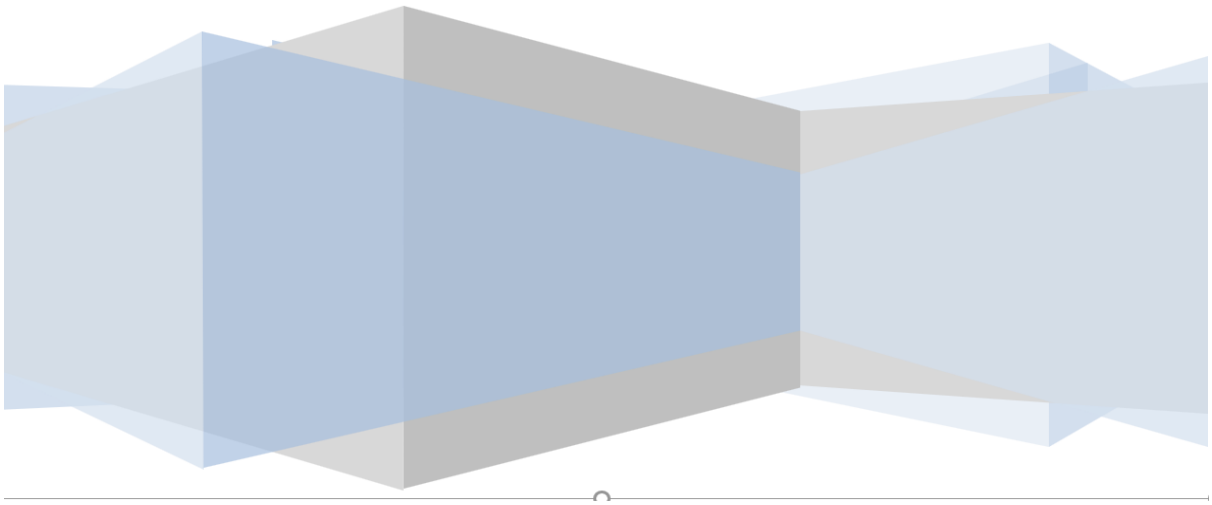
MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

DIPLOMA IN TRANSACTIONAL ANALYSIS FROM AN INTEGRATIVE PERSPECTIVE

STUDENT HANDBOOK

DECEMBER 2021



Manchester Institute for Psychotherapy

UKCP

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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’, NY: Grove Press, (p268)

Clarkson P (1992) ‘TA in Psychotherapy’, Routledge, (p4)

Federn P (1971) ‘Ego Psychology and Psychosis’, London: Haresfield (first published 1952)

Reason (1994) ‘Participation in Human Inquiry. Developments in New Paradigm Research’, 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

(i) 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.

(ii) 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.

(iii) 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.

(iv) 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.

(v) 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 person's 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 2nd 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.

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 Module

1. A three day mental health workshop is required of all students.

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 cam 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 Feedback with regards to their Internal/External experience
- 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 (MIP) is open to all.

Entry to the four year training course is stated in our brochure, together with an APL policy.

Selection Procedure

1. A application form for the psychotherapy training should be sent to the Training Director.

2. The Director, together with another trainer, will assess the application form against the relevant criteria.

3. If the candidate meets the required criteria, they will be invited to MIP for an interview.

4. Consideration will be given to the candidate's motivation and purpose for applying. The major objective of this selection process will be to judge their readiness for admission to the psychotherapy programme.

5. After discussion, a decision will be made with regards to the candidate's entry onto the psychotherapy training programme.

6. If successful, the candidate will receive both verbal and written confirmation.

7. If the candidate's application is declined, they will be notified in writing and feedback will be provided, if requested.

8. If the candidate decides to appeal against the decision, they will be asked to put their appeal in writing to the Training Director, stating their grounds for appeal.

Training Director's criteria for discussion at selection interview:

1. Any questions arising from the application form/CV.
2. Personal circumstances.
3. Professional experience.
4. Motivation and interest for the training.
5. Own experiences with psychotherapy process.
6. Psychotherapy courses and groups that they have attended, including relevant qualifications.
7. Self-appraisal of own psychological health and resilience.
8. Ability to meet the financial costs of psychotherapy training, personal therapy and supervision.

9. Consideration of candidate's needs including any special education needs, or physical disability.
10. Eligibility for bursary.

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 and Diversity

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 MIP Equal Opportunities and Diversity Policy can be found in the appendices in this handbook.

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:

Equality & Human Rights Commission
https://www.equalityhumanrights.com/en

Reasonable Adjustments

Depending on specific circumstances reasonable adjustments could include:

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

* 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 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, and Race Relations Amendment Act 2000. 2) The Sex Discrimination Act 1975, amended 2008. 3) The Equality Act 2010.

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.

Year 1	Personal Therapy Attendance Assignment (2) Personal Learning Journal Personal development Profile	Min 40 sessions 100% 100% Coursework Pass Satisfactory Satisfactory
Year 2	Personal Therapy Attendance Assignment (2) Clinical Competencies Personal Learning Journal Personal development Profile	Min 40 sessions 100% 100% Coursework Pass Pass Satisfactory Satisfactory
Year 3	Personal therapy Attendance Assignments (1) Clinical Competencies Personal Learning Journal Personal development Profile	Min 40 sessions 100% 100% Coursework Pass Pass Satisfactory Satisfactory
Year 4	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

7. 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.

7.1. 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 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.

7.3. 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.

7.4 Research Project (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.

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

7.5. ***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.

WRITTEN ASSIGNMENT TUTOR FEEDBACK FORM
Psychotherapy Course in Transactional Analysis Psychotherapy from an Integrative Approach

Student's Name_____ **Date**_____

Marked By_____ **Grade**_____

	Percentage
1. ORGANISATION & PLANNING *(There should be a structured plan for the work with an introduction, development, middle and conclusion and the work should address the essay title.* *To be written in well-structured logical manner)* 15%	
2. STYLE & PRESENTATION **(***Assignments should be presented using either Times New Roman or Arial font, size 12 and double spaced, with pages numbered and named.* *To include a titled front page with the prescribed word count.* *Expression is fluent with no spelling or grammatical errors)* 15%	
3.. ARGUMENT & APPLICATION OF THEORY TO PRACTICE **(***Original and creative ideas should be developed and compared to other known theories, which are included and referenced, showing the application of theory to practice.* *Self-awareness to be shown by demonstrating an understanding of their own process, with appropriate application of the theory in relation to themselves and others, and providing evidence of personal experience – in synthesis with theory, and recognition of the transferential processes)* 30%	
4. THEORY & ANALYSIS (*Theory should be used to support the essay title. In addition, there should be practical links to the theory, therefore demonstrating a critical understanding of the subject.* *The work should show critical evaluation of the subject with an appreciation of key theories and their limitations. The cultural and political context of theories etc. should be accounted for taking into consideration ethics and diversity. A recognition of power and privilege, and an awareness of influences, values and belief systems, with the distinction between opinions and evidence, should be illustrated)* 30%	
5. RESEARCH AND REFERENCING (*Work should be referenced and include a Bibliography and Reference Section, using the Harvard Referencing System.* *References could be to course handouts, books, articles and web items and all must be accurately referenced with the original author.* *Direct and indirect quotations should be distinct and referenced appropriately, in order to avoid plagiarism)* 10%	
TOTAL	

November 2021

MARKING CRITERIA FOR WRITTEN ASSIGNMENTS
Psychotherapy Course in Transactional Analysis with an Integrative Approach

Student's Name_____ **Date**_____
Marked by_____ **Grade**_____

Each academic year will be marked in relation to developing knowledge and practice
1. ORGANISATION & PLANNING There should be a structured plan for the work with an introduction, development, middle and conclusion and the work should address the essay title. To be written in well-structured logical manner **(15%)**
2. STYLE & PRESENTATION Assignments should be presented using either Times New Roman or Arial font, size 12 and double spaced, with pages numbered and named. To include a titled front page with the prescribed word count. Expression is fluent with no spelling or grammatical errors. **(15%)**
3. ARGUMENT & APPLICATION OF THEORY TO PRACTICE Original and creative ideas should be developed and compared to other known theories, which are included and referenced, showing the application of theory to practice. Self-awareness to be shown by demonstrating an understanding of their own process, with appropriate application of the theory in relation to themselves and others, and providing evidence of personal experience – in synthesis with theory, and recognition of the transferential processes **(30%)**
4. THEORY & ANALYSIS Theory should be used to support the essay title. In addition, there should be practical links to the theory, therefore demonstrating a critical understanding of the subject. The work should show critical evaluation of the subject with an appreciation of key theories and their limitations. The cultural and political context of theories etc. should be accounted for taking into consideration ethics and diversity. A recognition of power and privilege, and an awareness of influences, values and belief systems, with the distinction between opinions and evidence, should be illustrated. **(30%)**
5. RESEARCH & REFERENCING Work should be referenced and include a Bibliography and Reference Section, using the Harvard Referencing System. References could be to course handouts, books, articles and web items and all must be accurately referenced with the original author. Direct and indirect quotations should be distinct and referenced appropriately, in order to avoid plagiarism **(10%)**
Grading Scale A. Excellent in most respects 80% - 100% B. Very good in most respects 65% - 79% C. Good in most respects 50% - 64% D. Defer 40% - 49% U. Fail - some aspects of the assignment need further work (see feedback sheet from marker) 0% - 39%

November 2021

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RESEARCH PROJECT TUTOR FEEDBACK FORM
Transactional Analysis Psychotherapy Course with an Integrative Approach

Student's Name_____ **Date**_____

Marked By_____ **Grade**_____

	A	B	C	D	U
1. ORGANISATION & PLANNING There should be a structured plan for the work with an introduction, development, middle and conclusion and the work should address the essay title. It should be submitted as one document, including all appendices and the transcript To be written in well-structured logical manner **STYLE & PRESENTATION** The project should be in Word format using either Times New Roman or Arial font, size 12 and double spaced, with pages numbered and named. To include a titled front page with the prescribed word count. Expression is fluent with no spelling or grammatical errors					
2. ARGUMENT & APPLICATION TO PRACTICE Original and creative ideas should be developed comparing those to other known theories which are included and referenced, showing the application of theory to practice. Self-awareness will be shown by demonstrating an understanding of their own process with appropriate application of the theory in relation to themselves and others. Providing evidence of personal experience – synthesis to theory and recognition of the transferential processes					
3. THEORY & ANALYSIS Theory should be used to support the essay title, in addition there needs to be practical links to the theory. Therefore, demonstrating a critical evaluation of the subject. Demonstrate a critical evaluation of the subject with an appreciation of key theories and their limitations. Recognition of the cultural, political context of theories etc. Consideration of ethics and diversity. There needs to be included recognition of power and privilege. Awareness of influences, values and belief systems, with the distinction between opinions and evidence					
4. RESEARCH & REFERENCING All work should be referenced and include a Reference section, using an agreed format - Harvard Referencing System. A bibliography and a referencing section to be as an appendix following the essay. Reference could be to course handouts, books, articles, web items and all must be accurately referenced with the original author. Direct and indirect quotations are distinct and referenced appropriately, in order to avoid plagiarism.					
Grading Scale A. Excellent in most respects B. Very good in most respects C. Good in most respects D. Satisfactory in most respects U. Unsatisfactory - some aspects of the research project need further work (see feedback sheet from marker)					

MARKING CRITERIA FOR RESEARCH PROJECTS

Psychotherapy Course in Transactional Analysis with an Integrative Approach

Student's Name _____ **Date** _____
Marked by _____ **Grade** _____

	A	B	C	D	U
1. ORGANISATION & PLANNING There should be a structured plan for the work with an introduction, development, middle and conclusion and the work should address the essay title. It should be submitted as one document, including all appendices and the transcript To be written in well-structured logical manner **STYLE & PRESENTATION** The project should be in Word format using either Times New Roman or Arial font, size 12 and double spaced, with pages numbered and named. To include a titled front page with the prescribed word count. Expression is fluent with no spelling or grammatical errors					
2. ARGUMENT & APPLICATION TO PRACTICE Original and creative ideas should be developed comparing those to other known theories which are included and referenced, showing the application of theory to practice. Self-awareness will be shown by demonstrating an understanding of their own process with appropriate application of the theory in relation to themselves and others. Providing evidence of personal experience – synthesis to theory and recognition of the transferential processes					
3. THEORY & ANALYSIS Theory should be used to support the essay title, in addition there needs to be practical links to the theory. Therefore, demonstrating a critical evaluation of the subject. Demonstrate a critical evaluation of the subject with an appreciation of key theories and their limitations. Recognition of the cultural, political context of theories etc. Consideration of ethics and diversity. There needs to be included recognition of power and privilege. Awareness of influences, values and belief systems, with the distinction between opinions and evidence					
4. RESEARCH & REFERENCING All work should be referenced and include a Reference section, using an agreed format - Harvard Referencing System. A bibliography and a referencing section to be as an appendix following the essay. Reference could be to course handouts, books, articles, web items and all must be accurately referenced with the original author. Direct and indirect quotations are distinct and referenced appropriately, in order to avoid plagiarism.					
Grading Scale A. Excellent in most respects B. Very good in most respects C. Good in most respects D. Satisfactory in most respects U. Unsatisfactory - some aspects of the research project need further work (see feedback sheet from marker)					

Grading Scale for Research Project

Grade Descriptor	Criterion Grade	Numerical Grade	Cut off points between grades
Excellent in most respects	**A**	**22**	**17.5**
Very good in most respects	**B**	**16**	**14.5**
Good in most respects	**C**	**13**	**12.5**
Satisfactory in most respects	**D**	**11**	**9.5**
Unsatisfactory, needs further work	**U**	**8**	**-**

How to mark using grading scale:

1. ***Assign a relevant grade (A-D, and U) to each criterion on the Marking Criteria Sheet***

2. ***Using the above table convert each alphabetical grade to a corresponding numerical grade***

3. ***Add them up and divide by 4 to get the average number***

4. ***Change the number back to a letter. This is the overall grade***

5. ***The last vertical column gives you the cut-off points between grades***

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8: MODULE DESCRIPTION

8.1 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**

   See table on next page for all training modules for each year.

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

Modules -Year 1	**Year 2**	**Year 3**	**Year 4**
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 Historonic Paranoid personality disorder.
Neuro Biology, Human development model and comparative approaches to psychotherapy, Introduction to clinical competencies	The Cathexis approach	Mental Health Module 3 days	Treatment of Paranoid personality disorder
Child developmental model, introduction to clinical competencies	The Relational Approach	Formal case study explained and audio recording 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

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

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.

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 - MIP/UKCP Code of Ethics

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 feedback with regards to their Internal/External Experience
- Theory (Didactic and experiential)

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

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 16** (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

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

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 feedback with regards to their Internal/External Experience
- Theory (Didactic and experiential)

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

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

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 feedback with regards to their Internal/External Experience
- Theory (Didactic and Experiential)

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.

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

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

Context:

This module naturally follows on from the previous module and focusses on the 3Ps which of course are important when thinking of script. The 3Ps Potency, Permissions and Protection, are fundamental to any security and safety for clients.

Another P which may be important to consider in this context is the purpose of punishment within script development and the consequences of the above.

Learning Outcome:
On completion of the module students will be able to

1. Understand the notion of the 3Ps within the clinical framework and to understand them in terms of script development.
2. How to use each concept ie Permissions, Protection and Potency, within the therapeutic relationship in the service of cure.
3. To explore the importance of the concept of punishment within script development.

Indicative Content:

* Creative adjustment
* Script

* Script enhancement
* Redecisions
* Defence mechanisms
* Resistance
* Child development
* Strokes
* Stroking profile
* Transactions

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 feedback with regards to their Internal/External Experience
Theory (Didactic and Experiential)

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.

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

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

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 feedback with regards to their Internal/External Experience
Theory (Didactic and Experiential)

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 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

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

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 feedback with regards to their Internal/External Experience
- Theory (Didactic and Experiential)

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 (3,000 words).

Reading list:

* TA Today - Ian Stewart & Van Joinnes

* Games People Play - Eric Berne 1964

* Transactional Analysis - 100 Techniques - Mark Widdowson

Year 1 Weekend 7

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

Context.

Following group feedback the tutor will introduce the Clinical Skills weekend and teach what is meant by active listening, staying behind the client, paraphrasing, inquiry, attunement, staying in contact with the client and involvement.

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:

- Active listening and paraphrasing
- Open and closed questions
- Contractual methodology
- Inquiry, Attunment & Involvement
- Explanation of an effective therapy session

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 feedback with regards to their Internal/External Experience
- Theory (didactic and experiential)

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

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 Automony –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

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

Year 1 Weekend 10

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

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.

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

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.
Organisation and management

- Evaluate their own appropriateness within their 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 feedback with regards to their Interna/External Experience
- Theory (didactic and experiential)

YEAR 2 MODULES

Year 2 Weekend 1

Module Title:	**Contracting and the ethical practitioner (supervision; assessment; placement; clinical skills and evaluation).**
Taught:	**1 weekend**
Credit Level:	**7**
Pre-requisite:	**Previous Core Modules**
Co-requisite:	**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 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
- MIP/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 feedback with regards to their Internal/External Experience
- Theory (didactic and experiential)
- Supervised practice in large group

Assessment

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

MIP/UKCP Ethics Code 2020

Year 2 Weekend 2

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

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 feedback with regards to their Internal/External Experience
Theory (didactic and experiential)

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

Assessment

2 essays (2000 words each)
Clinical Competencies

Year 2 Weekends 3, 6, 7, 9 and 10

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

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:
1. Identify the differing Approaches in Transactional Analysis
2. 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 feedback with regards to their Interna/External experience
- Theory (didactic and experiential)

Assessment
Assessment Weighting: 100% course work.
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

Key Concepts in Integrative Psychotherapy – Mary O'Reilly Knapp www.integrativepsychotherapy.com 2012

Theory of Relational Needs – Erskine 2015 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

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

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.

Assessment

Assessment Weighting: 100% course work.
Two assignments (2000 words)

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:

1. Advising on a student's clinical competencies strengths and weaknesses.

2. Making sure that each student practices within the training weekends their particular clinical competencies to the relevant standard.

3. Timing of the Completion of the Clinical Competency Module:

4. It is expected that the Clinical Competency requirements will normally be completed by the end of the 2nd year of training.

Mechanisms by which Clinical Competency is to be assessed:

1 Through reflective clinical endorsement

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.

Resources and Readings:

Clinical Competencies – Bob Cooke – You Tube 2014

Clinical Competencies Video MIP website 2012

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

Year 2 Weekend 8

Module Title:	**Equality, Diversity and Intersectionality.**
Taught:	**1 weekend**
Credit level:	**7**
Pre-requisite:	**Previous Core Modules and full attendance**
Co-requisite:	**Parallel Clinical Obligations and full participation**

Learning Outcomes:
The theme will be present throughout all of the training and is a prerequisite within any written work.

On completion of the module students will be able to:

- Understand what equality, diversity and intersectionality is.
- Recognise the need for equality and understanding of the 9 protected characteristics.
- Biases and prejudices
- Power dynamics
- Responsibility
- Terminology and language
- Where sexism and transphobia foster oppression

Classroom organisation and management:

* Evaluate their own appropriateness within and outside the classroom environment

* Handouts

Their own organisation and management of self:

* Evaluate their own prejudices and biases
* 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:

- 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.

Year 2 Weekend 11.

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

Learning Outcomes:

On completion of the module students will be able to:

1. 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.
   - Organisation and management
2. Evaluate their own appropriateness within the environment
   - Their own ability to learn
   - Their own organisation and management of self
3. Evaluate their peers' ability to work as part of a group
4. Evaluate their peers' ability to contribute and participate to the overall group learning experience
5. 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)

YEAR 3 MODULES

Year 3 Weekend 1

Module Title: **Contracting and Ethics; Using Supervision Effectively; Assessment; Placement; Clinical Evaluation.**
Taught: **1 weekend**
Credit Level: **7**
Pre-requisite: **Previous Core Modules**
Co-requisite: **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
- MIP/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 feedback with regards to their Internal/External Experience
- Theory (didactic and experiential)
- Supervised practice in large group
- Supervised peer practice in small groups

Assessment

Assessment Weighting: 100% course work.
Course Work Assignment:
1 x 3000 word written assignment

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

Module Title: **Transference and Counter-transference.**
Teaching: **1 weekend**
Credit Level **7**
Pre-requisite: **Previous Core Modules**
Co-requisite: **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

Year 3 Weekend 3

Module Title:	**Intersubjectivity**
Taught:	**1 weekend**
Credit Level:	**7**
Pre-requisite:	**Previous core modules**
Co-requisite:	**Done previous clinical obligations**

Context:

This module will focus on the subject of Intersubjectivity within the therapeutic domain/relationship.

Learning Outcomes:
On completion of this module students will be able to:

1 Understand the context and meaning of Intersubjectivity within the therapeutic setting.
2. Understand the history and development of Intersubjectivity from its genesis to modern day, with specific reference to the clinical world.
3. Critically assess the relevance of the concept to the student's experience both as psychotherapists and clients.

4. To understand the development and nuances of the concept of Intersubjectivity and the part it plays in the development of psychotherapy as a whole up to modern day thinkings.
5. To have integrated the understanding of Intersubjectivity with specific understanding of the “space” between the client and the therapist and how this understanding may affect overall “cure” and therapeutic development for clients and therapists alike.
6 To understand not only the subject of Intersubjectivity but how Intersubjectivity fits into Transference and Counter Transference implications with regards to clinical practice and therapeutic development.

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. This module is organised to provide for:

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

Assessment

* assessment waiting = 100% coursework
* coursework assignments
* entries in personal journals
* applied learning

Resources:

A Primer of Clinical Intersubjectivity by Joseph Natterson, 1995.

The Risk of Relatedness by Chris Jaenicke, 2007.

Psychodynamic Psychotherapy with Transactional Analysis by Anna Tangalo, 2015.

Between the Therapist and the Client by Michael Kahn, 1997.

One Hundred Key Points in Transactional Analysis by Mark Widdowson, 2009

Between Empathy by Richard Erskine, 2004.

Bob Cooke Youtube Channel (Book review and material with regards to Intersubjectivity).

Year 3 Weekends 4/5

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

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:

1. Identify their own characteristic Child and Parent Ego State presentation.
2. 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 feedback with regards to their Internal/External Experience
- Theory (didactic and experiential)
- Supervised practice in large group
- Supervised peer practice in small groups

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:
Assignment - end of year essay (3,000 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

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

Year 3 Weekend 6

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

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

Learning and Teaching 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 feedback with regards to their Interna/External experience
- Theory (didactic and experiential)

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

DSMR 5 2015

Year 3 Weekend 7 (3 days)

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

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 feedback. The module provides 21 hours contact time with the module tutor.

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

Assessment

A written project of 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 Slverman – 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.

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

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.

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.

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.

Assessment
Assessment Weighting: 100% course work.
Course Work Assignment:
A Research Project of 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.

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.

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.

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 finding are appropriately contextualised.

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.

TIMING OF RESEARCH PROJECT COMPLETION

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.

It is usual to submit the Research Project by 1st March in the 4th year.

APPROVAL OF INDIVIDUAL RESEARCH PROJECT

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.

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.

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

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.
- Quotations and references must be made clear using the Harvard System.
- a list of abbreviations (where uncommon abbreviations are adopted);
  NB.**Plagiarised work will be failed.**

The work should be professionally bound.
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.

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.

MECHANISMS BY WHICH RESEARCH-BASED PROJECT IS TO BE ASSESSED

1. The student will present a Research Project of 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.

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.

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.

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.

5 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.

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.

RESEARCH PROJECT – GENERAL INFORMATION

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

BINDING

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

Year 3 Weekend 8

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

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 12**.

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 12
- 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 feedback. The module provides 21 hours contact time with the module tutor.

Assessment

Trainees are required to successfully complete a 21 day mental health placement before the end of their training.
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

Module Title:	**Formal Case Study and Audio Recording Evaluation.**
Taught:	**1 weekend**
Credit level:	**7**
Pre-requisite:	**Previous Core Modules and full attendance**
Co-requisite:	**Parallel Clinical Obligations and full participation**

Context:

In this weekend the tutor will explain what the formal 5,000 word case study is (MIP Graduation) and also explain what the trainee/student will have to do to complete the requirement of the 10,000 word case study if they decide to go for UKCP registration after graduation.

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 audio recording 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 5,000 words case study and the format for the 10,000 case study if the student decides to go for registration after MIP graduation.

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)

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.

Module Title:	**Course Evaluation, Formal and Peer assessment.**
Taught:	**1 weekend**
Credit level:	**7**
Pre-requisite:	**Previous Core Modules and full attendance**
Co-requisite:	**Parallel Clinical Obligations and full participation**

Context:

Learning Outcomes:
On completion of the module students will be able to:

1. 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
2. Evaluate their own appropriateness within the classroom environment
   - Their own ability to learn
   - Their own organisation and management of self
3. Evaluate their peers ability to work as part of a group
4. Evaluate their peers ability to contribute and participate to the overall group learning experience
5. 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 feedback with regards to their Internal/External experience
- Theory (didactic and experiential)
- Supervision

YEAR 4 MODULES

Year 4 Weekend 1

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

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:

1. Students will have had an opportunity to discuss their research area and ethical considerations.
2. Students have an opportunity to identify and overcome practical implications regarding their research project.
3. Students will learn the intricacies of social media and advertising

Indicative Content:

- Research Ethical Framework
- Professional Code of Conduct

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 feedback with regards to their Internal/External Experience
- Theory (didactic and experiential)
- Supervision

Assessment

There is no formal assessment attached to this module

Year 4 Weekend 2

Module Title:	**Contracting; Supervision; Clinical Placement; and Evaluation.**
Taught:	**1 weekend**
Credit Level:	**7**
Pre-requisite:	**Previous Core Modules**
Co-requisite:	**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
- MIP/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 feedback with regards to their Internal/External experience
- Theory (didactic and experiential)
- Supervised practice in large group
- Supervised peer practice in small groups

Assessment:

Assessment Weighting: 100% course work.
Course Work Assignment:
End of year 5000 word case study.

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 to 9

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

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:
1. Diagnose and plan the treatment for a variety of Personality disorders
2. 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 feedback with regards to their Internal/External experience
- 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

Between Two Worlds – Mary O'Reilly Knapp 2010, www.integrativepsychotherapy.com

The Schizoid Personality Disorder – Erskine, 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.

