

Training Standards of Humanistic and Integrative Psychotherapy Section of UKCP

**May 2006 Training Standards
(Revised May 2007)**

Introduction

The section includes a wide variety of psychotherapy approaches within the humanistic and integrative tradition.

Common values and philosophical assumptions underpin these approaches, including a belief in one or more of the following:

- the importance of the therapeutic relationship as the medium for change
- the importance of interdisciplinary dialogue and exploration, with emphasis on integration, respect for difference and an ability to work with diversity
- a spiritual dimension to an individual's life and problems, the self-healing capacity of the individual and the individual's sovereignty and responsibility
- the centrality of social relationships in setting the framework in which individuals shape their lives
- the importance of political awareness and an understanding of the individual's experience, personal beliefs and values in problems of living
- the integration of mind, body, feeling, soul and spirit

The section's training standards reflect this diversity and are intended to create a sound framework for good practice that is flexible and can encompass the different needs of member organisations.

UKCP Guiding Principles

The following Guiding Principles have been agreed:

- Trainings should recognise the existence of different psychotherapies, based on different theories, and should promote respectful understanding of differences between theories.
- Training should be theoretically informed and practice based.
- Training should be related to clinical work in the individual's work context. This may apply to a multiplicity of occupational settings and environments.

- Trainings should provide transparency and accountability in their assessment processes.
- Trainings should operate within an equal opportunities framework.

1. Entry Requirements

The HIPS Training Standards requirements need to be read in conjunction with the UKCP 2003 Training requirements (see Appendix 1)

1.1 Entry is at a postgraduate level of competence. (See Appendix 2, UKCP Training Standards Pack, December 3, 2005). Training organisations should have in place appropriate procedures for assessing applicants' ability to undertake such a training. These should normally include one or more of the following entry requirements:

- an undergraduate degree
- a relevant professional training
- an independent assessment
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Certificated Learning (APCL)

(NB APL procedures are to enable training organisations to devise criteria that acknowledge formally a person's relevant prior professional and life experience).

1.2 Applicants will normally demonstrate the capacity and commitment to develop the following qualities that will make them suitable for the profession of psychotherapy:

- a lively and enquiring mind
- a capacity for critical reflection and self-directed learning
- an ability to listen and respond with compassion and respect
- awareness of prejudice and the ability to respond openly to issues of race, gender, age, sexual preference, class, disability, ethnic, spiritual / religious and cultural difference, and diversity
- awareness and sensitivity in relation to the political, socio-cultural and religious / spiritual contexts of people's lives
- in-depth self-reflection
- self-awareness and commitment to self-development. Applicants should have sufficient emotional competence and the internal resources necessary to engage with the demands of the training and the work of psychotherapy

1.3 Candidates should have relevant experience of working with people in a

responsible role. Training organisations should be able to substantiate the relevance of a candidate's experience.

Training organisations should have in place:

- appropriate procedures for acceptance and refusal of applicants including appropriate and published criteria and procedures for the selection of applicants.
- an equal opportunities policy or procedures to ensure that applicants are not discriminated against on grounds of race, gender, age, sexual preference, class, disability or ethnic, religious and cultural difference.

2. The Minimum Curriculum

2.1 The study of the theory and practice of humanistic and/or integrative and/or transpersonal psychotherapy from assessment to termination. A core theoretical and philosophical basis for therapeutic practice is required.

The curriculum should include the following:

- a model of the person and mind.
- a model of gendered and culturally influenced human development
- a model of human change and ways in which change can be facilitated
- a set of clinical concepts to relate theory to practice
- an extensive engagement with existing literature which includes a critique of the core model
- an exploration of the philosophical foundations of the approach being taught
- a critical awareness of the multiple layers of human experience and the multi-dimensional nature of the therapeutic relationship

2.2 Understanding of basic research techniques and their application to the investigation and evaluation of psychotherapeutic practice. Acquisition of a critical understanding of the relevance of studies and research findings in human development, psychopathology, neurophysiology, memory, diversities, ethics, legal issues in relation to psychotherapy and social science.

