

**MIP - UKCP ACCREDITATION
HANDBOOK**

JANUARY 2024

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INTRODUCTION

This handbook is information required for MIP graduates who are planning to be registered by MIP as UKCP psychotherapists. They will then sit in the Humanistic Integrative Psychotherapy College within the UKCP.

All the information in this handbook is accurate at the time of writing, January 2024. Please note that if there is any new information which is required by the UKCP for the registration process we will add this to the handbook as soon as the UKCP inform us of the new documentation.

Also, please note that though you can put this documentation together on an individual basis with a MIP trainer, it is far better and more supportive that you put the portfolio together with the support of the MIP registration training group.

On a final note, if you decide to put your portfolio together individually, it must be with a MIP trainer as it is the trainer who evaluates your case study and audio recording transcript and it is MIP that registers you for UKCP purposes.

General Information with regards to your Portfolio

In order for MIP to register you with the UKCP, and for you to get your final accreditation, you will need to submit a portfolio to your accreditation trainer for checking purposes. In this portfolio the following are needed:

- Copy of your Diploma in Transactional Analysis from an Integrative Perspective.
- Evidence of at least 450 clinical hours completed.
- Evidence of at least 75 hours of clinical supervision completed.
- Evidence of completion of the second part of your Mental Health Familiarisation Unit which needs to include:

(a) At least **30** hours in total in **2** distinct areas of working with vulnerable people in the community.

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 of MIP graduation then they would still need to evidence 30 hours of current direct mental health experience.

(b) A short report (at least 500 words) from each of the placements outlining what you gained from your time in the placement plus a short report from the line manager or supervisor evidencing that you completed satisfactorily the placement hours.

Please note, it is important not to confuse the Mental Health placement with the clinical placement that you completed in your four year training at MIP. If you completed your clinical placement with 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 900 hours overall to complete UKCP regulation. As well as this, the focus of the 2 placements are distinctly different in nature and experience.

- Successful completion of your 10,000 word case study and your trainer's marking criteria and marking.
- Evidence of your completion of the theory into practice of your audio recording and your trainer's feedback form and marking.
- Evidence of at least 150 CPD/ADL hours (anything before the beginning of your 4 year training at MIP cannot be included).

THE FOLLOWING ARE THE REQUIREMENTS THAT NEED TO BE SUCCESSFULLY COMPLETED FOR MIP TO BE ABLE TO REGISTER FOR UKCP PURPOSES:

Part 1 - Clinical Case study – Transactional Analysis from an Integrative Perspective

A Clinical case study of 10,000 words

This will be taken from the 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 demonstrate their role as a psychotherapist. They should focus not only on the client in the course of therapy, but on the relationship between their 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 Harvard reference list must be included. Pages should be numbered at the bottom of each page.

The following guidelines indicate what needs to be included.

Introduction –

This should be a brief overview to help the examiner become familiar with the client and client's initial process. It should not be overly comprehensive and normally not exceed 20% of the case study. The following are some guidelines of material for inclusion.

1. Brief description of client:
 - * Gender, age, relationship status, members of the family at present, social relationships, occupation.
 - * Source of the referral.
 - * Therapeutic or relevant medical history.
2. Presenting problem, current situation and the purpose of therapy: why they came, their expectations, realistic otherwise.
3. Initial contracts and agreements established.
4. First impressions:
 - * General appearance
 - * Physical stature and posture
 - * Mannerisms
 - * Voice quality
 - * Movement
 - * 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
 - * Social and environmental support

 7. Initial Diagnostic Picture
 - * Give a diagnosis based on **Integrative Transactional Analysis and Integrative Psychotherapy**, analysing the client's present situation using two or three concepts.
 - * Give a diagnosis on the basis of a non-TA therapy 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 these diagnoses, 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. Describe the final treatment contract between you and your client and explain how, throughout the case study, it evolved and whether it was met.

 10. Treatment plan
 - * Describe your overall treatment plan, referring to your diagnosis of the client.
 - * Explain how you envisaged the stages and final goal of the treatment.