Module Title:	**Course Evaluation, Formal and Peer assessment.**
Taught:	**1 weekend**
Credit level:	**7**
Pre-requisite:	**Previous Core Modules and full attendance**
Co-requisite:	**Parallel Clinical Obligations and full participation**

Learning Outcomes:
On completion of the module students will be able to:
1. 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
2. Evaluate their own appropriateness within the environment:
   - Their own ability to learn
   - Their own organisation and management of self
3. Evaluate their peers ability to work as part of a group
4. Evaluate their peers ability to contribute and participate to the overall group learning experience
5. 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 feedback with regards to their Internal/External experience
- Theory (didactic and experiential)
- Supervision

APPENDICES

APPENDIX 1

PERSONAL THERAPY

1. Personal development is fundamental to, and permeates the whole of the modular programme.

   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.

2. 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 is **not** included in the course fees. Students will pay for therapy directly to their therapist.

3. Primary Course Tutors will need to be informed by students as to the name and UKCP registration number of their therapist.

4. Students will be required to complete a therapy log, as a record of their therapy hours, up to 31st August each year, to be signed by the therapist, and handed over to the Primary Course Tutor.

5. 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 therapist, as such MIP will not request information regarding the content or nature of therapy from the student's personal therapist.

THERAPIST'S RECORD FORM

Please ask your therapist to complete this form in discussion with you.

Please return to M.I.P. for the attention of your trainer.

Thank you.

Trainee's Name: _____

Therapist's Name: _____

Therapist's since (date): _____

This is to confirm that: _____ is in regular ongoing therapy with me.

How many hours already achieved from beginning of this Academic Year?

Total = _____

Trainee's signature: _____ Date:_____

Therapist's signature: _____ Date: _____

Please note that you have up to August 31st to complete this form and send it back to MIP. At the end of each year MIP will ask for a copy of this form indicating where you are up to in terms of hours at the present time.

APPENDIX 2

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. Students need a minimum of 450 supervised client contact hours prior to UKCP registration. UKCP and MIP stipulate a ratio of one hours supervision to six client hours (1:6). Group supervision also reflects this ratio. Students are required to undertake 100 supervised placement hours. All supervision hours need to be with a UKCP registered Clinical Supervisor.

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.

5. MIP 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 Integrative Transactional Analysis Psychotherapy and Clinical Practice.

A clinical supervisor thus recommended by MIP will have likely met the following criteria:

5.1 Completed a professional training in Transactional Analysis psychotherapy.

5.2 Registered with the United Kingdom Council for Psychotherapy.

5.3 Completed a minimum of 3 years post qualifying clinical practice.

5.4 Completed an established and/or recognised training course in Clinical Supervision.

5.5 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.

5.6 The content of all supervision sessions is confidential. It is the responsibility of the student to explain the boundaries in confidentiality with their client in order to effect supervision. Supervisees are required to explain the same process with regards to recordings of client sessions. This is included in the written contract and should be adhered to within external placements.

6. MIP expects supervisors to complete a Mid Term report (after 50 placement hours) and an End Term report (after 100 hours). A blank copy will be given by the supervisee to the supervisor who will complete it and return it to the trainer via the supervisee.

APPENDIX 3

STUDENT RECORD OF PARALLEL OBLIGATIONS

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

Tutor's Name: ……..

Student's Name ……

Year 1

Number of Training Hours Achieved ……

Number of Personal Therapy Hours Achieved ..……

Essay Grades 1st …… 2nd …….

PDP Satisfactory ☐ Non Satisfactory ☐

Academic Hours (eg study/reading 20 per module) and examples ……
……..

Advanced Training Development hours and examples …….

……..

Any evolving issues from training group or tutor feedback forms and areas of growth?
……
……

Year 2

Number of Training Hours Achieved ……

Number of Personal Therapy hours achieved ..…..

Clinical Competencies Yes ☐ No ☐

Essay Grades 1st …… 2nd …….

Clinical Endorsement Achieved Yes ☐ No ☐

PDP Satisfactory ☐ Non Satisfactory ☐

Academic Hours ……..

Number of Advanced Training Hours …..

Number of Supervision hours …..

Number of Placement hours ..…

Comments (if any) ……..……

……..

Any evolving issues from training group and areas of growth?

……..

……..

Year 3

Training Hours ….

Personal Therapy hours ……

Essay Grades 1st …… 2nd …….

Number of Placement Hours …..

Number of Supervision hours …...

Supervision Reports Yes ☐ No ☐

PDP Satisfactory ☐ Non-Satisfactory ☐

Academic Hours ……

Number of Advanced Training Hours ……..

Research Proposal Submitted Yes ☐ No ☐

Comments (if any)

……..…

……..

Any evolving issues from training group and areas of growth?

……

……

Year 4

Training Hours …….

Personal Therapy hours ……...

Research Project Completed Yes ☐ No ☐

Number of Placement Hours …….

Placement Reports Yes ☐ No ☐

Number of Supervision Hours …..

PDP Satisfactory ☐ Non-Satisfactory ☐

Case Study Grade …..

Student successfully complete final stage Yes ☐ No ☐

Comments (if any) …….

……

Any evolving issues from training group and areas of growth?

……

……..

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 The 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.

APPENDIX 4

TRANSACTIONAL ANALYSIS PSYCHOTHERAPY TRAINING

Peer and Tutor Assessment Form

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?

APPENDIX 5

TRANSACTIONAL ANALYSIS PSYCHOTHERAPY TRAINING

Self Assessment and Goal Setting

Trainers/Supervisor's Name …….

Student's Name: ..... Date: ……

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

APPENDIX 6

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

Code of Ethics & Professional Practice

This code should be read in conjunction with the UKCP Code of Ethics and Professional Practice, and also the UKATA and BACP Codes of Ethics for further information/clarification if required.

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 will be revised periodically to ensure compatibility with the new Code of Ethics and Professional Practice of the United Kingdom Council for Psychotherapy (October 2019).

1. JURISDICTION

1.1 The Code applies to all categories of membership of MIP – Trainee, Graduate, Primary Course Tutors and visiting trainers – in the management of their professional responsibilities to clients, colleagues within MIP and the wider profession.

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, training or clinical services of MIP members.

2.2 Make clear and explicit the standards of professional practice of MIP members 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 exclusion 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 This is a professional relationship within which the welfare of the client is the therapist'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 therapist'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 Therapists 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 Therapists 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 Therapists should provide regular opportunities with the client 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 therapist. Should a therapist's professional assessment not accord with a client's decision to terminate, a therapist should facilitate termination in a manner that 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 Therapists must recognise the importance of a good relationship for effective therapy and be mindful of the power and influence this responsibility gives them. The therapist must act in a manner consistent with this recognition and not exploit clients in any way, for their own personal advantage or their own needs.

3.4.1 Therapists should not take money under false pretences – knowingly retaining a client, after therapy has ceased to be effective. Fees must not be changed 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 Therapists 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 therapist's responsibility to declare it and be prepared to work through the issues with the client.

3.6 Therapists 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.

3.7 It is the therapist's responsibility to manage any future relationship with the client, once the therapeutic relationship has ended. The therapist needs to be aware of potential exploitation and should take professional advice if they feel there is a possibility of boundaries being blurred.

4. CONFIDENTIALITY

4.1 Confidentiality is intrinsic to good practice. All exchanges between therapists and client must be regarded as confidential. Where a therapist has any doubts about the limits of confidentiality they 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 therapist may break confidentiality and take appropriate action.

4.3 When a therapist wishes to use specific information gained during work with a client, e.g. in a lecture or publication, the client's permission should be obtained and anonymity preserved. Clients should be informed that they have the right to withdraw consent at any time.

4.4 Therapists should provide a working environment which ensures privacy.

4.5 Therapists should not make trivialising comments about clients.

4.6 Therapists must maintain confidentiality after the completion of therapy.

5. CLIENT SAFETY

5.1 Therapists must take all reasonable steps to protect clients from physical or psychological harm during therapy.

5.2 When a client develops a medical condition, therapists should encourage the client to obtain advice from their doctor or other suitably qualified person. Therapists should obtain clients` permission before contacting other professionals, unless there are overriding safety, ethical or legal considerations.

5.3. Therapists must make provisions for clients to be informed in the event of the therapist's serious incapacity or death. Responsibilities will include management of a clinical will, confidential files and audio/video recordings.

6. SOCIAL MEDIA

Please refer to MIP's Social Media Policy.

7. INITIAL CONTRACTING

7.1 Contracts with clients, whether written or verbal, should be explicit regarding fees, payment schedule, holidays, cancellation of sessions by client or therapist. The length of therapy, referring on of clients and terminations, 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.

7.2 If requested by a client, therapists should provide information about their

qualifications and experience.

7.3 If requested by a client, therapists should refer clients to the MIP Codes of Ethics and Professional Practice and MIP Complaints Procedure.

7.4 Therapists must inform clients if they become aware of any relevant conflict of interest at the initial interview or at any subsequent stage of therapy.

7.5 Therapists are responsible for setting and monitoring the boundaries between a professional relationship and a social one, and for making such boundaries explicit to the client.

8. COMPETENCE

8.1 Therapists accept clients commensurate with their training, skill and supervision arrangements.

8.2 Therapists should pay attention to the limits of their competence. Where a therapist 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.

8.3 Therapists have a responsibility to maintain their own effectiveness and ability to practice. Therapists should not work with clients when their capacity is impaired for any reason.

8.4 Therapists should protect their own physical safety when engaged in therapy.

8.5 Therapists must secure professional insurance to protect themselves in the event of legal action being taken against them or against the owners of premises in which they work.

8.6 Therapists should have appropriate therapeutic and supervisory support to maintain ethical and professional practice.

9. SUPERVISION

9.1 Supervision provides a challenging and supportive context for therapists to share their work, enhance their practice and protect the client. Therapists should not practice without appropriate levels of supervision.

9.2 A therapist's supervisor should not be their therapist.

9.3 Therapists, together with their supervisors, share responsibility for maintaining a focus on supervision which is purposeful and relevant to the therapist's clinical practice.

10. CONTINUED DEVELOPMENT

10.1 Therapists 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.

11. RECORDS

11.1 Therapists should keep adequate client records which must be kept safely under secure conditions, in line with the GDPR.

11.2 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, if applicable
- information regarding significant medical problems
- ongoing case notes

11.3 Therapists must ensure that computer based records comply with the requirements of the Data Protection Act 2018 and their electronic equipment is registered with the I.C.O.

12 ADVERTISING

12.1 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. Therapists should refrain from claiming qualifications they do not possess.

12.2 Trainee Therapists should not describe themselves as a psychotherapist.

12.3 Therapists 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.

13. RESEARCH

13.1 Therapists are obliged to conduct any research in counselling and/or psychotherapy with ethical endeavour and to follow the UKCP and MIP guidelines for ethical practice in research.

14. LEGAL PROCEEDINGS

14.1 Therapists should be reasonably conversant with the legal implications of their work as psychotherapists, and have access to legal advice, and consult with their professional indemnity insurers.

14.2 A therapist of MIP 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 MIP and the UKCP.

14.3 Therapists 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.

15. RESPONSIBILITIES TO THE PSYCHOTHERAPY PROFESSION

15.1 Therapists should not accept anyone as a client if they are already the client of another counsellor/psychotherapist.

15.2 Therapists should conduct themselves personally and professionally in ways that promote the confidence of the general public in the professions of psychotherapy.

15.3 A therapist who is concerned about the professional conduct of another therapist, should discuss their concerns with this person. In the event that the matter cannot be resolved satisfactorily, it should be escalated to the Director who may then invoke the MIP Complaints procedure.

16. SAFEGUARDING

16.1 MIP strongly recommends that the needs of the individual is honoured, and promotes a pro-active safeguarding policy for children and vulnerable adults, when appropriate.

16.2 The therapist, when faced with safeguarding issues, will contact their own supervisor. When appropriate, a referral will be escalated to the local authority, the police and other professional agencies.

16.3 It is a requirement that every trainee and therapist who works with the general public has a DBS Certificate. This needs to be updated every 3 years.

16.4 When working with children, appropriate regular supervision by a child and adolescent specific supervisor must be in place.

16.5 All therapists working at MIP who have clients under 18 years of age, need to be in possession of a specific qualification or working towards qualification to work with children and young people. This qualification must be recognised by the UKCP and/or the BACP.

Please refer to MIP's Safeguarding Policy for further information.

continued over

17. PROFESSIONAL MISCONDUCT

17.1 Professional practice which falls short of the required standards may result in the termination of membership of MIP or termination of their services.

This policy will be reviewed regularly every 18 months and updated a minimum of every 36 months.

Last Reviewed & Revised April 2020

APPENDIX 7

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

CODES OF PRACTICE FOR TRAINERS AND TRAINING ESTABLISHMENTS

This document should be read in conjunction with the UKCP Code of Ethics and Professional Practice together with the requirements of the course programme in which a student trainee is engaged.

OBJECTIVES

The objectives of the Code are:

* To promote excellence in Integrative TA training and to ensure that this psychotherapy training is delivered to high professional standards.

* To provide trainers, supervisors and trainees with a Code of Practice within which to operate professionally and in accordance with the requirements of the UKCP/MIP, as directed, individually or collectively, as and when required.

1. INTERPRETATION

1.1 Trainer refers to all Manchester Institute for Psychotherapy Primary Course Tutors, Visiting Tutors 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 agreed to abide by the UKCP/MIP Code of Ethics and Professional Practice.

2. INTENTION

2.1 The Manchester Institute for Psychotherapy (MIP) endeavours 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 MIP.

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 apply. 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 accredited courses will be clearly set out and given to all trainees at commencement of the course.

4.2 Tutors/Trainers will be governed by the UKCP/MIP Code of Ethics and Professional Practice.

4.3 All trainers must attend regular MIP Trainers meetings, as specified by the Director.

4.4 Tutors/Trainers will respect the diversity and intersectionality of trainees and not discriminate on any grounds of difference whatsoever.

4.5 Tutors/Trainers must be aware of the existence of unconscious bias and how this may affect their training practice.

4.6 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 will not be tolerated.

5. CLINICAL PRACTICE

5.1 MIP 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 MIP will support trainees to make the client's best interest paramount and to maintain appropriate confidentiality.

5.3 Trainees who work with clients, on placement, 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 lockable, metal filing cabinet.

6.3 MIP will exercise responsibility and demonstrate a reasonable respect for existing arrangements when introducing changes to its course requirements.

6.4 All responsibilities of costs and fees will be explicit at the outset of training.

7. SUPERVISION

7.1 All Supervisors approved by MIP will have completed a formal training course in Clinical Supervision and will have had a minimum of three years experience in supervisory practice.

7.2 All Supervisors approved by the Manchester Institute for Psychotherapy will abide by the UKCP/MIP Code of Ethics, Professional Practice and Supervision Policy.

7.3 The Primary Course Tutor of 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 MIP.

7.4 Should the suitability of a trainee's continuation on the course come into question, it is the responsibility of the Director and the Primary Course Tutor to determine their ongoing attendance. In the event of a breach in the Code of Ethics and Professional Practice, the complaints procedure may be initiated and may lead to suspension or termination of training.

7.5 Trainers and supervisors may consult each other professionally about a trainee's professional development.

8. ASSESSMENT

8.1 MIP will publish the criteria and process of assessment for all its validated training courses, including the accreditation procedure.

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 should adhere to the MIP Dual Relationship Policy.

9.3 Trainers should respect clear boundaries in terms of tutor-trainee relationships.

9.4 MIP requires its trainees to monitor their relationships with each other with due regard to the heightened emotional vulnerability that is likely to occur during training workshops.

9.5 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 not disclosing personal and private information without consent, and by keeping records in a lockable, metal filing cabinet.

10.2 Trainer and trainees will establish a clear contract with regard to confidentiality. Such contract will be compatible with the UKCP/MIP Code of Ethics and Professional Practice (see UKCP Code of Ethics and Professional Practice Records and Confidentiality 18).

10.3 Trainers should make explicit to trainees the exceptional circumstances when confidentiality may be broken, ensuring there is a distinction between information pertaining to the training group and an individual's private and personal information.

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 and are encouraged to appreciate the differences and intersectionality of their trainees.

11.5 Trainers should be committed to developing their capacity for self awareness, especially with regard to prejudices and unconscious bias, so that they become increasingly able to value difference, diversity and intersectionality.

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 and Revised June 2021

APPENDIX 8

M.I.P CODE OF ETHICS FOR TRAINERS

The aim of the Code of Ethics for Trainers is:

* to establish and maintain standards for MIP trainers.

* to inform and offer protection to the public who attend training or are seeking to train at MIP.

1. Trainers should recognise the integrity, role and value of trainees, with regard to issues of race, origin, status, gender beliefs, sexual orientation and any other diversity aspect.

2. Trainers are responsible for establishing and maintaining appropriate boundaries between themselves and trainees, so that professional relationships are not confused with other relationships.

3. Trainers need to respect and adhere to the dual relationships section within the UKCP/MIP Code of Ethics and Professional Practice policy, ie not to work therapeutically with clients with whom they are actively involved in a substantial training role.

   For example – former trainees must not be accepted as therapeutic clients until a period of six months has passed for reflection and after consultation with a supervisor.

4. Trainers will ensure that all students have access to the student handbook, every MIP policy and procedures together with other relevant training manuals.

5. Trainers will not exploit their status, financially or sexually.

6. Trainers are expected to be members of MIP and to adhere to the UKCP/MIP's Code of Ethics and Professional Practice, as well as MIP'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 June 2021

APPENDIX 9

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

SUPERVISION POLICY

Definition of Supervision:

1. Supervision may be understood as a process conducted within a formal working relationship, in which a qualified or trainee psychotherapeutic practitioner presents clinical work, for relevant reflective exploration, to a designated Supervisor, group or peers for the purpose of learning how to enhance clinical effectiveness in a supportive and reflective way.

2. The primary purpose of Supervision is to enhance the professional development of the Supervisee so as to ensure best possible psychotherapeutic practice and safety for clients.

   The five main functions are:

   * **Education -** the continuing professional development of the skill, knowledge and practice of the Supervisee.

   * **Facilitation** - the co-creation of a learning environment that supports the development of reflective skills and fosters better practice.

   * **Support** - the encouragement and holding of the Supervisee through positive as well as difficult circumstances.

   * **Evaluation** - the assessment of ongoing development in terms of effective practice, the meeting of recognised standards and constructive feedback to develop learning.

   * **Gatekeeping** - the assurance for all stakeholders that Supervisees are adhering to good, fit, ethical practice, recognising where a Supervisee is working beyond safe, emotional and competency limits. In the case of trainees, this may include assessment of readiness to qualify or continuing training.

Addressing Difference and Diversity in Clinical Supervision

Equality and respect for all clients practice underpins the basic values of clinical work and Supervision.

Supervisors have a responsibility to be aware of their own issues of prejudice and stereotyping, and particularly to consider ways in which this may be affecting the Supervision relationship. Indeed, discussion of this is part of the Supervision process.

Supervisors need to be alert for any prejudices and assumptions that clinicians reveal in their work with clients and to raise awareness of these so that the needs of clients may be met with more sensitivity.

One purpose of clinical Supervision is to enable Supervisees to recognise and value difference. Supervisors have a responsibility to challenge the appropriateness of the work of a Supervisee whose own belief system interferes with the acceptance of clients.

Attitudes, assumptions and prejudices can be identified by the language used, and by paying attention to the selectivity of material brought to Supervision.

Modes of Supervision

The quality and respect for all clients practice underpins the basic values of clinical work and Supervision. MIP recognises a range of different modes of Supervision. It is for the Supervisor of each situation to determine the most effective mode to be adopted in each clinical situation. It may be that a range of modes are most effective in some areas of practice. It needs to be negotiated between those with responsibility for the management of the Supervision what form is most appropriate.

1. **One to One Supervisor/Supervisee**. This involves the Supervisor providing clinical Supervision on an individual basis for an individual clinician who is usually less experienced than the Supervisor.

2. **Group Clinical Supervision**. The Supervisor acts as the leader, takes responsibility for organising the time equally among all the Supervisees, and attention is usually concentrated on the work of each individual in turn.

3. **One to One Peer Clinical Supervision.** This involves two participants providing clinical Supervision for each other by alternating the roles of Supervisor and Supervisee. Typically, the time available for clinical Supervision is divided equally between them.

4. **Peer Group Clinical Supervision.** This takes place where three or more clinicians share responsibility for providing each other's clinical Supervision within the group. Typically, they will consider themselves to be broadly of equal status, training and/or experience.

5. **Live Supervision in Teams.** This takes place via video link and one-way screen in teams of two or more clinical trainees with specially trained Supervisors. The Supervisor holds accountability for the work undertaken with families, and is responsible for the different levels of interaction between therapist/family and team/therapist/family.

Remote Training

1. Where the supervision is of a trainee, the vast majority (ie more than 60%) of the supervised practice hours normally should be completed face to face. Exceptions to this should be negotiated and evidenced in writing by the OM.

2. In exceptional circumstances, e.g. Covid-19, face to face may not be possible so the supervision requirements may be negotiated by the organisational member and the trainee population.

MIP Register of Recognised Supervisors and Registered Training Supervisors

1. People on the register are as follows:

   * Are qualified psychotherapists registered with UKCP, and

   * Have completed a formal Supervision training or are being grandparented onto the UKCP list.

2. Please note MIP also has created a register of Registered Training Supervisors (RTSs) who undertake all group or individual supervision for students and trainees. RTSs would normally be those who either

   * Are already Recognised Supervisors, and

   * Have been qualified as a Psychotherapist for at least 5 years, and

   * Have been practicing as a Supervisor for at least 2 years.

3. MIP will verify and keep on file the current credentials of Recognised Supervisors and Recognised Training Supervisors and will update their registers every 3 years and forward these to HIPC.

4. MIP will inform HIPC where a Recognised Supervisor and Recognised Training Supervisor needs to be withdrawn from the MIP register and/or the UKCP register.

5. MIP will ensure that all Registered Supervisors and Registered Training supervisors comply with their Diversity & Equalities policies.

Routes onto the UKCP Register

1. Nomination for the UKPC register will be done by HIPC and will consist of Registered Supervisors and Registered Training supervisors on MIP's register.

2. MIP is responsible for compiling and forwarding the registers to HIPC who will then forward registrants to UKCP for inclusion in their central register.

Code of Ethics for Supervisors

The purpose of this Code of Ethics is to establish and maintain standards for supervisors at MIP and to inform and protect practitioners seeking supervision.

Supervisors shall be aware that the clauses below, and in other MIP policies, are not to be taken as fully inclusive, exclusive or definitive as to what may or may not constitute professional misconduct.

1. Professionalism

(a) All supervisors are expected to conduct themselves in their supervisory activities and associated responsibilities in ways that do not bring MIP into disrepute. This applies in their role as supervisors at MIP and any other professional or academic organisations.

(b) The primary purpose of supervision is to ensure that the supervisee is addressing the needs and safety of the client.

(c) Supervisors are reminded that the training status of MIP trainees continues until graduation or formal withdrawal from the course.

2. Equality and Diversity

Supervisors must recognise the value and dignity of supervisees, with regards to equality and diversity. Consideration of equality and diversity should underpin the basic values of psychotherapy and supervision.

3. Boundaries

(a) Supervisors are responsible for establishing and maintaining appropriate boundaries between themselves and supervisees, so that professional relationships are not confused with other relationships. In principle, the provision of supervision should be separate from the provision of psychotherapy.

(b) During supervision, when it seems appropriate that the supervisor engages in therapy with the supervisee, a clear contract must be negotiated for the duration of the exercise.

(c) Supervisors must not exploit supervisees financially, sexually, emotionally or in any other way.

4. Professional Development

(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 MIP and to maintain their own effectiveness, resilience and ability to work with supervisees. They are expected to monitor their own performance and to seek help and/or withdraw from their role as supervisor, whether temporarily or permanently, if their personal resources are compromised.

(c) It is mandatory for MIP Supervisors to be in supervision themselves.

5. **Confidentiality**

(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.

(c) All remote working must be undertaken on an encrypted platform, e.g. Zoom. All contracts about remote working must be mutually agreed by the supervisor and supervisee.

6. Supervisors, as members of MIP, are expected to adhere to the MIP Complaints Procedure in cases of alleged ethical misconduct.

7. If Supervisors wish to undertake academic and/or clinical research at MIP involving their supervisees, supervisees' clients, staff, colleagues, trainees or placement clients, they must seek permission from the Clinical Director.

This policy will be reviewed every 18 months and updated a minimum of every 36 months.

This policy is informed by MIP/HIPC/UKCP

Reviewed/Revised January 2021

APPENDIX 10

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

ACCREDITED PRIOR LEARNING (APL) POLICY

The underlining principle of APL is that all experiential learning can be quantified in terms of academic credit.

Accreditation of Prior Learning (APL) is a process through which an individual may be awarded credit for informal and formal learning experiences.

This includes recognition of learning from personal and professional life experiences, existing strengths, previous courses etc.

What does APL involve?

* Assessment of an applicant's existing knowledge, with evidence, in relation to the course requirements.

APL procedure following initial application:

1. Applicant presents a portfolio of work and a 2,000 word essay to the Course Director.

   A portfolio of work could include:

   * work experience in counselling
   * formal and informal education
   * independent study, eg. evidence of CPD
   * other relevant experiences
   * references

   The essay must be on a counselling/therapy-related topic.

   Criteria:

   * The topic is addressed in a lucid, relevant, rigorous and coherent way.
   * The essay is well-structured with themes/ideas/issues developed in a logical and consistent way.
   * There is evidence of personal experience with reference to relevant literature.
   * Clear use is made of appropriate concepts to analyse and critique their experiences and issues.
   * There needs to be evidence of a level of self-awareness.
   * Clear distinctions between evidence and opinion should be maintained.
   * The conclusion must draw together the main arguments enabling the reader to appreciate how these points have been reached.
   * Length of essay should be 2,000 words +/- 10%, not including reference list

2. Interview with the Course Director and a second trainer to consider the presenting portfolio, to ensure it meets the requirements of the APL policy.

3. If the candidate satisfies the above requirements, then they may be admitted to the programme for Year 2, 3 or 4 at the discretion of the Course Director.

4. In the event of a candidate failing to achieve entry, the Course Director would advise them on courses of study and appropriate experience that could be undertaken prior to the next application.

5. Registration must be for at least one academic year. This is due to the nature of the course in which processes, relationships and content need time to develop.

This policy is regularly reviewed every 18 months and updated a minimum of every 36 months if necessary.