2.3 Training should include supervised practice of psychotherapy of an intensity, frequency and duration congruent with the form of psychotherapy being learnt and

sufficient to ensure that the trainee achieves the capacity to perform effectively and safely as an autonomous practitioner.

A balance should be found between:

- the stage of training and supervised practice
- the frequency (weekly, fortnightly, monthly) and length (hours)
- individual or group supervision
- number of supervisees in the group

And agreed with the supervisor. Candidates may be required to undertake additional supervision than the minimum requirement.

The following are the minimum requirements for accreditation and registration:

- i) 900 Tutor Contact hours (comprising training and supervision)
- ii) The total number of supervised client hours accumulated should be not less than 450. Each client hour is regarded as an individual/group contact hour (see Appendix 3, proposal agreed at the HIPS October 2005 meeting, in minutes, page 3, point 05.63.3.04)
- iii) The ratio of individual supervision hours to overall client hours should be a minimum of 1:6
- iv) Group supervision should reflect this ratio (minimum 10 minutes supervision per client hour)
- v) Supervised hours should be made up of client contracts that reflect the approach to be practiced and demonstrate that the trainee has the appropriate experience and competence for the model of psychotherapy that they will be practicing.

If the nature of the training precludes these minimum requirements a special case may be made to the assessment board, such as for those organisations that specialise in short-term/time-limited clinical work.

2.4 Candidates should show that they have established themselves in practice with substantial experience in the kinds of psychotherapy that they intend to offer. In supervised psychotherapy practice, they should have demonstrated their competency for a minimum of a two-year period.

- For solely long-term modalities – a regular caseload of which at least two should be long-term contracts and that they are able to manage closure

- For solely time-limited modalities – completion of at least 12 cases, with evidence of efficacy and appropriate use of model and its frameworks

It is recommended that candidates have experience of working with clients in both long-term and time-limited psychotherapy contracts. (See Appendix 4, proposal agreed at the HIPS May 2007 meeting, in minutes, page 3, point 07/22.1.01)

2.5 Training shall include arrangements to ensure that candidates can identify and manage appropriately their personal involvement in and contributions to the processes of the psychotherapy approach they practice.

2.6 Candidates must have an experience of psychotherapy **congruent** with the psychotherapy in which they are in training, **a minimum of 40 hours per year for four years**, and normally be in psychotherapy throughout their training (see Appendix 5, proposal agreed at the HIPS May 2003 meeting, in minutes, page 9, point 03/41.2.02). This personal psychotherapy must **normally** be undergone with a UKCP registered psychotherapist, or equivalent (See Appendix 6, proposal agreed at the HIPS January 2007 meeting, in minutes, page 5, point 07/11.02).

2.7 An introduction to the range of psychotherapies and counselling so that trainees may have an awareness of alternative treatments.

- a critical introduction to other models distinct from the theory that forms the core of the curriculum
- a critical consideration of the value system, theory of the person and underlying philosophy of these other approaches so that trainees may locate their own approach within the overall field of psychotherapy and have an awareness of the alternatives

2.8 An opportunity for trainees to develop:

- skills in assessing and responding to the range of responses to shock and trauma, bereavement and spiritual crisis and differentiating these from severe mental illness.
- the capacity to recognise severely disturbed clients and when the practitioner should seek other professional advice
- an understanding of the procedures used in psychiatric assessment and liaison with other professionals involved in mental health

The above should be read in conjunction with the HIPS May 2003 Mental Health Familiarisation Placements requirements set out by the Assessment Board (see Appendix 7)

