supervisors and Trainees with a code of practice within which to operate professionally and in accordance with the requirements of UKATA, EATA & UKCP (HIPS) as may be imposed upon them individually or collectively, from time to time.

Code of Practice for Psychotherapy Trainers and Training Establishments

#### 3. INTERPRETATION

3.1 In this document (including the heading) the following words and expressions shall have the following meanings:

“BACP” means the British Association for Counselling & Psychotherapy.

“Code” means this Code of Practice for Psychotherapy Trainers & Training Establishments (as hereinafter defined) and any subsequent variations and/or amendments hereto, issued by Training Standards Committee.

“Contractual Trainee” means a Trainee who has entered into an EATA CTA training contract.

“COSCA” means Counselling & Psychotherapy in Scotland, a Company limited by guarantee and registered in Scotland.

“CPD” means Continuing Professional Development required by

EATA/UKCP(HIPS)/UKATA to be undertaken by qualified members.

“CTA” means a Certified Transactional Analyst with Psychotherapy speciality and registered as such with UKATA.

“EATA” means the European Association for Transactional Analysis.

“EC” means the Ethics Committee of UKATA.

“HIPS” means the Humanistic and Integrative Psychotherapy Section of UKCP.

“UKATA” means the United Kingdom Association of Transactional Analysis.

“UKATA Administrator” means the person appointed by UKATA responsible for running the day- to- day administration of UKATA.

“Monitoring Documents” means (i) Monitoring of RTEs issued by TSC and (ii) the Monitoring Checklist used by TSC

“Principal Supervisor” means a P/TSTA with whom a Contractual Trainee enters into an EATA training contract.

“PPC” means the Professional Practice Committee of UKATA.

“PTP” means a full programme of psychotherapy training leading to qualification of CTA and registration with UKCP(HIPS).

“PTSTA(P)” means a Provisional Teaching and/or Supervising Transactional Analyst with Psychotherapy speciality registered with UKATA.

“Registered Trainee” means a Contractual Trainee who is listed in the UKATA Register of practitioners.

“Registration Policy” means the Registration Policy Document of UKATA

“RTE” means a Registered Training Establishment(s) as more fully defined in the Registration Policy.

“ITAR” means UKATA representative of the Training Establishment

“Supervisor” means an individual who provides supervision.

“TA” means Transactional Analysis.

“Trainee” means an individual undertaking TA training within an RTE.

“Trainer” means an individual qualified and endorsed by EATA to provide TA training.

“TSC” means the Training Standards Committee of UKATA.

“TSTA(P)” means a Teaching and/or Supervising Transactional Analyst with Psychotherapy speciality registered with UKATA.

3.3 To set out the respective roles and responsibilities of TSC, RTEs, ITARs, Trainers, Principal Supervisor, Supervisors and Trainees in accordance with the requirements of UKATA, EATA & UKCP (HIPS) as may be imposed upon them individually or collectively, from time to time.

3.4 To ensure that the international standards of training set out and amended, from time to time, by EATA, are maintained by all RTEs, Trainers, Principal Supervisors, Supervisors and Trainees at all times in the UK.

3.5 To ensure that the UK national standards of training set and amended from time to time by UKCP (HIPS), are maintained by all RTEs, Trainers, Principal Supervisors, Supervisors and Trainees at all times.

3.6 To ensure that members of the public seeking training in TA are as fully informed as possible of the procedures, commitment and qualifications required in order to undertake TA training as a psychotherapist.

3.7 To ensure, as far as possible, that (i) the high standards of excellence currently existing in TA training and practice are maintained, updated and improved in accordance with the requirements from time to time, imposed by UKATA, EATA & UKCP (HIPS) and (ii) Trainees are appropriately prepared to provide services with a reasonable level of professional competence.

3.8 To ensure that all necessary and relevant statutory requirements that may be imposed from time to time, on RTEs, Trainers, Principal Supervisors, Supervisors and Trainees are complied with.

3.9 To ensure that all necessary and relevant additional requirements imposed on RTEs, ITARs, Trainers, Principal Supervisors, Supervisors and Trainees involved in TA training by UKATA, EATA, UKCP (HIPS), other applicable professional bodies and academic institutions are, where appropriate, complied with.

3.10 The interpretation and monitoring of the implementation of the Code shall be the responsibility of TSC.

#### 4. RESPONSIBILITIES OF RTEs.

The responsibilities of RTEs shall include, but are not limited to the following:

4.1 To adhere to and disseminate current UKATA Codes and Policies

4.2 To set out a clear statement of its overarching philosophy and policies pertaining to the provision of TA training.

4.3 To provide a clear statement of the nature, goals, educational aims and objectives and requirements of all TA Psychotherapy Training Programmes being delivered by the RTE.

4.4 To provide all Trainees with a clear written administrative contract including (i) details of fees for the Psychotherapy Training Programme and all ancillary costs for each stage of the training (in order to ensure the Trainee is aware of the level of financial and personal commitment involved) and (ii) a statement outlining the obligations of the RTE to use all reasonable endeavours to assist Trainees in finding suitable alternative TA training in the event of the RTE ceasing to offer and provide a training programme leading to CTA qualification

4.5 To provide a clear written statement setting out the relevant qualifications and experience of all Trainers, Principal Supervisors and Supervisors (and where appropriate, other staff) providing TA training.

4.6 To comply with any and all other requirements, recommendations and sanctions imposed on RTEs from time to time, in writing by TSC by a specific complaint and appeal process and endorsed by UKATA Council in so far as these relate to the provision of TA training.

4.7 All psychotherapy training courses that lead to the qualification of CTA and registration with UKCP (HIPS) will be provided by UKATA Registered Training Establishments and will comply with UKCP (HIPS) training requirements.

4.8 To provide a clear written statement of (i) the content (ii) objectives and (iii) methodology and assessment criteria for all Psychotherapy Training Programmes.

4.9 To provide a clear written statement of the level of confidentiality to be maintained by the RTE in order to protect Trainees' personal and professional details and material and to ensure all staff, including Trainers, adhere to the level of confidentiality imposed. This includes a statement regarding the level of communication between the Trainee's Supervisor and the relevant RTE. The handling of Trainee files and written work must be in compliance with the current Data Protection Act.

4.10 To provide a clear written statement setting out the requirement for Trainees to enter into (i) supervision with an appropriate supervisor and (ii) personal therapy with an appropriate psychotherapist in order to comply with the requirements of UKCP (HIPS) and the level of confidentiality to be maintained between the RTE, Trainer, Principal Supervisor, Supervisor and Trainee at all times.

4.11 RTEs are to make Trainees aware of the current requirements for membership of UKATA.

4.12 RTEs will annually submit at the start of the training year a list of their Trainees to the UKATA Administrator for cross-checking of the membership status of Trainees and to enable UKATA to maintain accurate records.

4.13 RTEs will comply with any sanction(s) imposed by TSC and endorsed by UKATA Council after due process.

## 5. RESPONSIBILITIES OF TRAINERS

The responsibilities of Trainers shall include but are not limited to the following:

5.1 To ensure that they are at all times, informed of and compliant with all requirements of

UKATA, EATA and UKCP (HIPS), as may be amended from time to time for the provision of TA training.

5.2 To ensure that all training delivered which leads to CTA with psychotherapy speciality is delivered at post graduate level in accordance with UKCP (HIPS) requirements.

5.3 To ensure that all training delivered promotes equality of opportunity in accordance with the equal opportunities policy of the UKATA and RTEs.

5.4 To undertake a programme of CPD to ensure maintenance and development of skills and knowledge in their work and to adhere to the current UKATA CPD policy.

5.5 All Trainers must have regular appropriate supervision of their training and supervision practice.

5.6 Trainers will comply with any sanction(s) imposed by TSC and endorsed by UKATA Council after due process.

5.7 Trainers will adhere to the level of confidentiality imposed by the RTE in respect of Trainee information and any other additional levels of confidentiality imposed by RTEs regarding its training courses and/or programmes.

## 6. RESPONSIBILITY OF SUPERVISORS

The responsibility of Supervisors shall include but are not limited to the following:

6.1 To ensure that they provide supervision which promotes the professional development of their supervisees, in accordance with EATA and UKCP (HIPS) standards.

6.2 To undertake a programme of CPD to ensure maintenance and development of skills and knowledge in their work and to adhere to the current UKATA CPD policy.

## 7. RESPONSIBILITIES OF THE PRINCIPAL SUPERVISORS

The responsibilities of Principal Supervisors shall include but are not limited to the following:

7.1 Ensuring candidates for CTA and UKCP registration are fully aware of and compliant with training standards and requirements of EATA and UKCP(HIPS)

7.2 Certifying that all candidates applying for CTA qualification and UKCP registration have completed all training standards and requirements of EATA and UKCP(HIPS) and are of sufficient personal readiness.

7.3 The overarching responsibility of the Principal Supervisor is to monitor, sponsor and support a Contractual Trainee through training and preparation for CTA examination and to maintain an overview of the Contractual Trainee's professional progress.

7.4 In the event of the Principal Supervisor being unable to fulfil any or all of the above foregoing requirements in respect of any or all Contractual Trainees they will ensure that suitable alternative arrangements are made for the transfer and continued support of the Contractual Trainees.

## 8. RESPONSIBILITIES OF TRAINEES



The responsibilities of Trainees shall include but are not limited to the following:

8.1 To comply with the requirements of the TA Psychotherapy Training Programme and all conditions pertaining thereto as advised by the RTE providing the same.

8.2 To adhere to the current membership requirements of UKATA.

8.3 Trainees undergoing training leading to CTA with Psychotherapy speciality are also required to comply with any additional requirements as determined by UKCP (HIPS). It is the responsibility of the Trainee, on receipt of all relevant information from the RTE to ensure they implement or undertake the training requirements.

## 9. REQUIREMENTS FOR PSYCHOTHERAPY TRAINING PROGRAMMES

9.1 All Psychotherapy Training Programmes provided by RTEs must comply with the current training requirements, as advised by TSC on behalf of UKATA and which may be amended from time to time by UKATA, EATA & UKCP (HIPS).

9.2 RTEs shall provide clear written details of the entry requirements for all Psychotherapy Training Programmes provided by them.

9.3 RTEs shall provide a clear written statement regarding routes of progression through the course and a policy regarding suspension or termination of training.

9.4 Entry to all Psychotherapy Training Programmes shall require at least one of the following (i) post-graduate level of competence i.e. prior degree; (ii) a suitable counselling qualification; (iii) a qualification in a relevant profession; (iv) suitable and relevant life experience or (v) a combination of all or any of the foregoing.

9.5 In addition to the requirements of the foregoing, all potential Trainees should have relevant experience of working in a responsible capacity, and with people.

9.6 Prior to the commencement of the Psychotherapy Training Programme, the RTE shall provide all Trainees with a training manual or handbook including, but not limited to, information on the following:

9.6.1 The assessment criteria and the process(es) for implementation thereof;

9.6.2 Any additional evaluation process(es) applicable;

9.6.3 Possible academic qualifications;

9.6.4 Possible relevant accrediting and registering bodies such as EATA, UKCP, BACP, COSCA;

9.6.5 Any subsidiary or additional qualification offered by the RTE for the Psychotherapy Training Programme, the route to certification and/or accreditation and details of the relevant accrediting body.

9.7 RTEs will comply with any sanction(s) as imposed by TSC and endorsed by UKATA Council after due process.

### 9.8 Accreditation and Registration

9.8.1 In addition to the above conditions in order for a Trainee to proceed to accreditation and registration with all or any of the following – UKATA, EATA & UKCP (HIPS) and in

addition to meeting the necessary requirements of each of these bodies, Trainees pursuing CTA with Psychotherapy speciality shall demonstrate to the satisfaction of the Principal Supervisor that:

9.8.1.1 They have met with all specific training, supervision and personal psychotherapy requirements of UKCP (HIPS).

9.8.2 In order for Trainees to qualify as a CTA with Psychotherapy speciality and be accredited as such by EATA and registered with UKCP (HIPS) the Trainee shall meet all the UK national training requirements of both organisations.

## 10. THE ROLE OF TSC

The role of TSC shall include but is not limited to the following:

10.1 To provide copies of UKATA, EATA & UKCP (HIPS) training requirements in response to written requests for the same.

10.2 To oversee the register of RTEs as provided for in the Registration Policy.

10.3 To establish a monitoring and evaluation function in respect of TA training provided by RTEs, ITARs and Trainers in accordance with the provisions of the Monitoring Documents.

10.4 To decide and impose sanctions after due process on RTEs, Trainers, Principal Supervisors and Trainees where relevant in the event of their failing to implement their responsibilities in terms of the Code, the Monitoring Documents and the Registration Policy and in any other relevant situation which, in the opinion of TSC, merits sanction.

## 11. COMPLAINTS

11.1 Any complaints or correspondence concerning the Code should be sent to the Chair of UKATA TSC c/o UKATA Administrator.

11.2 Complaints or alleged breaches of the Code will be dealt with according to the procedures outlined in the UKATA registration Policy document.

## **1. JURISDICTION**

- 1.1 Trainer refers to all Teaching Members, Associate Teaching Members and tutors of MIP and any other person engaged by MIP to teach theory and practice on any of the Institute's courses. Trainee refers to trainee Members of MIP who are engaged in learning on one or more of the Institute's courses and have signed an agreement to abide by the MIP Code of Ethics and Professional Practice.

## **2. INTENTION**

- 2.1 The Manchester Institute for Psychotherapy endeavour to conduct its training in such a way as to address the needs and best interests of its trainees. Trainees are in turn required to act in the best interests of their clients and abide by the training and ethical requirements of the Manchester Institute for Psychotherapy.

## **3. PRE-COURSE INFORMATION**

- 3.1 The Manchester Institute for Psychotherapy will inform all prospective trainees of the nature and requirements of the course/s for which they may make application. This information will include course philosophy, objectives, assessment criteria and requirements for satisfactory completion.

## **4. TEACHING**

- 4.1 The detailed syllabus, objectives, methodology and assessment criteria for each of the Institute's validated courses will be clearly set out and given to all trainees at commencement of the course.
- 4.2 All tutors/trainers will be governed by the Code of Ethics and Professional Practice of the Manchester Institute for Psychotherapy.
- 4.3 Tutors/Trainers will respect the diversity of trainees and not discriminate on any grounds of difference such as gender, race, culture, age, disability, social background, political or religious beliefs.
- 4.4 Trainees must be aware of their own internalised oppression and pay particular attention to how this may affect their training practice.
- 4.5 Tutors/ Trainers will not exploit their students sexually or financially.
- 4.6 Dismissive or arrogant remarks or any derogation by innuendo by a Trainer about another Trainer is unprofessional. A Trainer should not collude through silence or evasion, with the abusive behaviour of a fellow Trainer.

## **5. CLINICAL PRACTICE**

- 5.1 The Manchester Institute for Psychotherapy will consider the interests of clients and

trainees in establishing the clinical requirements of the training course/s, which will be clearly set out at the outset of the training.

- 5.2 The Manchester Institute for Psychotherapy will help and assist trainees to make client's interest paramount and to maintain appropriate confidentiality.
- 5.3 Trainees' work with clients presented for training purposes will be clinically supervised.

## **6. PERSONAL AND FINANCIAL INVOLVEMENT**

- 6.1 All prospective trainees will be clearly informed of the financial requirements of the course.
- 6.2 The degree of confidentiality will be clear. There will be safeguards to protect the confidentiality of trainees' personal material which must include storage in a metal (locked) filing cabinet.
- 6.3 The Manchester Institute for Psychotherapy will exercise responsibility and demonstrate a reasonable respect for existing arrangements when introducing changes to its course requirements.
- 6.4 All responsibilities of cost and fees will be explicit at the outset of training.

## **7. SUPERVISION**

- 7.1 All Supervisors approved by the Manchester Institute for Psychotherapy will have completed a creditable training course in Clinical Supervision or be recognised as competent by virtue of reputation and standing within the professional community of Counsellors and Psychotherapists.
- 7.2 All Supervisors approved by the Manchester Institute for Psychotherapy will adhere to a Code of Ethics compatible with the Code of Ethics and Professional Practice of the Manchester Institute for Psychotherapy.
- 7.3 A Primary Programme Tutor who has a responsibility for the trainee's ongoing training and clinical practice must be satisfied that supervision is established when the trainee begins work with clients. Trainees are responsible for arranging their supervision with supervisors approved by the Manchester Institute for Psychotherapy.
- 7.4 It is the responsibility of the Course Assessment Board to determine, after due consideration, the ability and suitability of a trainee to continue on one of the Institute's training courses, unless a trainee has acted in such a way as to breach the Code of Ethics and Professional Practice of MIP. In this event the complaints procedure may be initiated and may lead to suspension or termination of training.
- 7.5 Trainers and supervisors may consult each other about a trainee's professional development. Such consultation shall be in the interests of a trainee's professional development and not be trivialising or gossip.

- 7.6 General discussion of training issues among trainers and supervisors is acceptable but trainees should not be named.
- 7.7 It is the responsibility of the Primary Programme tutor to make recommendations to the Course Assessment Board about the suitability of a trainee to continue training, except in cases of unethical or unprofessional behaviour when the Quality & Equality Committee may recommend to the Board of Directors of MIP suspension or termination. The decision of the Board is final.

## **8. ASSESSMENT**

- 8.1 The Manchester Institute for Psychotherapy will publish the criteria and process of assessment for all its validated training courses, including its examination procedures.
- 8.2 The Manchester Institute for Psychotherapy will endeavour to keep the examination processes as clear as possible. Specifically, all assessors/ examiners must complete a written evaluation of the candidate's work which will be made available to the candidate.

## **9. BOUNDARIES**

- 9.1 Trainers are responsible for establishing and maintaining the boundaries between a professional relationship with a trainee and other relationships that may pre-date the trainee's commencement of training.
- 9.2 Trainers who are centrally involved in Institute's training programme should not assume the additional role of therapist to any trainee enrolled on that programme.
- 9.3 Trainers should not be dependant on their relationships with trainees for emotional wellbeing.
- 9.4 Any new relationship arising as a result of a workshop facilitated by a visiting, external trainer, must respect those relationships which are already in place, and should clearly be judged by the Course Leader to be helpful to the trainees' professional development.
- 9.5 Sexual relationships between members of a Training Group itself adversely affect the Training Group. Trainees are required to monitor their relationships with each other with due regard to the heightened emotional vulnerability that is likely to occur during training workshops.
- 9.6 Trainers should explain to new trainees that personal therapy and work on personal issues unrelated to the Training Group are not the primary purpose of training.

## **10. CONFIDENTIALITY**

- 10.1 MIP Trainers will protect the confidentiality of trainees` personal material by keeping records in a locked metal filing cabinet.
- 10.2 Trainer and trainees will establish a clear contract with regard to their mutual responsibilities with regard to confidentiality. Such contract will be compatible with the Code of Ethics and Professional Practice of MIP.
- 10.3 Trainers should make explicit to trainees the circumstances when confidentiality may be broken.

## **11. COMPETENCE**

- 11.1 Trainers should be committed to their own personal and professional development.
- 11.2 Trainers should monitor their work via appropriate levels of supervision and consultation.
- 11.3 Trainers should work within the limits of their knowledge, skills and health.
- 11.4 Trainers should develop their cultural education in order to encourage and appreciate a wide spectrum of differences in their trainees.
- 11.5 Trainers should be committed to developing their capacity for self awareness, especially with regard to prejudices, so that they become increasingly able to value difference and diversity.

## **12. COMPLAINTS**

- 12.1 The Manchester Institute for Psychotherapy has an established and published Complaints Procedure, that is subject to periodic review by the Quality and Ethics Committee.

*This policy will be reviewed regularly every 18 months and updated a minimum of every 36 months*

Reviewed December 2016

**M.I.P CODE OF ETHICS FOR TRAINERS**

The aim of this Code of Ethics for Trainers is to establish and maintain standards for trainers working at M.I.P. or in the service of M.I.P.

Also to inform and offer protection to the public who commence training or are seeking to train at The Manchester Institute for psychotherapy.

1. Trainers should recognize the integrity, role and value of trainees, with regard to issues of race, origin, status, gender beliefs, sexual or orientation.
2. Trainers are responsible for establishing and maintaining appropriate boundaries between themselves and trainees, so that “working relationships” are not confused with other relationships.
3. Trainers need to respect and adhere to the dual relationships policy. That is not to accept any clients with whom they are actively involved in a substantial training role.

For example – Former trainees must not be accepted as clients until a period of time has elapsed for reflection and after consultation with a supervisor or their sponsor.

4. Trainers will ensure that the detailed syllabus, objectives, methodology and assessment criteria for the training course that they are responsible for will be clearly set out and given to all students of that specific training.
5. Trainers will not exploit their status, financially or sexually.
6. Trainees are expected to commit themselves to their own continuing professional development.
7. Trainers are expected to be members of The Manchester Institute for Psychotherapy, and expected to adhere to Manchester Institute’s Code of Ethics, as well as M.I.P.’s complaints procedure in cases of alleged ethical misconduct.

*This policy will be reviewed regularly every 18 months and updated a minimum of every 36 months*

*Reviewed December 2016*

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**

**CODE OF ETHICS FOR SUPERVISORS IN PSYCHOTHERAPY**

The purpose of this Code of Ethics is to establish and maintain standards for supervisors at the Manchester Institute for Psychotherapy and to inform and protect practitioners seeking supervision.