Last revised March 2021

APPENDIX 11

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

CONFLICT OF INTEREST POLICY

All staff, directors and committee members of the Manchester Institute for Psychotherapy will strive to avoid any conflict of interest between the interests of MIP on the one hand, and personal, professional and business interests on the other.

The purpose of this policy is to protect the integrity of MIP's decision-making process and the integrity and reputation of staff, directors, committee members, trainers, trainees and members of the public.

Examples of conflict of interest include:

1. A committee member who sits on two committees where one committee may be making decisions which would have an impact on the work of the other committee. Where possible, members of MIP should only occupy a seat on one committee of the organisation or have only one named role.

2. A committee member who is related to a member of staff and there is a decision to be taken on staff pay or conditions.

3. A committee member who has a personal relationship with another member which may influence their views of the professional standing of that member, e.g. it would not be appropriate for a Quality & Ethics Committee member to be on an investigating panel of a colleague or friend.

4. A committee member who has an active role in another organisation which may be in competition with MIP, for example in recruitment of members or funding of posts.

5. A committee member who has shares in a business that may be awarded a contract to do work or provide services for MIP.

6. Committee members may attend other committees; however, if there is a conflict of interest with regards to specific proposals discussed, the member will step down for that particular proposal and area of discussion.

Any committee member who suspects a conflict of interest should make it known to the chair and be prepared to remove themselves from the role.

Upon appointment, each committee member will make a full and transparent disclosure of interests, such as relationships and posts held, that could potentially result in a conflict of interest. Such potential conflicts of interest should be reviewed within the committee periodically.

Committee members must be transparent about any transactions or decisions in which there may be a conflict of interest between MIP's best interests and those of the member, or any organisation the member is involved in.

In such situations, a member will then agree as follows: “After disclosure, I understand that I will be asked to leave the room for the discussion and will not be able to take part in the decision.”

Any such disclosure and the subsequent actions taken will be noted in the minutes.

This policy is meant to supplement good judgement. Staff, directors, management, committee members, trainers and supervisors should respect its spirit as well as its wording.

This policy is regularly reviewed every 18 months an updated a minimum of every 36 months

Revised March 2021

APPENDIX 12

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.

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)*

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).

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

(ii) Completion of Theoretical Workshop

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

3. Students are required to submit a written report on the mental health placement prior to the submission of the case study and audio recording transcript in the Independent Studies Stage (*Exam Prep Group*).

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

5. 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 student's 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: ……..

APPENDIX 13

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:

II. 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

iii. Personal Issues

What personal issues/challenges have emerged as figure during the module

iv. Future Directions

Identify some possible future directions in your personal work that would assist your professional development:

v. 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

vi. Resources

Please comment on Learning Resources available (e.g. bibliography, articles/book chapters, tutor notes etc).

APPENDIX 14

WRITING YOUR ASSIGNMENT AND SUBMISSION DEADLINES

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 where appropriate, e.g. the student submitted the coursework, instead of her/his coursework.

   (a) Make use of plurals, e.g.

   - they instead of he
   - their instead of his
   - them instead of him

   (b) Make use of both male and female pronouns, e.g.

   - he or she, instead of he

   (c) Avoid sex-specific references unless relevant, e.g. psychotherapist, instead of *female* psychotherapist.

   (d) 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:

1. The Learning Outcomes associated with the relevant Module.

2. Assessment Criteria associated with the method of assessment; see assessment criteria forms 2A, 2b, 2C.

3. Be aware of the assessment criteria when planning and writing your 10%. In order to obtain a Pass grade or above, ensure you meet the criteria as described.

4. Sources that are not referenced will be deemed to be plagiarised and the assignment will automatically fail.

5. For a 2,000 word essay at least 6 sources would be appropriate.

Developing a Critical Voice

It is important that students develop their own critical voice when writing an essay, description is not enough. Students need to be able to weigh up the pros and cons. If students simply write down all they know about a theory, with no attempt to evaluate, they will not achieve a good mark. Limitations and problems must be discussed with any theory. This can be achieved by reading and referencing other writers and their theories. In this way, students will develop their ability to evaluate and critique and thereby gain higher marks.

Assignment Extension

Assignment extensions are possible but only under extenuating circumstances. Extension requests should be made at least two weeks before the hand in date. Emergency circumstances will be considered. The normal extension period is for two weeks.

If the assignment is not sent in by the negotiated date above it will be deemed a Fail.

See Appendix 15 for the Assignment Extension Request Form.

What happens if my essay is deferred?

* You will be given 4 weeks to re-write your essay and submit it to your tutor.

* If you still defer that essay you will need to arrange a conversation with your tutor to discuss your continuance on the course.

* MIP will offer support and guidance with respect to adjustments so that the student is able to continue their studies at MIP.

* If the essay does still not meet the academic standard needed for a passing essay then MIP will organise an extraordinary meeting to see if the course is actually suitable for the student.

(See Appendix 70 - Academic Standards Policy).

Late Submissions

Late submissions are deemed as a Fail. The student will need to submit another assignment before the end of the academic year in order to progress onto the next academic year and gain a mark. There will be a charge for this.

APPENDIX 15

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

WRITTEN ASSIGNMENT EXTENSION REQUEST FORM

Name:

Primary Course Tutor: Year:

Essay 1 OR Essay 2

Nature of extenuating circumstances:
with supporting evidence, if applicable.
(If confidential, discuss with Primary Course Tutor)

Revised Due Date Requested:

……

Student Signature ……. Date ……..

Authorisation - to be signed by Primary Course Tutor

Signature …… Date ……..

Form to be sent to Course tutor and to MIP no later than 2 weeks before the deadline for handing in essays.

APPENDIX 16

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

PERSONAL LEARNING JOURNAL

Please include in your Personal Learning Journal the following evaluations and reflections on the course experience in terms of the following:

* Your thoughts, feelings and behaviours in terms of the course experience.

* Reflect on your ability to set learning objectives and monitor the extent to which they are achieved.

* Reflect on the development of your attitudes, values, knowledge and skills during the course.

* Explore and reflect on the personal and professional changes that you are making whilst on the course.

* Reflect on your willingness to share your experience spontaneously with other course members and Tutors.

* Reflect on your commitment to personal growth and development and how this has impacted your development on the course.

Please note that your Personal Learning Journal, which you should fill in on the Sunday or Sunday evening of each weekend, is for your private consumption only. It won't be assessed or evaluated. It is simply to help you to compete the required Personal Development Profile at the end of the year.

APPENDIX 17

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

PERSONAL DEVELOPMENT PROFILE TUTOR EVALUATION

If the student does not meet the required satisfactory criteria, please make a brief comment to support your assessment.

* Ability to set, review and evaluate personal development objectives:

  Satisfactory

  Non Satisfactory

* Awareness of self in relationships regarding Peers, Tutors and clients.

  Satisfactory

  Non-Satisfactory

* Level of participation on the course, and ability to reflect on their internal and external experience.

  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 is satisfactory, submitted and completed on time and demonstrates a high level of commitment to personal work.

  Satisfactory

  Non-Satisfactory

APPENDIX 18

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 supervisors 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, audio recording /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 then, 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

APPENDIX 19

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 sys 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.

APPENDIX 20

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 in 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. Audio recordings are stored with client notes and are erased following clinical supervision. Any audio recordings 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 confidentially must by 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 in 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

APPENDIX 21

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.

APPENDIX 22

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.

APPENDIX 23

ATTENDANCE AND PUNCTUALITY POLICY

All students must attain 100% attendance in any academic year. This is a UKCP requirement.

All students must be aware of the level of attendance and punctuality required by MIP, in order to support the student's competence in personal development, understanding of theory and the attainment of clinical competencies.

Students must attend all course modules. If they are unable to attend a module, they must attend that particular module in a subsequent year.

Students must achieve 80% attendance to progress to the next academic year. It may be necessary for students to re-take the year in which the modules were missed.

The Suspension and Exclusion Policy will be evoked for:

(a) Persistent lateness
(b) Inability to complete missed modules.

This policy will be reviewed every 18 months

Last revision January 2020

APPENDIX 24

DUAL RELATIONSHIPS POLICY

Dual relationships are those in which the Psychotherapist is acting in at least one other role besides their professional one with a client or student. For example, being both tutor and therapist to a student, or a therapist having a relationship with a client or student. Such relationships raise serious questions of conflict of interest, power imbalance, harassment and issues concerning trust and confidence. For this reason, MIP requires that with regards to all aspects of psychotherapy practice, including training contexts, dual relationships are prohibited.

In certain circumstances, e.g. visiting trainers running a group where their client is attending; or, dual relationships re. committee members and clients, these will require a level of mutual consent in terms of how this is managed.

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 provides a clear boundary around the client/therapist relationship with the purpose of protecting the possibility for in-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.

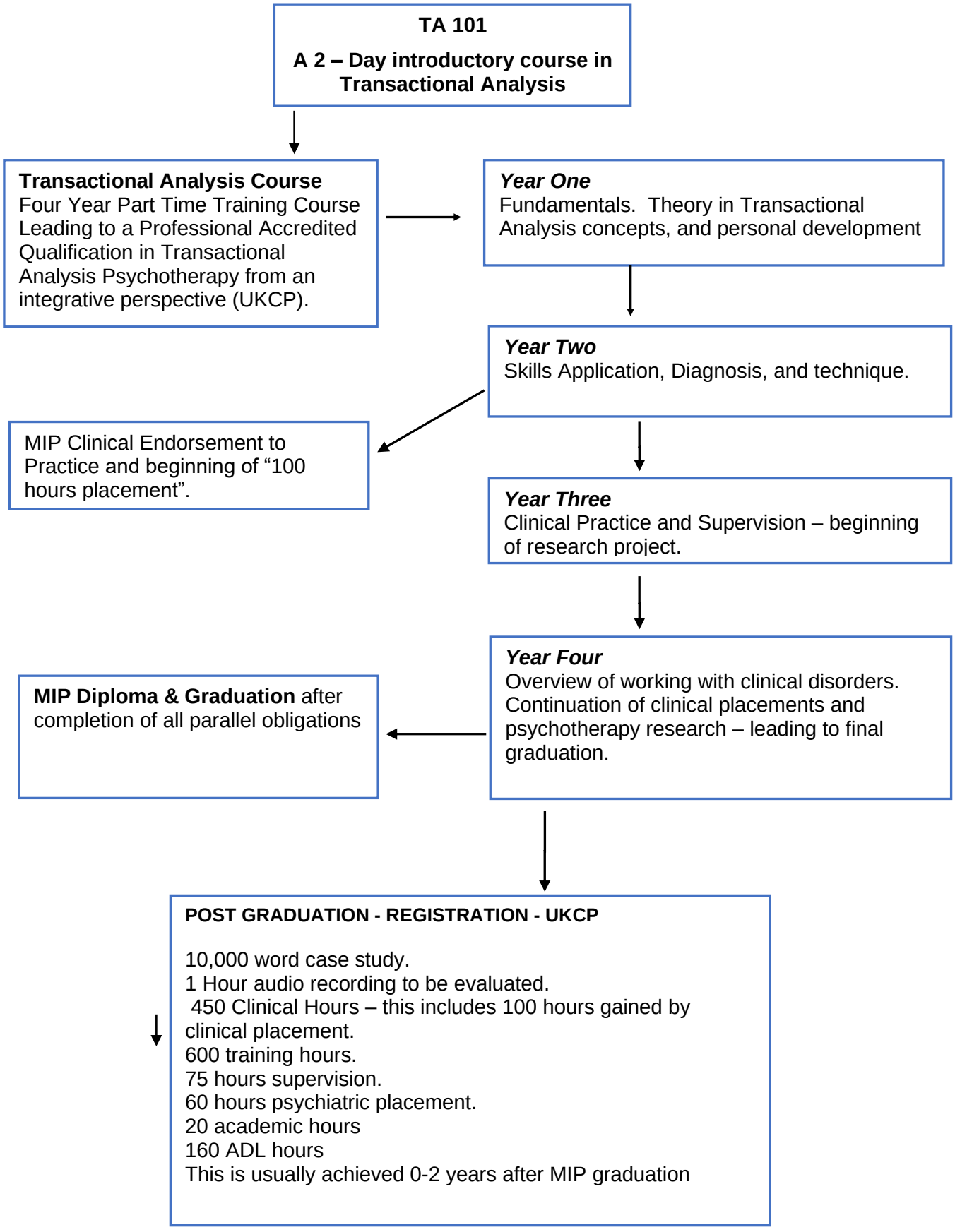
Where a complaint is upheld the therapist's/tutor's/supervisor's membership from MIP may be suspended or withdrawn, and UKCP informed.

This policy will be reviewed every 18 months

Last revised November 2020

APPENDIX 25

PSYCHOTHERAPY TRAINING PATHWAYS



Once registered with United Kingdom Council of Psychotherapy (UKCP) you will be placed on their register in the Humanistic Integrative Psychotherapy College section and you will be issued with a UKCP Psychotherapy accreditation.

APPENDIX 26

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 pathway explained below.

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 recording/video tape evaluation
- 600 training hours
- 160 therapy hours
- 450 clinical hours
- 100 hours clinical placement
- 75 individual supervision hours
- 130 ADL 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.

APPENDIX 27

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 ADL hours
* 20 academic study hours
* Satisfactory completion of all assignments - 5 x 2,000 word assignments
* Satisfactory completion of research project - 8-10,000 words
* Satisfactory completion of all personality development profiles (3,000 words each) x 4
* Satisfactory completion of all placement documentation - including clinical reports
* Satisfactory completion of a 5,000 word case study

APPENDIX 28

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.

Process

Part 1: Clinical case study of 10,000 words.

Part 2: An audio recording with a typed transcript

Part 1: Clinical Case study

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.

(a) **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?

(b) **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

(c) **Prognosis**

* Describe the present state of the treatment process and say whether you are still working with this client

* What is your prognosis?

(d) **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 audio 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 areas:

MARKING CRITERIA FOR THE PROFESSIONAL REGISTRATION WITH UKCP CASE STUDY (10,000 WORDS)

TUTOR FEEDBACK FORM

Student Name_____ **Date**_____

First Marked by _____ **Grade**_____

CRITERIA	**Percentage**
1. ORGANISATION & PLANNING *There should be a structured plan for Case Study with appropriate headings: e.g. an Introduction, therapy Process and conclusion.* 15%	
2. ARGUMENT & APPLICATION OF THEORY TO PRACTICE *An illustration of the therapeutic journey and process with clear links to theory underpinning the work presented*. 30%	
3. THEORY & ANALYSIS *Theory including the different schools should be used to support the Case Study rationale, in addition there needs to be practical links of the theory to specific areas of application.* 30%	
4. RESEARCH AND REFERENCING *All work should be referenced and include a Reference section, using an agreed format. Reference could be to course handouts, books, articles, web items. Diagrams to be represented accurately from the original theory and amendments highlighted.* 10%	
5. STYLE AND PRESENTATION *The Case Study 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%).* *15%*	
PERCENTAGE TOTAL	

November 2021

Part 2: Audio Recording and Transcript with Commentary

(a) Audio Recording

An 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 audio recording be your case study client.

The audio recording 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 audio recording of the whole session and it must not have been edited.

Sound 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 audio recording will not normally be too long.

It is particularly important that the audio recording demonstrates the student's work.

His/her interventions/comments will need to be heard, at frequent intervals throughout.

It is important to bear in mind that the audio recording is not meant to show a brilliant psychotherapist, and "flaws" may be commented upon constructively.

(b) 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, eg observations, speculations, personal reactions to the client, interventions and client's reaction, relevant theoretical reflection.

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.

Pages will be numbered consecutively at the bottom of the page.

(c) Assessment Criteria

From the audio recording 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, see below:

Marking Criteria for the Audio Recording
Psychotherapy Course in Transactional Analysis with an Integrative Approach

	A	B	C	D	U
1. **PROBLEM FORMULATION** (the ability to formulate the client's problem in terms of Transactional Analysis psychotherapy from an Integrative approach as demonstrated in the prologue)					
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 OF CONTACT BETWEEN PSYCHOTHERAPIST AND CLIENT** (including the awareness and availability of therapist's own process, transference and counter-transference)					
5**. PROFESSIONALISM** (therapist demonstrates an awareness of diversity, ethical, cultural issues and the limits of their own competence)					
6**. ANTICIPATION AND PREDICTIONS OF PSYCHOTHERAPY PROCESS** (ability to chart the direction of the psychotherapy which will be reflected in the prologue)					
7**. THEORY** (knowledge of significant aspects of Integrative Transactional Analysis psychotherapy theory)					
Grading Scale A. Excellent in most respects B. Very good in most respects C. Good in most respects D. Satisfactory in most respects U. Unsatisfactory - some aspects of the case study need further work (see feedback sheet from marker)					

Student's name_____ Date_____
Marked by _____ Grade_____

Preparing Audio Recording

Choice of Audio Recording

It is important that the audio recording demonstrates the trainee's work. Hisher intervention/comments will need to be heard at frequent intervals throughout.

It is important to bear in mind that the audio recording is not meant to show a brilliant psychotherapist and "flaws" may be commented upon constructively.

Presentation

The audio recording will have a transcript typed on A4 paper and typed on the left hand two-thirds 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, 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 organise the second marking of the completed works of the graduate with an independent marker.

* 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.

APPEALS

If your submission for accreditation was unsuccessful you have the right to appeal against our decision following the process below.

There are 2 grounds on which you can appeal:

1. If the assessment procedure has not been followed correctly, or
2. If your submission has not been fairly and properly assessed against the published criteria.

This policy will be reviewed every 18 months and updated a minim of every 36 months.

Reviewed January 2021

APPENDIX 29

RE-ACCREDITATION PROCEDURE FOR UKCP REGISTERED GRADUATES

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 informed 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.

Pathways for Re-accreditation

The individual member can opt to be reaccredited by their organisational members (OM) by direct membership. If they decide they no longer with to remain a member of their organisational member, direct membership is not a default category of membership but rather an opportunity to exercise individual choice to become registered directly with the UKCP (HIPC) and inform their OM of their change of membership status.

Transfer to become a direct member takes place at annual renewal via the UKCP website in the first instance. Subsequently, a member must register as a direct member (DM) via the HIPC Members website and the HIPC College Direct Member Committee will be responsible for processing their reaccreditation.

Members of the OM will follow the reaccreditation process in their organisation as indicated below.

Direct Members will follow the HIPC college procedures which are outlined on the HIPC college website once they have registered.

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 organisational 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 250 CPD hours over a five year period, normally with a minimum of 20 hours in any one year. This will be discussed in your Peer Review meeting with an understanding of how the work undertaken has contributed to your specific development as a therapist. (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.

J) Life - work balance - details of non-professional interests including details of any significant family or personal events over the last 5 years.

Professional Will Arrangements

The HIPC guidelines state "We recognise it as our professional responsibility to ensure that arrangements are in place for sudden long-term or permanent absence from work so that the clients' needs can be provided for". Therefore, in this submission please describe your present professional will documentation/arrangements.

Re-accreditation Procedure/Criteria

A) MIP, via the Reaccreditation Committee, will inform MIP graduates when they are due for reaccreditation. This will be done four to six months before the due date.

B) Members will choose a professional peer review group which should have a have a minimum of three members in addition to the member being reaccredited (UKCP or equivalent - ea BACP, BPC).). The suggested make-up of this peer review group is that it contains at least one member who is not familiar with the individual member's work and this member should sign the summary of the meeting.

It is strongly recommended that all individual members meet on an ongoing basis with peers for supervision/professional development/peer consultation, in addition to

their own individual supervision. It is suggested that the make-up of the peer review group is that it contains at least one member of their regular peer group.

C) The peer review 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 review group's processes and sends it to the MIP Re-accreditation Committee.

E) It is recommended that this peer review group will last three to four hours in totality for completion purposes.

F) If there is a lack of agreement within the peer review group concerning one of the members with regards to their evaluation or documentation, the chair of the peer review group will inform the chair of the Re-accreditation Committee as soon as it is possible to do so.

Final Outcome of the Above Procedure

The Re-accreditation 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

Re-accreditation Committee

The Re-accreditation Committee is made up of three representatives and meets once a year in July and if needed it may meet for a further date in January. All documentation from the peer review meeting be forwarded to the Re-accreditation Committee for consideration with regards to registration with the UKCP.

The three representatives will be made up of members of the Quality & Ethics Committee.

After completion of this stage the Director of Training will inform the UKCP of the candidate's name for formal registration.

APPEALS PROCEDURE

If your submission for re-accreditation was unsuccessful you have the right to appeal against our decision.

There are 2 grounds on which you can appeal:

1. If the assessment procedure has not been followed correctly, or

2. If your submission has not been fairly and properly assessed against the published criteria.

How to Appeal:

Appeals should be made in writing to the Chair of Re-accreditation Committee within 14 days of receiving the decision.

An “Appeals Panel” will be formed which includes the Chair of Re-accreditation Committee and at least two senior trainers/tutors/supervisors from MIP. The applicant may be invited to a face-to-face meeting. This process will be completed within one month of receiving the appeal letter. The Chair of the Appeals Panel holds authority and will make the final decision on any appeal.

Members not meeting requirement

Where there is evidence that a member is not meeting requirements for re-accreditation the person concerned will be provided with the reasons and given time to comment. Where it is appropriate, members will be offered advice intended to improve the chances of successful re-accreditation after subsequent re-accreditation.

If an individual refuses to submit the required information, or if it is determined that an individual has not met the requirements for reaccreditation, the organisational member (or the HIPC assessment board in the case of direct members) will provide a written report to the College Chair stating the basis on which the decision was made. The College Chair (or delegated responsible officer) will consider the report and make a decision. This decision will be final.

Where it has been established the requirements for reaccreditation have not been met, or if an application for reaccreditation is not received, despite requests, the member (either from an organisational member or direct member) will be referred to the UKCP registrar who will authorise an immediate and full audit of the member concerned by the UKCP membership team. Failure to meet audit requirements or to complete with UKCP audit constitute grounds for the member to be removed from the UKCP register.

This policy will be reviewed every 18 months and updated a minim of every 36 months.

Reviewed January 2021

APPENDIX 30

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:

APPENDIX 31

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

APPENDIX 32

MIP PLACEMENT APPLICATION FORM

Date of Completion of Form ……

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 seeing placement clients. MIP will help you with this. It takes approximately 3 weeks. Details on our website at https://mcpt.co.uk/category/disclosure-barring-system-dbs/

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 provide evidence of your experience and skills and what you will bring to the role of volunteer psychotherapist. Please refer to the enclosed Job Description. You can use your experience 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 of 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, <u>any failure to disclose such convictions could result in the withdrawal of approval to work within the Manchester Institute for Psychotherapy</u>.

Have you ever been convicted of a criminal offender, or are at present the subject of criminal charges? YES / NO

If YES, Please give details below:

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

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 on your Student Placement at the Manchester Institute for Psychotherapy (MIP).

1. Offer sessions (2-3 per week). Sessions are 50 minutes.

2. Be available at a regular time each week to provide psychotherapy..

3. Complete all relevant paperwork promptly (assessment, ongoing and ending paperwork).

4. Attend monthly individual supervision. Only in exceptional circumstances will you be able to miss these appointments. It is the responsibility of yourself to get individual supervision.

5. Keep appropriate psychotherapy boundaries with all client work.

6. Adhere to the UKCP – MIP Ethical Framework for Good Practice in all aspects of your psychotherapy for MIP.

7. Be aware of health and safety issues and inform the office staff of any hazards.

8. Know what to do in the event of a fire or other emergency evacuation at MIP.

9. Report any incidents to the office at MIP so that it can be documented in the incident book.

10. Complete all necessary client/student paperwork as required by MIP.

11. Report any safeguarding issues to the office or to the Safeguarding Lead which is Stephanie Cooke. Please do not wait for supervision to do this.

Please indicate below which day(s) of the week you will be able to do placements and the time you are available. For logistical reasons please give as many options as possible so that we can accommodate you as far as possible. You will be able to start at 9.00 am and go up into the evening until 8.00 pm.

Please note that the time allocated to you by MIP will be the same time that we keep you to for the duration of your placement.

1.

2.

3.

4.

5.

6.

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

EQUALITY AND DIVERSITY MONITORING FORM

The Manchester Institute for Psychotherapy wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential.

Please return the completed form in the envelope marked 'Strictly confidential' to the Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

Gender Male includes: trans male ☐ Female includes: trans female ☐
Non-binary ☐ Prefer not to say ☐
If you prefer to use your own term please specify here ……

Are you married or in a civil partnership: Yes ☐ No ☐ Prefer not to say ☐

Age

16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐
50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

What is your ethnicity
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐
British ☐ Gypsy or Irish Travellor ☐ Prefer not to say ☐

Any other white background, please write in : ……

Mixed/Multiple Ethnic Groups
White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐
Prefer not to say ☐ Any other mixed background please write in …….

Asian/Asian British
Indian ☐ Pakistani ☐ Bangladesh ☐ Chinese ☐ Prefer not to say ☐
Any other Asian background, please write in ……

Black/African/Caribbean/Black British
African ☐ Caribbean ☐ Prefer not to say ☐
Any other Black/African/Caribbean background, please write in ……

Other ethnic group
Arab ☐ Prefer not to say ☐
Any other ethnic group, please write in ……

Do you consider yourself to have a disability or health condition?
Yes ☐ No ☐ Prefer not to say ☐

What is your sexual orientation:

Heterosexual ☐ Gay woman/lesbian ☐ Gay man ☐ Bisexual ☐
Questioning unsure ☐ Asexual ☐ Pan sexual ☐ Queer ☐
Prefer not to say ☐

If you prefer to use your own term, please specify here …….
_____

What is your religion or belief?
No religion or belief ☐ Buddist ☐ Christian ☐ Hindu ☐ Jewish ☐
Muslim ☐ Sikh ☐ Prefer not to say ☐
If other religion or belief, please write in ……..
_____

What is your current working pattern?
Full time ☐ Part-time ☐ Prefer not to say ☐

What is your flexible working arrangement?

None ☐Flexi-time ☐ Staggered hour ☐ Term-time hours ☐
Annualised hours ☐ Job share ☐ Flexible shifts ☐compressed hours ☐
Homeworking ☐ Prefer not to say ☐ If other, please write in ……
_____

Do you have caring responsibilities? If yes, please tick all that apply:

None ☐ Primary carer of a child or minor dependant ☐ Primary care of partner, marriage, civil or other ☐ Primary carer of disabled adult (18 and over) ☐
Primary carer of elder person or parent ☐
Secondary carer (another person carries out the main caring role) ☐ Primary care of sibling ☐
Prefer not to say ☐
_____

STUDENT PLACEMENT HANDBOOK

(GENERIC)

February 2021

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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.