3. Basic Requirements of Training courses

- 3.1 The training shall be at postgraduate level. The programme of training should demonstrate integration between academic learning, experiential and skills-based learning, personal awareness and supervised practice.
A balance between tutor contact hours, personal study, self-support and peer group work should also be demonstrated.
- 3.2 The length of training shall be appropriate to permit the consolidation and integration of theoretical knowledge and clinical experience and shall not normally be shorter than four years part-time.
- 3.3 Each training course shall be validated by the Section to which the organisation belongs through the Training Standards or Accreditation Committee.
- 3.4 Training programmes shall be reviewed for the purposes of re-validation by the section at intervals of no more than five years
- 3.5 All Training courses shall have published criteria and procedures for selection of trainees. Training organisations should have published selection criteria and procedures.
The selection of applicants should normally include:
- completion of an application form
 - written personal statement
 - an interview with two or more members of staff
 - two or more references
- 3.6 Training courses shall publish the Code of Ethics and Practice to which they adhere.
- 3.7 Training courses shall have mechanisms for safeguarding the rights of students including consultation procedures and complaints and grievance procedures.
- 3.8 Training courses shall publish a Trainee's Handbook that has clear information on

the length and time frame of courses, a definition of supervised practice with clients, details of course requirements, curriculum and modes of assessment.

- 3.9 Training organisations shall have methods and regulations for the processing of Accreditation of Prior Learning (APL), Assessment of Prior Experiential Learning (APEL), Accreditation of Prior Certificated Learning (APCL) and Credit Accumulation Transfer System (CATS) claims where relevant.
- 3.10 Training organisations shall have clear criteria for the selection and ongoing eligibility of supervisors, tutors and trainers involved in the development of trainees to the point of initial registration.

4 Assessment

- 4.1 Each training course shall have a properly constituted body for the assessment of students.
- 4.2 Training programmes should publish the full curriculum and assessment procedures and candidates in training should be made fully aware of these. It is recommended that specific learning outcomes or intentions be identified for each component of the training programme (theory, skills, client work, personal awareness) and how these will be assessed and / or monitored. The modes of assessment, such as supervisors' reports, portfolios, written examinations, essays and writing in papers, and the criteria of assessment, must be clearly set out and made available to trainees.
- 4.3 Assessment must be linked to clearly set out Training Outcomes, both generic and section specific, relating to the knowledge base, clinical skills and the context of practice.

This should be read in conjunction with the HIPS Learning Outcomes Guidelines (See Appendix 8)

- 4.4 The objectives of assessment are to ensure clinical competency within the context of a chosen theoretical model and sound ethical practice. Assessment of candidates should focus on the integration of theory, skills and personal awareness, the effective and responsible handling of client work and adherence to the values of humanistic and integrative psychotherapy as outlined in the introduction. Continuous assessment is recommended during training in order to give due weight to the nature of psychotherapy and allow for the termination of training in unsuitable cases. These

procedures should be transparent. Assessment should include and be substantiated by objective evidence such as written work, audio or video recordings, and retained for external assessment or scrutiny.

- 4.5 Assessment design must be fair to candidates and consistent across different orientations and training routes.
- 4.6 Training organisations should ensure that a range of assessments are internally verified (e.g. by cross marking or double marking). The whole assessment process should be moderated by at least one independent moderator external to the training programme. In addition to shorter assignments set during the training programme (such as essays, case studies, verbatim reports etc), candidates are required to complete at least one substantial piece of written work (dissertation / research thesis / extended case study) of at least 8,000 words. This should demonstrate the candidate's capacity for reflecting in depth on their own work and the approach in which they are training.
It is recommended that this should be marked by at least one independent examiner and where possible by an independent UKCP registered practitioner.]
- 4.7 Trainees must be provided with sufficient regular feedback to allow them to assess their own strengths and developmental needs.
- 4.8 Training programmes should have properly constituted bodies for ensuring the rights of candidates in training. These should normally include a system of scrutiny by an external moderator, an exam board, candidate representation (for example on a board of studies or programme board), published complaints and grievance procedures and appeals procedures.