Supervisors shall be aware that the clauses below, and in the other Manchester Institute Codes of Ethics, are not to be taken as fully inclusive, exclusive or definitive as to what may or may not constitute professional misconduct.

1.
  - (a) All Supervisors are expected to conduct themselves in their supervisory activities and associated responsibilities in ways that do not bring the Manchester Institute into disrepute. This applies as their role as Supervisors, the work of other Supervisors, the Manchester Institute, and the role of professional and academic organisations to which the Manchester Institute courses are connected and accountable.
  - (b) The primary purpose of supervision is to ensure that the supervisee is addressing the needs of the client.
  - (c) Supervisors are reminded that the training status of the Manchester Institute trainees continues until graduation and/or formal withdrawal from the course.
2. Supervisors must recognize the value and dignity of supervisees, with regards to equality and diversity. Anti-discriminatory practice should underpin the basic values of psychotherapy, their respective trainings and supervision.
3.
  - (a) Supervisors are responsible for establishing and maintaining appropriate boundaries between themselves and supervisees, so that working relationships are not confused with other relationships. In general, the provision of supervision should be separate from the provision of psychotherapy.
  - (b) On the rare occasions where it seems appropriate the the Supervisor engage in therapy/counselling with the supervisee a clear contract must be negotiated.
4. Supervisors must not exploit supervisees financially, sexually, emotionally or in any other way.
5.
  - (a) Supervisors are expected to commit themselves to their continuing professional development as Supervisors, and to monitor and evaluate the limits of their competence.
  - (b) Supervisors have a responsibility to themselves, their supervisees and the Manchester Institute to, to maintain their own effectiveness, resilience and ability to work with supervisees. They are expected to monitor their own personal functioning and to seek help and/or withdraw from their role as



Supervisor, whether temporarily or permanently, when their personal resources are sufficiently depleted to require this.

6.
  - (a) As a general principle, Supervisors must maintain confidentiality with regards to information about their supervisees and their supervisees' clients.
  - (b) In those instances where a supervisor believes it necessary to break confidentiality, either in relation to the supervisee's practice or client issues, they will, wherever possible, discuss this in advance with the supervisee concerned. They will make clear their reasons for this course of action and seek the co-operation of the supervisee. Confidentiality agreements may be broken where there are serious safety, legal or ethical concerns.
7. Supervisors, as members of the Manchester Institute are expected to adhere to the MIP Complaints Procedure in cases of alleged ethical misconduct.
8. If Supervisors wish to undertake academic and/or clinical research at the Manchester Institute involving their supervisees, supervisees' clients, staff, colleagues, trainees or clinic clients, they must seek permission from the Management Committee.

*This policy will be reviewed every 18 months and updated a minimum of every 36 months.*

*Reviewed January 2017*

## MENTAL HEALTH FAMILIARISATION PLACEMENT

1 Students may have little or no experience of working in a psychiatric setting are required to complete the Mental Health Placement Programme by the end of the Exam Prep Process.

i.2 The Mental Health Placement Programme has two components:

- Placement of Observation
- Completion of a theoretical workshop (3 days) on Aspects of Modern Psychiatry.

i Placement of Observation (*this can be taken forward into the Exam Prep Year*)

i.2 The placement of observation is intended only to be a brief introduction to the range of services provided by the Public Sector Mental Health Units (20 hours in total).

i.2 The placement may be completed in a short block or spread over three months, in any of the following areas :

Elderly Mentally ill  
Acute Psychiatry  
Rehabilitation  
Community Care provision  
Drug and/or Alcohol Unit  
Acute Psychiatry  
Community Care provision  
Drug/Alcohol Unit

i Completion of Theoretical Workshop

i.2 This workshop will be facilitated by one or more members of the psychiatric profession.

Areas covered in the workshop include, among others,

Historical developments in Psychiatry  
Neurobiology  
Pharmacology  
Psychopathology and the DSM 5R 2015  
Psychiatry and Psychotherapy

i.2 Students are required to submit a written report on the mental health placement prior to the submission of the case study and tape transcript in the Independent Studies Stage (*Exam Prep Group*).

a. The Co-ordinator of the Mental Health Placement Programme is required to confirm that students have completed the Programme.

- i Aims of the Mental Health Placement should be demonstrated in the reflective account, they are:
- To develop a basic understanding of psychiatry and the mental health system, the rights of patients and the psycho- social issues involved.
  - Understand the main principles of the mental health act and the procedures for compulsory admission and detention of patients.
  - Enhance their ability to liaise with mental health professionals.
  - To become familiar with psychiatric assessment and the planning of a range of interventions and evaluation procedures.
  - To understand a range of mental health illnesses that can lead to involvement in the mental health system.
  - To familiarise themselves with the different types of intervention used, including medication and ECT and their main side effects.
  - Spend time with people who have been diagnosed with severe depression and psychosis so that they are able to recognise these in the future.
  - To be able to empathise with clients who have been patients in the system.

The reflective account will form part of the students submission for the CTA psychotherapy oral examination (*Exam Prep Group*).

## Mental Health Placement of Observation

Report by Trainee

**NAME of STUDENT:** \_\_\_\_\_

Dates of placement

Location and description of placement

Please indicate in what ways the placement has supported your development as a counsellor/ or psychotherapist with particular reference to the interface between psychotherapy and psychiatry. (Continue on reverse side and on additional sheet if necessary).

Signature: .....

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY****COURSE EVALUATION**

Psychotherapy education and training is evaluative and developmental. The modules are arranged in sequence so that each module builds on the preceding one/s. We would appreciate your co-operation in completing this course evaluation and trust you will find the exercise a helpful and reflective learning experience. Completing the evaluation will also help you to complete the end of year Personal Development Profile so please retain a copy for yourself. **Course evaluation will take place in February and July each year.**

Title of Course .....

Year of Course.....

Primary Programme Tutor .....

Please write brief comments in the following areas:

i. Awareness of Self in Relationships

Please assess the nature and quality of your contact with:

a: Yourself:

b: Peers:

c: Tutors:

i. Participation in the Workshops

Please describe your level of participation in each of the four components of the module:

a: Group Process

b: Theory

c: Small Group Skills Practice if applicable

d: Large Group Supervision if applicable

i. Personal Issues

What personal issues/challenges have emerged as figure during the module:

i. Future Directions

Identify some possible future directions in your personal work that would assist your professional development:

i. Tutor

Please comment on your experience of the module tutor in the following areas:

a Teaching input

b Supervision input if applicable

c Style of working with particular reference to level of support and challenge

i. Resources

Please comment on Learning Resources available (e.g. bibliography, articles/book chapters, tutor notes etc).

## WRITING YOUR ASSIGNMENT

### Use of Non-Sexist Language

Research suggests that gender-specific terms both reflect and reinforce sex-role stereotypes. Sexism, in this form, may be avoided by adopting the following guidelines:

1. Substitute nouns, e.g. people or human beings, for mankind.
2. Delete pronouns he or she, e.g. the student submitted the coursework, instead of *his* coursework.
  - i. Make use of plurals, e.g.
    - they instead of *he*
    - their instead of *his*
    - them instead of *him*
  - i. Make use of both male and female pronouns, e.g.
    - he and she instead of *he*
    - her and him instead of *him*
  - i. Avoid sex-specific references unless relevant, e.g. psychotherapist instead of *female* psychotherapist.
  - i. Avoid stereotypical assumptions, e.g. parenting method instead of *mothering*.

### Essays, Learning Outcomes and Assessment Criteria

From **a marker's** point of view, the quality of response to the **essay title** will be determined by how well a student meets:

The Learning Outcomes associated with the relevant Module.

### And

The Assessment Criteria which are associated with the method of assessment – see Assessment Criteria forms 2a, 2b, 2c. please be aware of the assessment criteria when planning and writing your assignment. In order to score a pass grade and above then ensure that you meet the criteria as described.

The criteria are gradually internalised over time so that a student will become increasingly confident about what is required and their ability to satisfy these requirements.

Please ensure that all quotes are referenced using the Harvard system. Work that is not comprehensively referenced will be deemed to be plagiarised and will automatically fail. A minimum of 25 references would be expected for work at level 7.



## **When writing coursework BE CRITICAL**

A major way in which a student can under achieve is by failing to assess the information they have about a theory or opinion. If you are asked to critically evaluate Fritz Perls theory about dreams then that requires more than simply describing his theory about dreams. If you simply write down all you know about his theory, with no attempt to evaluate, then you will get a poor mark. When evaluating any theory you must ensure you give the pros and cons, and not just the pros , or just the cons. Always point out the limitations and problems with a theory. This can be achieved by reading the critics and alternative theories. You will always gain marks for doing this.

## **Assignment Extension**

In the event of the trainee being unable to submit a piece of work within the given time frame an extension can be applied for. The extension should outside of emergency situations be requested at least two weeks before the agreed hand in date. Please see form **Appendix 11**.

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**  
**Extenuating Circumstances/Extension Request Form**

Name: .....

Course: .....

Year: .....

**Nature of circumstances:** (if confidential, discuss with Primary Course Tutor)

(with supporting evidence, if applicable)

Revised Due Date Requested: .....

Module subject	Assignment Site	Marking Tutor's Signature	Due Date	Revised Due Date*
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

\*To be completed by the Marking Tutor

**Authorisation** - to be signed by Primary Programme Tutor

Signature: .....

Date: .....

**Form to be submitted to: Training Coordinator, MIP office.**  
**Copy to Tutor, Copy to student.**

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**

**Personal Learning Journal**

**Evaluation**

**Reflection on the course experience in terms of thoughts, feelings and behaviours.**

Satisfactory

Non Satisfactory

**Sets learning objectives and monitors the extent to which they are achieved.**

Satisfactory

Non Satisfactory

**Evaluation of the development of attitudes, values, knowledge and skills**

Satisfactory

Non Satisfactory

**Exploration of personal and professional changes**

Satisfactory

Non Satisfactory

**Willingness to share themselves spontaneously**

Satisfactory

Non Satisfactory

**Commitment to personal growth and development**

Satisfactory

Non Satisfactory

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**

**Personal Development Profile**

**Evaluation**

**Ability to set, review and evaluate personal development objectives.**

Satisfactory

Non Satisfactory

**Awareness of self in relationships**

**Self**

**Peers**

**Tutors**

**clients.**

Satisfactory

Non Satisfactory

**Level of participation in the course inc. Group process**

Satisfactory

Non Satisfactory

**Ability to recognise relevant issues in personal work**

Satisfactory

Non Satisfactory

**Ability to relate personal development to professional practice**

Satisfactory

Non Satisfactory

**Written work demonstrates a high level of commitment to personal work**

Satisfactory

Non Satisfactory

## Ethical Guidelines For Research In Psychotherapy

### Introduction

The psychotherapy training programme at the Manchester Institute for Psychotherapy promotes the notion of a psychotherapist as a 'scientific practitioner'. The Transactional Analysis Programme will include a research-driven Research Project in the final year. Thus, MIP places an increasingly important emphasis on the evaluation of the process and outcome of psychotherapy. In other words, the evaluation of the effectiveness of what we do as psychotherapists. Research in psychotherapy raises many ethical issues and dilemmas. These guidelines are an attempt to meet the need for guidance in this area and are intended to be used for guidance and direction. They are not meant to be read as mandatory. As this is a relatively new area in the field of psychotherapy then it will be necessary to develop these guidelines as a result of continuing practice and experience in research.

### Guiding Principles

There is a duty to measure and assess the effectiveness of psychotherapy. This duty extends to clients, fellow professionals and the wider society. Research can help to establish the relative benefit of psychotherapy to clients and help to determine which therapy might be most effective for particular needs. Our obligation to the wider society includes a professional commitment to be engaged in an activity which can be shown to be worthwhile.

Any research activity undertaken within MIP (within a specific training programme or independent of a training programme) must be supervised from the commencement of the research to its conclusion. These supervisor should be knowledgeable of research issues and psychotherapeutic practice. Specifically, the supervisor will ensure that:

1. Ethical approvals for the programme have been secured.
2. Informed consent has been secured.
3. All reasonable steps have been taken to safeguard confidentiality.
4. Potential risks to research subjects/research participants are identified, assessed and recorded together with any specific measures taken to reduce potential risks.
5. Appropriate support systems are established.

The supervisor has a responsibility to ensure that any significant changes to a research programme have been properly approved.

### Definitions

#### Research

Research refers to both process and outcome studies, for example which form of therapy might be most beneficial for which type of person or problem? The significance of the therapeutic relationship to outcome? Outcome studies of different therapeutic modalities. Ethical considerations may differ, to a greater or lesser extent, between different types of research activity. Generally speaking, research will refer to the detailed investigation of therapeutic practice with a particular purpose or goal.

### Preliminary Considerations

1. Is the purpose of the research clearly articulated?
2. Has a hypothesis been clearly formulated or an exploratory question clearly formulated?
3. Has the data required been defined?
4. Has the methodology been identified together with its possibilities and limitations?
5. Have the methods of analysing the data been identified?
6. Has the possible impact on the client been carefully considered and potential risks identified?

Qualitative and Quantitative approaches need to be critiqued and with specific reference to the limits of their validity.

### Cultural Context

Those engaged in research are encouraged to check out the draft protocol of any research investigation, the questions to be asked or other instruments, with members of relevant groups in order to ensure that they have sufficient knowledge of what may or may not be acceptable to others. Relevant groups may be considered with regard to gender, sexuality, age, race, ethnic origin, religion etc. Specifically it may be useful to check out what could be overtly or covertly judgmental of others.

### Informed Consent

In order for consent to be considered informed and freely given a client should be informed of:

1. The purpose of the research.
2. How they will be involved, i.e. filling in a questionnaire, interview, tape/video tape.
3. What steps will be taken to protect their identity.
4. Will their identity be known to anyone other than the therapist and if so, whom?
5. Will any other person have access to personal information other than the therapist? If so, whom?
6. Arrangements to secure all records relating to the client and information as to what will happen to all records.
7. Procedures for withdrawing consent and for making complaints against the researcher.
8. Any possible negative impact upon them, for example re-living past traumas.

It is important to recognise that there is an inequality in the therapeutic relationship and that a client may feel obliged to adapt to the requests of the therapist by giving consent. The client should always be given adequate time to consider whether or not to be involved in any research investigation.

Clients should be informed clearly that if they decline to give consent to a research investigation the service they receive will not be adversely affected.

If a client is unlikely to be able to exercise consent freely then they should not be included in any investigation.

It is the responsibility of the research investigator to ensure that the client has enough understanding of the information required from an investigation before including the client in the investigation.

Where a research investigation continues for some time, then it may be appropriate to update client consent periodically.

Any research investigation involving children must consider their ability to give consent and the research investigator should familiarise themselves with any relevant legislation, for example the Children's Act.

### Withdrawal of Consent

At the outset of any research investigation clients should be informed that they have an absolute right to withdraw their consent at any time and that they also have the right to require that data about them is destroyed. It is unethical to exert pressure to persuade a client to change their mind should they withdraw consent during the course of the research investigation. It is permissible to give additional information or explanation so long as this does not constitute pressure.

A client has a right to withdraw consent retrospectively and should be informed of their right to require that data regarding them is destroyed.

### Ownership of Information

Whatever the legal situation, moral ownership of personal information about any person belongs with that person.

Generally speaking it should be normal practice that clients are able to have access to research records about them.

When questionnaires are used to provide scores a client has a right to have the scores, and the significance of them, explained in an appropriate way.

Confidentiality applies to all investigations into the psychotherapy process and if confidentiality cannot be guaranteed then clients need to be informed of this prior to being asked to give consent.

The Data Protection Registrar has made it clear that information stored on computers is not to be used for any purpose other than that for which they were originally obtained. If the holder of such information requires it to be used for anything else or to impart such information to a third person, they must secure the client's written consent. This is a legal requirement.

A client who has taken part in a research investigation should be provided with the opportunity to be informed of the outcome of such investigation. Case notes used for the purposes of research without the client's specific consent is unethical.

### Explanations

All explanations of the nature of a research investigation (individual data, scores, results) given to clients involved in the investigation must be straight forward, be jargon free and not assume particular levels of knowledge. Simplicity of explanation must not be used to lead to a person's understanding of the significance of the information being distorted. Explanations given after the event do not justify any unethical aspects of the research investigation.

### Use of Random Allocation Methods

External advice should be secured as to whether to use any research investigation involving random assignment of clients to particular types of treatment.

### Colleagues

A psychotherapist who believes that a fellow research investigator is conducting investigations which are unethical should confront that person and encourage them to re-evaluate their research investigation. Such re-evaluation should involve external assessment.

### Professional Collaboration

Research investigators must not claim authorship for work not undertaken by them or for ideas not originating with them. All sources must be properly acknowledged. Any help given by other professionals to a research investigation should be acknowledged.

### Monitoring, Evaluation & Complaints

Occasionally data about clients may be used for the routine compilation of statistics regarding the provision of the service. Routine monitoring of this nature, while not strictly speaking 'research', nevertheless constitutes information provided by a client in connection with their therapy that is being used for purposes outside therapy. As such the client has the right to know that such statistics are being compiled. Clients have a right to know that in advance of entering into the therapeutic contract statistics may be so compiled.

As with monitoring, if a service is to be evaluated by requesting all or selected clients to complete questionnaires at the beginning or end of therapy, then a client should be aware that such questionnaires are being used for research and consent should be obtained.

Clients should be provided with an effective avenue of complaint if they believe that the research investigation has infringed their individual liberties or personal dignity. The person nominated to facilitate complaints must be independent of the research investigation.

*I wish to acknowledge the draft document prepared by the UKCP Ethics Committee 'Ethical Guidelines for Research' (1 July 1997) on which the MIP Guidelines are based.  
KRE July 1999*



**GUIDELINES FOR CONSTRUCTIVE FEEDBACK**

- Focus on the positive – what you talk about you are reinforcing – where possible give positive first and last.
- Be descriptive rather than evaluative and judgmental.
- Refer to specific behaviour rather than general and vague behaviour giving an example where possible.
- Begin with an 'I' statement – own that it is your feedback.
- When feedback or criticism is negative give the person space to explore an alternative, more positive behaviour and/or where appropriate suggest an alternative giving a specific example.
- Ask yourself 'Why am I giving this feedback?' – check out your motives and what you would like to get out of giving feedback.
- Remember that feedback says as much about the giver as the receiver.
- It is normally only useful to give negative feedback about things which can be changed.
- Be as immediate as possible, referring to the here and now rather than the long ago.

**Guidelines for Receiving Feedback**

- Listen to the feedback rather than immediately rejecting or arguing with it.
- Having listened you may or may not choose to act on it – that is your right; it is useful however to have others' perceptions of us.
- Consider checking it out with others rather than relying on one source. This is important since the way in which one person sees us may be very different from someone else's perception.
- Be clear about what is being said.
- Avoid jumping to conclusions and becoming defensive.
- Listen and if it helps, repeat what the person has said to ensure that you have heard them clearly before responding.
- Ask for specific feedback.
- Quite often we get feedback that is restricted to particular aspects of our behaviour and it is necessary for us to initiate further feedback.
- Choose your time.
- If it isn't the right time for you to receive the feedback say so and state a time that is convenient and you can be more receptive to it.
- Decide what you are going to do as a result of the feedback.
- Acknowledge and appreciate the person for giving you the feedback.

## PSYCHOTHERAPY CONTRACT – GOOD PRACTICE GUIDELINES

### Confidentiality

The content of all psychotherapy sessions is confidential and this applies to any and all records, in accordance with the Data Protection Act, except in the following instances:

- Where a client gives consent for confidence to be broken.
- Where the Psychotherapist is compelled to break confidentiality by a court of law.
- Where the Psychotherapist discloses information in Clinical Supervision.
- Where material from psychotherapy sessions is used for research and/or publication. In such instances all reasonable steps will be taken to ensure the anonymity of the client. From time to time the psychotherapy session may be recorded. Tapes are stored with client notes and are erased following clinical supervision. Any tapes retained for purposes of research and/or publication will be protected by the psychotherapist commitment to client anonymity.
- Where the client is a student on one of the MIP professional training programmes and is not meeting the requirement for personal therapy prescribed in the relevant student handbook. Such breaching of confidentiality must be confined to those areas set out in the relevant student handbook in Appendix 1.
- Where information disclosed during a psychotherapy session is of such gravity that confidentiality cannot reasonably be expected to be maintained. This will apply, for example, in cases of fraud, crime and where there are reasonable grounds to believe that there is a risk of serious harm to the client or others.
- Client records will be kept in a locked metal filing cabinet.

### Duration and Cost of Sessions

A psychotherapy session will normally last for 50 minutes and the fee per session will be £40-£60 payable, according to practitioners experience, and the commencement of each session. A minimum of three months notice will normally be given in writing of any fee increase.

In the event that a client needs to cancel a session then the full fee is payable unless 24 hours notice of cancellation is given. (According to practitioners business contract the hours of notice may differ according to the different practitioners).

The duration and frequency of session will be discussed and agreed between client and psychotherapist. The client is normally required to give a minimum of four weeks termination of psychotherapy when the period of psychotherapy has exceeded twelve months. Up to twelve months a minimum of two weeks notice of termination of psychotherapy is normally required.

### Code of Ethics and Professional Practice

I adhere to the Codes of Ethics and Practice of the Manchester Institute for Psychotherapy which is compatible with the codes of ethics and professional practice of UKCP and UKATC. MIP Codes of Ethics and Professional Practice, and Complaints Procedure will be made available to the client upon request.