The Manchester Institute became a Training Organisation of the UKCP in October 2015 and a Training and Accrediting Member of the UKCP (HIPC) in 2017.

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, who treat clients with high regard and with confidence, in safety and confidentially.

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 each year enrols a new student intake group for a four year Diploma course which in turn leads to their registration as UKCP psychotherapists. To achieve this, they have to attend: 600 hours of tutor face to face teaching throughout the course; 40 hours of personal therapy each year; attend supervision for their client work; produce academic assignments - including a research project to a high calibre - attending a mental health placement - 80 hours; 160 hours ALD; 450 client contact hours.

In the December module of the second year trainees will undertake their clinical competency evaluation where their ability to work with clients is evaluated by their tutor. This is a robust and formal evaluation, which gives the successful student the Manchester Institute’s clinical endorsement to practice as a beginning practitioner, with guidance and supervision.

CLINICAL PLACEMENTS

After the clinical competency endorsement has been awarded by MIP, this will be a endorsement that the trainee is ready to apply for a placement either with MIP or with an external Placement Provider.

The trainee needs a minimum of 100 clinical hours with a placement provider by the end of the 4th year of training at MIP. This is one of the parallel obligations for graduation at MIP.

The 100 hours can be gained with one or more placement providers and it is expected that they will see two to three clients per week in order to gain hours required.

It is expected that the trainee will write a short case study (5000 words) on one of their placement clients. This will be assessed and is part of the parallel obligations for MIP graduation, and therefore needs to be submitted to the course tutor by April of the 4th year.

Trainees are required to keep a written record of their work, as may be required to 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.

Trainees 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. Approved supervisors will report to the Institute on a student's progress.

Please note that students will be required to have a UKCP supervisor, and if the placement provider does not provide the supervision the cost will be passed on to the student, usually £40-£50 per hour per month. It is the responsibility of the student to check that the supervision you have is UKCP recognised.

The programme takes responsibility for monitoring and evaluating a student's practice. A responsible person within the Placement Provider, 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 Placement Provider. Trainees are to be informed about the provision made by the Placement Provider for medical and psychiatric referral.

For employers and public liability purposes in accordance with insurance industry practice, agencies providing placements will regard a trainee as its employee while undertaking placement. Professional Liability by the Institute will cover all trainees in placement. In addition trainees will take out their own individual insurance.

Although the Placement Provider Co-ordinator and the Placement Provider 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 trainee.

Complaints or concerns about trainees 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-cum-Hardy,
Manchester M21 0BQ.
Telephone: 0161 862 9456
Email: bob@mcpt.co.uk

The Placement Provider shall provide trainees 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 co-ordinator for day-to-day liaison between Agencies and trainees. The co-ordinator will support the administration and the placements.

In the event that a trainee is considered by the Placement Provider to have breached any of its requirements, the Placement Provider 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 Placement Provider requirements or his/her attitude or performance is considered by the Placement Provider to render him/her unsuitable for work in the Placement Provider, then the Placement Provider shall have the absolute right to remove the trainee permanently from the Placement Provider. In view of the seriousness of such a decision this will be taken only at a senior level within the Placement Provider. In the event that a trainee subsequently proceeds against the Institute, by way of appeal or otherwise in respect of the removal from the Placement Provider, or its consequences for the student's registration with the Institute, the Placement Provider will provide all reasonable assistance to the Institute in dealing with the appeal or other action.

PSYCHOTHERAPY PRACTICE: GUIDANCE FOR TRAINEES

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 in placement. Formal client work during training on this programme does not start usually until March/April of the second year. Of course, it may start later according to which placement provider you are assigned.

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 of psychotherapy practice each week from the beginning of their placement, until they have completed the 100 hours.

Experience indicates that, in order to accommodate holidays, missed or cancelled appointments, sickness absence, etc. most trainees find it best to arrange 2-3 client appointments per week once their placement is underway.

Trainees, with support from their supervisor, are responsible for ensuring that they undertake sufficient psychotherapy placement practice, with regular supervision, both of which they record in their Professional Log, which is presented for evaluation at the end of their 4th year of training.

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 the training/supervision to discuss the best way forward with regards to recording and the best ways to deal with any issues surrounding this process.

However, it must be emphasised to trainees that it is essential that they have the agreement of their placement and their placement client to record. It is essential for this training that trainees make audio-recordings of their work which can then be used for supervision and for future evaluation within the training programme.

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 placement, it is necessary that the trainee is clear whether it is BACP supervision or UKCP supervision, or any other type of supervision which is offered.

As this programme is UKCP recognised, the trainee within the placement would need to have a UKCP supervisor. If this supervisor utilises any other supervision offered by the placement this will be counted as ALD hours in their supervision log, and as said previously in this handbook, they would to make sure that they have a UKCP supervisor with regards to their placement supervision.

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 placement.

There should be a clear agreement as to when and where placement 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.

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 trainees under considerable pressure in the final year.

ASSESSMENT OF CLIENT WORK (THE PROFESSIONAL LOG)

Trainees are required to keep a record of the clients they have seen during their psychotherapy placement and subsequent supervision sessions in their professional log.

This may be taken along to supervision for the supervisor to see. Supervisors vary as to how much they make use of the log. Other supervisors prefer 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 placement this would be discussed not only with the trainee but also with the tutors at any point during the training but certainly before the final 2 months of the training.

ROLE OF SUPERVISORS/PLACEMENT

Supervisors of the placement provider are expected to have experience of the supervisory and assessment role and understand the essential elements of a 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.

Reports and Reviews:

(1) Mid term review (half way through the expected term of placement - 50 hours).

(2) A final report when the trainee 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.

PROCEDURE FOR THE APPROVAL OF SUPERVISORS

To provide supervision within a Placement Provider 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.
- A humanistic orientation compatible with the programme's core model.

A trainee checks with the supervisor that he/she meets the above-mentioned criteria.

Please note if you are following the UKCP Pathway you must have supervision from a UKCP supervisor for your supervision hours to count.

PLACEMENT CLINICAL REPORTS

At the completion of the clinical work with each placement client, a report will need to be submitted to MIP and their respective supervisor within a **six week** timeframe.

Therefore, if the trainee over the period of 2 years has 4 different clients, 4 reports must be written. Two copies of each, one for MIP and one for their respective supervisor.

The report will include the trainee's view of the following in relation to each client the trainee has worked with.

* The Placement - for example, were you satisfied with the placement experience in relation to this client, were you supported and encouraged to work within your personal and professional scope of practice relevant to your current stage in the programme of training.

* Health and Safety Issues - for example, were there any safeguarding issues and how were they dealt with?

* Were there any issues with respect to the environment that you worked within and how did you deal with this?

* Did you identify any gaps in your learning or the support provided?

* Communication with the Placement Provider - what was the process of referral of clients to placement trainee, did you feel that the client assessment by the placement provider was based on your learning needs and experience? Did you feel the client was matched appropriately to you with regards to meeting their needs?

* Supervision, for example did you feel supported with regards to your Supervisor and how effective was your supervisory experience?

* With regards to your placement client how did you progress with your clinical skills and knowledge with this client? Were there any identified learning opportunities provided by the placement/supervisor to meet any gaps/needs in clinical skills or knowledge?

* What were the business and treatment Contracts that you first established with your placement client?

* Were the Contracts completed? If not, why not?

* What were the reasons given for your client's endings? Did you come to a natural end, i.e. when the contract was achieved?

* Was it an enforced ending and if so what were your reflections regarding the enforced ending.

* What was the placement client's prognosis with regards to future progress?

Length of Report

If the placement client only attended for up to six sessions, or less, the report needs to be maximum of **300-500 words.**

If the placement client's time duration with yourself is over six sessions then the report needs to be a maximum of **800-1000 words.**

Please note there is a **six week** rule with regards to completion of the report and providing the documentation to MIP and your relevant supervisor.

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 trainee cannot take copies of their paperwork out of the Placement Provider. 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 Placement Provider, which will be held in compliance with the data protection act.

All paperwork is to be considered confidential and all MIP and Placement Provider personnel will abide by the UKCP's Code of Professional Practice and Ethics.

Placement Provider 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 of that Placement.

If a recording contract is made with the client, then it must be held within the client files at the Placement Provider, the trainee 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.

Audio recordings are to be labelled in a non-identifying manner and they are to be stored and kept safe by the trainee. 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 towards 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.

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

…….

Tel. No. ……..

Doctor's name and address/phone number

…….

……Tel No. ……...

Details of any medication

Family History (Parents/siblings/children/significant others)

Reason for attending

Outcome required/other information

AUDIO RECORDING CONTRACT

I, ……. ……. have been asked to give my consent for audio recordings of my sessions with ……. to be recorded.

I understand that this is ordinary for trainees 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 audio 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 audio recordings, keeping them safe and secure. This includes the use of passwords if the recordings are kept on a memory stick, pc or laptop and registered with the ICO.

I understand that the audio 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.

Three way contract between the Manchester Institute of Psychotherapy, the Placement Provider and the Student

This is a three way contract for therapy between the Placement Provider, 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, e.g. 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 Placement Provider and MIP paperwork and filing notes on sessions.
* Report to the Placement Provider 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 Placement Provider.

The Placement Provider 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.
* A minimum of one session to be 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 Placement Provider.
* Recordings/Questionnaires completed may be 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 ……

Placement Provider

Client: I …… Have read and understood the contract

Signature ……

Date …….

Student: I ……. Have read and understood the contract. I will abide by the MIP Code of Ethics and Practice and the practice of the Placement Provider

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 Placement Provider 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.

MIP/PLACEMENT PROVIDER SUPERVISOR'S REPORT

MID TERM REVIEW / END OF PLACEMENT REVIEW

(*delete as appropriate)

Date of report ……..

Supervisor ……

The trainee …..... 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

Date of report ….....

Supervisor.....

The Trainee ……

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

Page 3 of 3

Date of report …… Trainee ……

Supervisor ……..

Ability to self monitor

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 trainee identified 'growing edge' was

…….....

In their practice they have worked in this area (assessment and example)

Signature of Supervisor..... Date.....

Signature of Trainee ….....Date ….....

Signature of Year Tutor..... Date ….....

When completed and discussed with the student, the trainee will make two copies, MIP files to hold one, Supervisor/Placement Provider 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/ALD 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/ALD 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 ……

UKCP CODE OF ETHICS AND PROFESSIONAL PRACTICE

Ethical principles and Code of Professional Conduct adopted by the Board of Trustees in 2019

This Code contains the standards of ethics, practice and conduct which UKCP expects of all practitioners, and which must be followed whatever your modality of practice and whether you meet clients in person, online or otherwise.

The term 'practitioner' means an individual UKCP registrant who practises psychotherapy or psychotherapeutic counselling.

The term 'client' includes individuals, couples, families or groups who engage in psychotherapy or psychotherapeutic counselling.

Should a concern arise about a practitioner's practice, it is against these standards that it will be judged under the Complaints and Conduct Process.

The practitioner commits to engage with the challenge of striving for ethical practice and conduct, even when doing so involves making difficult decisions.

In the numbered points below, we set out the things we regard as key to ethical practice and have grouped them under these headings:

- Best interests of clients
- Professionalism
- Communication and consent
- Records and confidentiality
- Professional knowledge, skills and experience
- Social responsibility
- Trust and confidence

As a practitioner you must:

Best interests of clients

1. Act in your client's best interests.
2. Treat clients with respect.
3. Respect your client's autonomy.
4. Not have sexual contact or sexual relationship with clients.
5. Not exploit or abuse your relationship with clients (current or past) for any purpose including your emotional, sexual or financial gain.
6. Not harm or collude in the harming of your client or the clients of others.

Professionalism

7. Decline any gifts, favours, money or hospitality that might be interpreted as exploitative.
8. Be aware of the power imbalance between the practitioner and client, and avoid dual or multiple relationships[1] which risk confusing an existing relationship and may impact adversely on a client. If a dual or multiple relationship is unavoidable, for example in a

small community, take responsibility for clarifying and managing boundaries and protecting confidentiality.

9. Exercise all reasonable care before entering into a personal or business relationship with former clients, taking into account the time that has elapsed since therapy ended. Should such a relationship prove to be detrimental to the former client, you may be called to answer an allegation of misusing your former position.
10. Recognise that your behaviour outside your professional life may have an effect on your relationship with clients and take responsibility for critically examining these potential negative or positive effects to the benefit of the client.

Communication and consent

11. Provide in your advertising, and on request, a clear and honest statement of the qualifications relevant to your field of practice and your UKCP registration, and advertise your services accurately and in a responsible and professional manner, without exaggeration.
12. Ensure that the use of title such as “Doctor/DR” and post nominal initials after a name in communications are: accurate; indicate whether it is a medical or academic qualification; and reasonably informs the public of their relevance to the practice of psychotherapy.
13. Not make any claims which you cannot demonstrate to be true or include testimonials from clients in any advertising.
14. Explain to a client, or prospective client, your terms, fees and conditions and, have information readily available to clarify other related questions such as likely length of therapy, methods of practice to be used, the extent of your own involvement, complaints processes and how to make a complaint, as well as arrangements for referral and termination of therapy.
15. Confirm each client’s consent to the specifics of the service you will offer, through a clear contract at the outset of therapy. We do not specify a written contract but in the case of any conflict a clear written contract supports both the client and yourself. Help clients to understand the nature of any proposed therapy and its implications, what to expect, the risks involved, what is and is not being offered, and relevant alternative options.
16. Not intentionally mislead a client about the type or nature of psychotherapy practised.

[1] Such relationships could be social or commercial relationships between practitioner and client, or a supervisory or training relationship running alongside the therapeutic one.

17. Only participate in research about clients with clients’ verifiable and informed consent before the commencement of therapy and research, clarifying the nature, purpose and conditions of any research in which clients are involved and in accordance with relevant codes and guidance. Pay particular attention to any additional guidance or special considerations which may apply to specific groups, such as children and young people.

Records and confidentiality

18. Respect, protect and preserve clients’ confidentiality. You must protect sensitive and personally identifiable information obtained in the course of your professional work.
19. Safeguard the welfare and anonymity of clients when any form of publication of clinical material is being considered and to always obtains your 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.

20. Make notes appropriate to the modality of therapy being practised, and keep records which are accurate, legible and timely. Keep clients' information confidential, subject to legal and ethical requirements, and discuss it only within appropriate professional settings.
21. Notify clients, when appropriate or on request, that there are legal and ethical limits to confidentiality, and circumstances under which confidential information might be disclosed to a third party.
22. Consider obtaining legal and ethical advice in relation to providing information for judicial or administrative proceedings, and as to the potential impact that this could have on the commitment of confidentiality to the client, even when client consent is given.

Professional knowledge, skills and experience

23. Offer only the forms of therapy in which you have had adequate training or experience.
24. Understand the limits of your competence and stay within them in all your professional activity, referring clients to another professional when appropriate. This includes recognising that particular client groups, such as children and families, have needs which not all practitioners are equipped to address.
25. Ensure ability to practise by securing supervision and ongoing professional education and development sufficient to meet the requirements of UKCP, its modality colleges and its organisational members.
26. Ensure that you do not work with clients if you are not able to do so for physical or mental health reasons, or when impaired by the effects of drugs, alcohol or medication.
27. Make considered and timely arrangements for the termination of a therapeutic relationship, or if you are unable to continue to practise, ensuring that clients are informed and alternative practitioners are identified where possible.
28. Have arrangements in place for informing clients and, where appropriate, providing them with support in the event of your illness or death.

Social responsibility

29. Actively consider issues of diversity and equalities as these affect all aspects of your work and acknowledge the need for a continuing process of self-enquiry and professional development.
30. Not allow prejudice about a client's sex, age, colour, race, disability, communication skills, sexuality, lifestyle, religious, cultural or political beliefs, social economic or immigration status to adversely affect the way you relate to them.
31. Avoid behaviour that can be perceived as abusive or detrimental to any client or colleague based on the above factors.

Trust and confidence

32. Act in a way which upholds the profession's reputation and promotes public confidence in the profession and its members, including outside of your professional life as a UKCP practitioner.
33. Maintain an awareness of, and comply with, all legal and professional obligations and UKCP polices which apply to your practice.
34. Ensure that any communication in which you take part, and in particular your participation in social media, is carried out in a manner consistent with this Code.

35. Safeguard children and vulnerable adults, recognising your legal responsibilities concerning their rights and taking appropriate action should you consider any such person is at risk of harm.
36. Ensure that you are familiar with and understand UKCP's published policies and guidances, in particular those on Safeguarding and on the Memorandum of Understanding on Conversion Therapy[2].
37. Challenge questionable practice in yourself or others, reporting to UKCP potential breaches of this Code, and activating formal complaints procedures especially where there may be ongoing harm to clients or you have significant grounds for believing clients to be at risk of harm.
38. Ensure that your professional work is adequately covered by appropriate indemnity insurance or by your employer's indemnity arrangements.

[2] These can be found on the UKCP website.

39. Co-operate with any lawful investigation or inquiry relating to your psychotherapeutic practice. Inform UKCP and any relevant organisational member if you are:
    a. Charged with a criminal offence;
    b. convicted of a criminal offence, receive a conditional discharge for an offence, or accept a police caution;
    c. disciplined by any professional body or membership organisation responsible for regulating or licensing a health or social care profession; or d. suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to your competence, health or practice of psychotherapy.

UKCP Registered office: 2 America Square, London, EC3N 2LU

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
Revised Date Submitted to Ethics Committee & 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
Adopted by the Board of Trustees and "live" from 1st October 2019

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 you as a 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:
……..……
……..

Contact Telephone Number: ……

Contact Email Address: ……...

Role: ……

Signature: ……

Date: ……....

Internal Placement Provider Supervisor:

Name: ……..…….

Contact Telephone Number: ……

Contact Email Address: ……

Signature: ……

Date: ……

OR

External 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 for the Trainee

The Manchester Institute For Psychotherapy

454 Barlow Moor Road Chorlton, Manchester. M21 0BQ
Tel: 0161 862 9456 • www.mcpt.co.uk • Email: bob@mcpt.co.uk

Bob Cooke BA T.S.T.A. Principal Director

APPENDIX 34

Manchester Institute for Psychotherapy

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:

Eg: Boundary issues, protection, self care, empathy

Maintaining Adult and staying in the here and now.

Contract Issues

continued over the page

Action Taken:

Signed - Director : _____ **Signed – Tutor : _____**

Date : _____

APPENDIX 35

Manchester Institute for Psychotherapy

STUDENT WEEKEND FEEDBACK FORM

Group Year _____

Module _____

Tutor _____

Date _____

Constructive feedback regarding training weekend:

1. **Learning from theory:**

2. **Learning from group process:**

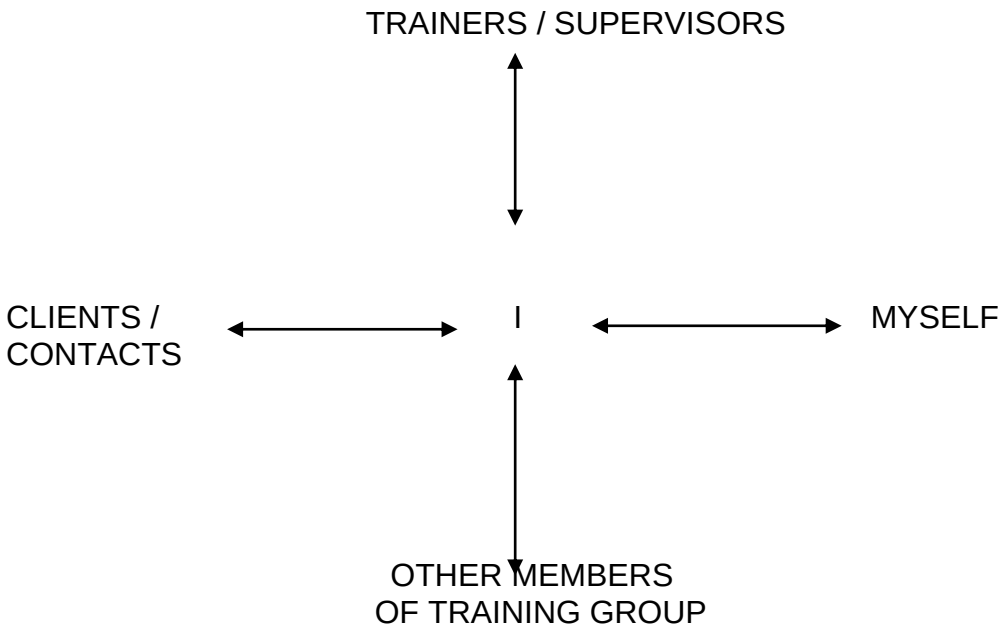
3. **Specific feedback to MIP:**

APPENDIX 36

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 a 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

APPENDIX 37

Manchester Institute for Psychotherapy

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?

Trainer Skills and Competencies				
Please complete the below for (Trainer's name)	**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 (Trainer's name)	**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?				

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?
Please give a brief evaluation of (visiting Trainer) - ONE
Please give a brief evaluation of (visiting Trainer) - TWO
Please give a brief evaluation of (visiting Trainer) - THREE

APPENDIX 38

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.

APPENDIX 39

GUIDELINES FOR STUDENTS WHO INTEND TO BEGIN THEIR PRIVATE CLINICAL PRACTICE ON COMPLETION OF THEIR 100 HOURS PLACEMENT

1. The student must ensure that they have completed their 100 hours clinical placement and that they have completed the necessary paperwork , ie written the necessary reports concerning the placement.

2. The student must ensure that their placement supervisor has completed the necessary report with regards to the student's placement and sent it into MIP.

3. The student's Supervisor needs to endorse the student with regards to their readiness and competency to begin seeing private clients.

4. In respect of this, the student's Supervisor will need to fill in the MIP paperwork with effect to the above.

5. The student's Supervisor also needs to indicate that they will continue being the student's Supervisor and support them in beginning their private practice.

6. The student needs to inform the trainer and MIP of the above.

7. Students must ensure that in all their advertising when starting up as a private clinician that they state they are in Advanced Training in Psychotherapy in the cause of transparency and authenticity.

8. Please note that students can't take previous placement clients into their new private practice until after graduation.

APPENDIX 40

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

MIP Register Recommended Supervisors

- ***** Bob Cooke
- * Stephanie Cooke
- * Janet Fengeros
- * Julia Tolley
- * Marilyn Wright
- * Ruth Birkebaek
- * Sarah Lekhi
- * Enid Welford
- * Pete Shotton
- * Jo Moores
- * Susie Hewitt
- * Karen Burke
- * Marie Naughton PTSTA
- * Sue Hampton PTSTA
- * Robin Hobbs TSTA

Updated October 2020

APPENDIX 41

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

MARKING CRITERIA FOR WRITTEN ASSIGNMENTS

Psychotherapy Course in Transactional Analysis from an Integrative Perspective

Student's Name_____ **Date**_____
Marked by_____ **Grade**_____

Each academic year will be marked in relation to developing knowledge and practice
1. ORGANISATION & PLANNING There should be a structured plan for the work with an introduction, development, middle and conclusion and the work should address the essay title. To be written in well-structured logical manner **(15%)**
2. STYLE & PRESENTATION Assignments should be presented using either Times New Roman or Arial font, size 12 and double spaced, with pages numbered and named. To include a titled front page with the prescribed word count. Expression is fluent with no spelling or grammatical errors. **(15%)**
3. ARGUMENT & APPLICATION OF THEORY TO PRACTICE Original and creative ideas should be developed and compared to other known theories, which are included and referenced, showing the application of theory to practice. Self-awareness to be shown by demonstrating an understanding of their own process, with appropriate application of the theory in relation to themselves and others, and providing evidence of personal experience – in synthesis with theory, and recognition of the transferential processes **(30%)**
4. THEORY & ANALYSIS Theory should be used to support the essay title. In addition, there should be practical links to the theory, therefore demonstrating a critical understanding of the subject. The work should show critical evaluation of the subject with an appreciation of key theories and their limitations. The cultural and political context of theories etc. should be accounted for taking into consideration ethics and diversity. A recognition of power and privilege, and an awareness of influences, values and belief systems, with the distinction between opinions and evidence, should be illustrated. **(30%)**
5. RESEARCH & REFERENCING Work should be referenced and include a Bibliography and Reference Section, using the Harvard Referencing System. References could be to course handouts, books, articles and web items and all must be accurately referenced with the original author. Direct and indirect quotations should be distinct and referenced appropriately, in order to avoid plagiarism **(10%)**
Grading Scale A. Excellent in most respects 80% - 100% B. Very good in most respects 65% - 79% C. Good in most respects 50% - 64% D. Defer 40% - 49% U. Fail - some aspects of the assignment need further work (see feedback sheet from marker) 0% - 39%

November 2021

APPENDIX 42

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

WRITTEN ASSIGNMENT TUTOR FEEDBACK FORM
Psychotherapy Course in Transactional Analysis from an Integrative Perspective

Student's Name_____ **Date**_____

Marked By_____ **Grade**_____

	Percentage
1. ORGANISATION & PLANNING *(There should be a structured plan for the work with an introduction, development, middle and conclusion and the work should address the essay title.* *To be written in well-structured logical manner)* 15%	
2. STYLE & PRESENTATION **(***Assignments should be presented using either Times New Roman or Arial font, size 12 and double spaced, with pages numbered and named.* *To include a titled front page with the prescribed word count.* *Expression is fluent with no spelling or grammatical errors)* 15%	
3.. ARGUMENT & APPLICATION OF THEORY TO PRACTICE **(***Original and creative ideas should be developed and compared to other known theories, which are included and referenced, showing the application of theory to practice.* *Self-awareness to be shown by demonstrating an understanding of their own process, with appropriate application of the theory in relation to themselves and others, and providing evidence of personal experience – in synthesis with theory, and recognition of the transferential processes)* 30%	
4. THEORY & ANALYSIS (*Theory should be used to support the essay title. In addition, there should be practical links to the theory, therefore demonstrating a critical understanding of the subject.* *The work should show critical evaluation of the subject with an appreciation of key theories and their limitations. The cultural and political context of theories etc. should be accounted for taking into consideration ethics and diversity. A recognition of power and privilege, and an awareness of influences, values and belief systems, with the distinction between opinions and evidence, should be illustrated)* 30%	
5. RESEARCH AND REFERENCING (*Work should be referenced and include a Bibliography and Reference Section, using the Harvard Referencing System.* *References could be to course handouts, books, articles and web items and all must be accurately referenced with the original author.* *Direct and indirect quotations should be distinct and referenced appropriately, in order to avoid plagiarism)* 10%	
TOTAL	