The Psychotherapy Process

Summarise the psychotherapy process, describing its separate stages and using appropriate Integrative Transactional Analysis and Integrative Psychotherapy 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 in your relationship with the client.
- * Include descriptions of your use of supervision

Prognosis

- * Describe the present stage of the treatment process and say whether you are still working with this client.
- * Describe your prognosis.

Concluding remarks

- * Describe your learning experience during your work with this client. For example: mistakes made, realisations, interventions you could have done differently.
- * Aspects you found rewarding sources of satisfaction. Elements you are proud of, justificative risks and challenges.

Assessment

From the Case Study, as with the transcript, the examiners will be looking for evidence of the student's integration of theory, skills, self-support and ethical practice. See Case Study marking criteria.

Part 2: Audio Recording and Transcript with Commentary

Recording and Transcript

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. The transcript will be a 20 minutes extract from this recording. The student will submit the transcript but not the audio recording. However, the audio recording must have been listened to and signed off by the accreditation supervisor.

There should be relatively fluent interaction with evidence of therapeutic responses.

It is particularly important that the transcript demonstrates the student's competency and shows what they did, how they did it and why.

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

The Transcript Presentation

The transcript will cover a maximum of 20 minutes.

The transcript with commentary will be typed on A4 paper:

- 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.
- 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, eg observations, speculations, personal reactions to the client, interventions and client's reaction, relevant theoretical reflection.
- The student will include a Prologue – in which the client is introduced and their presenting difficulties outlined – and an Epilogue, which discusses how the work has helped the client progress or how the therapeutic relationship is changed in some way. Elements of transference and counter transference may be explored in this section.
- This submission will include supporting material, for example a seating plan, room plan if relevant, a glossary of terms and bibliography.

Assessment Criteria

From the transcript, the examiners will be expecting to see evidence of the student's integration of theory, skill, self-support and ethical practice. The students will be assessed according to the marking criteria.

MENTAL HEALTH FAMILIARISATION PART TWO (PLACEMENTS)

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.

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
- Alzheimer'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 rationale 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, 500 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 30 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 30 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 500 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 focus 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.

(updated August 2023)

Approved by MIP February 2019.

**MARKING CRITERIA FOR THE TRANSACTIONAL ANALYSIS FROM AN
INTEGRATIVE PERSPECTIVE CASE STUDY (10,000 WORDS)**

TUTOR FEEDBACK FORM

Student's Name _____ Date _____

Marked By _____ Grade _____

CRITERIA
1. ORGANISATION & PLANNING
2. APPLICATION OF THEORY TO PRACTICE
3. THEORY & ANALYSIS
4. RESEARCH AND REFERENCING
5. STYLE AND PRESENTATION