The client's rights as a consumer under the Consumer Protection Act are maintained for the purposes of goods supplied in relation to psychotherapy by the psychotherapist.

Client Name	Client Signature	Date
Therapist Name	Therapist Signature	Date

**INTELLECTUAL PROPERTY RIGHTS OF STUDENTS**

- i. Students/Trainees of MIP have intellectual property rights over that which they create. The copyright for all student/trainee works (written projects, case studies, Research Projects, etc.) belongs to the students/trainees who originated the works.
- ii. Copyright signifies that the work may not be reproduced, adapted, exhibited or published without the explicit permission of the student/trainee.
- iii. It is a requirement of MIP that a copy of each Research Project which has satisfied the examiners be lodged in the MIP library for reference purposes.

**OUTSTANDING DEBTS**

In the event that a student/trainee has outstanding debts to MIP in the form of training fees or other debts such as charges relating to loss of, or damaged to MIP property, then MIP will normally:

- Withhold student progression or advancement onto the next stage of the course, training module until the debt is discharged or a satisfactory agreement for full payment has been made.
- withhold the results of the student's/trainee's assessments with the effect that the student/trainee will not gain the related academic and/or clinical credits and will not be deemed to have satisfactorily completed the relevant stage or be entitled to receive a staged award or the final award, pending discharge of the debts.

Students must have discharged all debts from the previous training year in order to proceed with the course.

**ATTENDANCE REQUIREMENTS**

UKCP require a minimum number of training hours for purposes of professional registration. The MIP programme is designed to meet these minimum hours so 100% attendance is required.

In the event that a student misses a module, or part thereof, then this module will normally have to be repeated in the following training year. Where a student needs to repeat a module they may proceed into the following training year with their existing training group by not progress. This means that the credit associated with the coursework for the missed module cannot be assigned to the student until the module and relevant coursework are satisfactorily completed. Upon completion the credit for the module can be assigned and the student will then be deemed to have progressed and become eligible for any award that may be pending.

Normally students will not be able to proceed nor progress if they have missed more than two modules. In such cases it may be necessary for the student to re take the year in which the modules were missed.

## DUAL RELATIONSHIPS POLICY

Dual relationships are those in which the Psychotherapist is acting in at least one other role besides her professional one with a client or student e.g., being both Tutor and Supervisor to a student or therapist and having sex with a client. Such relationships raise serious questions of conflict of interest, power imbalance, harassment, and issues concerning trust and confidence. For this reason the Manchester Institute for Psychotherapy requires that with regard to all aspects of counselling and psychotherapy practice, including training contexts, dual relationships are disallowed.

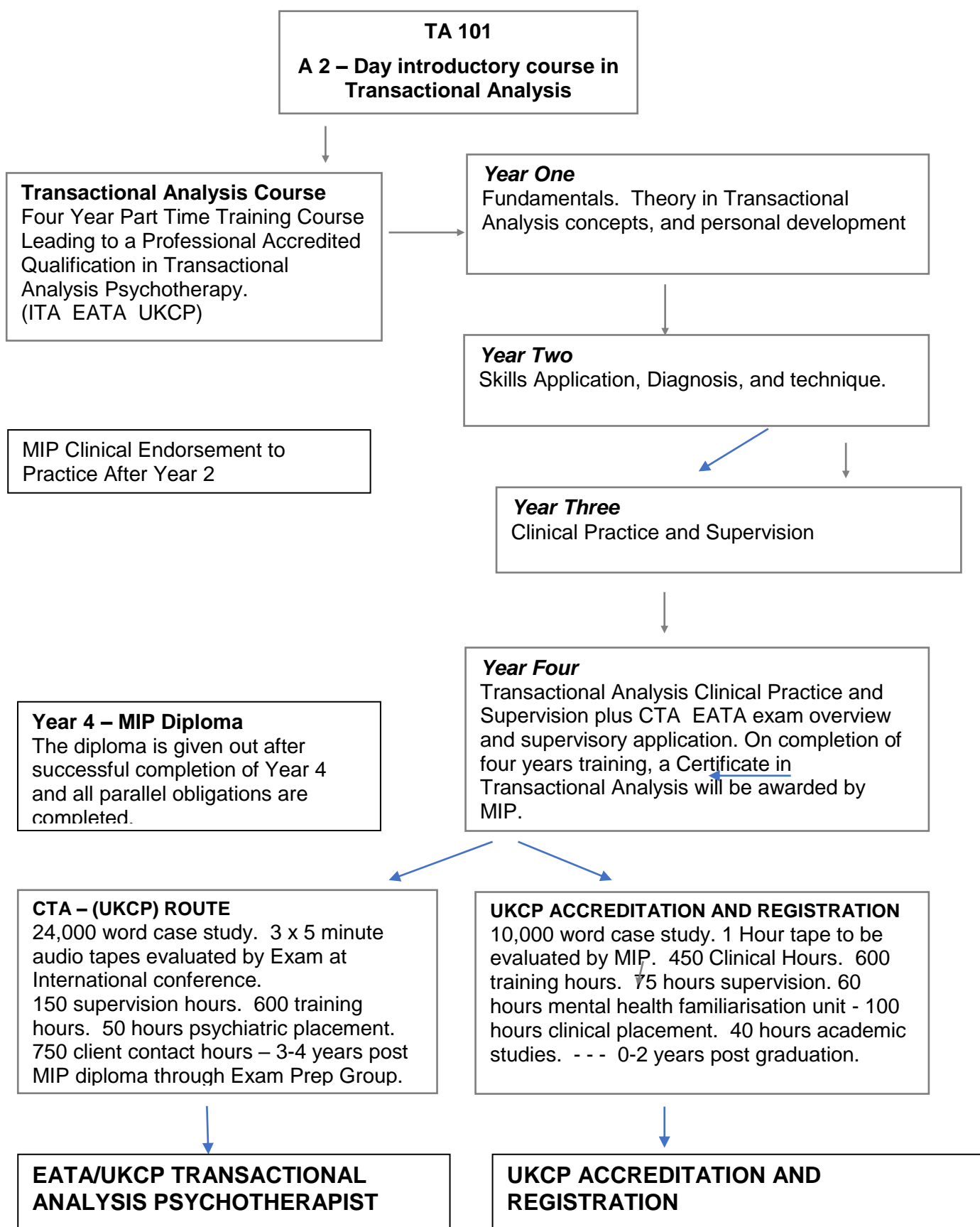
The Humanistic and Integrative Section of the United Kingdom Council for Psychotherapy, articulate the following reasons for separating out the psychotherapeutic relationship from other relationships, these reasons are supported by MIP:

- ❑ To prevent an undermining of the power and self-authority of the client through a disproportionate balance of power in the relationship due to the therapist also being the client's trainer/supervisor/examiner which could, in extreme circumstances lead to a potential abuse of power on the part of the therapist.
- ❑ To provide a clear boundary around the client/therapist relationship with the purpose of protecting the possibility for depth relationship work, and to help provide safe conditions for working with transferential and subtle energetic material within the field of the relationship.
- ❑ To protect the therapeutic relationship from unnecessary pressure, demand and influence caused by the tension inherent in holding two or more roles which involve different tasks.
- ❑ To protect the integrity of the discreet relationships involved.
- ❑ To encourage authenticity and appropriate challenge in each domain of training, supervision, examination and the psychotherapeutic relationship.
- ❑ To provide clarity when working with relationships and tasks which are intrinsically interrelated and potentially capable of becoming confused and /or enmeshed (for example, there are supervision processes implicitly present within trainer/trainee relationship)
- ❑ To encourage commitment and integrity in trainers, supervisors, examiners and therapists by their taking responsibility for their own relationship and the power of their position.
- ❑

Such relationships carry the risk of deleterious consequences for both parties, including the impairment of professional judgement for the Therapist, Tutor or Supervisor.

Where a Therapist, Tutor or Supervisor at MIP is found to be conducting a dual relationship with a client or student the case will be dealt with using the complaints procedure for professional misconduct.

Where found guilty of professional misconduct the Therapist/Tutor/Supervisor may be suspended or expelled from MIP and the ITA or any other appropriate professional body informed.

**MIP PSYCHOTHERAPY TRAINING PATHWAYS**



## **PSYCHOTHERAPY TRAINING PATHWAYS – EXPLAINED**

### **(THE ESTABLISHMENT OF A GRADUATE BODY)**

After the taught part of the Psychotherapy training at MIP, there is an establishment of a Graduate body.

In other words, trainees who have completed their four years of training, and their parallel obligations, will then form part of the Graduate body within MIP.

They will then commence for UKCP registration through the two pathways explained below.

#### **Pathway 1**

##### **Direct UKCP Accreditation and Registration**

If students take this path, they will need to complete a “**Professional Portfolio**” which will cover the following documentation:

- 10,000 word clinical case study
- 1 hour audio/video tape evaluation
- 600 training hours
- 160 therapy hours
- 450 clinical hours
- 100 hours clinical placement
- 75 individual supervision hours
- 130 CPD hours
- 40 hours academic studies
- 60 hours mental health familiarisation unit

If students take this route, they will need to have completed the above portfolio and applied for UKCP registration (via MIP accrediting panel) **within three years** of graduation.

MIP Graduates who do not complete these requirements within the three years will normally be expected to undertake a number of further training modules (or equivalent training hours as agreed by the training co-ordinator). These extra modules will need to be completed within one calendar year.

The complete evaluation must take place within 4 years of graduating from MIP.

## **Pathway 2**

### **Certified Transactional Analysis – UKCP registered**

If the student chooses to take this route they will need to take their Certificate in Transactional Analysis which is recognised by the European Association of Transactional Analysis.

Their Psychotherapy title of registration with the EATA will be “Transactional Analyst”.

Please note, the student will commence into one of MIP’s Examination Preparation Groups after their 4 years training to write their case study and prepare for the oral exams. This process usually takes three to five years – though it may take longer.

Please note that the Exam Prep Group meets one day a month throughout this time and that if you achieve the client contact hours earlier you may be in a position to do the oral exam earlier than the above timescale.

After you have achieved your CTA and EATA recognition you can then apply to UKCP for registration. This normally takes six to nine months.

**MIP – GRADUATION REQUIREMENTS**

In order to graduate with the MIP diploma, trainees must fulfil the following:

- \* 600 training hours
- \* 160 therapy hours
- \* 100 clinical hours (placement)
- \* 100% attendance requirement
- \* 17 supervision hours = approximately 1:6 supervision to client contact hours
- \* 50 CPD hours
- \* 60 academic study hours
- \* Completion of all assignments
- \* Completion of research project
- \* Completion of all personality development profiles (3,000 words each)
- \* Completion of all placement documentation including clinical reports, and placement case study

## **ACCREDITATION OF GRADUATES ONTO THE UKCP REGISTER**

After the completion of the 4 years psychotherapy training, students if they have satisfied all the parallel obligations can apply for registration with UKCP (see Appendix 24).

### **Process**

(a) Clinical case study

Part 1: Clinical case study of 10,000 words.

Part 2: A video/ audio recording with a typed transcript

### **Part 1: Case study**

A Clinical case study of 10,000- 12,000 words

This will be taken from student's own field of clinical practice and will need to show competent translation into practice of concepts and methods.

It is particularly important for the student to show his/her role as a Psychotherapist and not focus on the client only in the course of therapy, but on the relationship between the student's process (and interventions) and the client's process.

The case study should be typed, double-spaced on one side of the paper only, and should be 10,000 words in length. Mention must be made of the authors from whom the concepts are taken, and a bibliography in alphabetical order must be included at the end of the case study. Pages should be numbered at the bottom of each page consecutively.

The following guidelines are a checklist of what needs to be included.

#### **Introduction -**

This should be a brief overview to help the examiner become familiar with the client and client's initial process. It should not be overly comprehensive and normally not exceed 20% of the case exploration. The following are some guidelines of material for inclusion.

1. Brief description of client:

- \* Sex, age, marital status, members of the family at present, social relationships at present, job status.
- \* Source of the referral.
- \* Other therapy, medical/ therapeutic history.

2. Presenting problems/ situation/ purpose of therapy: why she/he came, expectations realistic otherwise.
3. Initial contracts or agreements established.
4. First impressions:
  - \* General appearance
  - \* Physical stature and posture
  - \* Mannerisms
  - \* Voice quality
  - \* Movement
  - \* Self/environmental support
  - \* Quality of contact
  - \* Other
5. Therapist's initial reaction to client
  - \* Likes/dislikes /curiosity ...
  - \* Early "hunches"
  - \* Who might I represent to the client?
  - \* What immediate pitfalls might present in the parallel process?
6. Give historical information about your client in the following areas
  - \* Family
  - \* Development
  - \* Medical
  - \* Sexual relationships
  - \* Significant relationships
  - \* Education
  - \* Works and employment
7. Initial Diagnostic Picture
  - \* Give a diagnosis based on Transactional Analysis, analysing the client's present situation using two or three Transactional Analysis concepts.
  - \* Give a diagnosis on the basis of a non TA system that is familiar to you. For example from the last edition of the Diagnostic and Statistical Manual of Mental Disorders.
  - \* Describe how you arrived at this diagnosis, and show how you made differential diagnoses to exclude other options
8. Define the presenting problem, making a clear distinction between your understanding and your client's point of view.
9. What was the final treatment contract between you and your client?

## 10. Treatment plan

- \* Describe your overall treatment plan referring to your diagnosis of the client.
- \* What did you envisage to be the stages and final goal of your treatment?

## **The Psychotherapy Process**

Summarise the psychotherapy process, describing its separate stages and using appropriate Transactional Analysis concepts to describe what is happening. Give examples of your interaction with client, including literal transcripts, focussing in particular on your significant interventions and how the client responded.

- \* Note any connections between your interaction and the problem that you defined in the beginning
- \* State to what extent you consider the contract or contracts to have been completed and what criteria you used to assess this
- \* Describe difficulties you experienced with transference and counter transference phenomena with your relationship with the client.
- \* Include description of your use of supervision

## Prognosis

- \* Describe the present state of the treatment process and say whether you are still working with this client
- \* What is your prognosis?

## Concluding remarks

- \* Describe your learning experience during your work with this client. For example, Mistakes –realisations / what I would have done there been a rewind button.
- \* Particular rewards, sources of satisfactions, “what I’m proud of “, “what I did not regret “.

## **Assessment**

From the Case Study (as with the tape transcript) the examiners will be looking for evidence of the student's integration of theory, skill, self-support and ethical practice

Specifically, the students will be assessed in the following 7 areas:

1. Problem formulation (the ability to formulate the client's problem in terms of Transactional Analysis
2. Effectiveness (clarity, precision, timing, and effectiveness of interventions)
3. Intuition and Creativity (range, flexibility and creativity of therapist's approach.)
4. Quality of contact between psychotherapy and client (including the awareness and availability of therapist's own process )
5. Professionalism (Awareness of ethical considerations and limits of own competence).
6. Anticipations and Predictions of Psychotherapy Process) (The ability to chart the direction of psychotherapy).
7. Theory (Knowledge of significant aspects of Transactional Analysis psychotherapy theory revealed in the dissertation case study).

## **Part 2: Tape And Tape Transcript With Commentary**

A video/audio recording, together with a typed transcript with commentary, of the student engaging in psychotherapy with a client, is submitted for critical analysis. It is not required, but it is recommended, that the tape be your case study client.

The tape will be approximately 50 minutes duration and should not be longer than this. The Transcript will be a maximum of 20 minutes. The student will submit the tape of the whole session and it must not have been edited.

### **Appropriate quality**

Sound and picture must be of a good quality so that both student and client can be understood without difficulty (low background noise /interference).

There should be relatively fluent interaction, i.e. breaks in the tape will not normally be too long.

It is particularly important that the tape demonstrates the student's work.

His/hers interventions/comments will need to be heard, at frequent intervals throughout.

It is important to bear in mind that the tape is not meant to show a brilliant psychotherapist, and “flaws” may be commented upon constructively.

## **THE TRANSCRIPT WITH COMMENTARY**

The transcript will be a maximum of 20 minutes.

The transcript with commentary will be typed on A4 paper.

On each page:

The transcript will be typed on the left-hand side, across 2-thirds the width of the page. Next to it, on the right-hand third of the page the student will type their commentary.

This commentary will include for example supporting material e.g., a seating plan room plan if of particular relevance to the client’s process; a glossary of terms and bibliography.

The student is asked to include a Prologue – in which the client is introduced and his/her presenting difficulties outlined – and an Epilogue – which discusses how the work has helped the client move on or how the therapeutic relationship is changed in some way.

Each transaction in the transcript, by both the client and trainee, is to be numbered, eg CL1 and T1 consecutively.

Page will be numbered consecutively at the bottom of the page.

### **Assessment Criteria**

From the tape transcript, the examiners will be looking for evidence of the student’s integration of theory, skill, self-support and ethical practice. Specifically, the students will be assessed in the same 7 areas as with the case study:

1. Problem formulation (the ability to formulate the client’s problem in terms of Transactional Analysis).
2. Effectiveness (clarity, pacing, timing of interventions).
3. Intuition and Creativity (range, flexibility and creativity of therapist’s approach).
4. Quality of contact between Psychotherapy and client (including Awareness and availability of therapist’s own process).
5. Professionalism (awareness of ethical considerations, boundaries, and limits of own competence).
6. Anticipation and Predictions of Psychotherapy Process (the ability to chart the direction of psychotherapy).



7. Theory (knowledge of significant aspects of Transactional Analysis theory, revealed in the case study).
8. Culture, diversity and empathy to the client's frame of reference.

## **Preparing Tape and Video Tape**

### Choice of tape/videotape.

Sound and picture must be of good quality so that both trainee and client can be understood without difficulty.

There should be relatively fluent interaction, ie breaks in the tape will normally not be too long.

It is important that the tape demonstrates the trainee's work. His/her intervention/comments will need to be heard at frequent intervals throughout.

It is important to bear in mind that the tape is not meant to show a brilliant psychotherapist and "flaws" may be commented upon constructively.

## **Presentation**

The tape will have a transcript typed on A4 paper and typed on the left hand 2/3rds side of each page. On the right hand 1/3 side of each page the trainee will type their commentary (eg observations, speculations, personal reactions to the client, interventions and client's reaction, relevant theoretical reflection).

This will provide simultaneously, verbal sound (and/or picture), transcript and commentary.

The transcript may include appropriate supporting material, e.g. a seating plan if a group/couple; a brief prologue and epilogue. Pages will be numbered at the bottom of each page consecutively.

## **The Evaluation Process to UKCP Registration**

The specified Primary Course Tutor will be responsible for the following:

- \* The Primary Course Tutor will enable the graduate to gain the appropriate tutorage with regards to the lead-up and completion of the evaluation process – this may include 1:1 tutorage or group tutorage.
- \* To read draft copies of submitted work prior to final evaluation and submission and give feedback to the graduate.
- \* To complete the first internal marking of submitted work from the graduate.
- \* To organize the second marking of the completed works of the graduate with an independent marker.
- \* To arrange the external assessment of a sample of the graduate's completed works.
- \* To pass onto the training co-ordinator the outcome of the above processes.
- \* If the graduate's evaluation is unsuccessful, the primary course tutor will support the graduate exploring the areas of concern and enabling a further submission.
- \* This further submission by the graduate can be undertaken after a period of 3 months, and in the event of a second fail to arrange support for a third and final submission.

## **Timeframes for MIP Graduates Going Forward for Final Evaluation and Registration**

- \* MIP Graduates working towards completion of their final evaluation and registration would need to complete all their requirements for the final evaluation within 3 years of the completion of their 4 year training component at MIP.
- \* MIP Graduates who do not complete these requirements within the three years will normally be expected to undertake a number of further training modules (or equivalent training hours as agreed by the training co-ordinator). These extra modules will need to be completed within one calendar year.

The complete evaluation must take place within 4 years of graduating from MIP.

For graduates from MIP who completed prior to the UKCP registration of MIP, they must complete the extra modules and evaluation within twelve years.

## **Re-accreditation Procedure for UKCP Registered Graduates**

### **5 Year Re-accreditation Process**

The UKCP requires that all therapists who are registered with the UKCP must be re-accredited every 5 years.

#### **Purposes of Re-accreditation:**

- \* To underpin and promote reflective and informal practice and continuing professional development.
- \* As a result, to underpin and support best practice in a way that is beneficial to both practitioners and service users.

### **Re-accreditation Procedure and Requirements**

#### **MIP Minimum Requirements are:**

- A) Demonstrate that they are still working in a professional capacity
- B) Supervision log - documentation to verify their supervision provision over the last five years. This should also include a statement from their present supervisor verifying the amount of contracted supervision.
- C) Copy of professional indemnity insurance cover.
- D) An outline of organizational work – teaching – training – seminars – lectures etc.
- E) Continuing professional development record. Members must provide details of their CPD over the last five years in keeping with UKCP and MIP's CPD requirements.

The minimum requirement is 50 CPD hours per year = 250 hours over the last five years. (This will include certificates of attendance and documentary evidence).

In this context, we would require a short evaluation of your future needs and indication on how those will be met.

- F) Each member needs to show that their CPD reflects the diversity and equalities policy of the UKCP.

This includes things such as an understanding of power dynamics, prejudice, importance of oppression, and the needs of the diverse group of clients that they work with on a clinical level.

- G) Each member will write a brief reflective document (1000 words) outlining the development of their clinical practice over the last five years. This should also include their future aspirations with regards to their clinical journey and enhancement of professional effectiveness.
- H) Details of any complaints made with regards to yourself in the last five years.
- I) Details of your professional world.