APPENDIX 43

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

MARKING CRITERIA FOR RESEARCH PROJECT

Psychotherapy Course In Transactional Analysis From An Integrative Approach

Student's name_____ **Date**_____

Marked by_____ **Grade**_____

	A	B	C	D	U
1. ORGANISATION & PLANNING There should be a structured plan for the work with an introduction, development, middle and conclusion and the work should address the essay title. It should be submitted as one document, including all appendices and the transcript To be written in well-structured logical manner **STYLE & PRESENTATION** The project should be in Word format using either Times New Roman or Arial font, size 12 and double spaced, with pages numbered and named. To include a titled front page with the prescribed word count. Expression is fluent with no spelling or grammatical errors					
2. ARGUMENT & APPLICATION TO PRACTICE Original and creative ideas should be developed comparing those to other known theories which are included and referenced, showing the application of theory to practice. Self-awareness will be shown by demonstrating an understanding of their own process with appropriate application of the theory in relation to themselves and others. Providing evidence of personal experience – synthesis to theory and recognition of the transferential processes					
3. THEORY & ANALYSIS Theory should be used to support the essay title, in addition there needs to be practical links to the theory. Therefore, demonstrating a critical evaluation of the subject. Demonstrate a critical evaluation of the subject with an appreciation of key theories and their limitations. Recognition of the cultural, political context of theories etc. Consideration of ethics and diversity. There needs to be included recognition of power and privilege. Awareness of influences, values and belief systems, with the distinction between opinions and evidence					
4. RESEARCH & REFERENCING All work should be referenced and include a Reference section, using an agreed format. - Harvard Referencing System. A bibliography and a referencing section to be as an appendix following the essay. Reference could be to course handouts, books, articles, web items and all must be accurately referenced with the original author. Direct and indirect quotations are distinct and referenced appropriately, in order to avoid plagiarism**.**					
Grading Scale A. Excellent in most respects B. Very good in most respects C. Good in most respects D. Satisfactory in most respects U. Unsatisfactory - some aspects of the research project need further work (see feedback sheet from marker)					

APPENDIX 44

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

RESEARCH PROJECT TUTOR FEEDBACK FORM

PSYCHOTHERAPY COURSE IN TRANSACTIONAL ANALYSIS FROM AN INTEGRATIVE APPROACH

Student's Name_____ **Date**_____

Marked By_____ **Grade**_____

1a. ORGANISATION & PLANNING (There should be a structured plan for the work with an introduction, development, middle and conclusion and the work should address the essay title. It should be submitted as one document, including all appendices and the transcript To be written in well-structured logical manner) **1b. STYLE & PRESENTATION** (The project should be in Word format using either Times New Roman or Arial font, size 12 and double spaced, with pages numbered and named. To include a titled front page with the prescribed word count. Expression is fluent with no spelling or grammatical errors)
2. ARGUMENT & APPLICATION OF THEORY TO PRACTICE (Original and creative ideas should be developed comparing those to other known theories which are included and referenced, showing the application of theory to practice. Self-awareness will be shown by demonstrating an understanding of their own process with appropriate application of the theory in relation to themselves and others. Providing evidence of personal experience – synthesis to theory and recognition of the transferential processes)
3. THEORY & ANALYSIS (Theory should be used to support the essay title, in addition there needs to be practical links to the theory. Therefore, demonstrating a critical evaluation of the subject. Demonstrate a critical evaluation of the subject with an appreciation of key theories and their limitations. Recognition of the cultural, political context of theories etc. Consideration of ethics and diversity. There needs to be included recognition of power and privilege. Awareness of influences, values and belief systems, with the distinction between opinions and evidence)
4. RESEARCH AND REFERENCING (Assignments should be presented using either Times New Roman font, or Arial font, size 12 and double spaced, with pages. numbered and named. Word count is adhered to. Expression is fluent with no spelling and grammar errors. To be written in well-structured logical manner)

APPENDIX 45

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

GRADING SCALE FOR RESEARCH PROJECT

Grade Descriptor	Criterion Grade	Numerical Grade	Cut off points between grades
Excellent in most respects	A	22	17.5
Very good in most respects	B	16	14.5
Good in most respects	C	13	12.5
Satisfactory in most respects	D	11	9.5
Unsatisfactory, needs further work	U	8	-

How to mark using grading scale:

1. **Assign a relevant grade (A-D, and U) to each criterion on the Marking Criteria Sheet**
2. **Using the above table convert each alphabetical grade to a corresponding numerical grade**
3. **Add them up and divide by 4 to get the average number**
4. **Change the number back to a letter. This is the overall grade**
5. **The last vertical column gives you the cut-off points between grade**

APPENDIX 46

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

CO-RESEARCH CONSENT FORM

I agree to be interviewed about my personal experience of:

_____

I consent to this interview being audio-taped. *(see below for conditions)*

Audio Recording and Transcript Conditions:

* 90 minutes audio recording carried out by researchers to be destroyed after analysis.

* Researcher will write a research project based on this 90 minutes audio recording.

* All written documents will be anonymised.

* Content of research project may be shared with fellow co-researchers from MIP.

* Copies of the research project will be kept in the MIP Library, subject to the permission of the co-researcher.

The interview will be transcribed and this will form the basis of data which will be analysed as part of a research project for the researcher's training as a psychotherapist. The final research project will be read by the Research Co-ordinator and all details will remain strictly confidential.

I understand that this interview will be conducted in accordance with ethical standards laid down by the Manchester Institute for Psychotherapy (in line the United Kingdom Council for Psychotherapy Ethical Committee Report *Ethical Guidelines for Research, July 1997*).

I understand this to mean that:

1. I have the right to withdraw from the interview at any point and I can refuse to answer any questions which might make me feel uncomfortable.

2. The interviewer will do all he/she can to treat me with respect, care and sensitivity.

3. I can make a choice about confidentiality. If I so choose, the contents of this interview will be kept entirely confidential. this will be no record of my name anywhere (a pseudonym will be used). Everything I say will remain anonymous.

4. I will have access to the transcript of the interview and I have the right to ask that any data (recording and transcript) be destroyed after it has been analysed.

5. I have the right to ask for particular quotes not to be used in any published work.

Other conditions agreed:

* This interview will be conducted in accordance with ethical standards as laid down by MIP and UKCP (*ethical guidelines for research 2019).*

* The co-researcher will remain anonymous.

Signed - Co-Researcher (interviewee) …… Date ……...

Signed - Researcher (interviewer) …….. …. Date …….....

Signed - Research Co-ordinator ……..…. Date …….

APPENDIX 47

SECOND MARKER FORM

Name of Second Marker ……

Name of Student marked ……..

Essay Title ……

First/Second Essay ……Second ……

Mark Agreed/Disagreed ……Mark Given ……..

Date…….

Second Marker's Comments on First Marker's commentary:

Areas for discussion with first marker if needed:

APPENDIX 49

GUIDELINES FOR BLIND MARKING OF ESSAYS

1. Tutor marks all scripts and completes marking sheet and feedback form.

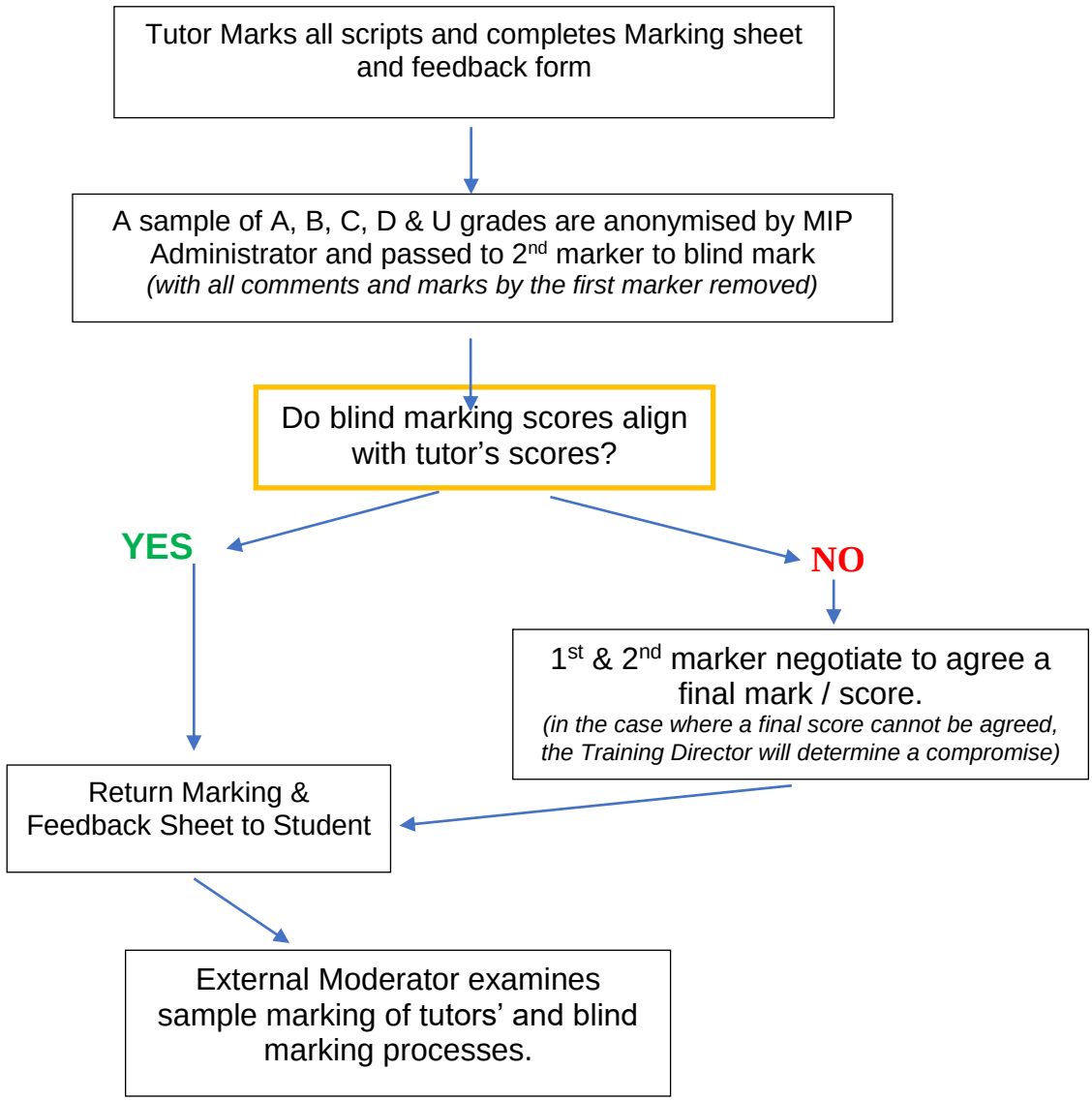
2. A sample of A, B, C, D grades are anonymised by MIP Administrator and passed to the Second Marker to blind mark (with all comments and marks by the first marker removed).

3. If the blind marking score is the same as the Primary Tutor's score, the essay marking and feedback sheet is given to the student.

4. If the first and second marker do not agree, they will need to negotiate to agree a final mark/score. (In the case where a final score cannot be agreed, the training director will determine a compromise).

5. External Examiner will examine a sample marking of tutors and blind marking process.

PROCESS FLOWCHART FOR BLIND MARKING PROCEDURES



APPENDIX 49

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

CRITERIA FOR MARKING OF 5000 WORD MINI CASE STUDIES

STUDENT NAME:…….. GRADE AND PERCENTAGE: …….

Mark	Organisation and planning 15%	Application of theory to practice 30%	Theory and analysis 30%	Research and referencing 10%	Style and presentation 15%
	There should be a structured plan for the case study with appropriate heading an introduction, therapy process and conclusion.	*An illustration of the therapeutic journey and process with clear links to theory underpinning the work presented.* *You will benefit from a higher grade if you include some or all of the following in your Case Study:* • *Self awareness, transference and counter-transference.* • *Client Transferential issues eg projection.* • *Intersubjectivity.* • *Relational dynamics; rupture and repair.* • *Quality of the contact.* • *Hunches and predictions.* • *Intuition and creativity. Techniques from different schools* • *Professionalism, ethical considerations, limitations and learning.* • *Cultural and EDI considerations.* • *Supervision (and possibly Therapy) utilised.*	*Theory including the different schools should be used to support the Case Study rationale, in addition there needs to be practical links of the theory to specific areas of application namely:* • *Diagnosis, including differential diagnosis problem formulation.* • *Contracting,* • *Treatment Planning and sequence.* • *The Process of the Therapy Journey.* • *Pacing and evaluation of effectiveness of Interventions.* • *Contract Completion,* • *Evidence of Script Change towards Autonomy.* • *Prognosis.*	*All work should be referenced and include a reference section, using an agreed format. - reference could be to course handouts, books, articles, web items. Diagrams to be represented accurately from the original theory and amendments highlighted.*	*Case Study should be typed and double spaced, with front sheet and pages numbered and named. Marking will take into account spelling, grammar and adherence to word limit (+ or – 10%)*
A **PASS** **80 – 100%**	Exceptional planning resulting in excellent structure and presentation	Demonstrates exceptional ability to present and discuss the therapeutic and relational process of the therapy to show a high level of understanding. High order appreciation of the components of the therapeutic process and relationship.	Exceptional rationale for the theory presented maintained throughout. Sophisticated grasp of theory and its application. High order integration of self-awareness to support the reflexive process of therapy and theory in action.	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.

Mark	Organisation and planning 15%	Application of theory to practice 30%	Theory and analysis 30%	Research and referencing 10%	Style and presentation 15%
B **PASS** **65%-79%**	Evidence of careful planning resulting in a well-structured and well-presented piece of work	Demonstrates significant ability to present and discuss the therapeutic and relational process of the therapy to show a strong level of understanding. Significant appreciation of the components of the therapeutic process and relationship.	Significant rationale for the theory presented maintained throughout. A well-developed grasp of theory and its application. Strong integration of self-awareness to support the reflexive process of therapy and theory in action.	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
C **PASS** **50%-64%**	Clear evidence of planning leading to a reasonable structure	Demonstrates good ability to present and discuss the therapeutic and relational process of the therapy to show a sufficient level of understanding. Good appreciation of the components of the therapeutic process and relationship.	Good rationale for the theory presented maintained throughout. Sufficient grasp of theory and its application. Some integration of self-awareness to support the reflexive process of therapy and theory in action.	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.
D **DEFER** **40%-49%**	Some logic and thought given to planning and structure	Demonstrates weak ability to present and discuss the therapeutic and relational process of the therapy and shows appropriate understanding. Insufficient appreciation of the components of the therapeutic process and relationship.	Limited rationale for the theory presented. Weak grasp of theory and its application. Poor demonstration of integration of self-awareness.	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
FAIL **0%-39%**	Limited evidence of planning of work and little structure	Lacking ability to present and discuss the therapeutic and relational process of the therapy and shows little if any understanding. Lacking in understanding of the components of the therapeutic process and relationship.	Solely descriptive content with little or no link to theory.	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.

November 2021

APPENDIX 50

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

5,000 WORD CASE STUDY - TUTOR FEEDBACK FORM

Student…… **Date……..**

Marker…….. **Grade……**

Criteria	Percentage
1. Organisation & planning - *There should be a structured plan for the Case Study with appropriate headings, an Introduction, therapy process and conclusion.* **(15%)**	
2. Argument and application of theory to practice - *An illustration of the therapeutic journey and process with clear links to theory underpinning the work presented.* **(30%)**	
3. Theory and analysis - *Theory including the different schools should be used to support the Case Study rationale, in addition there needs to be practical links of the theory to specific areas of application.* **(30%)**	
4. Research and referencing - *All work should be referenced and include a reference section, using an agreed format. Reference could be to course handouts, books, articles, web items. Diagrams to be represented accurately from the original theory and amendments highlighted.* **(10%)**	
5. Style and presentation – *The Case Study 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%)* **(15%)**	
Percentage total	

November 2021

APPENDIX 51

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
12	Demonstrates the ability to use empathy within the relationship.	Yes / No
13	Demonstrates the ability to be able to access the child ego state	Yes/No

APPENDIX 52

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

EQUALITY AND DIVERSITY POLICY

The Manchester Institute for Psychotherapy (MIP) promotes an active engagement with difference. We seek to provide a framework that allows for diverse ideas and intersectionality perspectives on what it means to be human, to be considered, respected and valued.

MIP regularly reviews its procedures to ensure that the realities of discrimination, exclusion, oppression and alienation 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.

Equality 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.

Accountability

The Institute Director is responsible for ensuring that this policy is implemented in all aspects of the Institute's operations.

The Quality and 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.

This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary.

Revised April 2021

Manchester Institute for Psychotherapy

UKCP

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

EQUALITY AND DIVERSITY MONITORING FORM

The Manchester Institute for Psychotherapy wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources section.

Please return the completed form in the envelope marked 'Strictly confidential' to the Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

Gender Male includes: trans male ☐ Female includes: trans female ☐ Non-binary ☐
Prefer not to say ☐
If you prefer to use your own term, please specify here …….

Are you married or in a civil partnership? Yes ☐ No ☐ Prefer not to say ☐

Age 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

What is your ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

White
English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐
British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other white background, please write in: ……..

Mixed/multiple ethnic groups
White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Prefer not to say ☐ Any other mixed background, please write in:…….

Asian/Asian British
Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐
Any other Asian background, please write in: ……

Black/ African/ Caribbean/ Black British
African ☐ Caribbean ☐ Prefer not to say ☐
Any other Black/African/Caribbean background, please write in: ……..

Other ethnic group
Arab ☐ Prefer not to say ☐
Any other ethnic group, please write in: …….

Do you consider yourself to have a disability or health condition?
Yes ☐ No ☐ Prefer not to say ☐

What is your sexual orientation?
Heterosexual ☐ Gay woman/lesbian ☐ Gay man ☐ Bisexual ☐

Prefer not to say ☐
If you prefer to use your own term, please specify here ……..…

What is your religion or belief?
No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐
Muslim ☐ Sikh ☐ Prefer not to say ☐
If other religion or belief, please write in: ……

What is your current working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

What is your flexible working arrangement?

None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐
Annualised hours☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐
Homeworking ☐ Prefer not to say ☐ If other, please write in:…….

Do you have caring responsibilities? If yes, please tick all that apply

None ☐ Primary carer of a child/children (under 18) ☐
Primary carer of disabled child/children ☐
Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐
Secondary carer (another person carries out the main caring role) ☐
Prefer not to say ☐

APPENDIX 53

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

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.

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 2020

APPENDIX 54

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

COMPLAINTS PROCEDURE

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 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

Definition of "Member"

- Anyone who is employed by the Manchester Institute For Psychotherapy
- Trainees
- Graduates or previous trainers
- Practitioners renting rooms

Process:

1. All members, students, clients and visitors have a responsibility to take informal or formal action to stop any form of harassment or bullying or any other matter of concern which is brought to their attention.

2. It is recognised that in some circumstances it may not be possible to proceed on such an informal basis. A record of such incidents and steps should be kept to assist if further formal action is required. If an informal approach is found to be inadequate, a complaint may be made to the Chair of the Quality and Ethics Committee.

3. 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 an individual is subject to investigation, care will be taken to ensure that the investigation does not cause unnecessary distress to either party.

4. The member complained about must have been a member of MIP at the time of the alleged breach of the Code of Ethics and/or the Professional Practice Guidelines.

5. All complaints will be examined against the Code of Ethics laid down by MIP. This is in line with UKCP Codes of Ethics and Professional Practice Guidelines, in order to give an opinion as to whether there has been a breach of ethics. See UKCP website complaints policy at: **https://www.psychotherapy.org.uk/ukcp-members/complaints/make-a-complaint/**

6. All complaints will be examined against the MIP Code of Ethics and Professional Practice (which reflects the UKCP Code of Ethics and Professional Practice Guidelines) in order to determine whether there has been a breach of ethics.
If the complaint is made about a professional member who is a UKCP registrant, then the complaint may be taken to the UKCP if the following criteria are met:

   (a) The Registrant is still on the register at the time the complaint is lodged with UKCP; and

   (b) Was a Registrant at the time the complained of behaviour occurred; and

   (c) The therapy or practice which is the basis of the complaint was located in the UK, or if not, the current insurance provision is from the UK (see link to UKCP website)

7. 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 MIP's Quality and Ethics Committee will not normally be heard.

8. In the event of disciplinary procedures being invoked, any person involved must be told what is happening and informed of their rights.

9. If the investigation upholds the complaint, prompt action designed to stop unwanted behaviours and to prevent their recurrence will be taken immediately.

10. All parties will 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.

11. All parties involved will be kept fully informed of any actions taken by MIP, this includes any disciplinary action if the complaint is upheld.

12. MIP will not assume responsibility for any expenses incurred by either party involved in a complaint

13. MIP may seek legal advice concerning a complaint.

14. A copy of the Equality policy can be obtained from the MIP website.

Informal Procedure:

An informal complaint may be resolved by the parties meeting to discuss a resolution, or:

1. MIP will convene a mediation meeting between both parties.

2. All parties must agree to attend.

3. Two members of MIP's Quality and Ethics Committee will also be in attendance; one to mediate and one to observe the process.

4. The Mediation Process (see Appendix of the Complaints Procedure) will be followed.

5. This meeting will take place within one month of MIP receiving the complaint.

Formal Procedure:

1. A formal complaint will be put in writing for the attention of the Chair of the Quality and Ethics Committee.

2. Application to withdraw the complaint may be made at any point. However, the Chair may be required to follow due process; this will be dependent on the nature of the complaint.

3. If the complaint is deemed to be outside the remit of the Quality & Ethics committee, all parties will be informed in writing within two weeks.

4. The Quality and Ethics committee will decide if there is a case to answer and will respond accordingly within two weeks of receipt.

If the Complaint Is Upheld:

Upon receipt of a formal complaint, and agreement that the complaint is valid, the Quality & Ethics Committee will employ an Investigator who will:

1. Contact the parties involved.

2. Collect all relevant data.

3. Share the data with the Quality & Ethics Committee.

4. The person must agree to abide by the findings stipulated by the Quality & Ethics Committee. Evidence of compliance must be provided, in writing, within the specified time frame issued.

5. Recommendations/stipulations may be given that the complainee undertakes further supervision/therapy and training, of which the Quality and Ethics committee will be kept informed.
6. Non-compliance with the above may result in a formal warning.

7. Any formal warning given will remain on file for a minimum of 12 months and may lead to their membership of MIP being revoked, or their services terminated.

Appeals Procedure:

1. If any party is dissatisfied with the response, they should inform the Chair of the Quality and Ethics Committee.

2. Appeals will only be granted if the party making the application to appeal is able to demonstrate new evidence to support the appeal. The Quality and Ethics Committee will decide if there are adequate grounds for granting the appeal, in which case an external moderator will be appointed to make a decision.

3. If all processes are exhausted at the OM level, and the matter is not resolved, then an appeal can be made to the College (HIPC).

4. All parties must abide by this decision which will be final.

APPENDIX to Complaints Policy

Mediation Process

The purpose of mediation is to facilitate a satisfactory resolution.

Present in the meeting will be the Chair who will facilitate the MIP mediation process, and a process observer.

Participants are requested to respectfully agree to the following guidelines:

1. The content of the meeting is confidential.

2. Come from “I’m Okay, You‘re Ok” position.

3. Own your own experience and material.

4. Direct your responses to the chair only.

5. You may only raise the issue that is the basis of the complaint.

6. The participants are asked not to speak directly to each other until the complaint is resolved.

7. Each party will explain what their complaint is and what they want for resolution of the compliant.

8. The complainant will be asked how they will meet the request, and what they want from the process.

9. It is hoped through this process that a positive and mutual resolution can be made.

This policy will be reviewed every 18 months and updated a minimum of every 36 months.

Revised January 2021

APPENDIX 55

GRIEVANCE POLICY AND PROCEDURE

Grievance Procedure

It is recognised that grievances can arise when a student, trainee, trainer or staff member is unhappy with certain aspects of the course, students, staff, trainers or the organisation itself. 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; individuals concerned will need to be interviewed if the grievance is to be resolved.

Grievances which are anonymous or based on hearsay cannot be investigated.

MIP reserves the right to take disciplinary action against any person whose grievance is found to be based on false allegations.

Each case is dealt with impartially and on its own merits.

Informal procedure

Before invoking the formal procedure, every effort should be made to resolve the issue informally by raising concerns with the person(s) involved or with the clinical director, or the student's personal tutor. If this does not lead to a satisfactory outcome, the formal grievance procedure may be invoked

If the grievance has been resolved informally, no record will be kept on file unless both parties wish to have it noted

Formal Procedure

Students

If the matter has not been resolved informally to everyone's satisfaction, an impartial member of MIP will be appointed to establish the nature of the grievance. They will complete the Grievance Form which is to be signed by those concerned confirming it is accurate. This form will be passed to the Quality & Ethics Committee at MIP; they may convene an extraordinary meeting, and investigate the matter through MIP's complaints procedure.

If the grievance is against another student, the Grievance Form will be submitted within two working days to the tutor. The tutor will acknowledge this within five working days and pass it to the Quality & Ethics Committee for an investigation.

Following investigation, written notification of the outcome will be given as soon as possible, normally within 15 working days of receipt of the grievance. The written notification will include reasons for the outcome, any right of appeal and an explanation of the appeal procedure.

If the grievance is against a member of staff or trainer, it will be referred immediately to the Quality & Ethics Committee who will follow the MIP's complaints procedure.

If a conflict of interest were to exist, the complaint would be passed to an external moderator.

Trainers and Members of Staff

Trainers and members of staff are required to follow the above informal procedure and report the grievance to the Director who will refer it to the Quality & Ethics Committee.

Members of the Public

Members of the public can forward their grievance to the Quality & Ethics Committee. There will be an extraordinary meeting by the committee within four weeks of receiving the written grievance. The complainant will be informed of the outcome within four weeks of this meeting.

Appeals

If an appeal is to be made against the outcome of a grievance, this should be done in writing within ten working days of the notification of the decision.

The outcome of the appeal will be notified in writing within a further ten working days.

A complainant has the right to seek advice from outside MIP at any stage of the proceedings.

Monitoring

The outcome of investigations and responses to grievances will be monitored by the Director of MIP.

This policy is regularly reviewed every 18 months.

Revised November 2021

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

Grievance Form

Incident Date: …… Incident Time: ……..

Reported to: ……

Complainant's Details:

Name: …….