October 2023

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

MARKING CRITERIA – UKCP CASE STUDY – TRANSACTIONAL FROM AN INTEGRATIVE PERSPECTIVE - 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%
	<p><i>There should be a structured plan for the case study with an appropriate heading, an introduction, therapy process and conclusion.</i></p> <p><i>The case study should be written in a well-structured, logical manner.</i></p>	<p><i>The case study should be an illustration of the therapeutic journey and process with clear links to theory underpinning the work presented.</i></p> <p><i>The following should be included in the therapy process section of the case study:</i></p> <ul style="list-style-type: none"> • <i>Self-awareness, transference and countertransference.</i> • <i>Client transference issues, e.g. projection.</i> • <i>Intersubjectivity.</i> • <i>Relational dynamics, rupture and repair.</i> • <i>Quality of the contact.</i> • <i>Hunches and predictions.</i> • <i>Intuition and creativity. Techniques should be shown from different schools.</i> • <i>Professionalism, ethical considerations, limitations and learning need to be shown within the case study, with appropriate use of ethical principles.</i> • <i>Consideration should be given to social, political and cultural contexts, as well as consideration of difference, diversity, power and privilege, showing an awareness of influences, values and belief systems.</i> • <i>Supervision (and possibly therapy) should be utilised and applied within the case study.</i> • <i>Consideration for and application of UKCP ethical principles, showing understanding of why these are applicable and how they can be applied, within the case study.</i> 	<p><i>Theory including the different schools and significant aspects of Integrative Transactional Analysis should be used to support the Case Study rationale. In addition, there needs to be <u>practical links of the theory to specific areas of application</u> namely:</i></p> <ul style="list-style-type: none"> • <i>Diagnosis, including differential diagnosis and problem formulation.</i> • <i>Contracting.</i> • <i>Treatment planning and sequence.</i> • <i>The process of the therapy journey.</i> • <i>Pacing and evaluation of effectiveness of interventions.</i> • <i>Contract completion,</i> • <i>Script change towards autonomy.</i> • <i>Prognosis.</i> 	<p><i>All work should be referenced appropriately and include a reference section, using the Harvard referencing system. References could be to course handouts, books, articles, web items and all must be accurately and appropriately referenced to the original author. Direct and indirect quotations should be distinct and also referenced appropriately. This is to avoid any plagiarism within the assignment.</i></p> <p><i>Any diagrams need to be represented accurately, from the original theory with any amendments or updates highlighted correctly.</i></p>	<p><i>The case study should be typed and double spaced, in either an Arial or Times New Roman font, size 12. All pages need to be numbered and named. There should also be a titled front page, detailing the name of student and word count. The case study should be presented in a folder or bound.</i></p> <p><i>Marking will take into account spelling, grammar and adherence to word limit (+ or – 10%)</i></p>

MARKING CRITERIA – UKCP CASE STUDY – TRANSACTIONAL FROM AN INTEGRATIVE PERSPECTIVE - 10,000 WORDS

STUDENTS APPLICATION OF MARKING CRITERIA

Page 2

Mark	Organisation and planning 15%	Application of theory to practice 30%	Theory and analysis 30%	Research and referencing 10%	Style and presentation 15%
A PASS 80 – 100%	Exceptional planning resulting in excellent structure and presentation, and the text coherently written.	Demonstrates an exceptional ability to present and discuss the therapeutic and relational process of the project and evidencing a high level of understanding. Content includes experience and awareness both professionally and personally with the material used insightfully and sensitively and fully integrated into the work Evidences a high awareness of the social and cultural contexts of the client and practitioner and the potential implications this might have for the work. High order appreciation of the components of the therapeutic process and relationship.	Exceptional rationale for the theory presented and maintained throughout. Sophisticated grasp of the theory of transactional analysis from an integrative perspective and its application, as well as a high ability to critique the theory used. High order integration of self-awareness to support the reflexive process of therapy and theory in action.	Contains accurate, well researched and critiqued theoretical material. Method/s deployed highly effectively. Referencing follows agreed format with minimal errors. Draws from current seminal work, as well as shows an extensive use of the reading from course list and other sources; and/or evidences original thought.	Expression is fluent throughout and with very few grammatical or spelling errors. Keeps to word limit.
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 and showing 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 and 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.
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MARKING CRITERIA – UKCP CASE STUDY - – TRANSACTIONAL FROM AN INTEGRATIVE PESPCTIVE - 10,000 WORDS

STUDENTS APPLICATION OF MARKING CRITERIA

Page 3

Mark	Organisation and planning 15%	Application of theory to practice 30%	Theory and analysis 30%	Research and referencing 10%	Style and presentation 15%
D DEFER 40%-49%	Some logic and thought given to planning and structure, but not implemented well.	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. Poor grasp of Transactional Analysis from an Integrative Perspective.	Evidence of some research methods used and a mix of adequate and inadequate use. Attempts made to reference but not in agreed format. Some reading from course list, but sparse.	Some grammatical and/or spelling errors. In part case study is poorly expressed and presented. Over or significantly under word limit.
FAIL 0%-39%	Limited evidence of planning of work and little structure, leading to a poorly executed assignment.	Lacking ability to present and discuss the therapeutic and relational process of the therapy and shows little if any understanding. Lack of understanding of the components of the therapeutic process and relationship.	Solely descriptive content with little or no link to theory.	Evidence of some poorly executed 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.