## **Re-accreditation Procedure**

- A) MIP will inform MIP graduates when they are due for re-accreditation. This will be done four to six months before the due date.
- B) Members will choose a professional peer group of three to four people. (These people need to be from the same theoretical orientation).
- C) The peer group will meet and the individual needs to take with them the necessary requirements outlined above – where they will discuss and provide written evidence to each other, and evaluate how they met the requirements above.
- D) The chair of the group, after the necessary discussion and evaluation, collects the individual's written evaluation, with a short report of the peer group's process and sends it to the MIP re-accreditation committee.
- E) If there is a lack of agreement within the peer group concerning one of the members with regards to their evaluation or documentation the chair of the peer group will inform the chair of the re-accreditation committee as soon as is possible to do so.

## **Final Outcome of the Above Procedure**

1. The re-accrediting committee looks at the documentation and report from the peer group and discusses whether to
  - i. Re-accredit
  - ii Re-accredit with conditions and time schedule
  - iii Not to re-accredit

## **Accreditation and Re-accrediting Committee**

The Accreditation Panel is made up of five representatives and meets twice a year in January and July. All documentation from the successful candidate will be forwarded to the Accreditation Committee for consideration for registration with UKCP.

The five representatives will be made up of trainers, course tutors, supervisors of MIP.

After completion of this stage the director of training will inform the UKCP of the candidate's name for formal registration.

**PLACEMENT/AGENCY SUPERVISOR'S REPORT**

Date of report ..... Supervisor .....

The student, ..... has been in group/individual supervision  
for .....months

Of the possible ..... groups/sessions ..... have been attended.

Reasons for non-attendance and notification

--

Number of clinical practice hours at placement .....

***Please comment on the student's ability to:***

**Establish a therapeutic alliance:**

--

**Assess the client's suitability:**

--

**AGENCY / PLACEMENT LOG**

**SHORT-TERM AND LONG-TERM CLIENTS**

MONTH & YEAR	LOCATION OF PRACTICE HOURS	NUMBER OF PRACTICE HOURS	DATE OF SUPERVISION & HOURS	SUPERVISOR'S SIGNATURE

**PLACEMENT APPLICATION FORM**

Date of Completion of Form .....Deadline for Applications .....

Manchester Institute of Psychotherapy is committed to the safeguarding of adults, children, young people.

All candidates will be required to go through a DBS check prior to being offered a post.

Please note: successful applicants will need to be responsible for managing their own supervision with regards to their placements.

DO NOT SEND CVs OR COVERING LETTERS.  
ONLY THIS DOCUMENT IS USED TO ASSESS EACH APPLICANT

*Please ensure you answer ALL the questions and complete the form in black ink or typescript*

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

SURNAME..... OTHER NAMES .....

ADDRESS.....

.....POSTCODE .....

TELEPHONE Daytime ..... Evening.....

Email ..... Mobile .....

**QUALIFICATIONS AND TRAINING**

Please include all relevant qualifications obtained and other courses attended, both past and present. Please start with the most recent first.

Course/Qualification	Establishment	Date

Continue on next page if necessary:

Course/Qualification	Establishment	Date

### PRESENT AND PREVIOUS OCCUPATIONS

Start with your current/most recent role, give brief reasons for leaving your most recent job, and explain any significant gaps in your work history. Remember to include both paid and relevant voluntary roles. Please also include any counselling placements you have had, together with your reasons for leaving.

Organisation & Full Postal Address	Role & Reason for Leaving	Dates



### EXPERIENCE AND SKILLS

Please explain how you meet each of our requirements on the enclosed Person Specification, by giving appropriate examples. These can be from any paid or voluntary role. *Please use a separate piece of paper if necessary.*

### REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of some aspects of the work which you may in due course undertake on behalf of the Manchester Institute for Psychotherapy, this position is exempt from the provision of Section 4(ii) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, and you are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and, in the event of appointment, any failure to disclose such convictions could result in the withdrawal of approval to work within the Manchester Institute for Psychotherapy.

Have you ever been convicted of a criminal offence, or are  
at present the subject of criminal charges?

YES / NO

If YES, Please give details below:

Signature: ..... Date: .....

***NB If applying online, you will need to sign here if you are invited to interview***

**I confirm that to the best of my knowledge the information given in this application is correct and true.**

Signed ..... Date: .....

***NB If applying online, you will need to sign here if you are invited to interview***

Please EMAIL your completed application form to: [bob@mcpt.co.uk](mailto:bob@mcpt.co.uk)

OR BY POST TO:

Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton-cum-Hardy, Manchester, M21 0BQ.

## **VOLUNTEER PSYCHOTHERAPIST**

### **JOB DESCRIPTION**

This section is to let you know what is expected of you as a Volunteer Psychotherapist at the Manchester Institute for Psychotherapy (MIP).

1. Offer sessions (3/week) of psychotherapy per year. Sessions are 50 minutes.
2. Be available at a regular time each week to provide psychotherapy.
3. Consult with the office at MIP if you would like to change the time of your psychotherapy sessions.
4. Complete all relevant paperwork promptly (assessment, ongoing and ending paperwork).
5. Attend monthly individual supervision and bi-monthly group supervision. Only in exceptional circumstances will you be able to miss these appointments. It is the responsibility of yourself to get individual supervision (once a month individually or in a group).
6. Keep appropriate psychotherapy boundaries with all client work.
7. Adhere to the UKCP – MIP Ethical Framework for Good Practice in all aspects of your psychotherapy for MIP.
8. Be aware of health and safety issues and inform the office staff of any hazards.
9. Know what to do in the event of a fire or other emergency evacuation at MIP.
10. Report any incidents to the office at MIP so that it can be documented in the incident book.
11. Complete all necessary client/student paperwork as required by MIP.

### EQUALITY MONITORING FORM

The Manchester Institute for Psychotherapy is committed to providing services in a way that helps all people within the community to access them. To help us understand if we are doing this, we ask you to complete this form.

Any information provided on this form will be treated as confidential and used for statistical purposes only. The information will not be published or used in any way that allows an individual to be identified.

#### GENDER

Female	<input type="checkbox"/>	Transgender: female-male	<input type="checkbox"/>
Male	<input type="checkbox"/>	Transgender: male-female	<input type="checkbox"/>
Prefer Not To Say	<input type="checkbox"/>		

#### ETHNICITY

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box.

##### Asian/Asian-British

Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>		

##### Black/African/Caribbean/Black British

African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black/African/Caribbean background	<input type="checkbox"/>

##### Mixed/Multiple Ethnic Groups

White and Black African	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any Other Mixed Background	<input type="checkbox"/>

##### White

English	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>
Prefer Not To Say	<input type="checkbox"/>

*Continued on next page*

**Equality Monitoring Form continued**

**Sexual Orientation**

Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Heterosexual (Straight)	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>

**Age**

18-20	<input type="checkbox"/>	21-30	<input type="checkbox"/>	31-40	<input type="checkbox"/>	41-50	<input type="checkbox"/>
51-60	<input type="checkbox"/>	60-70	<input type="checkbox"/>	70+	<input type="checkbox"/>		

**Relationship**

Are you married or in a civil partnership?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>
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**Disability**

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term (ie has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>
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**Faith**

Which group do you most identify with?

No religion	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer Not To Say	<input type="checkbox"/>

NAME .....

### AVAILABLE PLACEMENTS AND SUPERVISION

Below are the days and times of placements currently available for placements at MIP. The times available are between 9.00 am and 9.00 pm. Please be aware that successful interviewees will not necessarily be offered their first choice, so it is important that you are flexible. We expect successful candidates to take up their placement immediately upon completion of a satisfactory DBS check and receipt of references. Please note that the first meeting with the individual supervisor will need to have taken place **prior** to commencement.

Please mark your choices below for your placement when you are available. Please also indicate your first preference. We will endeavor to meet your request where possible.

**MONDAYS:** Available for all times tick here ☐

Morning 9.00 ☐ 10.00 ☐ 11.00 ☐ 12.00 ☐  
Afternoon 1.00 ☐ 2.00 ☐ 3.00 ☐ 4.00 ☐  
Evenings 5.00 ☐ 6.00 ☐ 7.00 ☐ 8.00 ☐ 9.00 ☐

My First Preference is: .....

**FRIDAYS:** Available for all times tick here ☐

Morning 9.00 ☐ 10.00 ☐ 11.00 ☐ 12.00 ☐  
Afternoon 1.00 ☐ 2.00 ☐ 3.00 ☐ 4.00 ☐  
Evenings 5.00 ☐ 6.00 ☐ 7.00 ☐ 8.00 ☐ 9.00 ☐

My first Preference is: .....

Please also mark the following with times when you **would not be available for supervision**. This information will be used to allocate both one to one supervision and group supervision.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					
EVENING					

**WEEKEND TUTOR FEEDBACK FORM**

DATES \_\_\_\_\_ / \_\_\_\_\_

TUTOR \_\_\_\_\_

**To be completed on each training weekend and returned to Bob Cooke**

**General feedback from the training weekend:**

**Important considerations / incidents:**

**Action Taken:**

**Signed - Director :** \_\_\_\_\_

**Signed – Tutor :** \_\_\_\_\_

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

**STUDENT WEEKEND FEEDBACK FORM****Group Year** \_\_\_\_\_**Module** \_\_\_\_\_**Tutor** \_\_\_\_\_**Date** \_\_\_\_\_**Constructive feedback regarding training weekend:****1. Learning from theory:****2. Learning from group process:****3. Specific feedback to MIP:**

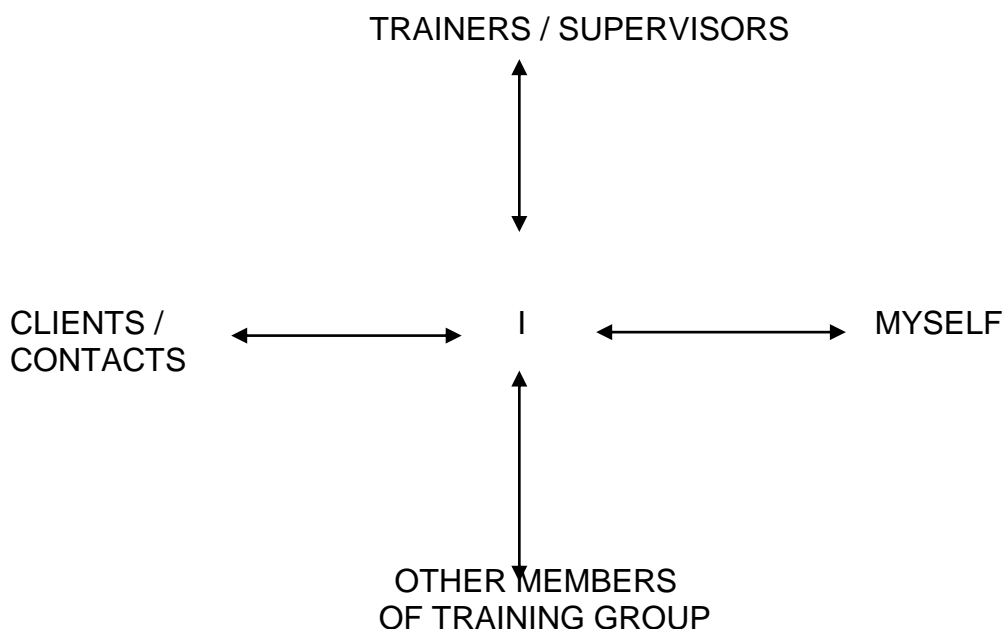


## MANCHESTER INSTITUTE FOR PSYCHOTHERAPY AND TRAINING

## END OF YEAR ASSESSMENTS

## Part One

The assessments are based on the 360 degree system:



The assessment system encourages a synthesis of your professional and personal development that is essential for a career in psychotherapy. The notion of myself and I represents the ability we have to witness and reflect on ourselves and the development of our 'benign internal supervisor'

Assess your interactions with yourself and others in terms of ego states, transactions, stroking, games, rackets and time structuring.

Here are some questions to get you on track for 360 degree feedback based assessment

### Assessment of myself.

How would I describe my attachment behaviours to other course members, trainers, clients/professional contacts and the course material

What is happening for me on the course?

What permissions did I give myself this year?

What and how have I contributed to the training group?

Describe some of your internal dialogues while you have been on the course

Does any of my script material 'stick out'?

Strokes I gave

Strokes I wanted to give but didn't

How does my development in TA impact on the people and processes going on around me at work, at home and in the community?

Is there anything I wanted and prevented myself from getting this year?

My personal aims for the next training year

My professional aims for the next training year

### **Assessment of others**

Describe the attachment behaviours of other course members, trainers, clients or supervisors attaching to me?

Say which permissions you received from others

Tell others the contributions they have made to the course

Tell others any internal dialogues you have had about them

Describe to others how their script material 'sticks out'

Tell others what you would like to experience more of next year

Tell others what you would like to experience less of next year

Acknowledge the strokes I received from others

Ask for the strokes I wanted to get but didn't

Were you prevented from getting something by somebody else in the group?

## MANCHESTER INSTITUTE FOR PSYCHOTHERAPY AND TRAINING

### END OF YEAR ASSESSMENTS

### Part Two

#### Trainer Assessment of Course Members

**For:**..... **Course/Year:** .....

**From: to**.....**Date**.....

**Hours Completed** .....

These headings form a basis for discussion, some questions to pose and invitations for reflection in the form of a dialogue between trainer and course member.

- Attachment behaviours to other course members, trainers, clients/professional contacts and the course material
- What is happening for you on the course?
- Ways you have changed over the year.
- Permissions you gave yourself this year
- What and how you have contributed to the training group

- Any script material that 'sticks out'?
  
- Strokes you were seen/heard giving
  
- How your development in TA impacts on the people and processes going on around you at work, at home and in the community.
  
- Is there anything you wanted and prevented myself from getting this year?
  
- Readiness to practice with clients
  
- Personal aims for the next training year
  
- Professional aims for the next training year

## END OF YEAR REVIEW

NAME (optional).....

YEAR 1, 2, 3 or 4 .....

DATE.....

1. What were the things that you liked about this training year?				
2. What were the things that you would have liked to be different?				
<b>Trainer Skills and Competencies</b>				
Please complete the below for <b>Bob Cooke</b>	Excellent	Good	Average	Room for development & suggestions
Ensures students feel safe and supported				
Models the philosophy of TA in interaction with students				
Presents information clearly and accurately				
Uses a variety of training methods to enhance the learning opportunities				
Sequences and paces information to suit the group and individual learners				
Provides additional and summary information on request				
Adjusts presentations in response to learners' needs				

Trainer Skills and Competencies				
Please complete the below for Bob Cooke	Excellent	Good	Average	Room for development & suggestions
Deals sensitively and appropriately with distractions and interruptions				
Uses appropriate questioning and information seeking techniques				
Creates a climate where learners can comfortably ask questions and make comments				
Gives appropriate feedback in a positive and helpful manner				
Appropriately challenges excluding or discriminatory behaviour or language				
Welcomes and uses feedback about self from participants				
Please give your thoughts about the course structure				
Please give your thoughts about the course content				
Would you have preferred a different structure to the training year / day?				
Do you think the balance between theory, skills and professional and ethical input was appropriate. If you wanted more or less of something what would it be?				

<p>Please rate the efficiency of MIP's administration processes at all stages of the training cycle. Did you get timely responses to your requests for information/help?</p>
<p>Please give a brief evaluation of (visiting Trainer) - ONE</p>
<p>Please give a brief evaluation of (visiting Trainer) - TWO</p>
<p>Please give a brief evaluation of (visiting Trainer) - THREE</p>

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**

**STUDENT PLACEMENT HANDBOOK**

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## OVERVIEW OF THE MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

The Manchester Institute for Psychotherapy (MIP) evolved from the Lifestream Centre for Psychotherapy, which was founded by Bob Cooke TSTA in September 1987.

Bob Cooke was interested in the idea of creating a Therapy Centre in South Manchester and saw it as a place where people could come, knowing that they would be attended by skilled therapists and treated with high regard and with confidence in safety and confidentiality.

We have a fundamental belief that those who are personally motivated and willing to change will do so, and in so doing inspire the growth of others. Whilst on this path of self-development those who change will enhance the development of their environment.

For those working and training at the Institute, personal therapy and supervision are a basic requirement, thus ensuring a clear and safe environment for all clients in attendance.

*“We have a fundamental belief that those who are personally motivated and willing to change will do so, and in so doing inspire the growth of others.”*

The Institute is committed to the values inherent in anti-oppressive practice. The aim of this policy is to provide a safe environment for all who pass through the Institute. It is expected that all people be equally respected and difference of any kind be valued and accepted, for example, in relation to race, physical or sensory disability, sexual orientation, gender, age, size, class, religion.

The Institute's Psychotherapy Training is recognised by the Institute of Transactional Analysis (UKATA) and the European Association For Transactional Analysis (EATA), which is a member of the United Kingdom Council for Psychotherapy (UKCP). The Institute is currently waiting (February 2016) for registration as a Member Organisation with the UKCP.

The Institute each year enrolls a new student intake group for a four year Diploma course which in turn leads to their registration as psychotherapists. To achieve this, they have to attend 600 hours of tutor face to face teaching throughout the course, have 40 hours of personal therapy each year, attend supervision for their client work and produce academic assignments, including a research project to a high calibre.

From February onwards in their second year the students undertake their clinical competency assessment when their ability to work with clients is considered by their tutor. This is a robust and formal evaluation, which gives the student the Institute's recognition that they are ready to practice, with guidance and supervision.

## CLINICAL PLACEMENTS

After the clinical competency has been awarded the student will, when ready, apply for a placement with an external agency. The Manchester Institute for Psychotherapy provide a placement at The Low Cost Clinic, their in-house supervised placement, providing low cost therapy for the local community who under ordinary circumstances would not be able to access a service.

The student needs a minimum of 100 clinical hours with a placement provider that is part of the 450 clinical supervised hours required for their application for registration as a psychotherapist.

This 100 hours can be gained with one or more agencies/organisations and it is expected that they will see two to four clients to gain the minimum hours.

The 100 hours need to be gained under ordinary circumstances by March of their 4th year so that the final written assignment can be completed before July and the end of their modules.

It is expected that the student will write a short case study /assignment on their experiences when the placement ends and if required, a copy can be submitted to the placement provider.

Students are required to keep a written record of their work as well as make audios of their actual practice. Material about clients is regarded as confidential and when used for assignments and/or for supervision client anonymity must be preserved. In order to facilitate students in obtaining the requisite practice and ensure clients are offered appropriate choice, it is good practice for the placement to inform the client that they have the opportunity to be seen by a "Student in Advanced Psychotherapy Training".

Students shall at all times work in accordance with UKCP's Ethical Framework. This requires that they work to specific contracts with their clients and have adequate supervision of their work, at a ratio of 1:6 hours. They receive supervision in groups on a regular monthly basis throughout the programme from MIP and each group member shall have at least 30 minutes supervision of their caseload at each group. Approved supervisors who report to the Institute on a student's progress.

The programme takes responsibility for monitoring and evaluating a student's practice. A responsible person within the Agency, preferably a qualified counsellor/psychotherapist, will have oversight of a student's work, ensure appropriate referrals are made and take overall clinical responsibility for clients in the agency. Students are to be informed about the provision made by the Agency for medical and psychiatric referral.

For employers and public liability purposes in accordance with insurance industry practice agencies providing placements will regard a student as its employee while undertaking placement.

Professional Liability by the Institute will cover all students in placement. In addition students will take out their own individual insurance.

Although the placement provider coordinator and the Agency representatives cannot engage in regular face to face meetings it is essential that agencies maintain contact in relation to the placement when this is necessary. Bob Cooke (The Clinical Director) or the programme leader would be appropriate people to contact regarding an individual student.

Complaints or concerns about students or the programme should be made in the first instance to the Clinical Director, Bob Cooke.

Postal address:

The Manchester Institute for Psychotherapy  
454 Barlow Moor Road  
Chorlton  
Manchester M21 0BQ. Telephone: 0161 862 9456  
Email: bob@mcpt.co.uk

The Agency shall provide students with confirmation of its requirements and arrangements with regard to health and safety, confidentiality, discipline codes and similar matters, and underline the student's obligation to comply with such requirements.

The Manchester Institute provides a coordinator for day to day liaison between Agencies and students. The coordinator will support the administration and the placements.

In the event that a student is considered by the Agency to have breached any of its requirements, the Agency shall provide full details of the matter to the Clinical Director, together with a recommendation as to the resolution of the matter.

In the event that a student's breach of the Agency requirements or his/her attitude or performance is considered by the Agency to render him/her unsuitable for work in the Agency, then the Agency shall have the absolute right to remove the student permanently from the Agency.

In view of the seriousness of such a decision this will be taken only at a senior level within the Agency. In the event that a student subsequently proceeds against the Institute, by way of appeal or otherwise in respect of the removal from the Agency, or its consequences for the student's registration with the Institute, the Agency will provide all reasonable assistance to the Institute in dealing with the appeal or other action.

## **PSYCHOTHERAPY PRACTICE: GUIDANCE FOR STUDENTS**

It is a requirement for UKCP Accredited Programmes that the trainee must have opportunities for substantial and regular psychotherapy work with real clients (i.e. in addition to any skills practice with fellow trainees).