Address: …….

……..

Tel: ……...

Course Title (if applicable): ……..

Trainer (if applicable): ……

Complainant given information about procedure: Y N

Full details of the complaint including date and time and place.

(use separate page if required)

I agree that this is an accurate record.

Signed……. ……..
(complainant

Action

Complainant's preferred next steps:

Steps taken to resolve informally

Actions taken:

Sent to: …….

Signed (Recorder)……..
Date: ……

Signed ……..
(Member) ……..

Signed ……
(Member) ……..

Signed ……
(Quality & Ethics Committee): ……

APPENDIX 56

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

SUSPENSION AND EXCLUSION POLICY

Policy Statement

This policy applies to all students attending MIP.

Policy Aims

MIP is committed to providing the highest standards of teaching and learning for all of its students and tutors will do everything possible to see that the individual needs of students are met.

Required Standards:

* Pass all assignments at Grade D or above.

* Show a commitment to the ethos and values of MIP and Integrative TA.

* Willing to reflect on their learning, feedback and their impact on others.

However, if a student:

* Consistently does not meet our academic standards,

* Displays poor behaviour for a sustained period, or

* Commits an act amounting to gross misconduct,

then it may be necessary to suspend or even exclude them from their course at MIP.

Failure to meet academic expectations may include repeated unexplained or unacceptable absence, persistent poor punctuality, a poor record of work submission or a failure to respond to measures put in place by the course tutor.

Assessment Capability for Continuation on the Course

Every opportunity is taken by MIP to support all students in developing their interpersonal and academic skills.

If work or behaviour do not meet the requirements, as stated in the student handbook, the following process is in place in order to support the student:

Stage 1 - Initial supportive meeting

* Student meets with course tutor(s) to explore and highlight their needs.

* Discuss improvement strategies, e.g. submit second assignment at pass grade.

* Consider options available, e.g. extra mentoring on written work.

* Agree improvement plan with support required, e.g. assign a mentor.

* All actions to be minuted and recorded.

Depending on the needs of the student, a first review date will be mutually decided at this first meeting.

Stage 2 - Review meeting

If the student has made sufficient improvements, no further action will be taken.

If requirements as follows have not been met:

* Academic or behavioural issues persist

* Written work not meeting the requirements

* Lack of commitment to the culture and ethos of MIP

* Inability or unwillingness to show respect to fellow students and tutors

a date will be set to implement Stage 3.

Stage 3 - Referral to Independent Review Board

The Independent Review Board will consist of three people: a member of the Quality and Ethics Committee, an independent MIP member and a MIP trainer.

This Board will meet to consider all evidence and documentation relevant to the student.

* Minutes recorded at meetings
* Tutor feedback from training weekends
* Written assignment tutor feedback forms
* Second marker's feedback
* Qualifications and certificates
* Accredited prior learning

Board discussions will involve considering the following options:

* To take a year out and to repeat the training year, providing evidence to show all issues have been addressed through either therapy or academic learning.

* To exit the training programme if deemed unsuitable for psychotherapy programme.

Suspensions are wholly at the discretion of the Director of MIP.

Exclusion as a result of Gross Misconduct

Excluding students on a permanent basis is a highly regrettable situation and MIP will do everything in its power to avoid such a serious measure. Exclusion can occur if the conditions of a suspension are not met or may be the result of a single act.

Students should be aware that any serious act of verbal or physical aggression, gross misconduct, or anything that compromises the safety of MIP students and staff members, will result in their immediate removal from the institute.

Gross Misconduct Definition

* Theft
* Fraud
* Dishonesty
* Breach of Health & Safety rules
* Damage to Property
* Serious Incapacity
* Alcohol and Drug Use
* Offensive behaviour (see harassment policy).

Appeals

It is the responsibility of the student to provide relevant evidence when appealing against any decision of the Independent Review Board.

All appeals must be made in writing, for the attention of the Chair of the Quality & Ethics Committee.

The Chair will respond, within seven working days, to acknowledge receipt of the appeal.

For further information on Appeals, see MIP Complaints Procedure & Policy.

This policy will be reviewed every 18 months and updated a minimum of every 36 months

Reviewed February 2021

APPENDIX 57

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

HEALTH AND SAFETY POLICY

1. Introduction

The aim of this policy is:

* to limit the risks of Health & Safety issues at MIP.
* to provide and maintain safe equipment
* to ensure all designated individuals are competent to fulfil their roles.
* to minimize the risks of accidents and to maintain safe and health working conditions.

2. Responsibilities

1. Overall and final responsibility for health and safety is held by the Principal Director.

2. Day to day responsibility for ensuring that this policy is put into practice is held by the Administrator.

3. All employees, therapists, students, trainers and visitors must adhere to this policy, co-operate on all health and safety matters, and take reasonable care of their own health and safety.

4. All health and safety concerns must be reported to the Administrator.

3. Risk Assessment:

1. Risk assessments will be the responsibility of the Administrator. (see checklist)
2. The findings of the risk assessment will be reported to the Principal Director who will action or approve any required amendments.
3. The Administrator will reassess the risk.
4. Assessments will be undertaken every 12 months.

4. Induction:

Induction training will be provided for all employees by the Principal Director and the Administrator.

5. Accidents and First Aid:

A first aid box is kept in both kitchen areas.
All accidents should be reported to the Administrator and reported in the first aid book which is kept in the main office on the shelf behind Administrator's desk.

6. **Emergency Procedures and Fire Evacuation**:

The Administrator is responsible for ensuring that the fire risk assessment is undertaken and implemented.

Escape routes are checked by the Administrator regularly and fire extinguishers are checked and maintained every year.

Fire alarms are tested by the Administrator weekly.

7. **Risk Assessment for MIP**

i. **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.

ii. **Who might be harmed?**

Staff, therapists, clients, students, visitors, trainers.

iii. **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.

iv. **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 May 2019

HEALTH AND 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 health & safety checklist ……

Signature……

Date ……

APPENDIX 58

THE CONSTITUTION
OF THE
MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

Revised Edition – September 2020

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

Aims and Objectives 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 show a genuine interest in the services that MIP offers will be mainly from the health professions such as social workers, probation officers, doctors, psychiatrists, and people in the voluntary sectors are welcome, subject to meeting the training criteria as specified in the Diploma handbook.

2.3. To uphold the high standards of excellence in the areas of psychotherapy, counselling, supervision and training both in the areas of competence and professional ethics.

2.4 MIP will review and monitor the ethical behaviours of all their members for the public benefit in the profession of psychotherapy, counselling and supervision for the public benefit.

2.5 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.

2.6 MIP, through the training programmes, will promote the principles of therapeutic work. For example, awareness, motivation, communication, reflection, in the search for meaning.

2.7 MIP will maintain the principle for all its trainees to be in therapy and supervision throughout their training and to accreditation.

2.8 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.

2.9 All members will adhere to all MIP's policies and procedures.

2.10 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 by encouraging them to attend 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 at local, regional and national levels.

3.7 To financially support research projects in the above areas.

3.8 MIP 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 be available 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 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, sexual orientation or any diversity.

4.6 The client/therapist relationship is the foundation of all treatment and the welfare of the client takes priority.

4.7. 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 MIP organisational structure.

5.2 Qualified Members – individuals who have gone through the MIP accreditation process and are 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, who have passed their clinical competencies and are in supervision as they see clients.

5.5 Student Members - are at the beginning of their training and have not passed their clinical competency assessment.

5.6 All members, whether directors, qualified members, graduate members, trainee members or student 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 will be voted by all members at the AGM.

6.4 The Board of Directors have the right to refuse membership in general, and to the committees, and will state the reasons for their refusal in writing to that member.

6.5 The Quality and Ethics Committee of MIP 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 a General Meeting by an involved party.

SECTION 7

Rights and Obligations of Members

7.1 Introductory motions at the AGM. 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

8.1 **Origins and Committee Structure**

(a) General Meeting

(b) Extraordinary General Meeting

(c) The Board of Directors

(d) Quality and Ethics Committee

(e) Research Committee

(f) Social Committee. Members report to the Quality and Ethics Committee

(g) Accreditation and Reaccreditation Sub Committee

8.2 **Inauguration of MIP**

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.

8.4 The Board of Directors

(a) The membership of the Board of Directors will not be less than 7 members and not exceed 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.

(j) There needs to be a quorum of three members of the Board to make a decision.

8.5 The Quality & Ethics Committee

(a) Membership of the Quality & Ethics Committee (Q&E) is via voting through the AGM. It should consist of at least five members, at least two should be senior members of MIP as well as representation from trainee members and graduates.

(b) The Q&E Committee may co-opt new members onto their Committee, though there must be a unanimous decision for this to happen.

(c) The Q&E Committee is responsible to the Board for ensuring acceptable standards in the delivery of training at MIP and in the provision of clinical services

.

(d) Q&E has oversight of the personal wellbeing of the trainees registered on MIP courses.

(e) Q&E deal with complaints/grievances and ethical issues with regards to the training programme at MIP.

(f) In carrying out these functions the Quality & Ethics Committee has access, if necessary, to any or all training workshops and all documents, papers,

courses and correspondence to enable it to carry out its functions of monitoring training at MIP.

(g) The Quality & Ethics Committee meets a minimum of six times a year. The quorum for the Committee is three members. A minimum of 50% attendance at meetings is required by the quoracy.

(h) The Quality & Ethics Committee will complete an annual report which will contain activities and actions from previous Q&E meetings and items requiring actin to support and improve the quality and delivery of training at MIP.

(i) The Quality & Ethics Committee is responsible to the Board of directors at MIP. Minutes must be kept of their meetings including any emergency meetings which have been actioned.

(j) The Chair of the Quality & Ethics Committee will serve for a period of five years and may serve no more than three consecutive terms.

(k) A consensus decision-making process will normally be followed.

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 2020

Bob Cooke

Stephanie Cooke

Josie Couet (lay person)

Rory Lee Oakes

Debbie Tennant (lay person)

Janet Fengeros

Hannah Moss (lay person)

Karen Burke

Amanda Onwueneme

APPENDIX 59

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

ROLE OF EXTERNAL MODERATOR

The External Moderator regulates the processes within MIP and ensures the organisation's delivery is consistent with that outlined in brochures, student handbooks and member publications. The External Moderator acts as a resource for MIP, advising, liaising, interpreting, if necessary, and helping to uphold both the HIPC and UKCP policies.

The External Moderator does not represent their own views but essentially liaises between MIP and UKCP and HIPC. They may interpret UKCP and HIPC explicit expectations for MIP.

External Moderators may advise and assist 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 and offer advice on documentation such as the course handbook, ADL, ethics and disciplinary matters.

2. To act as an interpreter of UKCP and HIPC policies and be familiar with the requirements of the UKCP and HIPC section in this regard.

3. To make at least one visit in every five year period to coincide with the quinquennial review and compile a report.

4. To write reports for the HIPC and UKCP assessors in preparation for the quinquennial review.

5. To evaluate the assessment procedures and ensure that MIP is fulfilling its own criteria in its published aims and objectives.

6. To take on a pastoral role which may involve meeting with students to discuss their experience of the course.

7. To assist the Training Director, where required, to improve the processes of training.

8. To take part in the appeals procedure in cases of misconduct, discipline, grievance, and appeals against academic decisions such as the marking of papers.

9. To be available to advise and mediate in student disputes.

10. To participate in and monitor the graduation process, as well as the process in which candidates become nominated for the UKCP register of psychotherapists, ensuring that the HIPC and UKCP procedures for entry to the register are being maintained.

11. The External Moderator may participate in the graduation process as an assessor.

Criteria for External Moderators

1. External Moderators would ideally be experienced psychotherapists practicising for more than ten years within a member organisation of the HIPC. If MIP chooses an external moderator who is not a psychotherapist from within HIPC, then MIP will need to demonstrate how the externa moderator meets the requirements to perform the above roles. The minimum standard is that they are senior psychotherapists, familiar with all aspects of psychotherapy training and the HIPC criteria for membership. They will need to have an understanding of the specific model of psychotherapy practiced within MIP.

2. External Moderators must be external to MIP.

3. External Moderators are appointed by MIP. This is a paid position and they have no other involvement in the organisation.

4. Current officers of the HIPC 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.

(This appendix is based on the UKCP guidelines 2016)

MIP'S OBLIGATIONS TO THE EXTERNAL MODERATOR

1. The agenda and minutes of Board of Directors and Quality & Ethics Committee meetings will be available to the External Moderator.

2. The revised MIP management structure chart will be made available to the External Moderator upon request.

3. The revised copies of all MIP policies and procedures will be made available to the External Moderator upon request.

4. The External Moderator may be included in any appeals procedure or investigation at MIP with regards to disciplinary or grievance hearings or academic decisions.

5. The External Moderator may participate in the graduation process as an assessor.

This will be reviewed every 18 months from the time of stated reviewal.

Reviewed September 2019

APPENDIX 60

EXTERNAL EXAMINER POST

FOR THE MANCHESTER INSTITUTE OF PSYCHOTHERAPY

Role of External Examiner

The responsibilities of the External Examiner are set out as per UKCP guidelines, the HIP College Learning Outcomes and against the Post Graduate marking Scale.

They include monitoring all aspects of the assessment process, documentation and the standard and consistency of marking across a number of markers in line with UKCP guidelines.

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 and external examiners 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 there 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. The External Examiner monitors the final examination process. This may include samples of work, vivas and recordings (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. The External Examiner makes a minimum of one annual visit to MIP followed by a brief report.

6. The External Examiner writes a report for the Quinquennial Review.

7. The External Examiner 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 organisation of the HIP College. If MIP were to choose an External Examiner who is not a psychotherapist from within the College, then MIP must show how the Examiner meets 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 organisation
- Familiar with what constitutes MA level work which is the required standard for UKCP trainings.

The assessments of MIP which will need externally assessing are as follows:

* Essays : Two 2,000 word essays per year – first year, second year and third year.

* Placement reports: up to 1,000 words for each client seen.

* Research project: 8,000 words to be completed by 1st April of the fourth year.

* Case Study: 5,000 words study of a client seen for up to 50 client hours, to be submitted by 1st April of the fourth year.

* Following completion of the fourth year, in order to gain UKCP accreditation the graduate will complete a 10,000 words case study and an evaluation of a 20 minutes recording of their clinical work.

* The assessment board process requires the graduate to present the training portfolio, the 10,000 words case study and the 20 minutes recording of their clinical work. This will be presented to four Accreditation Board members who will make the assessment.

Revised September 2019 -
(to be reviewed again at the next committee meeting)

APPENDIX 61

THE MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) POLICY FOR QUALIFIED PRACTITIONERS

In line with the recommendations of the UKCP CPD guidelines (2015) with 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 professional duties competently, and is reviewed every 5 years.

In parallel, psychotherapists must comply and meet the minimum clinical practice as stipulated by the UKCP. This will also need to be reviewed every 5 years.

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:

1. Wherever possible, CPD activities and records should demonstrate a maintenance and improvement in standards of practice.

2 CPD is to demonstrate active reflection on practice that allows the individual to identify what has been learned or reconfirmed.

3 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. The list is not exhaustive.

4 Registrants should be able to evidence how their CPD informs their practice with the client groups with whom they work.

Supervision

In line with the qualified psychotherapist's regulating body, it is the psychotherapist's responsibility to meet and provide evidence of the minimum requirements stipulated. For more information please read the MIP Supervision Policy.

Evidence

MIP can request evidence of CPD activities from any psychotherapist at any time.

Currently, the CPD requirements for the UKCP are 20 hours per annum, with a total of 250 hours over a five year period.

continued over …

In line with UKCP policy, psychotherapists must inform MIP and the UKCP if they have a break from clinical practice of more than three months.

This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary.

Reviewed March 2021

APPENDIX 62

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

5 YEAR CONTINUING PROFESSIONAL DEVELOPMENT ENDORSEMENT FORM

This form covers the period of time from …….. to ……..

1. Basic requirement for clinical work: a minimum of 5 client hours per week for the first 5 years, thereafter UKCP HIPC clinical registrants must maintain some clinical practice.

2. Basic requirement for supervision: a minimum of 8 supervision sessions (minimum of an hour per occasion) per year with an appropriately qualified and experienced supervisor.

3. A minimum of 250 hours of CPD activity over the five year period; this will include at least 20 hours in any one year over that period.

5 Year Peer Group Review: Every 5 years the member meet with a minimum of 3 colleagues (at least one of whom should be from outside the member's modality, and must be UKCP members).

The member presents their portfolio including the logs, annual CPD summary forms and certificates of attendance, and professional indemnity insurance for the last 5 years. The member, with help from the group, reflects on the CPD undertaken and what that member has gained personally and/or professionally from it.

The member will also discuss their current learning needs and make a plan for future CPD.

The group members give feedback and decide whether or not to endorse the portfolio. The group may decide to recommend a further course of action prior to endorsement of the portfolio. On satisfactory completion of the monitoring process, the member submits the signed endorsement form confirming their ongoing professional development to the MIP representative.

If the member concerned disagrees with the assessment or recommendation of the group, an appeal be made through MIP Quality & Ethics Committee. If a member fails to maintain effective CPD, or provide the necessary documentation, they will be referred to MIP Quality & Ethics Committee.

PEER GROUP REVIEW

Name of Member: ……

Please give the total number of hours for each activity for the five years covered

Activity	**Total Number of Hours**	
Clinical Work	1:1	Group
Supervision received		
Supervision Given		
Training courses workshops etc. attended		
Training and workshops etc. offered		
Research Activities		
Reading		
Other e.g. committee work, examining		

1. *Member's Review of CPD over the last 5 years: (e.g. what have you gained/lost/developed/learned and how has this impacted on your professional development)*

2. Observations, growing edges and strokes from the review group members:

3. Plan for the next 5 years:

PEER GROUP REVIEW

Peer Group met on …… (date)
and confirms that ……. (member's name)
Address……..
……
is pursuing effective ongoing professional development and we confirm the CPD as claimed by the member for the last 5 years.

Peer Group Members (please write clearly). Please include your qualifications and the professional body/bodies of which you are a member.
Name (Print) ……...

Signature ……

Name (Print) …….

Signature ……

Name (Print) ……
.
Signature ……

Name (Print) ……..

Signature …….

Members Name (Print) ……..

Signature …….

Member's Supervisor (Print) …….

Signature……..

The member should return the completed form to the MIP representative.
Forms can be emailed to bob@mcpt.co.uk or sent by post to MIP, 454 Barlow Moor Road, Chorlton cum Hardy, Manchester, M21 0BQ.

This form was updated April 2021

APPENDIX 63

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”.

APPENDIX 64

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY/UKCP GUIDELINES
(please note this is for UKCP registration, not for MIP graduation purposes)

MENTAL HEALTH FAMILIARISATION 2019

Mental Health Familiarisation is a required component of UKCP and HIPC accredited trainings.

Psychotherapists will require awareness, knowledge and understanding that equips them to work within or alongside other mental health professionals and services, with clients who have extraordinary needs and with family members of mental health service users.

Psychotherapists will require an understanding of their role within a system of restoring balance and justice towards better treatment of people with exceptional needs and prevention of additional mental health distress caused by normative social expectation and/or exclusion.

Therefore, trainees are required to understand the wider contexts and considerations of mental health provision to develop sensitive and reflexive practice of psychotherapy appropriate to the needs of people who experience significant mental difficulties and emotional distress.

HIPC believes experiential learning supports in depth engagement, levels of understanding and reflection different from those gained through direct teaching or individual study. Students are required to undertake an element of direct experience as part of their mental health familiarisation.

1. The Social Responsibility Framework

Psychotherapists need opportunities to understand the historical and cultural influences on societal understanding of, and attitudes to, mental health and illness. To develop a capacity to work reflexively within a social responsibility framework. These can be gained through training input, placement experience, or a combination of the two, including relevant coverage of the following:

a) Historical and cultural models of mental health, illness and mental health care.

b) The impact on mental health service users and their families of diagnosis, stigma, normativity and minority experience.

c) The influence of socio-economics, class, gender, disability, age, culture, religion, race and sexuality on the incidence, definition, diagnosis and treatment of mental illness and mental health.

d) The intensifying impact of intersectionality (where a person belongs to more than one marginalised group).

e) Familiarity with the role of minority community organisations and mental health advocacy organisations and how to engage with them.

f) Practices for non-discriminatory service provision.

2. Working within a Wider System of Care

Psychotherapists require knowledge, understanding, sensitivity and awareness which equips them to work within and alongside other mental health services in the field.

a) Recognition that clients with more complex, significant, enduring or exceptional needs, including how to differentiate between severe mental illness and the range of human responses to life challenge, such as trauma, shock, bereavement and spiritual crisis.

b) How and when to refer on to appropriate inter-disciplinary professionals and relevant agencies.

c) When to provide, when necessary, psychotherapy as part of an appropriate package of care including the parameters for keeping therapeutic work safe with severely disturbed people.

d) The social and cultural context in which service is delivered to understand and empathise with the lived experience of service-users.

e) The different personal and professional roles in care for people with complex or enduring needs including current knowledge of local services.

f) An informed and critical awareness of the differences in paradigms between the medical model and a psychotherapeutic approach including the psychotherapist's role in collaborative care.

g) The psychotherapist's role in the provision of non-discriminatory services.

h) The role of medication (prescribed and non-prescribed) and its impact.

i) Ethical and legal consideration pertaining to the above including appropriate familiarity with the Mental Health Act 2007 and the Equality Act 2010.

j) The basic structure of the mental health services in the UK, and the role of NICE guidelines.

k) Diagnosis and classification of mental illness within the medical model including a working knowledge of the DSM V and a capacity to reflect on and evaluate its use as a system of assessment.

l) The types of interventions and treatments used, their rationale and side effects.

m) Understanding and appreciation of different professional and personal roles in mental health care.

n) How to work in a client-centred way which safeguards the wellbeing of the client (and their dependents) and ensures that the psychotherapy received forms part of an appropriate package of care.

o) When and how to make appropriate referrals to other professional agencies.

3. Direct Experience

The developmental process of learning which integrates knowledge and experience can be gained through training input or direct experience, or a combination of the two. Some element of direct experience is required, as this is likely to be relevant to fully attaining the overall aims of mental health familiarisation process.

Training and accrediting organisations have discretion to require up to a maximum of 120 hours of direct mental health experience within the overall 900 training hours. They should include their requirements and the reasons for them within policy.

4. Experiential Learning

HIPC believes experiential learning supports levels of understanding and reflection different from those gained through direct teaching or individual study. Students are, therefore, required to undertake some element of direct experience. This may be met in a variety of ways including working, volunteering, attending events or otherwise spending time in settings such as the following:

- community mental health centres,
- psychiatric wards,
- day centres or drop in centres,
- voluntary organisations such as Mind,
- advocacy services,
- community services,
- specialist services such as those of homeless people,
- attending events held by groups such as the Schizophrenia and Bipolar Foundations, and the Recovery Learning Community.
- Adult Eating Disorder Clinic
- Addiction/Rehab Agencies
- Geriatric Mental Health Services
- Alzhiemer's Clinic/Day Centre

This list is meant to be indicative and is not comprehensive.

There may be occasions where students have gained direct experience in their personal lives, professional careers, by undertaking research or in their counselling or psychotherapy practice. This may be included in students' experiential learning, however its relevance and currency must be demonstrated within the assessment.

MIP will Provide:

* A range of training input, such as lectures and seminars, visits by external speakers (including service user groups) to support students achieving the aims of the MHF.

* Support personal learning by providing access to, or signposting trainees to learning resources such as written materials, documentaries, films and videos.

* Offer support to help students access appropriate experiential learning opportunities.

* Make clear to students their responsibilities and limitations in undertaking experience in the field.

* Manage the minimum requirements for experiential learning which balance opportunities for in depth engagement and learning with ensuring accessibility for a diverse student body.

* Provide ways for students to evidence their experiential learning activities.

* Create assessment procedures whereby students can demonstrate their learning.

* Provide a rational and documentation for the approach taken.

Trainees are expected/required to:

1. Take responsibility for arranging placements or direct experience elements to meet the Mental Health Familiarisation requirements.

2. Take responsibility for taking up opportunities to attend appropriate training input provided by their training organisation or other bodies.

3. Take responsibility for demonstrating that they can meet the requirements of the Mental Health Familiarisation in line with the UKCP HIPC College.

4. The trainee needs to write a short report, 1500 words, of their experience within the Mental Health placement outlining:

   - the agency's mission statement

   - the service user base

   - support received by the agency

   - the student's internal reflections overall of their experience of the placement.

5. The trainee must have a minimum of three different and distinct placement experiences in mental health settings, minimum 70 hours in total. Please note maximum 120 hours in totality.

There may be occasions where trainees have gained direct experience in mental health settings in their personal and professional careers. However, if their direct experience is not within the last 5 years from MIP graduation then they would still need to evidence 70 hours of current direct mental health experience.

6. Trainees will need to evidence their attendance at the mental health placement they work within, and this will need to be evident in their portfolio, with their short reports of 1500 words per placement experience.

Additional Information:

It is important not to confuse the clinical placement that you completed in your 4 year training with the mental health placement for UKCP registration purposes. If you completed your clinical placement within one of the mental health services it cannot be counted towards the mental health familiarisation direct experience, as this would mean the student would be short of the expected 900 hours overall to complete UKCP registration.

As well as this, the focuses of the two placements are distinctly different in nature and experience.

Approved at UKCP HIC college meeting 12th July 2018. Discussed at and amended after the UKCP ETPC meeting July 20th July 2018.

Approved by MIP February 2019.

(updated June 2019)

APPENDIX 65

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

SAFEGUARDING POLICY AND PROCEDURE

Safeguarding Policy Statement - Adults

The purpose of this policy statement is to protect vulnerable adults who receive MIP services. Our overarching philosophy is that we expect every therapy to have professional supervision and the appropriate qualifications, including Placement Therapists. Moreover, all practicing therapists will be expected to provide evidence of their insurance and their DBS check, and membership of a governing body.

All therapists who work from the Institute will have had to go through the above procedure and have the appropriate training background and qualifications to be competent in the services that they are offering. This is regularly monitored and reviewed by MIP in terms of overseeing their ADL and training programmes and advanced specialisms. Membership of a governing body such as UKCP, UKATA, BACP with adherence to their stipulations is a requirement for ADL.

A placement student will have discussions with their placement provider regularly on the importance of swift action in case of concerns over potential safeguarding issues with their clinical placements.

Whistle-blowing

MIP has an open culture where people feel able, positively supported, and encouraged to raise their concerns, even when they relate to the practice of their staff. This includes support for whistle-blowing and any such concern would be referred to and addressed by the Quality & Ethics Committee.