5 Qualification and Registration

- 5.1 Training organisations shall specify whether qualification (or graduation from one part of the programme) coincides with recognition of candidates as eligible for registration by UKCP
- 5.2 Where qualification or graduation from one part of the programme and registration do not coincide organisations are required to specify what further professional development is required for registration.
- 5.3 The definition of such further professional development might include

considerations relating to the nature of supervision and the range, quantity and intensity of practice and/or study.

5.4 Where qualification and Registration do not coincide, the process of assessment of readiness for Registration shall correspond in general to the requirements of Section 3 above.

6 Continuing Professional Development

6.1 Training and/or Accrediting organizations should have in place a CPD policy in accordance with UKCP guidelines. This should be read in conjunction with the HIPS Continuing Professional Development requirements and minimum standards final version of 10 March 2004 (see Appendix 9)

6.2 Training organisations shall bear in mind a commitment to life long learning and the need for monitoring practice for the best protection of the public.

6.3 Each training organisation should make provision for an ongoing graduate body either as an integral part of the organisation or clearly linked to it.

6.4 Training organisations should encourage their graduates actively to consider their continuing professional development needs.

Appendices

1. UKCP 2003 Training requirements
2. UKCP Training Standards Pack, December 3, 2005
3. Proposal regarding client clinical contact hours for the purposes of accreditation agreed at the HIPS October 2005 meeting, in minutes, page 3, point 05.63.3.04
4. Proposal regarding long-term and time-limited modalities agreed unanimously at the HIPS May 2007 meeting, in minutes, page , point)
5. Proposal regarding personal psychotherapy requirements for accreditation agreed at the HIPS May 2003 meeting, in minutes, page 9, point 03/41.2.02
6. Proposal requiring this personal psychotherapy to normally be undergone with a UKCP registered psychotherapist, or equivalent, agreed at the HIPS January 2007 meeting, in minutes, page 5, point 07/11.03
7. HIPS May 2003 Mental Health Familiarisation Placements requirements
8. HIPS Learning Outcomes Guidelines
9. HIPS Continuing Professional Development requirements and minimum standards final version of 10 March 2004

[PD/TSC/2006-7/02](#)

APPENDIX 1



TRAINING REQUIREMENTS OF UKCP: THE REGULATORY FRAMEWORK.

UKCP has agreed **principles** on which to base its **Training Standards** and **policies** to **regulate** them across all psychotherapy modalities. These principles and policies concern the Council's Training Standards Committee, the Sections' Training Standards Committees and Accreditation Committees and the individual Training Organisations which devise and run psychotherapy training courses leading to registration with the Council.

Basic Training Standards were established in 1993 and published as '**Training Requirements of UKCP**'. A Regulatory Framework to integrate the Training Standards with Training Outcomes was agreed in 2001 and published as **UKCP Training Standards: Policy and Principles**.

This short reworking of the main points of both documents sets out:

- the Guiding Principles on which all psychotherapy training should be based;
- the Regulatory Framework which will ensure that standards and outcomes of training are enforced;
- the responsibilities of the various bodies involved;
- the basic Training Requirements.

NB There is a further document detailing the specific UKCP Training Requirements for working with children entitled: '**Psychotherapy with Children: principles, aims and guidelines for training**'.

Guiding Principles

The following **Guiding Principles** have been agreed:

- Trainings should recognise the existence of different psychotherapies, based on different theories, and should promote respectful understanding of differences between theories.
- Training should be theoretically informed and practice based.
- Training should be related to clinical work in occupational settings.

- Trainings should provide transparency and accountability in their assessment processes.
- Trainings should operate within an equal opportunities framework.

The Regulatory Framework

The Council's **Training Standards Committee**, which has an elected **Training Standards Officer** and representatives from all the Sections, is responsible for ensuring that the Council's basic Training Requirements, including Training Outcomes, are implemented. In order to ensure quality of outcome across the range of modalities and courses the **TSC** monitors and approves the Criteria for Training or Training Requirements established by each Section, ensuring that these conform to the agreed generic standards.