On these programmes trainees must complete a minimum of 100 hours of supervised psychotherapy practice. Formal client work during training on this programme does not

start until April of the second year. This is preceded by formal assessment of trainees' therapeutic skills, the clinical competency assessment

When this has been satisfactorily completed, it is expected that trainees should undertake an average of 2 or 3 hours psychotherapy practice each week from April to September of that year until they have completed the 100 hours.

In terms of the placements that you undertake, please note that as well as undertaking short- term placement contracts you will need to include a long-term client, i.e. at least one year in duration.

Experience indicates that, in order to accommodate holidays, missed or cancelled appointments, sickness absence, etc. most trainees find it best to arrange 3 client appointments per week once their practice is underway.

Trainees, with support from their tutors and supervisors, are responsible for ensuring that they undertake sufficient psychotherapy practice, with regular supervision, both of which they record in their Professional Log, which is presented for assessment. It is important that client work is understood by both the trainee and the client, as "psychotherapy" rather than "befriending", "supporting", or any other kind of relationship, which uses psychotherapy skills but is not "psychotherapy" as such. "Psychotherapy" as understood by UKCP is described in its document "Definition of Terms" and in its Ethical Framework and requires that there is an explicit therapeutic agreement between trainee and client.

## **AUDIO-RECORDING OF CLIENT WORK**

Trainees will need to ensure that they can regularly make audio-recordings of their work with clients. Time is committed in class to discussing this and the best ways to deal with any issues surrounding it.

However, it must be emphasised to trainees that it is essential that they have the agreement of their placement to record. It is essential for this programme that trainees make audio-recordings of their work as students will be required to bring audio recordings from their practice into their skills groups for feedback and one of the programme assignments require that they present an audio-recording of their work.

In order to facilitate this it is important that trainees have a choice of recordings to present for assessment. Trainees' audio-recordings can be regularly-used as part of the supervisory process.

## **SUPERVISION**

If supervision is provided by the Agency it is necessary that the student attend this, too. Obviously holidays and breaks need to be considered. For example if a trainee were taking a 2-week holiday in the month of July one supervision session would suffice for that month.

Generally it makes sense for the frequency of supervision to be tailored to the number of clients a trainee is seeing over any period of time. Additionally there may be cases where trainees will need supervision sessions above and beyond the minimum number required by the programme if they have seen more clients. It is expected that trainees have a ratio of one hour's supervision to every 6 practice hours.

Trainees and supervisors are jointly responsible for ensuring supervision takes place on the requisite number of occasions. While it is recognised that some trainees have difficulty initially getting clients and may not need the earlier supervision sessions it is essential that they are compensated for these later when they are seeing more clients in order to fulfil the requisite number of hours of supervised psychotherapy practice.

There should be a clear agreement as to when and where Agency supervision takes place and a mutual understanding of how arrangements are changed or postponed in the event of such things as sickness or holidays etc. It is also expected that supervisors will be available for emergency telephone contact by trainees where there is an urgent supervision issue. This should not occur very often as trainees normally deal with "emergencies" in their skills group supervision sessions at the Institute.

Trainees are advised that they should aim to complete at least 50 hours of practice before the end of September (at the start of year four) since the need to catch up on work from Year 3 puts students under considerable pressure in the final year. In the event of a student not completing the requisite number of practice hours by the end of the programme the Institute may at its discretion extend the period of supervised practice for the trainee subject to a maximum period of 6 months. This will only be agreed in extraordinary circumstances.

## **ASSESSMENT OF CLIENT WORK (THE PROFESSIONAL LOG)**

Trainees are required to keep a record both of their psychotherapy practice and supervision sessions in their professional log. This may be taken along to supervision sessions for the supervisor to see. Supervisors vary as to how much they make use of the log. Some supervisors ask trainees to send extracts from their log to read in preparation for the supervision session.

Others prefer it if trainees tell them directly about their work in the supervision session. However, it is important that the supervisor has regular access to the trainee's professional log if they wish to check how they are working and whether they are keeping it up-to-date.

The trainee's tutors evaluate the professional log. It is important that supervisors' reports are in the log at the point where it is due for review or assessment. The template for these reports is in the back of this document.

If the report is not available tutors may contact a supervisor by telephone. It is anticipated that if a supervisor feels a trainee is not competent to pass the programme this would be discussed not only with the student but also with the programme staff at any point during the programme but certainly before the final 2 months of the programme.

The professional log is meant to be a record not only of their work but also of the process of their development as reflective practitioners.

## **ROLE OF SUPERVISORS/AGENCY**

Supervisors or the placement agency are expected to have experience of the supervisory and assessment role and understand the essential elements of psychotherapy practice. It is recognised that they will have their own way of working and this is respected. Their input and knowledge of trainees' practice is valuable and they are asked to provide written reports about their trainees on occasions during the programme. These reports are normally discussed fully by the supervisor and trainee who should be given their own copy. These reports are required as follows:-

- (1) Mid term review (half way through the expected term of placement)
- (2) A final report when the student has completed their psychotherapy placement hours

A template for the mid term review and final report from the placement provider are in the back of this document.

In compiling their reports it is important that supervisors/agency outline the number of hours the trainee has completed by the point at which the report is written and where the trainee's progress, bearing in mind the stage in the programme. They should highlight strengths and clearly indicate any areas of concern or weakness so that all programme staff can be aware of the training needs of individuals.

Supervisors/Agency have sometimes felt that the first report was required too early for them to say very much about their trainees, as it is likely they will have supervised/had contact with students regularly. However, the programme team considers that it is also important to have a formal report to pick up whether practice and/or supervision has started and if there are obvious difficulties either with the trainee, the placement or the supervisory arrangements.

## PROCEDURE FOR THE APPROVAL OF SUPERVISORS

To provide supervision within an agency the supervisor must have:

- \* Membership of a counselling /psychotherapy professional body (i.e. BACP, UKCP, BPS).
- \* A supervisor's qualification or substantial experience of supervising counsellors/psychotherapists.
- \* A minimum of 5 years post-qualification experience of working as a practitioner.
- \* BACP accredited practitioner status or eligibility to apply for this or similar status in other organisations.
- \* A humanistic orientation compatible with the programme's core model.

A student checks with the supervisor that he/she meets the above-mentioned criteria. Then the student or the supervisor indicating the student who will be supervised sends the supervisor's CV to the Clinical Director or programme leader of MIP. Having received this documentation the programme leader and/or skills tutor decides whether or not the candidate meets the criteria. If the criteria have been met the programme leader and/or skills tutor confirms this usually by email. The student ensures the supervisor has a copy of the placement programme handbook and 1 copy of the supervisory agreement; the 2nd copy of the agreement is signed and returned to the clinical director.

Please note: if you are following the UKCP pathway you must have supervision from a UKCP supervisor for your supervision hours to count.

This may mean that you may have supervision with the agency, **and** also separately with a UKCP supervisor.

## **CLINICAL REPORTS**

At the completion of the clinical work with each client, a 1,000 word report on your experience gained will need to be submitted to the agency supervisor, and a copy will need to be handed in to MIP.

Therefore, if the student over the period of two years has four different clients, four reports must be written, two copies of each, for MIP and one for the placing agency means twelve are submitted in total.

The report will include the trainee's view of the placement, health and safety issues, communication with the placement provider, was the client matched to meet their needs, their supervision and their progress during the placement.

The assignment at the end of the placements will be a mini case study of 3,000 words on one of your placements. This assignment will need to be handed in to the course tutor before the end of April of their final training year, to be marked. It is expected that the mini case study will be on the client that the trainee has had the most contact hours with.

The report will be handed over from MIP to the placement provider coordinator, who will mark and comment on the report. MIP will hold one copy and the year tutor will use this at the end of the training year towards the student's end of year assessment.

The placement provider coordinator who marks the report will be chosen according to their appropriateness, as the possibilities of dual relationships need to be considered.

The mini case study will be handed in and marked in the same way that assignments are through out the training.

Again, this is an excellent learning opportunity for students, to gain extra experience in writing reports with clinical observations and experiences.

If the client work is less than six sessions, for whatever reason, the report shall be 500 words in length. Two copies and the six-week rule for submission are still applicable.

## **PAPERWORK**

It is necessary for paperwork (forms, client notes and reports) to be completed in a professional and timely manner.

With the only exception being their reports and the recording consent form (If completed), the student cannot take copies of their paperwork out of the Agency. This is to ensure that client confidentiality and the data protection act is complied with.

Upon acceptance of a client, a file will be made by the Agency administrator, which will be held in compliance with the data protection act.



All paperwork is to be considered confidential and all MIP and Agency personnel will abide by the UKCP's code of Professional Practice and Ethics.

Agency personnel will have access to the paperwork and this does not mean that the paperwork will be scrutinised by all personnel.

If there is a need for clarification on any aspects of the paperwork, then the query should be addressed to the Clinical Director or the Agency.

If a recording contract is made with the client then it must be held within the client files at the Agency, the student may photocopy this agreement and keep it safe in their personal files.

No recordings of the sessions may take place before the written consent of the client has been gained.

Tapes are to be labelled in a non-identifying manner and they are to be stored and kept safe by the student. The client has the right to withdraw their consent at any time.

All forms that are relevant to the placement including Health & Safety form, reviews and reports contribute to the trainee's final portfolio. All forms must be included in the portfolio or the trainee risks their placement not being fully evidenced, therefore their parallel obligations would not be completed and they would need to complete further placement hours to graduate.

## Three way contract between The Manchester Institute of Psychotherapy, The Agency and Student

This is a three way contract for therapy between the Agency, the trainee in advanced psychotherapy training (known as the student) and the Manchester Institute of Psychotherapy (MIP)

### **MIP will:**

Initially have the written confirmation of the student's tutor that the student is competent to practice  
Ensure the student is in regular supervision, will monitor and evaluate the student's clinical practice  
Advise the client if there are grounds for discontinuing the placement, eg. If the student leaves the training  
Provide a suitable venue  
Provide a secure filing system  
Provide a minimum of one and no more than three clients for the maximum of one year

### **The Student will:**

Attend MIP training; remain in regular therapy and supervision.  
Attend meetings that are pertinent to their placement  
The student will ensure that they practice and abide to the UKCP's Codes of Ethics and Professional Practice  
The student is responsible for completing Agency and MIP paperwork and filing notes on sessions  
Report to the Agency and their supervisor any issues that may impact upon their ability to practice  
The student may not under any circumstances see the client after the period of twelve months or move the client to another practice without prior permission of MIP and the Agency

### **The Agency will**

Inform MIP if their placement policy changes  
Inform the student if the client is unable to attend the session.  
At the mid way session and at the end of the work complete a written report on the trainee's progress  
One session to held weekly over the maximum period of 50 hours.  
The client cannot see the student at any other practice except the agreed practice and building of the Agency  
Recordings/Questionnaires completed maybe used for supervision/research purposes, identities will not be disclosed at any time.  
Keep the student 'safe' and recognise their level of competence at assessments.

**Course Tutor**..... , on behalf of MIP I believe that .....is competent to practice

Signature.....

Date .....

**Agency**..... have read and understood the contract

Signature .....

Date .....

**Student**, I, .....have read and understand the contract, I will abide by the MIP Code of Ethics and Practice and the practice of he Agency

Signature .....

Date .....

It is the responsibility of the student to get this contract signed by each party, then for it to be photocopied, and one copy for MIP (to be kept in client file) and another for the Agency to be given within 4 weeks. At any time I understand my supervisor may check the files to ensure these and other paperwork are complete.

## **CLINICAL COMPETENCIES**

No.	Description	Yes / No
1	Listen actively / summarise / paraphrase.	Yes / No
2	Can establish bilateral mutual continuity with a well defined outcome.	Yes / No
3	Describe clinical intervention made with clients in TA theoretical terms.	Yes / No
4	To demonstrate the ability to master verbal and non-verbal contacts with the client.	Yes / No
5	Demonstrate the ability to establish and maintain boundaries.	Yes / No
6	Ask open questions and not closed questions within the therapeutic session.	Yes / No
7	Treat clients with dignity, respect and integrity, i.e., come from, I ok – you ok position	Yes / No
8	Ability to listen, non-judgementally and with openness.	Yes / No
9	Ability to facilitate the client, to talk openly and freely.	Yes / No
10	Is able to demonstrate intervention that facilitates contract resolution.	Yes / No
11	To demonstrate the ability to reflect on their possible counter- transference, and the transferential process	Yes / No

## EXAMPLE OF CLIENT INFORMATION FORM

Full Name .....

Date of Birth.....

Address (If new information the client must inform the student)

.....

.....

..... Postcode: .....

Next of kin/to be notified in an emergency:

.....

Doctor's name and address/phone number:

.....

Details of any medication:

--

Family History (Parents/siblings/children/significant others):

--

Reason for attending:

--

Outcome required/other information:

--

## RECORDING CONTRACT

I, .....have been asked to give my consent for recordings of my sessions with ..... to be recorded.

I understand that this is ordinary for students to record sessions and that this is necessary for reflective practice, supervision, research practice and examinations.

I understand that I can withdraw my consent at any time and I have been assured if this is my choice, this will not impact upon the therapy.

I have the choice to ask for all previous recordings to be erased at any time, the exception being if it is one calendar month before an examination, however the recording will be erased immediately after the completion of the examination.

The recordings will only be used for clinical supervision, research or examination purposes. They will not be heard by anyone who is not bound by a professional code of ethics and confidentiality.

I understand that identifying information, such as my name, names of others, places and other details will be changed to protect me.

I understand that the student will be responsible for the safety of the recordings, keeping them safe and secure. This includes the use of passwords if the recordings are kept on a memory stick, pc or laptop.

I understand that the recordings will be erased when the student has completed their training at the very latest.

I confirm that I have not been put under any pressure to consent to recording

I give my consent to the recording of my sessions

Student's name.....Date .....  
Signature.....

Client's  
name.....Date.....Signature.....

Two photocopies of this contract are to be made by the student, one for the client and the second for the student's records. The original to be filed at MIP.

## MIP/AGENCY SUPERVISOR'S PROCESS REPORT – MID TERM

*Page 1 of 4*

Date of report .....

Supervisor .....

The student, ..... has been in group/individual supervision for ..... months

Of the possible..... groups/sessions ..... have been attended

(Reasons for non attendance and notification)

--

Number of clinical practice hours at placement .....

Please comment on the student's ability to:

Establish a therapeutic alliance:

--

Assess the client's suitability:

--

Student ..... Date of report .....

Supervisor.....

Work with the therapeutic relationship

--

Critically reflect on the therapeutic process and on his/her own functioning:

--

Make effective use of the supervision group:

--

Ability to identify, clarify and assess clinical issues:

--

Student ..... Date of report .....

Supervisor.....

Demonstrate an ethical understanding to support their practice

--

Demonstrate an ethical understanding to support their practice

--

Demonstrate a capacity for autonomy in their practice

--

Work pro-actively and co-operatively to formulate solutions to ethical issues

--

The student identified 'growing edge' was .....

In their practice they have worked in this area (assessment and example)

--

Continued over



Signature of Supervisor..... Date.....

Signature of Student .....Date .....

Signature of Year Tutor..... Date .....

When completed and discussed with the student, the student will make two copies, MIP files to hold one, Supervisor/Agency holds the second, then student the other.

## EXAMPLE OF PROFESSIONAL LOG

MONTH & YEAR	LOCATION OF PRACTICE HOURS	NUMBER OF PRACTICE HOURS	DATE OF SUPERVISION & HOURS	SUPERVISOR'S SIGNATURE

## MID TERM REVIEW BY PLACEMENT PROVIDER

Name of placement.....

Name and job title of the person writing the review

.....

Name of trainee.....

Number of sessions practiced at the placement; give the date of the start of the placement and the expected final date. ....

Has the trainee missed any appointments with the client? If so, was adequate notice given?

.....

Is the trainee attending supervision/CPD at the placement if this is provided?

.....

Is the trainee engaged with the placement in your opinion?

.....

If not, what does the trainee need to do to accomplish this?

.....

.....

Is the trainee abiding by the code of practice, including the health and safety policy of the placement? If not, what have you seen?

.....

.....

Has the trainee completed the placement's paperwork to the standard required? If not what needs to change?

.....

What is your experience of the trainee?

.....

.....

Does the trainee require any further support to continue their practice in your opinion?

.....

.....

Signed ..... Date .....

## END OF PLACEMENT REVIEW BY THE PLACEMENT PROVIDER

Name of placement .....

Name and job title of the person writing the review.....

Name of trainee

Number of sessions practiced at the placement; give the date of the start of the placement and the final date.

Did the trainee miss any appointments with the client? If so, was adequate notice given?

Did the trainee attend supervision/CPD events at the placement if this was provided?

Did the trainee engage with the placement in your opinion? If not, what does the trainee need to do to accomplish this?

Did the trainee abide by the code of practice, including the health and safety policy of the placement? If not, what have you seen?

Did the trainee complete the placement's paperwork to a satisfactory standard? If not what needs to change?

What is your experience of the trainee?

Does the trainee require any further support to manage their practice in your opinion?.....

Signed ..... Date .....

## HEALTH & SAFETY FORM

Page One

If you take a student on clinical placement will you ensure that she/he will receive an induction on commencement of the placement?	
Do you have up-to-date professional indemnity insurance?	
Do you have up-to-date public liability insurance?	
Do you have a fire certificate on your premises?	
If you have answered "no" to the above question, have you carried out a fire risk assessment of your undertaking as required by the Fire Precautions (Workplace) Regulations 1997?	
Do you have suitable and sufficient first aid equipment and assistance readily available?	
Do you record and report all accidents, near misses, dangerous occurrences, diseases and violent incidents as required by the Report of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995?	
Has your placement provider ever had legal proceedings taken against it with regards to Health & Safety?	
Are any criminal legal proceedings currently being taken against your placement provider with regards to Health & Safety?	

I confirm that the above statements are correct:

Name of person confirming the Health& Safety Checklist	
Signature	
Date	

Signatures:

On behalf of the Clinical Placement Provider:

Name of Clinical Placement Provider: .....

Address of Clinical Placement Provider: .....

.....

**HEALTH & SAFETY FORM**

Page Two

Contact Telephone Number: .....

Contact Email Address: .....

Role: .....

Signature: .....

Date: .....

**Internal Agency Supervisor:**

Name: .....

Contact Telephone Number: .....

Contact Email Address: .....

Signature: .....

Date: .....

**OR****External Clinical Supervisor**

Name: .....

Contact Telephone Number: .....

Contact Email Address: .....

Signature: .....

Date: .....

**Student:**

Name: .....

Student Number: .....

Contact Telephone Number: .....

*To be completed by Placement provider. One copy for MIP and one copy of the Student.*

## **© UKCP UK Council for Psychotherapy Ethical Principles and Code of Professional Conduct**

**Ethical Principles and Code of Professional Conduct** adopted by the Board of Trustees in September 2009 2 UKCP

### **Ethical Principles and Code of Professional Conduct Introduction**

The purpose of this UKCP Ethical Principles and Code of Professional Conduct is to define generic UKCP ethical principles which UKCP members commit to and maintain.

This document may be taken into account by the Professional Conduct Officer, Professional Conduct Committee, Investigating Committee, Fitness to Practise Tribunal and Appeal Tribunal when considering allegations which may impair a UKCP member fitness to practise under the Central Complaints Process and Central Final Appeal Procedure.

This document may be used in conjunction with any codes of practice, conduct or ethics issued by a UKCP Organisational Member and/or College including but not limited to “Guidelines for Section and Institutional Members for the Development of Codes of Practice and Professional Conduct for Working with Children”. This Ethical Principles and Code of Professional Conduct applies equally to all UKCP members, the term psychotherapist should be read to include psychotherapeutic counsellors. For clarity and ease of expression, the third person plural pronoun is used as non-gendered pronoun for “psychotherapist”: so they is used for “she/he” and “their” for “her/his”.

This Ethical Principles and Code of Professional Conduct cannot cover every potential ethical, conduct or competence related concern. UKCP Members must therefore depend on their own thoughtful evaluation of specific principles and the spirit expressed in these statements. The psychotherapist commits to engage with the challenge of striving for ethical practice and conduct, even when doing so involves making difficult decisions or acting courageously.

#### **1. Best interests of clients**

- 1.1 The psychotherapist takes responsibility for respecting their client’s best interests when providing therapy.
- 1.2 The psychotherapist undertakes to treat their clients with respect.
- 1.3 The psychotherapist undertakes not to abuse or exploit the relationship they have with their clients, current or past, for any purpose, including the psychotherapist’s sexual, emotional or financial gain.
- 1.4 The psychotherapist undertakes not to enter into a sexual relationship with a client.
- 1.5 Psychotherapists are required to carefully consider possible implications of entering into dual or multiple relationships and make every effort to avoid entering into relationships that risks confusing an existing relationship and may impact adversely on a client. For example, a dual or multiple relationships could be a social or commercial relationship between the psychotherapist and client, or a supervisory relationship which runs alongside the therapeutic one. When dual or multiple relationships are unavoidable, for example in small

communities, psychotherapists take responsibility to clarify and manage boundaries and confidentiality of the therapeutic relationship.

- 1.6 The psychotherapist undertakes to take into account the length of therapy and time lapsed since therapy and pay great attention to exercise reasonable care before entering into any personal or business relationships with former clients. Should the relationship prove to be detrimental to the former client, the psychotherapist may be called to account to the charge of a misuse of their former position as the former client's psychotherapist.
- 1.7 The psychotherapist undertakes to respect their client's autonomy.
- 1.8 The psychotherapist undertakes not to harm or collude in the harming of their client or a client of others.
- 1.9 The psychotherapist undertakes to know and understand their legal responsibilities concerning the rights of children and vulnerable adults and to take appropriate action should the psychotherapist consider a child or vulnerable adult is at risk of harm.
- 1.10 The psychotherapist recognises that their behaviour outside their professional life may have an effect on the relationship with their clients and takes responsibility for working with these potential negative or positive effects to the benefit of the client.