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AUDIO TRANSCRIPT – TRANSACTIONAL ANALYSIS FROM AN INTEGRATIVE PERSPECTIVE

TUTOR FEEDBACK FORM

Student's Name _____ Date _____

Marked By _____

1. ORGANISATION AND PLANNING
2. APPLICATION OF THEORY TO PRACTICE
3. THEORY AND ANALYSIS
4. RESEARCH AND REFERENCING
5. STYLE AND PRESENTATION

October 2023

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

MARKING CRITERIA – AUDIO TRANSCRIPT – TRANSACTIONAL ANALYSIS FROM AN INTEGRATIVE PERSPECTIVE

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%
	<p>There should be a structured plan for the Audio Transcript with appropriate headings, a prologue, full transcript and conclusion.</p>	<p>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.</p> <p>Effectiveness: Clarity, precision, timing and effectiveness of interventions.</p> <p>Intuition and Creativity: Range, flexibility and creativity of therapist’s approach.</p> <p>Quality of contact between therapist and client: Including the awareness and availability of therapist’s own process, transference and countertransference.</p> <p>Professionalism: Therapist demonstrates an awareness of ethics, difference, diversity, cultural issues and the limits of their own competence</p> <p>Anticipation and Predictions of psychotherapy process: Ability to chart the direction of psychotherapy which will be reflected in the prologue.</p>	<p>Theory showing knowledge of significant aspects of Integrative Transactional Analysis should be used to support the Audio Transcript. This is to show how the therapist brings theory into practice and can show a good understanding of the therapeutic process within the audio transcript.</p>	<p>All work should be referenced and include a reference section, using an agreed format. - reference could be to course handouts, books, articles, web items. Any diagrams used should be represented accurately from the original theory, accurately referenced with any amendments highlighted.</p>	<p>Audio Transcript 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%)</p>

MARKING CRITERIA – AUDIO TRANSCRIPT - TRANSACTIONAL ANALYSIS FROM AN INTEGRATIVE PERSPECTIVE

STUDENT’S APPLICATION OF MARKING CRITERIA

Page 2

Mark	Organisation and planning 15%	Application of theory to practice 30%	Theory and analysis 30%	Research and referencing 10%	Style and presentation 15%
A PASS 80 – 100%	Exceptional planning resulting in excellent structure and presentation, and the text coherently written	Demonstrates exceptional ability to present and discuss the therapeutic and relational process of the therapy to show a high level of understanding. Content includes experience and awareness both professionally and personally with the material used insightfully and sensitively and fully integrated into the work Evidences a high awareness of the social and cultural contexts of the client and practitioner and the potential implications this might have for the work. High order appreciation of the components of the therapeutic process and relationship.	Exceptional rationale for the theory presented maintained throughout. Theory showing knowledge of significant aspects of Integrative Transactional Analysis. Sophisticated grasp of theory and its application, as well as a high ability to critique the theory used. High order integration of self-awareness to support the reflexive process of therapy and theory in action.	Contains accurate, well researched and critiqued theoretical material. Method/s deployed highly effective. Evidence obtained of high order. Referencing follows agreed format with minimal errors. Draws from current seminal work, as well as shows an extensive use of the reading from Course List and other sources; and/or evidences original thought	Expression is fluent throughout and with very few grammatical/spelling errors. Keeps to word limit.
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.

Continued over

MARKING CRITERIA – AUDIO TRANSCRIPT - TRANSACTIONAL ANALYSIS FROM AN INTEGRATIVE PERSPECTIVE

STUDENT’S APPLICATION OF MARKING CRITERIA

Page 3

<p>D DEFER 40%-49%</p>	<p>Some logic and thought given to planning and structure</p>	<p>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.</p>	<p>Limited rationale for the theory presented. Weak grasp of theory and its application. Poor demonstration of integration of self-awareness.</p>	<p>Method/s of research used adequately. Attempts made to reference but not in agreed format. Some reading from course list</p>	<p>Some grammatical/spelling errors or in part poorly expressed and presented. Over or under word limit</p>
<p>FAIL 0%-39%</p>	<p>Limited evidence of planning of work and little structure</p>	<p>Lacking ability to present and discuss the therapeutic and relational process of the therapy and shows little if any understanding. Lack of understanding of the components of the therapeutic process and relationship.</p>	<p>Solely descriptive content with little or no link to theory.</p>	<p>Evidence of some research. Limited in depth and methods used. Very limited or no referencing</p>	<p>Quality of expression and grammar poor and difficult to follow. Badly presented and no adherence to word limit.</p>