The Training Standards Committee will advise Sections and Training Organisations on any changes in requirements and assist them in the implementation of their approval and review procedures.

The **Sections' Training Standards Committees** are responsible for the production of agreed Section Specific Training Requirements and Training Outcomes.

These must conform to the Central Requirements but must also develop specific requirements, particularly as regards Training Outcomes, that concern the specific modality of psychotherapy that will be practised.

The Section's Training Standards Committees or Accreditation Committees are responsible for the approval of all new courses that are set up by Member Organisations and any that are provided by organisations applying to join the Section. They must monitor and review all courses that have been approved and which lead to individuals' registration as psychotherapists with Council via their Section.

In approving and reviewing courses Section Training Standards and Accreditation Committees must ensure that they adhere to both the Basic and the Section Specific Training Standards.

Sections must have agreed Procedures for visiting and reviewing organisations' Training Courses.

Training Organisations are responsible for the delivery of Training Courses which comply with Basic and Section Specific Training Requirements.

They are responsible for the production of clear and detailed descriptions of their courses in terms of modes of delivery, course structure, modes of assessment and training outcomes. They must prepare adequate documentation for the Training Standards or Accreditation Committees' assessors and reviewers and co-operate with the Section procedures.

Basic Training Requirements: these apply to all psychotherapy modalities.

1. Entry Requirements

- 1.1 Entry is at a postgraduate level of competence.
- 1.2 Candidates must have personal qualities that make them suitable for the profession of psychotherapy
- 1.3 Candidates should have relevant experience of working with people in a responsible role.

2. The Minimum Curriculum .

- 2.1 The study of the theory and practice of psychotherapy from assessment to termination. This should include:

- a model of the person and mind.
- a model of gendered and culturally influenced human development

- a model of human change and ways in which change can be facilitated.
- a set of clinical concepts to relate theory to practice.
- an extensive literature which includes a critique of the model.
- 2.2 Acquisition of a critical understanding of the relevance of studies and research findings in human development, psychopathology, sexuality, ethics and social science.
- 2.3 Supervised practice of psychotherapy.
- 2.4 Arrangements to ensure that the trainees can identify and manage appropriately their personal involvement in and contribution to the processes of the psychotherapies that they practice.
- 2.5 An introduction to the range of psychotherapies and counselling so that trainees may have an awareness of alternative treatments.
- 2.6 An opportunity for trainees to develop the capacity to recognise severely disturbed clients.
- 2.7 The development of ability to recognise when the practitioner should seek other professional advice.
- 2.8 Understanding of basic research techniques and their application to the investigation and evaluation of psychotherapeutic interventions from assessment to termination of treatment.

Basic requirements of Training Courses

- 3.1 The Training shall be at postgraduate level.
 - 3.2 The length of training shall be appropriate to permit the consolidation and integration of theoretical knowledge and clinical experience and shall not normally be shorter than four years.
 - 3.3 Each training course shall be validated by the Section to which the organisation belongs through the Training Standards or Accreditation Committee.
- The validation of every training course shall be reviewed by the appropriate Section at intervals of not more than five years.
- All Training courses shall have published criteria and procedures for selection of trainees.
 Training courses shall publish the Code of Ethics and Practice to which they adhere.
 Training courses shall have mechanisms for safeguarding the rights of students including consultation procedures and complaints and grievance procedures.
 Training course shall publish a Trainee's Handbook that has clear information on the length and time frame of courses, a definition of supervised practice with clients, details of course requirements, curriculum and modes of assessment.
 All courses shall have methods and regulations for the processing of APEL, Assessment of Prior Experiential Learning, and CATS, Credit Accumulation Transfer System, claims where relevant.