## **2 Equality and Diversity**

- 2.1 The psychotherapist undertakes to actively consider issues of diversity and equalities as these affect all aspects of their work. The psychotherapist accepts no one is immune from the experience of prejudice and acknowledges the need for a continuing process of self-enquiry and professional development.
- 2.2 The psychotherapist undertakes not to allow prejudice about a client's sex, age, colour, race, disability, sexuality, social, economic or immigration status, lifestyle, religious or cultural beliefs to adversely affect the way they relate to the client.
- 2.3 The psychotherapist undertakes not to engage in any behaviour that is abusive or detrimental to any client or colleague based on the above factors.

## **3. Confidentiality**

- 3.1 The psychotherapist commits to respect, protect and preserve the confidentiality of their clients. The psychotherapist undertakes to notify their clients, when appropriate or on request that there are legal and ethical limits of that confidentiality and circumstances under which the psychotherapist might disclose confidential information to a third party.
- 3.2 The psychotherapist commits to protect sensitive and personally identifiable information obtained from the course of their work as a psychotherapist.
- 3.3 Should the psychotherapist be required by law to serve in judicial or administrative proceedings, they commit to getting clarification at the outset of the potential impacts this could have on their commitment of confidentiality to any client. In such a situation the psychotherapist commits to maintaining this clarification as the situation proceeds and to seek legal and ethical advice as appropriate.



- 3.4 The psychotherapist commits to safeguard the welfare and anonymity of clients when any form of publication of clinical material is being considered and to always obtain their client's verifiable consent in any case where the welfare or anonymity of a client may be compromised. This includes situations where a client or former client might recognise themselves in case material despite the changing of names or actual circumstances.

#### **4. Conduct**

- 4.1 The psychotherapist acknowledges that their professional and personal conduct may have both positive and negative effects on the way they are experienced by a client. The psychotherapist undertakes, in a continuing process, to critically examine the impact these effects may have on the psychotherapeutic relationship with any client, placing a priority on preserving the client's psychotherapeutic best interests.
- 4.2 The psychotherapist agrees to inform UKCP and the relevant organisational member if they are: (a) Convicted of a criminal offence, receive a conditional discharge for an offence, or accept a police caution; (b) Disciplined by any professional body or membership organisation responsible for regulating or licensing a health or social-care profession; or (c) Suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to practise of psychotherapy, competence or health.
- 4.3 Subject to the rules of confidentiality and other code of ethics adhered to by the psychotherapist, the psychotherapist commits to co-operating with any lawful investigation or inquiry relating to their capacity to appropriately carry out their psychotherapy practise. Good practise would indicate that the psychotherapist should consult with a colleague/member of their Ethics Committee, or seek legal advice with request to any request for information by anyone involved in a legal case even where the client has given their consent.
- 4.4 If a psychotherapist is convicted of a criminal offence, receives a conditional discharge for an offence, or accepts a police caution UKCP will consider any implications their conviction, conditional discharge, or in exceptional cases police caution, may have for their professional practice. UKCP will consider and assess potential risk posed to clients or for public confidence in the register and may reject their application for membership or removal of name from its register on such grounds.

#### **5. Professional knowledge, skills and experience**

- 5.1 The psychotherapist agrees to disclose their qualifications to clients and UKCP when requested and commits to not claiming or implying qualifications that they do not have.
- 5.2 The psychotherapists commits to ensure that the use of title such as "Doctor/Dr" and post nominal initials after a name in all published materials are accurate; indicate whether it is a medical or academic qualification; and reasonably informs the public of their relevance to the practise of psychotherapy.
- 5.3 The psychotherapist commits to recognise the boundaries and limitations of their expertise and techniques and to take the necessary steps to maintain their ability to practice competently.

- 5.4 If it becomes clear that a case is beyond a psychotherapist's scope of practice, the psychotherapist commits to inform the client and where appropriate offer an alternative psychotherapist or other professional where requested.
- 5.5 The psychotherapist commits to adhering to the UKCP policies on standards of education, training and practise.
- 5.6 The psychotherapist commits to an on-going process of professional and personal enquiry and challenge, commonly referred to as "Continuing Professional Development" The psychotherapist commits adhering to the Continuing Professional Development policies held by UKCP and the relevant College of the UKCP that the psychotherapist is a member of.
- 5.7 The psychotherapist accepts responsibility to ensure that they are competent and have sufficient supervisory arrangements and other necessary support to enable them to meet their psychotherapeutic obligations to any client. This includes the responsibility of ensuring the very careful consideration of how best to refer a client to another psychotherapist or professional should it become clear that this would be in the client's best interest.

## **6. Communication**

- 6.1 The psychotherapist agrees to explain at the outset to a client or prospective client: their terms, fees and conditions; and on request, clarify other related questions such as likely length of therapy, methods of practice to be utilised, referral or termination processes.
- 6.2 The psychotherapist agrees to notify clients of any other codes of ethics & practise to which they subscribe, including the availability of the complaints procedure.

## **7. Obtaining consent**

- 7.1 The psychotherapist undertakes to explain to the client, to the extent applicable to their modality and the client's capacity: the psychotherapist's clinical method(s) of working; and the client's choice to participate in any therapeutic interventions suggested by the psychotherapist including any commitments the psychotherapist makes to the client and any commitments the psychotherapist requires of the client.
- 7.2 The psychotherapist undertakes not to intentionally mislead a client concerning the type or nature of the psychotherapy practised.
- 7.3 The psychotherapist commits to clarify with clients the nature, purpose and conditions of any research in which the clients are to be involved and to ensure that informed and verifiable consent is given before commencement of the therapy and research.

## **8. Records**

- 8.1 The psychotherapist agrees to keep such records as are necessary to properly carry out the type of psychotherapy offered.
- 8.2 The psychotherapist commits to store and dispose any personally identifiable records or data securely in order to protect the client's confidentiality.

## **9. Physical or Mental Health**

- 9.1 The psychotherapist accepts an ongoing responsibility to ensure that they do

not work with clients if they are not able to do so for physical or mental health reasons, or when impaired by the effects of drugs, alcohol or medication.

9.2 The psychotherapist accepts a responsibility to take appropriate action should their ability to meet their obligations to their clients be compromised by their physical or mental health.

9.3 The psychotherapist commits to carefully consider how, in the event of their sudden unavailability this can be most appropriately communicated to their clients. This will also include careful consideration of how a client might be informed of a psychotherapist's death or illness and, where appropriate, supported to deal with such a situation.

## 10. **Professional Integrity**

10. The psychotherapist commits to report potential breaches of this Ethical Principles and Code of Professional Conduct by themselves or by other psychotherapists to the relevant organisational member or UKCP.

## 11. **Advertising**

11.1 The psychotherapist commits to ensuring that any advertising or promoting they undertake will not be misleading, false, unfair or exaggerated.

11.2 The psychotherapist commits to ensure that if they are involved in advertising or promoting any particular therapy, product or service, this is done in an accurate and responsible way.

11.3 The psychotherapist undertakes not to make or support unjustifiable statements relating to particular therapies or therapists or include testimonials from clients in any advertising material.

## 12. **Indemnity Insurance**

12.1 The psychotherapist commits to ensuring that their professional work is adequately covered by appropriate indemnity insurance or by their employer's indemnity arrangements.

## 13. **Complaints**

13.1 The psychotherapist accepts the responsibility for maintaining reasonable awareness and a level of understanding regarding complaints procedures, relevant laws and statutory responsibilities that are applicable to their

13.2 The psychotherapist accepts a responsibility to act against colluding with practise harmful to clients including that carried out by other professionals and colleagues. This should include, where appropriate, activating procedures for addressing ethical concerns including formal complaints if necessary.

Registered office 2nd Floor Edward House, 2 Wakley Street, London EC1V 7LT Registered Charity No 1058545 Company No 3258939 Registered in England Ethical Principles and Code of Professional Conduct adopted by the Board of Trustees in September 2009 9 Revised Date Submitted to Ethics Committee and Registration Board 27 Nov 08 Ethics Committee 4 Dec 08 Board of Trustees 26 Jan 09 Standards Board 5 Feb 09 Education & Training Committee 19 Feb 09 Ethics Committee 5 Mar 09 Feedback following consultation with OM's/College/College Chair of Ethics Aug 09 Changes following Consultation with OMs and College Sept 2009 Changes following Ethics Committee meeting 17 Sept 09 Adopted by Board of Trustees 26 Sept

## **SHORT AND LONG-TERM CLINICAL CONTRACTS**

With reference to HIPC and UKCP guidelines, it is important that students experience not only working with short-term clinical contracts but also long-term clinical contracts, i.e. one to two years.

If you have only taken on short-term contracts within your clinical placement you will need to have evidence of working clinically with at least one long-term client.

You may arrange a further placement or work from your private clinical practice to achieve the necessary requirement above.

In terms of evidencing the above, this will need to have been logged and you will need to provide supervisory documentation with regards to your experience and growing edges of working with long-term clients as opposed to working with short-term clients.

**Manchester Institute For Psychotherapy 2016**

**List of Recommended Supervisors by M.I.P**

- Bob Cooke TSTA
- Stephanie Cooke PTSTA
- Janet Fengeros PTSTA
- Karen F Burke UKCP Accredited
- Enid Welford TSTA
- Pete Shotton TSTA
- Marie Naughton PTSTA
- Sue Hampton PTSTA
- Robin Hobbs TSTA
- May Senior Johnson TSTA
- Jean Lancashire PTSTA
- Sue Clancy PTSTA
- Julia Tolley TSTA

**Manchester Institute for Psychotherapy  
CRITERIA FOR MARKING OF WRITTEN ASSIGNMENTS**

**Essay Marking Criteria**

	<i>There should be a structured plan for the work with an introduction, development and middle and conclusion and the work should address the essay title</i>	<i>Own ideas should be developed and others included and referenced, to show application of theory to practice self awareness</i>	<i>Theory should be used to support the essay title, in addition there needs to be practical links of the theory to specific areas of application</i>	<i>All work should be referenced and include a Reference section, using an agreed format. - reference could be to course handouts, books, articles, web items</i>	<i>Assignments should be typed and double spaced, with pages numbered and named. Marking will take into account spelling, grammar and adherence to word limit (+ or – 10% )</i>
<b>Mark</b>	<b>Organisation and planning 15%</b>	<b>Argument and application to practice 25%</b>	<b>Theory and Analysis 25%</b>	<b>Research and referencing 20%</b>	<b>Style and Presentation 15%</b>
<b>A 80–100%</b>	Exceptional planning resulting in excellent structure and presentation	Arguments developed and refined to include high order critique. Strong conclusions substantiated by valid findings underpinned by evidence from reading and good integration of theory and practice;	Effective critical analysis maintained throughout. Sophisticated grasp of theory and its application within a well developed and critical argument. Integration of self awareness to support the analysis	Method/s deployed highly effective. Evidence obtained of high order. Referencing follows agreed format with minimal errors. Extensive reading from Course List and other sources;	Expression is fluent throughout and with very few grammatical/spelling errors. Keeps to word limit
<b>B 65%-79%</b>	Evidence of careful planning resulting in a well structured and well presented piece of work	Argument developed and refined with strongly substantiated conclusions. Showing some integration of theory and practise	Clear understanding of theories and critical analysis throughout the work	Method/s of research used well. Some good evidence and few errors. Referencing follows agreed format with few errors. Inclusion of required books	Vocabulary is exact and expression is good throughout Keeps to word limit
<b>C 50%-64%</b>	Clear evidence of planning leading to a reasonable structure	Good arguments provided and with substantiated deductions and conclusions in parts. Some mention of practise	Evidence of understanding of theories and strong analysis, with much of this critical in approach	Method/s of research used competently and supported by sufficient evidence. (reading) Referencing follows agreed format but with some errors	Clear expression and with few grammatical/spelling errors. Reasonably presented.

<b>D</b> <b>40%-49%</b>	Some logic and thought given to planning and structure	Argument weak or predictable and with predictable conclusions. Little evidence of thinking of how to apply the theory	Some use of theories and analysis throughout. Content is predominantly descriptive rather than critical.	Method/s of research used adequately. Attempts made to reference but not in agreed format. Some reading from course list	Some grammatical/spelling errors or in part poorly expressed and presented. Over or under word limit
<b>FAIL</b> <b>0%-39%</b>	Limited evidence of planning of work and little structure	Lacking in argument and objective comment and with simplistic and unsubstantiated conclusions no self awareness of application to practise	Solely descriptive content with little or not analysis.	Evidence of some research. Limited in depth and methods used. Very limited or no referencing	Quality of expression and grammar poor and difficult to follow. Badly presented and no adherence to word limit.

### CRITERIA FOR MARKING RESEARCH PROJECTS

	<p><i>There should be a structured plan for the work with an introduction, development and middle and conclusion and the work should address the essay title</i></p> <p><b>Re: research project, organisation and planning will be shown in the effectiveness of pre-research <u>ethical proposal</u> engagement and evidenced by the clarity of the <u>structure of the research report</u> and <u>thematic analysis</u> (including the extent guidelines have been followed).</b></p>	<p><i>Own ideas should be developed and others included and referenced, to show application of theory to practice self awareness</i></p> <p><b>Re: research project, <u>literature review, findings, and discussion sections</u> should show critical analysis and awareness of issues re: application</b></p>	<p><i>Theory should be used to support the essay title, in addition there needs to be practical links of the theory to specific areas of application</i></p> <p><b>Re: research project, analysis should be demonstrated in the quality of the <u>data analysis</u> and in the links being made between findings and theory in <u>both literature review and discussion sections</u>.</b></p>	<p><i>All work should be referenced and include a Reference section, using an agreed format. - reference could be to course handouts, books, articles, web items</i></p> <p><b>Re: research project, understanding should be shown of <u>research methodology</u> (and phenomenology specifically) and academic skills demonstrated in references to relevant <u>literature</u>. Awareness of research <u>ethics</u> should be demonstrated.</b></p>	<p><i>Assignments should be typed and double spaced, with pages numbered and named. Marking will take into account spelling, grammar and adherence to word limit (+ or – 10% )</i></p> <p><b>Re: research project, writing skills will be shown in the <u>quality of expression</u> (including ability to write in a clear, evocative way) and the extent the report shows potential for publication (A grade papers).</b></p>
<b>Mark</b>	<b>Organisation and planning 15%</b>	<b>Argument and application to practice 25%</b>	<b>Theory and Analysis 25%</b>	<b>Research and referencing 20%</b>	<b>Style and Presentation 15%</b>
<b>A 80 – 100%</b>	Exceptional planning resulting in excellent structure and presentation	Arguments developed and refined to include high order critique. Strong conclusions substantiated by valid findings underpinned by evidence from reading and good integration of theory and practice;	Effective critical analysis maintained throughout. Sophisticated grasp of theory and its application within a well developed and critical argument. Integration of self awareness to support the analysis	Method/s deployed highly effective. Evidence obtained of high order. Referencing follows agreed format with minimal errors. Extensive reading from Course List and other sources;	Expression is fluent throughout and with very few grammatical/spelling errors. Keeps to word limit
<b>B 65%-79%</b>	Evidence of careful planning resulting in a well structured and well presented piece of work	Argument developed and refined with strongly substantiated conclusions. Showing some integration of theory and practise	Clear understanding of theories and critical analysis throughout the work	Method/s of research used well. Some good evidence and few errors. Referencing follows agreed format with few errors. Inclusion of required books	Vocabulary is exact and expression is good throughout Keeps to word limit



<b>C</b> <b>50%-64%</b>	Clear evidence of planning leading to a reasonable structure	Good arguments provided and with substantiated deductions and conclusions in parts. Some mention of practise	Evidence of understanding of theories and strong analysis, with much of this critical in approach	Method/s of research used competently and supported by sufficient evidence. (reading) Referencing follows agreed format but with some errors	Clear expression and with few grammatical/spelling errors. Reasonably presented.
<b>D</b> <b>40%-49%</b>	Some logic and thought given to planning and structure	Argument weak or predictable and with predictable conclusions. Little evidence of thinking of how to apply the theory	Some use of theories and analysis throughout. Content is predominantly descriptive rather than critical.	Method/s of research used adequately. Attempts made to reference but not in agreed format. Some reading from course list	Some grammatical/spelling errors or in part poorly expressed and presented. Over or under word limit
<b>FAIL</b> <b>0%-39%</b>	Limited evidence of planning of work and little structure	Lacking in argument and objective comment and with simplistic and unsubstantiated conclusions no self awareness of application to practise	Solely descriptive content with little or not analysis.	Evidence of some research. Limited in depth and methods used. Very limited or no referencing	Quality of expression and grammar poor and difficult to follow. Badly presented and no adherence to word limit.

### MINI CASE STUDY MARKING SHEET

<b>NAME:</b>	<b>YEAR:</b>	<b>MARKED BY:</b>	<b>GRADE:</b>
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<ul style="list-style-type: none"> <li>• The initial contract</li> </ul>
<ul style="list-style-type: none"> <li>• The assessment diagnosis</li> </ul>
<ul style="list-style-type: none"> <li>• The final contract</li> </ul>
<ul style="list-style-type: none"> <li>• Reflections on yourself and how you were impacted by the work</li> </ul>
<ul style="list-style-type: none"> <li>• Any transference/counter transference</li> </ul>
<ul style="list-style-type: none"> <li>• Resolution of contract? And future prognosis</li> </ul>

- A** Has demonstrated effectively to a high standard the criteria above for the mini case study and kept to the required standard word count ☐
- B** Has demonstrated to a reasonable standard. Could have explored in more depth both at a content and critical evaluation level. ☐
- C** Has demonstrated to an adequate level. Lacking in an understanding of theory, critical evaluation and process. ☐
- D** Has not met the criteria above, absence of theoretical accuracy, critical evaluation, and emotional reflection ☐

**SKILLS COMPETENCY**

No.	Description	
1	Listen actively / summarise / paraphrase.	Yes / No
2	Can establish bilateral mutual Contracts	Yes/ No
3	Can describe at least two clinical interventions made with clients in TA theoretical terms.	Yes / No
4	To demonstrate the ability to stay in contact with the client within the therapeutic relationship.	Yes / No
5	Can demonstrate Phenomenological Inquiry and Attunement - Involvement	Yes / No
6	Ask open questions and not closed questions within the therapeutic session.	Yes / No
7	Treat clients with dignity, respect and integrity, i.e., come from, I ok – you ok position	Yes / No
8	Ability to listen, non-judgmentally and with openness.	Yes / No
9	Ability to facilitate the client, to talk openly and freely.	Yes / No
10	Demonstrates effective interventions using TA	Yes / No
11	To reflect on possible Transference issues and who they may be for the client.	Yes / No

## **MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**

### **ATTENDANCE AND PUNCTUALITY PROCEDURE**

All students are required to attend 100% of the course they are enrolled onto, in any academic year.

Related Policies to be read in conjunction with this one are:

Equality Policy

Suspension and Termination of Training Policy

### **Core principles**

That all students are aware of the level of attendance and punctuality required by MIP in order to support the students competence in personal development, understanding of theory and the attainment of clinical competencies.

Students unable to meet 100% of the course attendance must provide evidence of how they have made up the lost work and/or time, or their intention to make up the lost work before they are able to progress to their next stage of training.

Students must make up the lost work and/or time in the specific subject area missed.

All students should be present at the start of each session. Persistent lateness may invoke the Suspension and Termination policy.

### **Implementation**

Where students are unable to demonstrate making up lost work/time then the Suspension and Termination Policy will be evoked.

Acceptable evidence may be gained from the student attending certificated training events in the subjects that were missed or through the production of a 1.5k word set assignment on the subject missed.

Clinical competencies or group work must be made up through the attendance at certified training events on the subject missed.

The student will be responsible for any costs incurred in making up for lost time or work.

There will be a charge of £50 for the marking of any late assignments which fall outside of the usual assignment hand in date.

*This policy will be reviewed regularly every 18 months and updated a minimum of every 36 months*

*Reviewed December 2016*

## **Responsibilities of the UKATA Representative (ITAR) Manchester Institute for Psychotherapy**

The ITAR must be a member of the UKATA. The ITAR is responsible for communicating with UKATA and representing the TE in the event of a complaint being made about the TE to UKATA.

The ITAR shall ensure that:

1. Appropriate vetting of all staff takes place. This includes both paid and unpaid staff.
2. Confidentiality is maintained and records are stored safely.
3. The building is safe.
4. There is appropriate insurance.
5. In the case of Psychotherapy training courses leading to UKCP registration, the TE agrees to meet QQR and other conditions imposed by the UKCP. This includes the appointment of the External Moderator for the training programme.
6. All fees owed to the UKATA are paid.
7. TEs fill in the annual return form and receive the annual Registration Certificate.
8. Only Registered TEs use the UKATA Registered logo.
9. Registered TES receive a free listing on the UKATA website in return for reciprocal listing of the UKATA website on their site.
10. Trainees in the foundation year of training become regular members of UKATA, and trainees in subsequent years are student or contractual trainees. The names of trainees on training programmes are submitted to UKATA by the training establishment annually with their UKATA renewal. On confirmation of training programme and membership, UKATA will issue trainees with proof of membership. This is requirement from October 2008.
11. In the case of Psychotherapy training courses, the criteria of the UKATA monitoring checklist for TSC has been met.