Safeguarding Policy Statement - Children

This safeguarding policy was drawn upon the basis of legislation, policy and guidance that seeks to protect children and young people in England. A summary of the key legislation and guidance is available from: **nspcc.org.uk/childprotection**

The purpose of this policy statement is to protect children and young people who receive the Manchester Institute for Psychotherapy services. We will provide parents, therapists, trainees and staff the overarching principles that guide our approach to child protection.

This policy statement applies to anyone working on behalf of the Manchester Institute for Psychotherapy, including senior managers, paid staff, therapists and trainees.

We believe that:

* children and young people should never experience abuse of any kind.

* we have a responsibility to promote the welfare of all children and young people to keep them safe, and to practise in a way that protects them.

We recognise that:

* the welfare of the child is paramount.

* all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation, have a right to equal protection from all types of harm or abuse.

* some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

* working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

We will seek to keep children and young people safe by:

* valuing, listening and respecting them.

* appointing the appropriate child protection/safeguarding lead.

* developing child protection and safeguarding policies to reflect best practice.

* using our safeguarding procedures to share concerns/relevant information with agencies who need to know. Involving children and young people, parents and carers, appropriately.

* creating and maintaining an anti-bullying environment, and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.

* developing and implementing an effective online safety policy and related procedures.

* recruiting staff and volunteers safely, ensuring all necessary checks are made.

* support, training and quality assurance measures.

* implementing a code of conduct for staff, trainees and therapists.

* using our procedures to manage any allegations against staff, therapists and trainees appropriately.

* ensuring that we have effective complaints and whistleblowing measures in place.

* ensuring that we provide a safe physical environment for our children, young people, staff, therapists and trainees, by applying health and safety measures in accordance with the law and regulatory guidance.

* recording and storing information professionally and securely.

Appropriate MIP safeguarding lead

MIP will provide at least two safeguarding leads for both adults and children. These individuals are highly qualified clinicians, with experience to provide safeguarding support.

All placement therapists will be provided with the lead contact details and must contact the safeguarding lead with any concerns over safeguarding issues. Moreover, these safeguarding leads are available for all other therapists.

Should the safeguarding lead not be available, the admin office will signpost an alternative contact and confidentiality must be adhered to.

Contact details:

1. Senior lead for safeguarding:
   Name
   Phone number/email

2. Deputy lead for safeguarding
   Name
   Phone number/email

NSPCC Helpline 0808 800 5000

Responding to concerns and disclosures.

The procedural process with regards to MIP lead persons are publicly on the website so that therapists, placement students and clients are aware of these procedures.

Assessment

At MIP, all placement clients that are referred to the placement therapists will have undertaken a “risk assessment” where the above areas will be taken into consideration. If at the assessment the assessor thinks that there is a high risk in the area of suicide, these high risk clients will not be passed to the placement therapists. However, that does not mean that the clients’ feelings of suicide or suicidal idealization may not be triggered through the placement.

THERAPISTS PROCEDURES

The therapists procedures outlines what therapists need to do in a range of situations in order to best protect the client within the therapeutic setting.

As with all these procedures, the first step at a general level is **Supervision**.

Supervision's major focus is to help the placement therapist to provide their best services for the client. It is in the supervision hour that the placement therapist brings their anxieties, worries and concerns to the supervisor.

As well as the above, the placement therapist will endeavor through supervision to develop their skills in the area of therapy and therapeutic discourse. This will include learnings in how to work with clients, techniques and treatment planning towards resolution.

If the client discloses that they are being abused, harming themselves or have been abused in the past:

* The first port of call is to gently enquire and check out what you have heard to make sure you are understanding correctly - this is not interrogation - though you have to be specific to make sure of the facts this needs to be done in a relational manner.

* Remember that the information you will be hearing in this context will be very difficult for them to talk about and it will have taken a lot of courage for them to disclose at this level, so it is imperative that you treat the person in an empathic manner with a great sense of integrity, authenticity and respect.

* It is imperative that you do not lead the client to the conclusion that they were being, or were, abused. For example, do not put thoughts into the client's head.

* If there is a risk to the person, or you are not sure if there is a risk to the person, it is imperative you speak to your personal supervisor as soon as possible to discuss the situation fully. (In specific situations you may decide to contact the safeguarding lead at MIP) - certainly this needs to be recorded in your own notes.

* If there is a risk you may need to disclose - dependent on level of risk, ie if you think they are of harm to themselves or other people, you will need to disclose this immediately. If there is no immediate risk, then discuss it at your next scheduled personal supervision.

* In your personal notes, vis a vis your client, this must be recorded as said above, even if you choose not to take this to your supervisor. However, it is highly recommended that you do take all considerations to your supervisor.

* All actions that you have taken have to be noted in your client records and you need to tell your supervisor of these actions, with dates and times against each of the actions.

If the client discloses they are abusing:

***** Check out gently what you have heard to make sure you have understood them correctly and remind them of the contracting about confidentiality and its limits.

* Try to get them to take the appropriate action, for example with your support contacting the police.

* You will need to disclose the information that is being given to you and you must make this clear to your client.

* If the risk is significant and imminent you will need to disclose it straightaway to the MIP safeguarding lead and/or social services or the police.

* Offer to continue to support the client through the ongoing therapy if appropriate and safe to do so.

* If you no longer feel safe to work with the client seek advice from the MIP safeguarding lead and your supervisor.

* Make sure that you made notes of all your appropriate actions and discussions with your client, supervisor and safeguarding lead.

If the client discloses that a Third Party is Abusing:

***** First of all check out gently what you have heard to make sure you have understood correctly.

* Try to get them to take appropriate action.

* Whether or not they are prepared to take appropriate action speak to your supervisor and the safeguarding lead at MIP as soon as possible.

* In your client notes you need to record all discussions with the client, supervisor and the safeguarding lead.

SUICIDE AND SELF HARM FRAMEWORK

This document has been informed by the BACP Information Sheet P7 Working With Suicidal Clients, and the Suicide Risk Document produced by Newcastle, North Tyneside and Northumberland NHS as well as the information produced by Beacon Counselling.

When working with Placement clients who present with a wide variety of issues, such as depression, anxiety, stress, repression of feelings, hopelessness, and a feeling of helplessness in the world and indeed in their levels of functioning, you may well find as the therapeutic sessions evolve that sitting underneath these presenting issues the placement client may report feelings/thoughts of suicide/suicidal idealisation.

Suicidal Idealisation

This is when clients may have fantasies, dreams or even imaginations of the ideas of what it's like to take their own life and indeed may have whole thought processes on how their suicide may impact other people around them.

More often than not when people report suicidal idealization it does not mean that they are then going to go and take their life. However, their reporting of this to yourself is important and must be taken extremely seriously by yourself. This is where supervision is imperative.

The Threshold Model

The threshold model shows how different types of risk and protective factors interact to produce a threshold for suicidal behaviour for the individual. The different types of factors are:

1. **Long term predisposing risk factors** that can be present at birth or soon after birth - these identify people who are in risk groups.

    Genetic or Biological Influences:

    (a) Family history of suicide or attempted suicide
    (b) Family history of depression
    (c) Family history of alcohol or other substance misuse

2. **Personality Traits**

    Rigid thinking characterized by patterns of thought that are difficult to change.

    Black and white thinking or “nothing thinking”

    Excessive perfectionism, where high standards are causing distress to the person or others.

    Hopelessness with bleak and pessimistic views of the future

    Impulsivity, tending to do things on the spur of the moment

    Low self esteem with feelings of worthlessness

3. **Short Term Risk Factors**

    Environmental Factors:

    (a) Divorced, separated of widowed
    (b) Being older and/or retired
    (c) Having few social supports
    (d) Being unemployed

    Psychiatric Diagnosis

    The three psychiatric disorders most strongly correlated with suicide are:

    * depression
    * Substance misuse (including alcohol)
    * Schizophrenia

4. **Precipitating Factors**

    These are events that may tip the balance when a person is at risk. They include:

    * High stress/life crises
    * Divorce

* Imprisonment or threat of imprisonment
* Recent job loss
* Recent house move
* Recent loss or separation
* Unwanted pregnancy
* Interpersonal problems

Depression

Depression is the most common of mental illnesses. People may often report low mood and lack of energy as criteria for depression.

Depression comes in many forms. Often it is defined as “anger turned inwardness”, repression of feelings, an incapacitation or/and a general sense of worthlessness and lack of purpose.

In a continuum of health you may get mild depression where a person may report the above and will be able to move from this state with relative ease.

If a person reports “at the other end of the health continuum” which we might call “high intensity” depression the person will report “stuck” or “fixed” in that particular state and an inability to move from one ego state to another.

Symptoms:

What follows is a check list of the most common symptoms of depression. If at least three-five of the symptoms below have been present for at least 2 weeks the person is likely to be suffering from clinical depression (high intensity).

1. Depressed mood
2. Loss of interest and enjoyment
3. Increased fatigue or loss of energy
4. Appetite or weight disturbances
5. Disturbed sleep
6. Ideas of self-harm or suicide
7. Reduced concentration and attention
8. Problems with sleep or indeed incapacitation
9. Reduced self-esteem and self confidence
10. Lack of pro-activity
11. Lack of purpose or structure in life

Process of Assessment (*taken from Suicide Risk Document- Northumberland NHS)*

Key stages in applying the threshold model to suicide risk and assessment are:

1. To establish a working relationship with the placement client. This means developing rapport and a trusting relationship with your client.

This working relationship will provide a container and a secure safe space for the placement client to feel more able to disclose important information with regards to what they are presenting.

The use of empathy, active listening, and genuineness is imperative in this, not only throughout therapy but also particularly important at this first stage of meeting.

2. Phenomenological Inquiry about the person's presenting issues and narrative is vitally important within the therapeutic sessions.

   You will also need to be aware of inquiring about their current mental health, physical health and any substance problems.

3. When listening to their historical and presenting issues you will also be able to assess their previous methods of coping with similar problems within what we call in Transactional Analysis their "Script".

4. It is imperative to seek information on their support system which would include availability and help provided by families and friends, for example do they live by themselves, with other people, within the family or do they in fact access any other type of service help.

5. Ask about current circumstances, life events and worries. Through this inquiry you will be able to assess any precipitating factors which/could be triggering any suicidal thoughts, feelings or indeed potential actions.

6. Finally, through the above you will have been throughout assessing the potential existence and specificity for any plans for suicide, including any nearby dates that have special significance for the person. Investigating the availability of means to commit suicide is crucial at this stage. This information will help to assess any suicidal intent.

7. After evaluating the placement client's narrative and information that you will have gleaned throughout the stages above, will help you to judge how close the person is to his or her threshold for suicidal behaviour. This then is your assessment of risk.

8. Having stated the above stages of risk assessment, it is important that you have this framework and information with regards to working in the area of mental health. Please note, as said above, that the MIP initial assessor will also have done their own risk assessment and will have made clinical judgements in terms of the clients that they will be referring to you in terms of the placement.

Managing Suicide Risk

Managing suicide risk in many ways comes with the territory of risk assessment and management techniques will differ depending on the assessed level of risk. For example, if your risk assessment is low then the management techniques will differ from working with a high assessment risk.

Low risk

1. If a risk is low, maintain usual contact/sessional arrangements.

2. A therapeutic approach is useful in promoting contact and encouraging the client to take a shared responsibility for their future care and safety. (The FRAMES approach to brief therapy is summarized below).

3. If you are concerned or anxious **talk to your colleagues at the placement service and/or contact your Placement Supervisor (do not wait necessarily for your next booked supervision session).**

4. Use the person's **existing support system** by encouraging them to engage with their contact/friends/family.

5. As said earlier, if you believe the risk is more urgent **contact your Placement Supervisor** and also talking with your colleagues may well be useful at this junction.

6. If they are the high end of suicide risk **Supervisor immediately to work out an action plan** with regards to future sessions.

7. The same as above - **immediate contact with your Supervisor** and immediate plans may need to be implemented, such as an urgent mental health assessment or even a 999 call.

8. Please note with regards to point (7) and (8) you will need to notify the Safeguarding Lead person at MIP.

High Risk

Conclusion

(a) Always be aware of suicide risk.

(b) It is vital to keep good and accurate records.

(c) Use the **FRAMES approach** as a therapeutic style to promote contact and change.

Feedback to the client
Responsibility for change lies with the client
Advice to change
Menu of strategies for bringing about change
Empathy as a therapeutic style
Self-efficacy or optimism

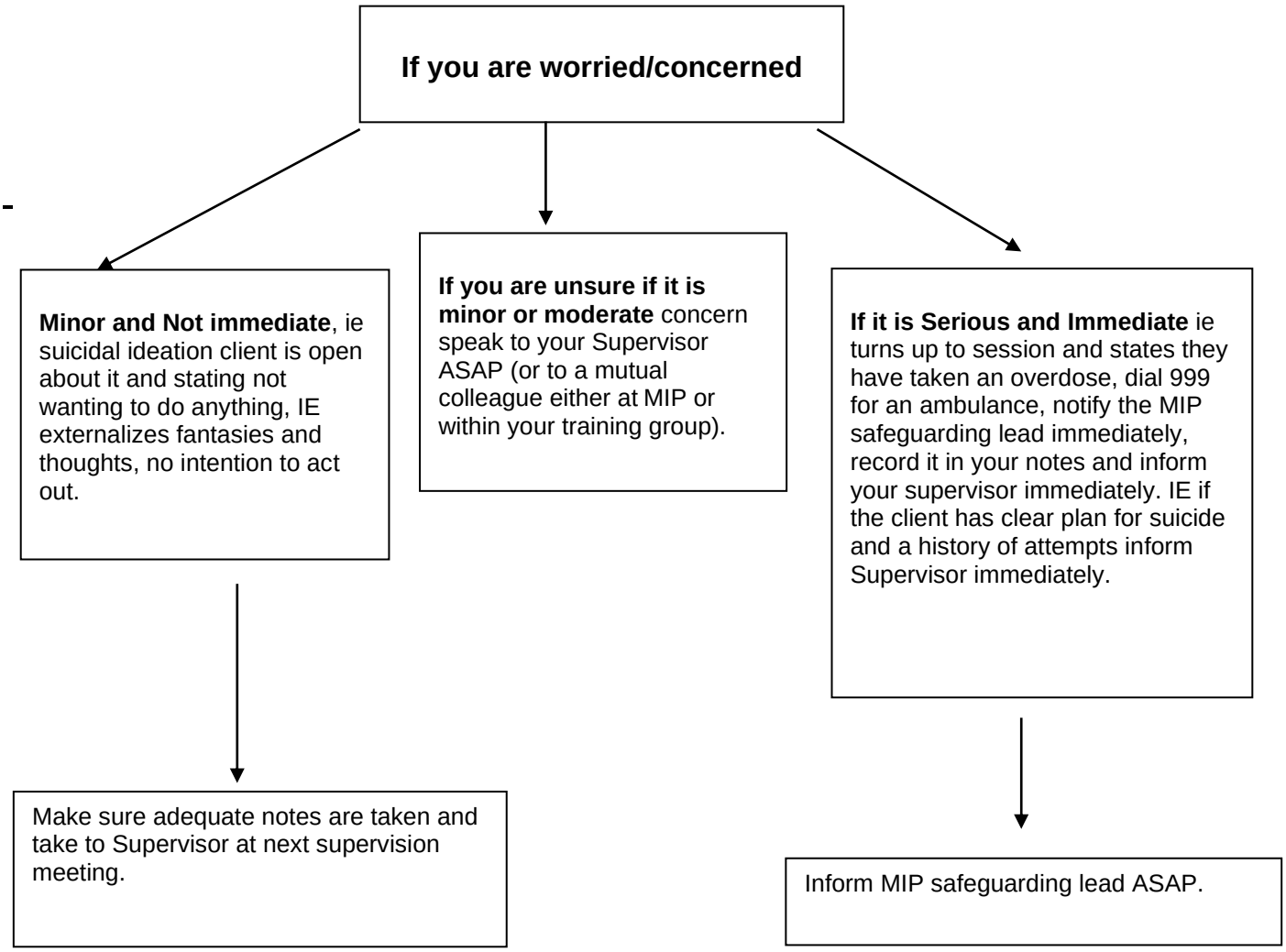
This mnemonic is a useful technique for memory recall and may be useful if this context.

Adult/Student/Placement

Suicide and Self Harm

MIP's procedure for assessment suicide risk has been taken from Suicide Risk Document - Northumberland NHS - covering key stages.

FLOWCHART OVERVIEW - SAFEGUARDING CONCERNS



We are committed to reviewing our policy and good practice annually.

This policy was last reviewed in November 2018

APPENDIX 66

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

SOCIAL MEDIA POLICY

Introduction

The aim of this document is to clarify MIP's position in regard to the use of social media and offer guidance for using social media responsibly. It aims to provide a guide for trainees, staff and members and is written in line with UKCP's Code of Ethics & Requirements and Recommendations for Professional Practice. Many more practitioners are using the internet, social networking sites and blogs to communicate - both personally and professionally. Members should be aware that these internet/social networking sites are public and permanent. Once something has been uploaded or posted, it is still possible to trace it or be saved by others, even if it is subsequently deleted.

Keeping Boundaries

The nature of an online presence has the potential to blur personal and professional boundaries. MIP requires that practitioners make a clear distinction between their online personal and professional presence, with regard to emails, websites and social media accounts i.e. Facebook. We require members to have a separate email address for personal and professional use and that all possible steps are taken to ensure confidentiality of professional emails. In particular, members are required not to use any joint email address with partner or other family member for professional purposes. It is important that if one email programme is used to collect emails from a variety of different accounts, e.g. Outlook, that it is not jointly used by a partner or other family member and is password protected. Where confidential documents are sent electronically they must have password or other forms of protection against being opened or tampered with by a third party. Smartphones and tablets that are synchronised with a main computer need to be protected from being accessed by a partner/other family member. If computers are used by people other than the practitioner, then all confidential and professional material needs to be password protected. Practitioners will have up to date antivirus and antiphishing protection and be registered under the Data Protection Act.

Privacy

Members are strongly advised to protect their own privacy. This means regularly checking your privacy settings as well as choosing carefully the information you make available online. Be aware that comments or images posted by friends or family may be accessible as their privacy settings may not be set as rigorously as your own. Pictures of you taken by other people may be tagged and it is recommended that you monitor this as much as possible and request people untag any inappropriate images. Members need to be aware that most search engines will guide members of the public to any sites that could have personal information posted about them. Members are also reminded that when social media sites update their services, sometimes the privacy settings are automatically reset to a default setting. It is incumbent upon members to be vigilant about this.

Professional Conduct

MIP therapists' own professional websites should include statements which reflect their policies on confidentiality, GDPR and adherence to UKCP guidance on social media.

However you identify yourself on your professional account (e.g. student/contractual trainee/UKCP etc), you are required to act professionally at all times and be guided by the MIP Code of Ethics and Requirements and Recommendations of Professional Practice. When members are involved in social networking sites, they may inadvertently become involved in ethically questionable conversations. If this occurs members are required to act according to our ethical guidelines (e.g. withdraw, seek supervision or confront).

In particular, MEMBERS MUST NOT:

* Establish online relationships which in any way compromise their professional relationship with clients and service users.

* Accept friend requests from clients or service users, and to decline this request using formal means of communication.

* Discuss clinical work or work-related issues online in any non-secure medium.

* Publish pictures of clients, trainees, supervisees or other service users online without their permission.

* Post defamatory comments about individuals or institutions. This applies to all comments made on personal or professional accounts. Defamation law applies to any comments posted on the internet.

* Use social-networking sites/internet/blogs for raising professional and/or ethical concerns or whistle-blowing. See next section for more details.

Professional Misconduct

The MIP Code of Ethics outlines our guiding principles, one of which is open communication with colleagues as well as clients. Members are required to confront any misconduct of other members on social networking sites either directly and formally with their colleagues, or as guided under the "Reporting Possible Violations" section of the Code.

This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary.

Last Reviewed and Revised September 2021

APPENDIX 67

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

POLICY FOR ONLINE/REMOTE THERAPEUTIC PRACTICE

This policy applies to all trainees at MIP while accredited therapists are expected to follow the UKCP guidelines on remote working.

The UKCP, of which we are an accredited training organisation, have asked us to ensure that trainees have reviewed guidance in relation to remote working.

UKCP policy emphasises adherence to the Code of Ethics & Professional Practice irrespective of whether clients are seen in person, online or otherwise.

Attention must be paid to those parts of the Code which are more relevant when working online:

* Confirm each client's consent with the specifics of the service you will offer through a clear contracting process at the outset of therapy.

* Ensure that your professional work is adequately covered by appropriate indemnity insurance or by your employer's indemnity arrangements.

* Respect, protect and preserve client confidentiality.

* Understand the limits of your competence and stay within them in all your professional activity.

Training Requirements

The Manchester Institute for Psychotherapy has required all trainees who are working online or remotely to have some training with regards to working online therapeutically.

While training at MIP is focused on face-to-face therapy, there maybe exceptional occasions when clients require remote therapy. It is required, therefore, that trainees will have had guidance from their supervisor before taking on such remote work.

Before agreeing to remote working, it is necessary to:

* Discuss your plans with your supervisor.

* Check what options you are realistically able to offer

* Check what options are practicable for the client

* Ensure your insurance will cover you for remote working

* Reassured clients that confidentiality will be maintained and that it is the highest priority throughout the work with the medium.

* It is important that the medium you both use is safe and encrypted.

* Have a discussion with your supervisor regarding adapting techniques and communications styles for online or telephone therapy.

* Ensure you have the latest and most secure version of the software being used.

Risk

When working remotely, consideration should be given to risk assessment and any possible increase in risk factors which would then be taken to supervision. Please remember the usual protocols still apply in this context, i.e. MIP safeguarding policies.

If trainees do plan to work remotely, limits on what can be provided must be made clear. Review the information required for you to ensure appropriate support if a crisis occurs. Make sure you have their current GP details, postal address and telephone number. As above, the usual protocols on safeguarding are the same whether it be face-to-face or working remotely. You will still need to have, for example, access to information about sources of emergency support in their area etc.

As when working face-to-face, if you have any doubts about your client's safety, for example they may disclose they feel suicidal, then it is important to contact your supervisor or safeguarding lead immediately to discuss the safeguarding management of your client.

This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary.

Last reviewed and revised September 2021

APPENDIX 68

CONTINGENCY PLANS FOR THE UNEXPECTED DEPARTURE OF KEY MEMBERS OF THE MANCHESTER INSTITUTE FOR PSYCHOTHERAPY ORGANISATION

1. Aim of the Policy

The policy has been designed to prepare the Manchester Institute of Psychotherapy (MIP) to cope with the effects of an emergency. It is intended that this document will provide the basis for a relatively quick and painless return to "business as usual" regardless of the cause.

2. Objectives of the Policy

To provide a flexible response so that MIP can:

* respond to a disruptive incident (incident management)

* maintain delivery of critical activities/services during an incident (business continuity

* return to "business as usual" (resumption and recovery).

3. Business Priorities: Critical Function Checklist

Priority	Critical Function	Timeframe	Page
1	Overall management directorship	Restore within 48 hours	
2	Maintain Foundation and Advanced training courses provision and standards	Restore within a week	
3	Essential admin and financer	Restore within 48 hours	
4	Maintain availability of a training environment	Restore within a week	
5	Co-ordination of practice placements	Restore within 48 hours	
6	Continuity of essential communications	Restore within 48 hours	
7	Safeguarding	Restore within 24 hours	

4. Critical Function Analysis and Recovery Process

Priority	**1**	**Critical Function**	**Overall Management/Directorship**
Responsibility: (role, responsible for leading on this activity, plus deputies)			Director: Bob Cooke Other Director: Stephanie Cooke
Potential impact on organisation if interrupted:			Potential disruption to continuity of service and plans. Trainers' anxiety and uncertainty. Some loss of Bob Cooke's social capital Some impact on brand equity.
Likelihood of interruption to organisation			Medium likelihood.
Recovery timeframe: (*how quickly must this function be recovered to avoid lasting damage)*			48 hours
Plan and Resources required for Recovery			
Stephanie Cooke to deputise. Regular director's communication Shared decision making Deputising. Succession planning/discussion. Clear lines of delegated authority Continued discussion with accountants/book-keepers to ensure financial continuity.			

Priority	**2**	**Critical Function**	**Maintain Foundation and Advanced Training Courses Provision and Standards**
Responsibility: (*role responsible for leading on this activity, plus deputies)*			Director, Bob Cooke Other directors: Stephanie Cooke and Janet Fengeros
Potential impact on organisation if interrupted:			Delay in programme delivery Training dissatisfaction Complaints about service
Likelihood of interruption to organisation			Medium
Recovery timeframe: *(how quickly must this function be recovered to avoid lasting damage)*			1 week
Plan and Resources required for recovery:			
Identify training lead Training lead to deputise If training lead absent Stephanie Cooke/Bob Cooke to provide cover List of training associates and contact details to provide cover at short notice			

Priority	**3**	**Critical Function**	**Essential Business Support and Finance**
Responsibility: (*role responsible for leading on this activity, plus deputies)*			Cover Finance: Hannah Moss to deputise Cover for day to day admin: Bob Cooke/Stephanie Cooke/Jessica Cooke
Potential impact on organisation if interrupted:			Service disruption Backlog of work causing delay and confusion Delayed payments to suppliers Delayed payments to customers Complaints Poor Customer Service Poor response to enquiries from new customers
Likelihood of interruption to organisation			Medium
Recovery timeframe: *(how quickly must this function be recovered to avoid lasting damage)*			48 hours
Plan and Resources required for recovery:			
Stephanie Cooke to provide temporary cover with remaining admin/business staff. Hannah Moss/Mark Ainley to provide temporary cover for accounts and financial services			

Priority	**4**	**Critical Function**	**Maintain availability of a training environment**
Responsibility: (*role responsible for leading on this activity, plus deputies)*			Director: Bob Cooke Co-directors: Stephanie Cooke/Janet Fengeros
Potential impact on organisation if interrupted:			Medium
Likelihood of interruption to organisation			Medium
Recovery timeframe: *(how quickly must this function be recovered to avoid lasting damage)*			Within a week
Plan and Resources required for recovery:			
Use available alternatives, including online delivery Develop a range of alternative premises options (Wellbeing Centre and other therapy centres) Building team member capability to provide online services/training Online communication systems to provide training online			

Priority	**5**	**Critical Function**	**Maintenance of Practice Placements**
Responsibility: (*role responsible for leading on this activity, plus deputies)*			Directors Bob Cooke, Stephanie Cooke Placement co-ordinator: Karen Burke Supervisors
Potential impact on organisation if interrupted:			Trainees might be unsupported Trainee complaints/negative feedback Trainee drop-out Negative impact on clients receiving services from trainees
Likelihood of interruption to organisation			Low
Recovery timeframe: *(how quickly must this function be recovered to avoid lasting damage)*			48 hours
Plan and Resources required for recovery:			
Respond early to situation to contain anxiety Arrange temporary cover/negotiations, communication with placement providers			

Priority	**6**	**Critical Function**	**Continuity of Essential Communications**
Responsibility: (*role responsible for leading on this activity, plus deputies)*			Elaine Williams - Donna Cattell Hannah Moss - Mark Ainley
Potential impact on organisation if interrupted:			Disruption to service delivery and communications.
Likelihood of interruption to organisation			Low to medium
Recovery timeframe: *(how quickly must this function be recovered to avoid lasting damage)*			24 hours
Plan and Resources required for recovery:			
Actify team approach Service ethos - inclusion, community and transparency Action variety of communication methods such as remote services, temporary employment, face to face work, telephone work etc.			