Assessment

- 4.1 Each training course shall have a properly constituted body for the assessment of students.
- 4.2 The modes of assessment, such as supervisors' reports, portfolios, written examinations, essays and writing in papers, and the criteria of assessment, must be clearly set out and made available to trainees.
- 4.3 Assessment must be linked to clearly set out Training Outcomes, both generic and section specific, relating to the knowledge base, clinical skills and the context of practice.
- 4.4 The objectives of assessment are to ensure clinical competency within the context of a chosen theoretical model and sound ethical practice. The modes of assessment and the criteria for assessment must relate to these objectives.
- 4.5 Assessment design must be fair to candidates and consistent across different orientations and training routes.
- 4.6 There must be provision for the external assessment of both theory and practice by practitioners qualified and experienced in the theoretical model being taught.

- 4.7 Trainees must be provided with sufficient regular feedback to allow them to assess their own strengths and developmental needs.
- 4.8 Training courses shall have published appeal procedures in the event of disagreement over assessment.

5. Qualification and Registration.

- 5.1 Training organisations shall specify whether qualification coincides with recognition of candidates as eligible for Registration by UKCP.
- 5.2 Where qualification and registration do not coincide, organisations are to specify what further professional development is required for registration.
- 5.3 The definition of such further professional development might include considerations relating to the nature of supervision and the range, quantity and intensity of practice and/or study.
- 5.4 Where qualification and Registration do not coincide, the process of assessment of readiness for Registration shall correspond in general to the requirements of Section 3 above.

6. Continued Professional Development.

- 6.1 Training organisations shall bear in mind a commitment to life long learning and the need for monitoring practice for the best protection of the public.
- 6.2 Each training organisation should make provision for an ongoing graduate body either as an integral part of the organisation or clearly linked to it.
- 6.3 Training organisations should encourage their graduates actively to consider their continuing professional development needs.
- 6.4 Training Organisations must make provision for the continued professional development of their graduates.

Finalised by the Training Standards Committee, November 2003.

APPENDIX 3

Proposal regarding client clinical contact hours for the purposes of accreditation. Agreed at the HIPS October 2005 Meeting. In Minutes, page 3, point 05.63.3.04.

05.63.3.01 Following a discussion regarding the HIPS Training Standards Committee proposal (see page 2 of TSC Report – 13/10/2005), the wording below was agreed:

05.63.3.02 PROPOSAL

With respect to clinical group practice, we propose that all HIPS Member Organisations shall normally be required to apply the formula of one group clinical practice hour as equal to one clinical contact hour for the purposes of accreditation.

**Proposed by: Rupert Tower
Seconded by: Gudrun Stummer**

**For: 21
Against: 2
Abstention: 1**

APPENDIX 4

07/22 – PROPOSED REVISION TO SECTION 2.4 OF THE HIPS TRAINING STANDARDS 2006 DOCUMENT

07/22.1.01 PROPOSAL

To accept the revision to Section 2.4 appended in the document.

**Proposed by: Rupert Tower
Seconded by: Jonathan Salisbury**

**FOR: 15
AGAINST: 0
ABSTENTIONS: 0**

Agreed unanimously

APPENDIX 5

Proposal regarding personal psychotherapy requirements for trainees working towards accreditation. Agreed at the HIPS May 2003 meeting. In Minutes, page 9, points 03/41.2.01 to 03/41.2.03.

03/41.2.01 **Re: Criteria for Assessment Checklist paper:**

Page 1: Item 2 – Point 2.4 – HIPS/TS – was amended to read
“This means that candidates must have an experience of the psychotherapy **congruent with the psychotherapy** they are training in and be in psychotherapy throughout their training”.

03/41.2.02 A discussion took place about the length and frequency of psychotherapy for candidates in training. Peter Haworth said we need to specify hours and suggested a minimum of 40 hours a year for four years. This was agreed by all.

It was proposed and agreed that **Point 2.4** should be further amended to read as follows:

Proposal

“This means that candidates must have an experience of psychotherapy congruent with the psychotherapy they are training in, a minimum of 40 hours per year for four years, and normally be in psychotherapy throughout their training.”