**ITAR: Bob Cooke**

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY****EQUAL OPPORTUNITIES AND DIVERSITY POLICY****Introduction**

The Manchester Institute for Psychotherapy (MIP) promotes an active engagement with difference and therefore seeks to provide a framework for the professions of psychotherapy and psychotherapeutic counselling that allows competing and diverse ideas and perspectives on what it means to be human to be considered, respected and valued.

The Manchester Institute for Psychotherapy is committed to addressing issues of prejudice and discrimination in relation to the mental wellbeing, political belief, gender and gender identity, sexual preference or orientation, disability, marital or partnership status, race, nationality, ethnic origin, heritage identity, religious or spiritual identity, age or socio-economic class of individuals and groups.

The Manchester Institute for Psychotherapy keeps its policies and procedures under review in order to ensure that the realities of discrimination, exclusion, oppression and alienation that may form part of the experience of its members, as well as of their clients, are addressed appropriately. MIP seeks to ensure that the practice of psychotherapy is utilised in the service of the celebration of human difference and diversity, and that at no time is psychotherapy used as a means of coercion or oppression of any group or individual.

The Manchester Institute for Psychotherapy recognises and values diversity and difference and as a result, it is working actively to ensure that its services are non discriminatory in nature.

This Policy was developed with reference to all current Government legislation and guidelines to good practice.

This Policy applies to the whole organisation and includes all members.

**ACCOUNTABILITY**

**The Institute Director** is responsible for ensuring that this Policy is implemented in all aspects of the Institute's operations.

**The Quality & Ethics Committee** is responsible for the monitoring and review of this Policy and for evaluating its effectiveness.

**All staff members, trainers and therapists** of the Institute have a responsibility for implementing all aspects of this Policy within the area they manage, and for ensuring that effective monitoring and review systems are maintained.

## **PERIOD OF REVIEW**

This policy will be reviewed annually by the Quality and Equality Committee.

## **INCLUSIVE LEARNING**

The Institute will develop an inclusive learning culture which widens participation and raises achievement for all.

Reasonable adjustments will be anticipated and implemented to promote access to provision for groups and/or individuals with particular needs.

## **HARASSMENT AND BULLYING POLICY AND PROCEDURES**

### **POLICY STATEMENT**

It is the intention of MIP that all members, clients and visitors are treated with respect, courtesy and integrity whilst involved in any aspect of the Institute. To this end, the Institute will seek to provide a safe and supportive environment in which everyone is able to study or work to the best of their abilities, free from harassment, bullying or intimidation or fear of these. MIP will not tolerate any behaviour from members, clients or visitors which may constitute harassment. Members, clients and visitors have the right to complain about behaviour they find unacceptable and may take informal or formal action as set out in this Policy to end harassment.

### **RESPONSIBILITIES AND DUTIES**

It is the responsibility of all individuals to ensure that their own personal conduct is in accordance with this Policy, that they treat others with the dignity they deserve and that they do not harass, bully or intimidate any member client or visitor of the Institute.

The Director has the overall responsibility for creating an environment and ethos which maintains the dignity of all members of the Institute and for setting standards and taking action, including disciplinary, to ensure that this Policy is implemented.

### **DEFINITIONS**

Harassment can take many forms and it may involve action, behaviour, comment or physical contact which is found to be objectionable or which causes offence. It can include both physical and verbal violence. Harassment is always unwanted, unreasonable and offensive and can result in the recipient feeling threatened or humiliated as well as being physically and/or mentally abused. Such conduct creates an environment which can be intimidating, hostile or humiliating for the recipient.

People can be subject to harassment on a wide variety of grounds, including their:

- disabilities, sensory impairments, learning difficulties, mental or physical ill-health

- ethnic origin, nationality or skin colour
- gender or marital status
- sexual orientation

This list is not exhaustive. Anyone who is perceived as different, or who is in a minority, or who lacks organisational power, runs the risk of being harassed. Thus, health, physical characteristics, personal beliefs and numerous other factors may lead to harassment.

## **EQUAL OPPORTUNITIES AND DIVERSITY STATEMENT**

MIP is committed to promoting equality, inclusion and diversity and works to ensure that its processes are fair, transparent, objective and free from discrimination. MIP expects that these values are upheld by any person involved with MIP.

*This policy will be reviewed regularly every 18 months and updated a minimum of every 36 months*

*Revised July 2016*



## EQUAL OPPORTUNITIES / DIVERSITY EQUALITY

1. Age      20-30 ☐      31-45 ☐      46-60 ☐      61 + ☐      Prefer Not To Say ☐

2. Gender ☐ Female ☐ Male ☐ Trans ☐ Prefer Not To Say ☐

3. Ethnic Origin : ☐ African ☐ Asian ☐ Caucasian

☐ African Mixed      ☐ Asian Mixed      ☐ Caucasian Mixed

☐ African Other      ☐ Asian Other      ☐ Caucasian  
Other

☐ Other : (please state) .....☐ Prefer Not To Say

4. Disability ☐ Yes  
☐ No  
☐ Prefer Not To Say

If yes, please state any reasonable adjustments that may be required ☐ Yes  
☐ No

5. Please let us know which MIP Membership group you belong to

☐ Trainee                      ☐ Graduate Member/Therapist☐ Trainer ☐ Core Staff

Date Completed : .....

Thank you for your time in completing this questionnaire.

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**  
**HARASSMENT AND BULLYING, POLICY STATEMENT**

It is the intention of MIP that all members, clients and visitors are treated with respect, courtesy and integrity whilst involved in any aspect of the Institute. To this end, the Institute will seek to provide a safe and supportive environment in which everyone is able to study or work to the best of their abilities, free from harassment, bullying or intimidation or fear of these. MIP will not tolerate any behaviour from members, clients or visitors which may constitute harassment. Members, clients and visitors have the right to complain about behaviour they find unacceptable and may take informal or formal action as set out in this Policy to end harassment.

**Responsibilities and duties**

It is the responsibility of all individuals to ensure that their own personal conduct is in accordance with this Policy, that they treat others with the dignity they deserve and that they do not harass, bully or intimidate any member client or visitor of the Institute.

The Director has the overall responsibility for creating an environment and ethos which maintains the dignity of all members of the Institute and for setting standards and taking action, including disciplinary, to ensure that this Policy is implemented.

**Definitions**

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People can be subject to harassment on a wide variety of grounds, including their:

- disabilities, sensory impairments, learning difficulties, mental or physical ill-health
- ethnic origin, nationality or skin colour
- gender or marital status
- sexual orientation

This list is not exhaustive. Anyone who is perceived as different, or who is in a minority, or who lacks organisational power, runs the risk of being harassed. Thus, health, physical characteristics, personal beliefs and numerous other factors may lead to harassment.

## **Making a complaint**

Any member, staff, visitor, trainee or client who has witnessed or experienced harassment or bullying on MIP premises and wishes to make a formal or informal complaint should read this policy alongside the MIP Complaints Procedure.

*This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary*

*Reviewed 2015*

## MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

## COMPLAINTS PROCEDURE

Definition of "Member"

- *Anyone who is employed by the Manchester Institute For Psychotherapy*
- *Trainees*
- *Graduates or previous trainers*
- *Practitioners renting rooms*

We realise that sometimes things go wrong and people who use our services may want to make a complaint. This document tells you how the procedures work so that the person making the complaint gets a response within a reasonable time. It also helps us to make sure that our procedures and practices are of the highest standards possible within the resources available.

**The complaints procedure open to any- one who works, is visiting, is a client or student on MIP premises and is intended to:**

- be publicised
- be easy to understand and use
- be speedy, with established time limits for action
- respect confidentiality as far as possible
- be impartial and objective
- be responsive, enabling redress as appropriate
- provide support and feedback
- stimulate the improvement of services

**1. Process**

- I. Staff, members, students, clients and visitors have a responsibility to take informal or formal action to stop any form of harassment or bullying which they witness, experience or which is brought to their attention.
- II. Wherever possible a person who believes s/he is the subject of harassment should ask the alleged offender to stop, or make clear that the behaviour is unwelcome. It is recognized that, in some circumstances it may not be possible to proceed on an informal basis. A record of incidents of harassment should be kept to assist if further formal action is required. If an informal approach is in appropriate or does not lead

to the harassment stopping them a complaint may be made to the Chair of the Quality and Ethics Committee.

- III. All complaints will be investigated by the Quality and Ethics Committee. Complainants have the right to speak to someone of the same sex if this is their choice. Where a complainant is subject to investigation, care will be taken to ensure that the investigation does not cause unnecessary distress to either party.
- IV. The member complained about must have been a member of the Manchester Institute For Psychotherapy at the time of the alleged breach of the Code of Ethics and/or the Professional Practice Guidelines.
- V. All complaints will be examined against the Code of Ethics laid down by the Manchester Institute For Psychotherapy. This is in line with UKCP and UKATA Codes of Ethics and Professional Practice Guidelines, in order to give an opinion as to whether there has been a breach of ethics.
- VI. The complaint should be made as near as possible to the time of origin. Complaints concerning events that occurred more than three years prior to the first contact with the Manchester Institute For Psychotherapy Quality and Ethics Committee will not normally be heard.
- VII. In the event of disciplinary procedures being invoked, any person involved must be told what is happening and informed of their rights.
- VIII. If the investigation upholds the complaint, prompt action designed to stop unwanted behaviours and to prevent their recurrence will be taken immediately.
- IX. Everyone shall be protected from intimidation, victimization or discrimination for filing a complaint or assisting in an investigation. Retaliation against a person for complaining will be treated as a disciplinary offence.
- X. All persons will be kept fully informed of any actions taken by the Manchester Institute and For Psychotherapy, this includes any disciplinary action if the complaint is upheld.
- XI. The Manchester Institute For Psychotherapy will not be responsible for any expenses incurred by either party involved in a complaint.
- XII. The Manchester Institute For Psychotherapy may seek legal advice concerning a complaint.
- XIII. Your complaint may be about harassment on the grounds of personal identity, age, gender or disability. Or you may feel that you have been denied equality of opportunity. In any of these cases, you may use the systems described above.
- XIV. You can obtain a copy of the "Equality Policy" from the Administrator of the Manchester Institute For Psychotherapy library (read only).

## **2. Informal Procedure**

- I. Wherever possible, talk to the person concerned immediately.
- II. If this informal procedure does not work for you, you may take a formal written complaint.

## **3. Formal Procedure**

- I. Once you have decided that you wish to make a formal complaint you will need to put it in writing for the attention of the Chair of the Quality and Ethics Committee.
- II. Once you have written your letter of complaint, hand or send it to the Administrator at the Manchester Institute For Psychotherapy. Your complaint will then be passed on to the Quality and Ethics Committee Chair.

- III. The Quality and Ethics Committee may decide that a) there may be a case to answer or, b) that there is no case to answer, c) that the matter is not within the remit of the Committee and will indicate this in writing or in a meeting with the parties concerned.
- IV. You will receive a written response to your complaint no later than **2 weeks** after it has been given to the Chair of the Quality and Ethics Committee.
- V. You will in most cases be able to withdraw your complaint at any point with the agreement of the Chair. The Chair may however have to follow it through even if you want to withdraw, this will be dependent on the nature of your complaint.

#### **4. If The Complaint Is Upheld**

One or more of the following courses of action may be taken should a complaint be upheld:

- I. An apology be given to the complainant by the person concerned.
- II. The person must agree to practice in a particular manner and/or cease to work with particular clients, students or other types of persons as stipulated by the findings of the Quality and Ethics Committee.
- III. The person may be required to undertake therapy, and or supervision, and or further training at their own cost. A method of verifying successful completion of the requirements will be agreed between the Quality and Ethics Committee. This will be in writing or in a meeting with the parties concerned.
- IV. An informal warning may be given, which may remain on file for a minimum of 12 months.
- V. A formal warning indicating that further breaches of the Codes(s) of Ethics and Professional Practices may lead to membership of the Manchester Institute For Psychotherapy being revoked.
- VI. Removal of membership of the Manchester Institute For Psychotherapy.

#### **5. Appeals Procedure**

- I. If you believe that you have not had a satisfactory response you should submit a written request for the attention of the Clinical Director of The Manchester Institute, For Psychotherapy, namely Bob Cooke TSTA.
- II. Appeals will only be granted if:  
The party making the application to appeal is able to demonstrate new evidence in terms of new information, which would support the appeal. The Chair of the Quality and Ethics Committee will decide, along with two other members of the Committee, that there are adequate grounds for granting the appeal.

#### **6. Professional Misconduct**

Practitioners should be aware that professional practice, which falls short of the standards, violations of ethical conduct or conduct that brings the professions of psychotherapy or counselling into disrepute, all constitute professional misconduct.

Behaviour, which may result in termination of membership of the Manchester Institute for Psychotherapy includes:

- a) Exploitation of the person, supervisee or trainee for example sexually, financially or in other ways.
- b) Repeated breaches of the Code(s) of Ethics and/or Professional Practices or expected standards, despite warnings.

*This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary*

*Reviewed February 2015*

## **GRIEVANCE PROCEDURE**

It is recognised that grievances can arise when a student, trainee, trainer, member of MIP or staff member is unhappy about their personal situation regarding their course, or in their dealings with students, or with staff, trainers or the organisation, and that a speedy resolution of such grievances is in the interests of all concerned.

This procedure aims to bring about the rapid resolution of grievances, without recourse to formal proceedings wherever possible. Nothing in this procedure impinges on the legal rights or obligations of staff, members of the public, trainers or students.

Grievances will be regarded as confidential but you must be aware that the individuals concerned will need to be interviewed if the grievance is to be resolved.

Grievances which are anonymous or based on rumour cannot be investigated.

The Institute reserves the right to take disciplinary action against any person whose grievance is found to be based on false allegations.

Decisions and actions taken in relation to a grievance are not influenced by the person's background or situation, and each case is dealt with on its own merits.

### **Informal procedure**

If you have a grievance, before invoking the formal procedure every effort should be made to resolve the issue informally by raising your concerns with the person(s) involved or with the clinical director, or your personal tutor. If this does not lead to a satisfactory outcome, or if you feel unable to discuss the matter with the person(s) involved, you may opt to invoke the formal grievance procedure.

If the grievance has been resolved informally, no record will be kept on file unless both parties wish to have a note of what has been agreed.

### **Formal Procedure – Students**

If the matter has not been resolved informally to your satisfaction, you should arrange to see a member of the tutorial team who will establish with you the nature of your grievance and will make a written record of the grievance on the Grievance Form to be signed by you to confirm that this is an accurate representation. The form will be passed to the Quality & Ethics Committee of Manchester Institute for Psychotherapy for action.

If your grievance is against another student, the Grievance Form will be submitted within two working days to an appropriate tutor (not your year tutor). The Tutor will send you a letter of acknowledgement within five working days and conduct an investigation.

Following investigation, written notification of the outcome will be given as soon as possible, normally within fifteen working days of the grievance being notified. The written notification will include reasons for the outcome, your right of appeal and an explanation of the appeal procedure.



If your grievance is against a member of staff or trainer, your grievance will be referred immediately to the Quality & Ethics Committee who will investigate the matter through the Institute's complaints procedure.

If there is a conflict of interest then the complaint will not be dealt with by any member of the Manchester Institute for Psychotherapy, it will be investigated by the External Moderator.

### **Formal Procedure – Trainers and Members of Staff**

Trainees and any member of staff will need to follow the above procedure and report the grievance to the Trainers meeting and/or the Quality & Ethics Committee.

### **Formal Procedure – Member of the Public**

Members of the public can forward their grievance to the Quality & Ethics Committee and there will be an extraordinary meeting by the committee within 4 weeks of receiving the written grievance. The member of the public will be informed of the outcome within 2 weeks of the aforementioned meeting.

### **Appeals**

If you wish to appeal against the outcome of your grievance you should do so in writing within ten working days of the decision being notified.

The outcome of the appeal will be notified to you in writing within a further ten working days.

It is your right to seek advice from outside the Institute at any stage of the proceedings.

### **Monitoring**

The conduct of investigations and responses to grievances will be reported quarterly to the Director from the Quality & Ethics Committee and any person who has been involved with any grievance.

*This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary*

*Revised July 2016*

## Grievance Form

Date:

Time:

Reported to:

### *Complainant's Details:*

Name:

Address:

Tel:

Course Title (if applicable):

Trainer (if applicable):

Complainant given information about procedure:            Y            N

### *Action*

What complainant wants to do next:

Steps that have been taken to resolve this informally:

What we have done/will do:

I agree that this is an accurate record

Signed

(Complainant):

Sent to:

Signed

(Recorder):

Date:

*Continued over*

**Grievance Form Page 2**

Signed

(Member)

Signed

(Member)

Signed

(Quality & Ethics Committee):

Follow up:

Full details of the complaint including date and time and place.

Signature..... Date.....

## MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

### Health and Safety Policy

#### Aims:

- To provide adequate control of the health and safety risks arising from all activities at the Manchester Institute for Psychotherapy
- To provide and maintain safe equipment
- To ensure all people are competent to do their tasks and to provide training
- To minimise the risks of accidents and to maintain safe and healthy working conditions
- To review and revise this policy as necessary

Signed (Director) .....

Date.....

#### Responsibilities:

1. Overall and final responsibility for health and safety is that of **Bob Cooke, Director**.
2. Day to day responsibility for ensuring that this policy is put into practice is delegated to **Elaine Williams**, Administrator.
3. All employees, therapists, students, trainers and visitors have to:
  - co-operate on all health and safety matters
  - not interfere with anything provided to ensure their safety
4. Take reasonable care of their own health and safety.
5. Report all health and safety concerns to **Elaine Williams**.

#### Risk Assessment:

1. Risk assessments will be undertaken by **Elaine Williams**.
2. The findings of the risk assessment will be reported to **Bob Cooke**.
3. Action required to remove/ control risks will be approved by **Bob Cooke**.
4. **Elaine Williams** will be responsible for ensuring such actions are implemented and will check that risk is reduced as a consequence of taking such actions.
5. Assessments will be undertaken every **twelve months** or when any new equipment is installed or any changes to working practices, whichever is sooner.

#### Equipment:

**Elaine Williams** will be responsible for annual equipment maintenance, ensuring effective maintenance procedures are identified and implemented.

Any problems found with equipment should be reported to **Elaine Williams**.

**Induction:**

Induction training will be provided for all employees by **Bob Cooke and Elaine Williams**.

**Accidents and First aid:**

A first aid box is kept in both kitchen areas.

All accidents should be reported in the first aid book which is kept in the main office on the shelf behind Administrator's desk and to **Elaine Williams**.

**Emergency Procedures and fire evacuation:**

**Elaine Williams** is responsible for ensuring that the fire risk assessment is undertaken and implemented.

Escape routes are checked by **Elaine Williams** regularly.

Fire extinguishers are checked and maintained every year.

Fire alarms are tested by **Elaine Williams** regularly.

**Risk Assessment – Manchester Institute for Psychotherapy****1. What are the hazards?**

Electrical equipment: microwave, heaters, kettles, computers, TVs, overhead projectors, lamps, light fittings, fans, dehumidifiers.

Carpets, rugs well maintained.

Boiler and heating system.

**2. Who might be harmed?**

Staff, therapists, clients, students, visitors, trainers.

**3. What are we already doing?**

Maintaining records of fire alarm testing. Compliance with fire regulations.

Maintaining furnishings and fittings.

Maintaining records of maintenance /replacement of electrical equipment.

**4. Implementation of the risk assessment**

Fire alarm testing record book kept in office

Maintenance/replacement of electrical equipment indicated on equipment.

*This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary.*

*Last revised July 2016*



## HEALTH & SAFETY FORM

If you take a student on clinical placement will you ensure that she/he will receive an induction on commencement of the placement?	
Do you have up-to-date professional indemnity insurance?	
Do you have up-to-date public liability insurance?	
Do you have a fire certificate on your premises?	
If you have answered "no" to the above question, have you carried out a fire risk assessment of your undertaking as required by the Fire Precautions (Workplace) Regulations 1997?	
Do you have suitable and sufficient first aid equipment and assistance readily available?	
Do you record and report all accidents, near misses, dangerous occurrences, diseases and violent incidents as required by the Report of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995?	
Has your placement provider ever had legal proceedings taken against it with regards to Health & Safety?	
Are any criminal legal proceedings currently being taken against your placement provider with regards to Health & Safety?	

**I confirm that the above statements are correct:**

Name of person confirming the Health& Safety Checklist	
Signature	
Date	

Page One of Two  
Continued over ....

### **The Manchester Institute For Psychotherapy**

454 Barlow Moor Road Chorlton, Manchester. M21 0BQ  
Tel: 0161 862 9456 • [www.mcpt.co.uk](http://www.mcpt.co.uk) • Email: [bob@mcpt.co.uk](mailto:bob@mcpt.co.uk)

Bob Cooke BA T.S.T.A. Principal Director

**Signatures :**

**On behalf of the Clinical Placement Provider:**

Name of Clinical placement Provider .....

Address of Clinical Placement Provider .....

Contact Telephone Number .....

Contact Email Address: .....

Role: .....

Signature: .....

Date.....

**Internal Agency Supervisor:**

Name: .....

Contact Telephone Number .....

Contact Email Address: .....

Signature: .....

Date.....

**OR**

**External Agency supervisor:**

Name .....

Contact Telephone Number .....