October 2023

THE EVALUATION PROCESS TO UKCP REGISTRATION

The specified Primary Course Tutor will be responsible for the following:

- * They will enable the graduate to gain the appropriate instruction to the lead-up and completion of the evaluation process. This may include 1:1 or group sessions.
- * 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 to explore the areas of concern and enable 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.

FIRST MARKING AND SECOND MARKING PROCESS

1. Both the 10,000 word case study and the audio transcript will be marked by MIP Accreditation Trainer and a MIP Second marker.
2. The role of the second marker is to ensure that the first marker's grade is fair, valid and reliable and to that end will verify the validity of the first marker's evaluation.
3. If the second marker disagrees with the evaluation of the first marker, the two markers will meet to come to an agreed resolution.
4. If the first marker and second marker cannot come to an agreed resolution with regards to the marking, then the Director of Training at MIP will meet up with both the first and second markers to find a resolution.

TIMEFRAME FOR MIP GRADUATES GOING FORWARD FOR FINAL EVALUATION AND REGISTRATION

MIP graduates working towards completion of their final evaluation and registration need to complete all their requirements for the final evaluation within 5 years of the completion of their training at MIP.

For graduates from MIP who completed prior to the UKCP registration of MIP, they must complete the extra modules and evaluation within five years.

APPEALS

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

There are 2 groups of 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.

MIP'S REGISTRATION OF CANDIDATE TO UKCP

Once the portfolio has been completed successfully, and checked by trainer and MIP, the candidate registers themselves as a fully accredited member of the UKCP. Once this is done, the UKCP will check with MIP that the accreditation process has been successfully completed. Please note that at the point that the candidate requests full clinical membership of the UKCP they will be required to pay for the UKCP membership, which at the time of writing is £250. Once this process has been completed, and MIP endorses the candidate, the successful registrant will sit in the Humanistic Integrative Psychotherapy College (HIPC) of the UKCP and will have full voting rights.

CANDIDATES CHECKLIST AND PORTFOLIO FORM

(please indicate in the box after verification of the related documentation).

- Copy of MIP Diploma (this indicates all the parallel obligations that the candidate will have to have achieved, ie training hours, therapy hours etc., to achieve the diploma)
- Statement from candidates and candidates' supervisor that the candidate has completed 450 clinical hours – please remember that the placement hours count for 100 of the 450 clinical hours.
- Evidence of 150 CPD/ALD hours
- Evidence of 75 hours supervision
- Copy of 10,000 word case study and a brief statement from the MIP accreditation trainer of successful completion.
- Copy of their 20 minute audio transcript and a brief statement from their MIP accreditation trainer of successful completion.
- Evidence of 30 hours acquired through the two mental health placements that they have participated in. A brief synopsis of no more than 500 words is required detailing what they gained therapeutically from their experience. Also, they will need a brief statement from their placement manager about attendance and competency.
- Graduate membership of MIP

Candidate Name Date:

Please sign and date this form and send back to MIP by email to bob@mcpt.co.uk or by post to MIP, 454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

FEES AND COSTS

*	Accreditation Group cost	Please note there is no standard fee for the accrediting trainer as this varies from trainer to trainer.
*	10,000 word case study - reading	£220
	Second marker reading of case study	To be paid by MIP
*	20 minutes Transcript – first marker	£165
*	Second marker of transcript	To be paid by MIP
*	Annual MIP membership Graduate status	£55

Revised October 2023

REGISTRATION FLOWCHART