Priority	**7**	**Critical Function**	**Safeguarding**
Responsibility: (*role responsible for leading on this activity, plus deputies)*			Bob Cooke Director Stephanie Cooke, Janet Fengeros Supervisors Trainers
Potential impact on organisation if interrupted:			Safeguarding issues not raised or addressed. Ethical implications with professional bodies.
Likelihood of interruption to organisation			Low
Recovery timeframe: *(how quickly must this function be recovered to avoid lasting damage)*			24 hours
Plan and Resources required for recovery:			
Trainers communication and transparency Address safeguarding policy Strategic partners support Transparency training and support			

5. Emergency Response Checklist

This page should be used as a checklist during the emergency

Task	**Completed Date/Time/By**
Actions within 24 hours:	
Start log of actions and expenses undertaken	
Liaise with emergency services, see emergency contact list	
Identify and quantify any damage to the organisation, including staff, premises, equipment, data, records etc.	
Assess the key priorities for the remainder of the working day and take relevant actin. Consider sending staff home to recovery site etc.	
Inform staff what is required of them	
Identify which critical functions have been disrupted	
Convene those responsible for recovering identified critical functions and decide upon the actions to be taken and in what timeframes.	
Provide information to: Staff, Suppliers, Customers and Insurance Company	
Make sure everybody knows the interim arrangements for delivery of critical activities and ensure all stakeholders are kept informed of contingency arrangements as appropriate.	
Recover vital assets - equipment - to enable delivery to critical activities. The essential equipment/resources/information that need to be recovered where possible.	
Daily Actions during the Recovery Process:	
Convene those responsible for recovery to understand progress made, obstacles encountered and decide continuing recovery process	
Provide information to staff, suppliers and customers, insurance companies etc.	
Provide public information to maintain the reputation of the organisation and keep relevant authorities informed	
Following the Recovery Process:	
Arrange a debrief of all staff and identify any additional staff welfare needs	
Use information gained from the debrief to review and update this policy/management plan	

6. Actions and Expenses Log

This form should be used to record decisions, actions and expenses incurred in the recovery process. this will provide information for the post-recovery debriefing, and help to provide evidence of costs incurred for any claim under an insurance policy.

Date/Time	Decision / action Taken	By Whom	Costs Incurred

This policy will be reviewed every 18 months and updated a minimum of every 36 months.

Revised February 2021

APPENDIX 69

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

LONE WORKING POLICY

Purpose:

The aim of this policy is to alert therapists working from MIP and at home of the risks presented by “lone working”, to identify the responsibilities each person has in the situation and to describe procedures that will minimise such risks.

It is intended to give therapists working from MIP and from home a framework for managing potential risky situations.

Scope:

This policy applies to therapists and trainees working alone at MIP and at home.

Therapists Working from MIP - Safeguarding Issues

* Where possible, therapists should only be working where there is at least one person from MIP.
* Make sure that the admin at MIP knows you are working in the building - when you start and end.
* Make sure that you have your mobile phone with you at all times.
* Make sure that you have the MIP safeguarding lead phone numbers to phone in case of emergency situations.
* Make sure that the “client you are working with” has been adequately assessed by yourself or by the referral processes at MIP.
* Make sure you feel safe working from your therapy room at MIP - make sure you and your clients know of exit points when working from MIP.

Therapists Must Ensure:

* That the therapy room door is unlocked
* That they keep their phone nearby in the therapy room in case of emergency
* That they take responsibility for risk assessing whether the room is a safe and suitable therapeutic space

Security:

* That the front door of MIP property is lockable.
* That the exit doors of MIP are lockable
* Make sure you have the alarm code for the alarm system at MIP.

Questions to ask yourself

1. Could you get locked in at MIP? (with or without your client)
2. Could you get locked out at MIP? (with or without your client)
3. Is someone else in the building when you have a new client - this is for safety and to make the client aware that you are not alone in the building.

Working from Home

Reflections:

* How safe might you feel working alone?
* Will you be working alone for part or all of the time?
* Do you have safeguarding procedures in place?
* Does somebody know when you are working - beginning and ending sessions?
* Do you have a “buddy system” in operation?

Security:

* Is the outer door of your property lockable?
* Can you get locked in (with or without your client)?
* Can you get locked out (with or without your client)?
* Is there an exit door to your property?
* Does your client know of the exit door?
* You must have your mobile phone with you in and out of the therapy session.
* Have you considering having a “panic” button installed in your therapy room?

Assessment Procedures:

* Have you done an adequate assessment procedure, either online or by phone before seeing your client?
* Be prepared to say “no” to offering therapy if (1) the client is unsuitable for therapy (2) if you feel uncomfortable with the client, and (3) don’t succumb to financial (or any other) pressure to take on every potential client.
* Have you talked through with your supervisor your “lone” working policy?
* It might be important to obtain personal details before agreeing to meet.
* Do you need to make amendments or additions to your current lone/working safety arrangements?

This policy will be reviewed every 18 months and updated a minimum of every 36 months.

Revised December 2020

APPENDIX 70

MANCHESTER INSTITUTE OF PSYCHOTHERAPY

ACADEMIC STANDARDS POLICY

Policy Statement:

This policy applies to all students attending MIP.

Policy Aim:

MIP is committed to providing the highest academic standards and learning for all its students, and this policy aims to provide a procedure for students and tutors to follow if the student consistently does not meet up to the expected academic standards required.

Required Standards:

* Pass all assignments at Grade D or above
* Show a commitment to the ethos and values of MIP and Integrative TA
* Student must maintain a consistent level of emotional robustness and resilience appropriate to the learning environment
* Willing to reflect on their learning, feedback and their impact on others

However, if a student:

* consistently does not meet our academic standards,

* displays poor behaviour for a sustained period, or

* commits an act amounting to gross misconduct,

then it may be necessary to defer them from the course or even exclude them from MIP.

Failure to meet academic expectations may include repeated, unexplained or unacceptable absence, persistent, poor punctuality, a poor record of work submission, inability to maintain an appropriate level of emotional robustness, or a failure to respond to measures put in place by the course tutor.

Assessing Capability for Continuation on the Course:

Every opportunity is taken by MIP to support all students in development their interpersonal and academic skills.

If work or behaviour do not meet these requirements, as stated in the Student Handbook, the following process is in place in order to support the student.

Stage 1 - Initial Supportive Meeting

***** Student meets with Course Tutor(s) to explore and highlight their needs.

* Discuss improvement strategies, e.g. submit re-sit of failed assignment and/or take issues to therapy

* Consider further options available, e.g. extra mentoring on written work.

* Agree improvement plan with support required, e.g. assign a mentor

* All actions to be minuted and recorded.

Depending on the needs of the student, a first review date will be mutually decided at this first meeting.

Stage 2 - If requirements have not been met:

* Academic or behavioural issues persist.

* Written work not meeting the requirements.

* Lack of commitment to the culture and ethos of MIP

* Inability or unwillingness to show respect to fellow students and tutors

At this stage, the tutor(s) will meet with the student to look at roadmap/options for continuation on the course. This may be another submission of a new assignment with the support of a mentor and/or student has ongoing monitoring by the tutor. If no resolution is met at this stage then the student will move to Stage 3.

Stage 3 - Referral to Independent Review Board

The Independent Review Board will consist of three people: a member of the Quality & Ethics Committee, an independent MIP member and a MIP trainer.

This Board will meet to consider all evidence and documentation relevant to the student:

* Minutes recorded at meetings

* Tutor feedback from training weekends

* Written Assignment Tutor Feedback Forms

* Second Marker’s Feedback

* Qualifications and Certificates

* Accredited Prior Learning

Board discussions will involve considering the following options:

* To take a year out and to repeat the training year, providing evidence to show all issues have been addressed through either therapy or academic learning.

* To exit the training programme if deemed unsuitable for psychotherapy programme or unable to reach the academic standards.

Deferments and exclusions are wholly at the discretion of the Director of MIP.

Appeals:

It is the responsibility of the student to provide relevant evidence when appealing against any decision of the Independent Review Board.

All appeals must be made in writing, for the attention of the Chair of the Quality & Ethics Committee.

The Chair will respond, within seven working days, to acknowledge receipt of the appeal.

For further information on Appeals, see MIP's Complaints Procedure and Policy.

This policy is regularly reviewed every 18 months and updated a minimum of every 36 months as necessary.

February 2021

APPENDIX 71

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

DYSLEXIA POLICY

In the UK, academic institutes now consider that if a student is at a substantial disadvantage, the educational provider is required to make reasonable adjustments.

Assessment and examination policies, practices and procedures should provide disabled students with the same opportunity as their peers to demonstrate the achievement of learning outcomes.

Dyslexia nearly always affects both speed and accuracy in reading and writing. It does not generally affect higher level language skills such as oral comprehension, and reading comprehension is only affected if the ability to decode text is seriously impaired. Most dyslexic students can be slow readers, and as accuracy is also affected. they generally need to re-read texts more often than students who are not dyslexic.

Most students with dyslexia cannot produce written work as quickly as other students; they are likely to make more spelling errors even in word-processed work; their punctuation and grammar may be weak and they often omit, repeat or insert small function words or word endings in both reading and writing.

Dyslexic students typically find it very difficult to proofread and edit their work, as they lack awareness of detail in texts. They may submit assignments which look as if they have not been checked for inaccuracies. As a result of weakness in working memory, they may have difficulty transcribing or copying, resulting in inaccuracy, which when numbers are involved may have serious implications.

Some generalisations about dyslexic students' performance when writing

Some of these apply to students some of the time while others will not apply at all. Dyslexia affects individuals in very different ways; it is rarely the same for any two people. Students have different experiences of learning, their needs have been identified at different times in their learning careers, they have received differing amounts of support and they have developed different coping strategies.

1. Dyslexic students tend to think in a holistic, non-linear way i.e. a non-verbal way, which is difficult to convert into the linear nature of words.
   Therefore, dyslexic students can use more time and mental energy to put ideas into words but may grasp the global picture very easily.

2. Dyslexic people usually have a strong perception of what they intend to write. They retain the mental image of the ideas they want to convey in spite of the actual way this is ultimately expressed in writing.
So, there is an inability to see that their writing does not reflect their ideas. An inability to proofread their work. Mistakes in exams will not be identified or corrected.

3. Dyslexic students do not learn language skills subliminally. They cannot improve these skills through the process of error identification alone.
Detailed explanations of underlying spelling, grammar, punctuation and syntax rules are needed to develop language skills. Standard feedback normally provided is insufficient for the needs of most dyslexic students.

4. Dyslexic people may find it hard to 'read between the lines'.
Dyslexic students need direct but positive comments. e.g. "this was good because…". Telling a dyslexic student not to do something without providing a reason can be completely useless.

5. A dyslexic person can find it difficult to present ideas in organised and structured formats. e.g. essays, reports, examination scripts etc.
The principles of good presentation need to be taught. Samples and model answers for each format should be presented and explained.

6. Technical mistakes in written English and poor presentation may mask the ideas and knowledge the student wishes to convey, which can be frustrating for the student and difficult for the marker.
When marking, look beyond the poor language skills for knowledge and ideas.
Typical mistakes made by dyslexic students:
   - bizarre or inconsistent spellings even of 'common' words, for example said, what, when.
   - incorrect use of homophones e.g. hear and here, there and their.
   - omission or transposition of letters, syllables and words e.g. siad for said.
   - poorly constructed sentences e.g. very long rambling sentences with no punctuation.
   - tenses are used incorrectly and inconsistently.
   - vocabulary is restricted or poor.

Guidelines for Primary Tutor, Supervisors & Examiners:

Although marking criteria will generally focus on content over form, the structure, and coherence of written work will always be an assessment criterion. Dyslexic candidates who find it difficult to produce well-structured work with a logical sequence should be advised to seek extra support in writing their assignments.

Primary Course Tutors are responsible for finding out who, in their training group, is dyslexic.

It is helpful for students with specific learning difficulties to be given constructive feedback to help them to identify ways of improving their written language skills.
Marking Aims

* to mark work fairly, neither overcompensating nor penalising for dyslexic difficulties, mark for content and ideas only (especially in exams).

* to disregard an individual's dyslexic mistakes.

* Read uncritically, looking for ideas, understanding and knowledge.

* Make constructive comments.

* Explain your comments in a straightforward way.

* Write legibly and use good, clear language.

* Feedback positively if you are marking just for ideas and understanding.

* Use two pens or coloured fonts, neither red, one for ideas (Green/Blue), the other for language. (If you do not correct the language, only one pen is necessary).

* Be sensitive: many dyslexic students have been badly hurt by lack of understanding in the past.

This policy will be reviewed every 18 months and updated a minimum of every 36 months.

Reviewed April 2021

APPENDIX 72

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

ASSESSMENT FOR FITNESS TO PRACTICE POLICY (Psychotherapy field)

Rationale

In order for trainees to start seeing clients on their placements, or to begin to see clients in any other setting, they will need to have completed successfully their Clinical Endorsement Evaluation and be endorsed by the Manchester Institute for Psychotherapy to begin clinical practice under supervision.

Procedure

All students will begin their clinical competency assessment process in the seventh module of the first year on the four year training programme, and they will be evaluated with regards to their endorsement certificate in the December module of the second year.

The successful completion of the evaluation and subsequent certificate of clinical endorsement, as well as the tutor's signing of the individual's "Fitness to Practice" form, will qualify the individual being able to work at a clinical level.

The Trainer will need to be satisfied that the student has demonstrated the following criteria.

* Students will need to have passed all the assignments of the first year of the four year course.

* Secondly, they will need to have successfully completed the clinical endorsement process.

* Thirdly, that they have an understanding of what it means to be ethical and of the MIP/UKCP Code of Ethics.

* Fourthly, to have demonstrated through assignments, and an understanding and appreciation of transactional analysis, and through observed work including triad work, the ability to apply it to self and to others.

* Ability to demonstrate personal qualities that are essential for therapists, e.g. rigour, self-awareness, the capacity for self-reflection and commitment to the process of training, to the placement, and to the transactional analysis philosophy of okayness.

Statement of Fitness to Practice

Name of Organisation:	
Name of Student:	
Name of Trainer(s)	
Date of Assessment	

Criteria	**Met**	**Not Yet Met - Please Give Feedback as Necessary**
The ability to build a rapport with another person.		
The ability to develop a relationship of trust with another person.		
The ability to be open and transparent within the therapeutic relationship		
The ability to show warmth, compassion and understanding for another human being.		
Commitment to anti-discriminatory practice, valuing issues of difference and diversity.		
An understanding of the extent and limitations of confidentiality; an awareness of boundary issues and effective use of supervision.		
Membership of a professional psychotherapy organisation, e.g. UKCP, BACP, and abide by their code of ethics and professional practice requirements.		
Commitment to continuing training		
Commitment to a placement for at least one year.		

Signed: Trainer(s) ……..…..

Date: ……

Evaluation Form for Clinical Endorsement of Competencies

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
12	Demonstrates the ability to use empathy within the relationship.	Yes / No
13	Demonstrates the ability to be able to access the child ego state	Yes/No

This policy is regularly reviewed every 18 months an updated a minimum of every 36 months

Revised February 2021

Manchester Institute for Psychotherapy

UKCP

APPENDIX 73

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

BREAKS AND TIME OUT POLICY

The purpose of this policy is to explain the processes concerned with taking time out, ie a Sabbatical, and shorter breaks from your training at the Manchester Institute.

Procedure

The Manchester Institute appreciates that life happens, and that there are times when a member will need to have a break in his/her practice for example due to family issues, or illnesses or have an enforced break due to eg disciplinary matter or wish to take a break in their studies.

Recognising the uniqueness of the individual means each application will be considered on an individual basis.

It is the responsibility of the member to inform the Manchester Institute for Psychotherapy administrator at the start of the break, at the start of each subsequent year if more time out is required and, when the member wishes to return, to contact the Manchester Institute for Psychotherapy administrator for a rejoining form. Please note that membership is on a yearly basis lasting from 1st October to 30th September; irrespective of when the member returns the full year membership fee will be payable.

All members need to be aware of the potential impact on themselves and their client and or supervisees if they need to take a time out or sabbatical.

It also is imperative that members/trainees talk through their plans for time out or sabbatical with their Primary Course Tutor and have a negotiated agreement to that end.

Again, it is important that the member/trainee if they are seeing clients either through the placement or on a private clinical basis should have also talked this through with their supervisor and reached a shared agreement how to go forward with their proposed break or sabbatical. This is of the utmost importance and needs careful planning with your supervisor with regards to the member/trainee's clinical work.

February 2021

Manchester Institute for Psychotherapy

UKCP

APPENDIX 74

UKCP ACCREDITATION DOCUMENTATION

MARKING CRITERIA FOR THE PROFESSIONAL REGISTRATION WITH UKCP CASE STUDY (10,000 WORDS)

TUTOR FEEDBACK FORM

STUDENT NAME _____ **DATE** _____

FIRST MARKED BY _____ **GRADE** _____

CRITERIA	PERCENTAGE
1. ORGANISATION AND PLANNING *There should be a structured plan for Case Study with appropriate headings e.g. an Introduction, Therapy Process and Conclusion.* *15%*	
2. ARGUMENT & APPLICATION OF THEORY TO PRACTICE *An illustration of the therapeutic journey and process with clear links to theory underpinning the work presented.* *30%*	
3. THEORY & ANALYSIS *Theory including the different schools should be used to support the Case Study rationale, in addition there needs to be practical links of the theory to specific areas of application.* 30%	
4. RESEARCH AND REFERENCING *All work should be referenced and include a Reference section, using an agreed format. Reference could be to course handouts, books, articles, web items. Diagrams to be represented accurately from the original theory and amendments highlighted.* 10%	
5. STYLE AND PRESENTATION *The Case Study 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%).* *15%*	
PERCENTAGE TOTAL:	

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

MARKING CRITERIA - UKCP CASE STUDY 10,000 WORDS

STUDENT NAME ……. GRADE AND PERCENTAGE ……

Mark	Organisation and planning 15%	Application of theory to practice 30%	Theory and analysis 30%	Research and referencing 10%	Style and presentation 15%
	There should be a structured plan for the case study with appropriate heading an introduction, therapy process and conclusion.	*An illustration of the therapeutic journey and process with clear links to theory underpinning the work presented.* *To include the process of the Case Study* • *Self awareness, transference and counter-transference.* • *Client Transferential issues eg projection.* • *Intersubjectivity.* • *Relational dynamics; rupture and repair.* • *Quality of the contact.* • *Hunches and predictions.* • *Intuition and creativity. Techniques from different schools* • *Professionalism, ethical considerations, limitations and learning.* • *Cultural and EDI considerations.* • *Supervision (and possibly Therapy) utilised.*	*Theory including the different schools should be used to support the Case Study rationale. In addition, there needs to be practical links of the theory to specific areas of application namely:* • *Diagnosis, including differential diagnosis problem formulation.* • *Contracting,* • *Treatment Planning and sequence.* • *The Process of the Therapy Journey.* • *Pacing and evaluation of effectiveness of Interventions.* • *Contract Completion,* • *Script Change towards Autonomy.* • *Prognosis.*	*All work should be referenced and include a reference section, using an agreed format. - reference could be to course handouts, books, articles, web items. Diagrams to be represented accurately from the original theory and amendments highlighted.*	*Case Study should be typed and double spaced, with front sheet and pages numbered and named. Marking will take into account spelling, grammar and adherence to word limit (+ or – 10%)* • *This should include a front sheet specifying the Title, name of student and word count.* • *Presented in a folder or bound.*
A **PASS** **80 – 100%**	Exceptional planning resulting in excellent structure and presentation	Demonstrates exceptional ability to present and discuss the therapeutic and relational process of the therapy to show a high level of understanding. High order appreciation of the components of the therapeutic process and relationship.	Exceptional rationale for the theory presented maintained throughout. Sophisticated grasp of theory and its application. High order integration of self-awareness to support the reflexive process of therapy and theory in action.	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.

Mark	Organisation and planning 15%	Application of theory to practice 30%	Theory and analysis 30%	Research and referencing 10%	Style and presentation 15%
B **PASS** **65%-79%**	Evidence of careful planning resulting in a well-structured and well-presented piece of work	Demonstrates significant ability to present and discuss the therapeutic and relational process of the therapy to show a strong level of understanding. Significant appreciation of the components of the therapeutic process and relationship.	Significant rationale for the theory presented maintained throughout. A well-developed grasp of theory and its application. Strong integration of self-awareness to support the reflexive process of therapy and theory in action.	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
C **PASS** **50%-64%**	Clear evidence of planning leading to a reasonable structure	Demonstrates good ability to present and discuss the therapeutic and relational process of the therapy to show a sufficient level of understanding. Good appreciation of the components of the therapeutic process and relationship.	Good rationale for the theory presented maintained throughout. Sufficient grasp of theory and its application. Some integration of self-awareness to support the reflexive process of therapy and theory in action.	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.
D **DEFER** **40%-49%**	Some logic and thought given to planning and structure	Demonstrates weak ability to present and discuss the therapeutic and relational process of the therapy and shows appropriate understanding. Insufficient appreciation of the components of the therapeutic process and relationship.	Limited rationale for the theory presented. Weak grasp of theory and its application. Poor demonstration of integration of self-awareness.	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
FAIL **0%-39%**	Limited evidence of planning of work and little structure	Lacking ability to present and discuss the therapeutic and relational process of the therapy and shows little if any understanding. Lacking in understanding of the components of the therapeutic process and relationship.	Solely descriptive content with little or no link to theory.	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.

November 2021

AUDIO RECORDING TRANSCRIPT - GUIDELINES

1. AUDIO RECORDING TRANSCRIPT WITH COMMENTARY

It is not required, but it is recommended, that the audio recording be your case study client. The transcript will be a maximum of 20 minutes. The student will submit to the marker the recording of the whole session and it must not have been edited.

The Audio Recording - appropriate quality
The audio recording will be of approximately 50 minutes duration and should be no longer than this.
Sound 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 recording will not normally be too long.

It is particularly important that the recording demonstrates the student's work. His/her interventions/comments will need to be heard at frequent intervals throughout.

It is important to bear in mind that the recording is not meant to show a brilliant psychotherapist, and "flaws" may be commented upon constructively.

2. 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 two-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, observations, speculations, personal reactions to the client, interventions and client's reaction, relevant theoretical reflection …

* The transcript may include appropriate supporting material. e.g. if it's of particular relevance to the client's process.

* 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.

* Pages will be numbered consecutively at the bottom of the page.

MARKING CRITERIA FOR THE AUDIO RECORDING
PSYCHOTHERAPY COURSE IN TRANSACTIONAL ANALYSIS
FROM AN INTEGRATIVE APPROACH

Student's name _____ **Date** _____

Marked by _____ **Grade** _____

	A	B	C	D	U
1. PROBLEM FORMULATION (the ability to formulate the client's problem in terms of Transactional Analysis psychotherapy from an Integrative approach as demonstrated in the prologue.					
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 PSYCHOTHERAPIST AND CLIENT (including the awareness and availability of therapist's own process, transference and counter-transference).					
5. PROFESSIONALISM (therapist demonstrates an awareness of diversity, ethical, cultural issues and the limits of their own competence)					
6. ANTICIPATION AND PREDICTIONS OF PSYCHOTHERAPY PROCESS (ability to chart the direction of the psychotherapy which will be reflected in the prologue)					
7. THEORY (knowledge of significant aspects of Integrative Transactional Analysis psychotherapy theory)					
Grading Scale A. Excellent in most respects B. Very good in most respects C. Good in most respects D. Satisfactory in most respects U. Unsatisfactory - some aspects of the case study need further work (see feedback sheet from marker)					

GRADING SCALE FOR AUDIO RECORDING

Grade Descriptor	Criterion Grade	Numerical Grade	Cut off points between grades
Excellent in most respects	**A**	**22**	17.5
Very good in most respects	**B**	**16**	14.5
Good in most respects	**C**	**13**	12.5
Satisfactory in most respects	**D**	**11**	9.5
Unsatisfactory, needs further work	**U**	**8**	-

How to mark using grading scale:

1. **Assign a relevant grade (A-D, and U) to each criterion on the Marking Criteria Sheet**
2. **Using the above table convert each alphabetical grade to a corresponding numerical grade**
3. **Add them up and divide by 7 to get the average number**
4. **Change the number back to a letter. This is the overall grade**
5. **The last vertical column gives you the cut-off points between grades**

AUDIO RECORDING TUTOR FEEDBACK FORM
TRANSACTIONAL ANALYSIS PSYCHOTHERAPY COURSE
FROM AN INTEGRATIVE APPROACH

Student's Name_____ **Date**_____

Marked By_____ **Grade**_____

1. PROBLEM FORMULATION (the ability to formulate the client's problem in terms of Transactional Analysis psychotherapy from an Integrative approach as demonstrated in the prologue)
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 OF CONTACT BETWEEN PSYCHOTHERAPIST AND CLIENT (including the awareness and availability of therapist's own process, transference and counter-transference)
5. PROFESSIONALISM (therapist demonstrates an awareness of diversity, ethical, cultural issues and the limits of their own competence)
6. ANTICIPATION AND PREDICTIONS OF PSYCHOTHERAPY PROCESS (ability to chart the direction of the psychotherapy which will be reflected in the prologue)
7. THEORY (knowledge of significant aspects of Integrative Transactional Analysis psychotherapy theory)