Contact Email Address: .....

Signature: .....

Date.....

**Student:**

Name : .....

Student Number: .....

Contact Telephone number : .....

To be completed by Placement provider. One copy for MIP and one copy of the student.

**THE CONSTITUTION  
OF THE  
MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**

*Revised Edition – December 2016*



## **SECTION 1**

### **Name: Manchester Institute For Psychotherapy**

- 1.1 The name of the organisation is the Manchester Institute for Psychotherapy, hereinafter referred to as MIP.

## **SECTION 2**

### **Objectives and Aims of the Manchester Institute For Psychotherapy**

- 2.1. To train members of the public in the profession of psychotherapy, counselling and supervision to graduate and post-graduate levels.
- 2.2. Members of the public who may be interested in the services that MIP offers will come mainly from the health professions such as social workers, probation officers, doctors, psychiatrists and people in the voluntary sectors.
- 2.3. MIP will also take people into our trainings who show the relevant aptitude and experience needed for the development of the skills needed for our trainings.
- 2.4. To provide a high standard of services within all the psychotherapy, counselling and supervision trainings.
- 2.5. To uphold the high standards of excellence in the areas of psychotherapy, counselling and supervision both in the areas of competence and professional ethics.
- 2.6. MIP will review and monitor the ethical behaviours of all their members for the public benefit in the profession of psychotherapy, counselling and supervision.
- 2.7. In the pursuit of excellence within all our trainings, we will be constantly reviewing, monitoring and evaluating the standards of our trainings and education within MIP.
- 2.8. MIP, through the training programmes, will promote the principles of therapeutic work. For example, awareness, motivation, communication, reflection, in the search for meaning.
- 2.9. MIP will maintain the principle for all it's trainees to be in therapy and supervision throughout their training and to accreditation.
- 2.10. MIP encourages and supports members at all levels – trainee, graduate, and post-graduate to be committed to therapeutic support and supervision for the life of their professional career.
- 2.11. All members/trainees will adhere to MIP's Equality policy.

- 2.12. To promote professional development via conferences, meetings and workshops.

### **SECTION 3**

#### **To promote the development of psychotherapy, counselling and supervision in the UK and Europe**

- 3.1 To provide a framework and forum for the discussion of critical issues in the areas of psychotherapy, counselling and supervision in the north-west, UK and Europe.
- 3.2 To work in conjunction with colleagues and professional organisations towards the recognition of psychotherapy.
- 3.3 MIP will participate with, and encourage our members to, participate with, the relevant formal accrediting structures, such as IATA, BACP and UKCP as well as ACP and EAIP.
- 3.4 To promote the professional development of members/trainees by supporting them in national, international conferences, events and workshops.
- 3.5 To promote and encourage research in the areas of psychotherapy, counselling and supervision.
- 3.6 Specifically to monitor and support the opportunity of research with MIP and at local, regional and national levels.
- 3.7 To support financially research projects in the above areas.
- 3.8 The Manchester Institute for Psychotherapy will work on a non-profit basis – where all profit gained will be put back into MIP for future trainings, research and maintenance.
- 3.9 All the above in terms of financial means will be shown in the accounts and open to the directors of MIP.

### **SECTION 4**

#### **The core values that underpin our trainings at the Manchester Institute for Psychotherapy are:**

- 4.1 All members/trainees acknowledge the dignity of all human beings.
- 4.2 Belief in the worth, dignity and creative potential of every person.
- 4.3 All members have the capacity to think.
- 4.4 All people have different learning styles and speeds.
- 4.5 All people have an intrinsic human value regardless of age, gender, race, creed or sexual orientation.

- 4.6 The client/therapist relationship is the foundation of all treatment and the welfare of the client takes priority.

The Institute will promote a willingness in both the client and therapist to adopt an I'm OK-You're OK position. The therapist will encourage the client towards personal autonomy and responsibility.

## **SECTION 5**

### **Membership Categories and Voting Rights**

- 5.1 Directorship - Business and professional directorship of the Institute is held by Bob Cooke simultaneously as both Managing Director and Director of Trainings – also there are six other directors who complete the board of directors within the Manchester Institute for Psychotherapy organisational structure.
- 5.2 Qualified Member – individuals who have gone through the MIP accreditation process and registered with either the UKCP, EAIP or EATA.
- 5.3 Graduate Members – trainees who have successfully completed their four years training and graduated from the Manchester Institute for Psychotherapy.
- 5.4 Trainee Members – trainees who are presently on the two or four year psychotherapy training courses which are held at MIP.
- 5.5 All members, whether directors, qualified members, graduate members or trainee members have equal voting rights.

## **SECTION 6**

### **Entry Registration and Exclusion**

- 6.1 Admission of members shall be subject initially by the Managing Director, then the Board of Directors.
- 6.2. Membership subscription will be subject to annual review by the board of Directors.
- 6.3 Entry on to the various committees of MIP needs to be initially by the Managing Director and the Board of Directors as well as the whole membership at the AGM.
- 6.4 The Board of Directors may refuse membership in general, and to the committees, and will state the reasons for their refusal in writing to that member.
- 6.6 The Quality and Ethics Committee of the association has the power to suspend or exclude a member for an ethics offence, subsequent to the ratification of the board. This may be brought before the General Meeting by an involved party.

## **SECTION 7**

### **Rights and Obligations of Members**

- 7.1 Introductory motions at the General Meeting. These suggestions are put in writing and need to reach the Board of Directors not later than one month prior to the AGM.
- 7.2 Attendance at the AGM – the member is entitled to vote and to elect.
- 7.3 Entitled to all the advantages incorporated in membership to MIP.
- 7.4 Formal appeals from applicants in respect of the non-granting of membership.
- 7.5 Voting by proxy at AGM must be through written authorisation of another member to vote on the absent member's behalf.

## **SECTION 8**

### **Origins and Committee Structure**

- 8.1. (a) General Meeting
  - (b) Extraordinary General Meeting
  - (c) The Board of Directors
  - (d) Quality and Ethics Committee
  - (e) Complaints Sub-Committee
  - (f) Research Sub-Committee
  - (g) Social Committee. Members report to the Quality and Ethics committee.

### **Inauguration of MIP**

- 8.2 The inauguration of MIP will took place on 23 July 2004 and there was a voting in of the then constitution and of the Chair of that meeting.
- 8.3 The constitution will be continually reviewed on an annual basis and changes may be introduced to the constitution.

### **The Board of Directors**

- 8.4
- (a) The membership of the Board of Directors will be not less than 7 members and not exceeding 12 members. The members shall be drawn from individuals who are professional psychotherapists and also from lay members.
  - (b) The Board of Directors meets a minimum of three times a year.
  - (c) The members of the Board of MIP will be responsible for determining the policy and direction of the institute.
  - (d) Evaluating and monitoring the activities and performance of MIP through the Annual Report of the various committees within the committee structure of MIP.
  - (e) Composing, evaluating and guiding the fee structure for trainees working for MIP. This includes all outside trainees/trainers full or part time.
  - (f) Ending or terminating the services of trainers or staff.
  - (g) Receiving the annual accounts of MIP.
  - (h) The Board of Directors shall be formed by the Managing Director.
  - (i) The Board of Directors may call an Extraordinary Meeting of MIP if needs arise, two months notice is needed to the membership.
  - (j) There needs to be a quorum of three members of the Board to make a decision.

### **The Quality and Ethics Committee**

8.5 The Quality and Ethics Committee -

- (a) Two members of the Board of Directors.
- (b) One or more trainers.
- (c) One or more representatives of the training body
- (d) One or more clinical representatives.
- (e) Trainee and trainer representatives to the Quality and Ethics Committee are elected by the AGM. Representatives from the Board of Directors are elected by that Board.
- (f) The Quality and Ethics Committee meets a minimum of three times a year.
- (g) The quorum for the committee is three members.

- (h) The Quality and Ethics Committee is responsible to the Board for ensuring acceptable standards in the delivery of training at MIP and in the provision of clinical services at MIP.
- (i) The Quality and Ethics Committee has oversight of the personal well being of the trainees registered on MIP courses.
- (j) The Quality and Ethics Committee monitors all MIP courses and is concerned with the general development of academic and clinical content on the day to day management issues to do with the delivery of training.
- (k) It is also responsible to the Board for ensuring that MIP is delivering training at least equivalent to that required by the major professional organisations in UK and Europe.
- (l) It is responsible to the Board for promoting research at MIP.
- (m) In carrying out these functions, the Quality and Ethics Committee has, if necessary, access to any and all training workshops, and any and all documents, papers, courses and correspondence to enable it to carry out its functions of monitoring training functions at MIP.
- (n) The Quality and Ethics Committee is responsible to the Board of Directors at MIP and sends a copy of the minutes of its meetings to the Board.
- (o) The Quality and Ethics Committee reports on its activities to the next available meeting of the Board of Directors.
- (p) The Quality and Ethics Committee can report immediately to the Board of Directors via the Managing Director on any issue of activity, which requires the urgent attention of the Board of Directors.
- (q) The Quality and Ethics Committee is responsible for the curriculum, development and assessment, also changes in content and teaching strategies.
- (r) The Quality and Ethics committee is responsible for the implementation and monitoring and support of Equality and Diversity strategies within the institute.

#### **8.6 The Quality and Equality Annual Report will contain the following:**

- 1 Curriculum development and assessment.
- 2 Recruitment and staff resources
- 3 Research activity and resources
- 4 Trainee evaluation from workshops, courses, etc.
- 5 Items requiring action to support and improve the quality and delivery of training at MIP.

- 6 Items requiring action to implement monitor and support equality and diversity strategies within the institute

The two sub-committees are sub-committees of the above Quality and Ethics Committee and are appointed by the Quality and Ethics Committee

#### **8.7. Complaints Sub-committee**

The Complaints Committee will oversee all complaints against a member of MIP and according to the published MIP complaints procedure.

#### **8.8. Research Sub-Committee**

The Quality and Ethics Committee will appoint any issues relevant to research within MIP.

#### **8.9. The Social Committee**

The Social Committee will be responsible for organising and managing staff social events and is responsible to the Institute Director.

### **SECTION 9**

#### **Dissolution of the Manchester Institute For Psychotherapy**

The Manchester Institute for Psychotherapy shall be deemed dissolved if a vote of two-thirds of its membership at the AGM is in favour of dissolution upon recommendation of the Board.

## **MIP DIRECTORS 2016**

1. Bob Cooke
2. Josie Coet (lay person)
3. Rory Lee Oakes
4. Stephanie Cooke
5. Debbie Tennant (lay person)
6. Janet Fengeros
7. Hannah Moss (lay person)



**ROLE OF THE EXTERNAL MODERATOR – MANCHESTER INSTITUTE FOR PSYCHOTHERAPY.  
BASED ON THE UKCP GUIDELINES - ROLE OF A MODERATOR - 2016**

**External Moderator** – regulate the processes in member organisations. Their main role is to assess that the organization (MIP) is delivering all that they promised to do in brochures, student handbooks or member publications. They act as resources for their organization, advising, liaising, interpreting, if necessary, and helping to uphold both the HIPC and UKCP policies for the organization (MIP).

They do not represent their own views but they are essentially liaise between the organizational member (MIP) and UKCP and HIPC and they may interpret UKCP and HIPC explicit expectations for the organization.

External Moderators may advise and assist organizational members (MIP) in the development of their training and accrediting procedures in respect of UKCP and HIPC policies and procedures.

**Functions of External Moderator**

1. To act as an advisor to the main committees within the organization and offer advice on documentation such as the course handbook, CPD, and ethics and disciplinary matters.
2. To act as interpreters of UKCP and HIPC policies and thus need to be familiar with the requirements of the UKCP and HIPC section in this regard.
3. They make at least one visit in every five year period and must visit the organization before the quinquennial review.
4. They write reports for the HIPC and UKCP assessors in preparation for the quinquennial review.
5. They evaluate the assessment procedures within the organization and ensure that the organization is fulfilling its own criteria in its published aims and objectives.
6. The external moderator includes a pastoral role which may involve meeting with students to discuss their experience of the course.
7. They may also assist the Training Director where required to improve the processes of training.
8. They are part of the appeals procedure in cases of misconduct, discipline and grievance as well as appeals against academic decisions such as the marking of papers.
9. They may also be called upon to advise and mediate in student disputes.
10. They participate in and monitor the graduation process and the process in which candidates become nominated for the UKCP register of psychotherapists. Their role is to ensure that the HIPC and UKCP procedures for entry to the register are being maintained.
11. It is also a requirement that the external moderator is appointed by applicant organisations to assist them in the application process. Organisations are being

- measured against the explicated stated requirements of the UKCP and HIPC that are available in UKCP and HIPC policies in published documents.
12. They write reports to the HIPC and UKCP assessors as part of the original application for HIPC membership commenting on the structures in place helping to ensure that HIPC requirements are met.

### **Criteria for External Moderators**

1. External Moderators would ideally be senior psychotherapists within a member organization of the HIPC. If the organizational members chooses an external moderator who is not a psychotherapist from within HIPC, then the organization will need to demonstrate how they met the requirements to perform the above roles. The minimum standard must be that they are senior psychotherapists, familiar with most if not all aspects of psychotherapy training and the HIPC criteria for membership. They will also need to have an understanding of the specific model of psychotherapy practiced within the organization.
2. External Moderators must be external to the organization.
3. External Moderators are chosen by the organizational member who pays for their services, and they should have no other involvement in the organization other than what is consistent with the role of moderator.
4. Current officers of the HIP College are ineligible for the role of external moderator due to possible conflicts of interest.
5. The roles of External Moderator and External Examiner cannot be fulfilled by the same person.

### **External Moderator - Role Specific to MIP**

1. Board of Director meetings – The agenda and minutes for all meetings held will be sent to the EM for comments in their capacity of advisor to the organization.
2. Quality and Equality Committee meetings – The agenda and minutes for all meetings held will be sent to the EM for comments in their capacity of advisor to the organization.
3. The MIP management structure chart will be sent to the EM for their information.
4. Copies of all MIP policies and procedures will be sent to the EM for their information.
5. The EM will be informed of and become part of any appeals procedure or investigation at MIP with regards to disciplinary or grievance hearings or academic decisions.
6. The EM will write a report for HIPs assessors as part of MIPs original application for HIPs membership and the Quinquennial review.
7. The EM will participate in the graduation process as an assessor; and the process by which candidates become nominated for the UKCP register of therapists.

8. The EM will evaluate MIP assessment procedures and ensure that MIP is fulfilling its criteria and its published aims and objectives.
9. The EM will receive all training and assessment documentation for comments in their capacity of advisor to the organisation.
10. The EM may include a pastoral role which may involve meeting with students to discuss their experiences of the course and they may also assist the training director, where required, to improve the processes of training.

*This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary.*

*Reviewed December 2016*

## **EXTERNAL EXAMINER POST**

### **FOR THE MANCHESTER INSTITUTE OF PSYCHOTHERAPY**

#### **Role of External Examiner**

The responsibilities of the External Examiner, as set out in the ITA Psychotherapy Training Handbook December 2012, Section 1.9.3.5 and 1.9.3.7, include monitoring all aspects of the assessment process, documentation and the standard and consistency of marking across a number of markers and training institutions in line with ITA and CTA guidelines.

It includes the matching of these standards to Section 5.3.4 of EATA Psychotherapy Core Competencies, the EATA Rating Scale, UKCP requirements, HIP College Learning Outcomes and against the Post Graduate Marking scale.

#### **Functions of External Examiner**

1. External Examiners monitor the academic level of the training which is set by UKCP at masters level. Clear identification of what constitutes Masters Level must be in place. The trainers, trainers and external examiners all need to have access to information indicating the agreed standard against which the teaching, examining and trainees performance is being measured. This may involve the observation of teaching and supervision sessions.
2. External Examiners ensure the consistency of the marking of written and oral work. Their role is to assess the level of the groups and cohorts rather than that of individual students. They thus monitor the overall standards of work within the organization. They examine samples of students work and benchmark the academic standards. They evaluate whether the internal markers are awarding grades in a consistent and fair way, that they are clearly identifying the reasons for the marks awarded against the grade descriptions provided, and that they are clear distinctions between grade bands. There needs to be clear grade descriptors appropriate to Masters Level (National Occupational Standards Level 7) against which the internal examiners and external examiners can set their marks.
3. They monitor the final examination process. This may include samples of work, vivas and tapes (audio and visual) depending on the nature of the final assessment. They may also attend some oral examinations.
4. External Examiners may also review the practical assessments and comment on these in the same way as they do with the academic work.
5. They make a minimum of one visit to the organizational member followed by a brief report.
6. They write a report for the Quinquennial Review.
7. They may become involved in the examination appeals process.

## Criteria for External Examiners

In almost all circumstances the External Examiner will need to be a senior psychotherapist within a member organization of the HIP College. If the organization chooses an external examiner who is not an psychotherapist from within the College, then it is up to the organization to demonstrate how they meet the requirements to perform the above roles. The minimum standard must be that they are:

- A senior psychotherapist
- Familiar with most if not all psychotherapy training
- Familiar with the HIPC criteria for membership
- Have an understanding of the specific model of psychotherapy practiced within the organization
- Familiar with what constitutes MA level work which is the required standard for UKCP trainings.

The assessments of the Manchester Institute which will need externally assessing are as follows:

- \* Two 2,000 word essays per year – first year, second year and fourth year.
- \* Placement reports – this is assessment of the fourth years reports for placements – 3,000 words.
- \* Research project – 8,000 words – this is the research project that has to be completed by March of the fourth year.
- \* Once we are a UKCP accrediting and training organisation there will need to be assessment of the fourth years' 10,000 word mini-case study and evaluation of a tape – this assessment won't be needed until probably until 2018.

The fees for the following assessments are:

1. 2,000 word essays - £15 per script
2. 3,000 word reports - £25 per report
3. 8,000 word projects - £50 per project
4. 10,000 mini case study for UKCP purposes - £60 per script
5. An overall External Examiners report in line with External Examiners costs.
6. Second markers throughout MIP costs accordingly with above ratio.

The position to be reviewed annually – as UKCP accrediting status applies there may be more external assessments needed.

Signed .....  
Bob Cooke

Signed.....  
Lin Cheung

Bob Cooke  
Clinical Director

*August 2016*

## **The Manchester Institute For Psychotherapy**

### **Continuing Professional Development Policy For Qualified Practitioners**

In line with the recommendations of the HIPC/UKCP Continuing Document Professional Development, 2015. The protection of the public held as paramount, psychotherapists must now provide evidence of annual CPD activities, this is required as evidence of “Good Practice” in maintaining their ability to perform their profession duties competently, which is reviewed every 5 years.

In parallel, the member must comply and meet the minimum clinical practice as stipulated by the UKCP. This will also need to be reviewed for scrutiny every 5 years.

The Manchester Institute for Psychotherapy (MIP) requires its members, who are practising psychotherapists or trainers, to maintain a comprehensive record of their CPD activities. Whilst recognising that CPD IS often dynamic and evolving, MIP provides the following guidelines and recommendations:

- a) Wherever possible CPD activities and records should demonstrate a maintenance and improvement in standards of practice.
- b) CPD is to demonstrate active reflection on practice that allows the individual to specify which has been learned or reconfirmed.
- c) CPD is very broadly defined and can include any of the following: teaching, research, webinars, conferences, personal therapy, supervision, post qualification training and relevant work, placement or secondment experiences outside of MIP. The list is not exhaustive.
- d) Registrants should be able to evidence how their CPD informs their practice with the client groups that they work with.

### **Supervision**

In line with the qualified practitioner’s regulatory body supervision is the practitioner’s responsibility to adhere and provide evidence for the minimum requirements as suggested. For more information please read the MIP Supervision Guidelines document.

### **Training**

Psychotherapists are expected to attend two full days of training each year. They must be able to demonstrate the relevance of the training event to their professional practice.

**Evidence**

MIP will request evidence of CPD activities from any members can at any time. Forms for recording your CPD activities can be obtained from the administrator.

In line with UKCP policy members must inform MIP and the UKCP if they have a longer break than 3 months from their clinical practice. Currently the minimum CPD requirements are 20 hours per annum, with a total of 250 hours or more during a 5 year period.

*This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary.*

December 2016



## MIP LIBRARY

The Manchester Institute for Psychotherapy Library is situated in the major Training Room and you are able to borrow books for at least a two week time period.

Procedure:

- \* You will need to register that you have borrowed a library book for a two week period.
- \* You will do this by signing in the “Red Library Folder” the date of when you take the book out and when you will be returning it, within a two week allocated framework.
- \* When you return the book you will need to register that you have returned the book in the Red Library Folder.

The librarian administrator will regularly look at the Red Library Folder and make sure that books have been returned within the allocated framework.

If the book has not been returned by the due date there will be a fine of £5 for each week that it has not been returned. The administrator will make sure that letters are sent out to collect monies owed.

If you wish to renew the book you will need to bring it back at the allocated time and fill in the renewal section of the Red Library Folder.

It is up to the Library Administrator who is responsible for the smooth running of the Library system to make sure that up to date psychotherapy books are maintained and kept in order and if new therapy books are needed for the library she will report back to MIP with her suggestions for an up to date library process.

As some books will be more popular than others, it is most important that this two week framework for returning books is adhered to.

In line with the above students will not be able to renew books for more than a six week timeframe and it is the job of the librarian administrator to regulate this process.

The Red Library Folder will be kept in the Library and the librarian administrator will on a weekly basis inspect the folder with regards to “books in and out”.