**Proposed by: Peter Haworth
Seconded by: Kathi Murphy**

Agreed unanimously – nem con

03/41.2.03 **Re: Clinical Practice requirements.**

On **Page 1: Item 2 –Point 2.5 (Part)** Heward suggested adding the following to read:

“Minimum of 450 hours of clinical practice over a minimum of two years (for group work in parallel forms of practice which do not fit neatly into this framework an equivalent formula will be devised. Until then organizations in this position will be required to present their own formula and make their case to the Assessment Panel and Board)”.

APPENDIX 6

07/11 – TRAINING STANDARD REVISION

07/11.01 **Proposed addition to the HIPS Training Standards.**

(The Revised April 2000 Training Standards dated January 2006 refers).
In Section 2.6, page 5, this reads: *“Candidates must have an experience of psychotherapy congruent with the psychotherapy in which they are training,*

a minimum of 40 hours per year for four years, and normally be in psychotherapy throughout their training”.

The following sentence is to be added:

07/11.02 **PROPOSAL**

This personal psychotherapy must normally be undergone with a UKCP registered psychotherapist, or equivalent.

**Proposed by: Rupert Tower
Seconded by: John Monk-Steel**

**FOR: 22
AGAINST: 1
ABSTENTIONS: 0**

APPENDIX 7

UKCP

UK COUNCIL FOR PSYCHOTHERAPY

Assessment Board

HUMANISTIC & INTEGRATIVE PSYCHOTHERAPY SECTION

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Mental Health Familiarisation Placements

Principles and Approach

As an Assessment Board we have been fortunate in having on the Board delegates from organizations that take very different views on this issue. We have gained understanding from arguing out our very different points of view. We have also had experience of conducting quinquennial reviews in organizations with a range of provisions from lengthy mental health placements to the effective absence of any provision at all. This has made us very conscious of the need to have clear, practical and unambiguous guidance agreed by HIPS that reflects a current minimum position that is agreed by the Section, leaving training Organisations sensible freedom to tailor their arrangements to their approach and the priority they give to the issue.

We believe that the term "recognition of severely disturbed clients" implies previous experience of being with severely disturbed people. So we believe that there should be a requirement for candidates to spend time in a setting that provides this experience and that they should not be providing psychotherapeutic help. They can be observing or offering companionship, or using skills if those responsible for the setting think it appropriate, such as relaxation etc.

We believe that the "understanding of the procedures used in psychiatric assessment and liaison with other professionals involved in mental health" can be a taught component, although we believe that spending time with those familiar with psychiatric assessment procedures and professionals in the mental health field is important. However we think that the balance of training and experience is a matter for Training Organizations.

We take a similar view of the provisions in relation to skills in assessing and differentiation of responses to shock, trauma, bereavement and spiritual emergency from severe mental illness, although again we stress that experience with people suffering from severe mental illness is we believe a minimum requirement.

Some Training Organisations will wish to go much further in providing lengthy placement provisions. It is important for all training organizations to reflect on the way they meet these requirements considering the context in which their graduates practice psychotherapy.

Curriculum Requirements

Member organisations must provide a curriculum that covers the following elements:

1. Current approaches to the management and treatment of "Mental Illness", including the role of mental health nurses, occupational therapists and psychiatrists.
2. Different drug treatments that are available and their effects and short and long term side-effects.
3. The basics of the legislative and organisational framework, including the Mental Health Act, the Care Programme Approach and the various agencies involved.
4. Skills in assessing and responding to the range of responses to shock and trauma, bereavement and spiritual crisis and differentiating these from severe mental illness.

Familiarisation Placement Requirements

The placement must be in a setting that allows candidates to spend time with those who have severe mental health problems. Additionally the setting must provide an opportunity for discussion with staff involved with assessment and diagnosis. This can be achieved in a variety of settings including local authority day care centres or voluntary organizations working with client groups with mental health issues e.g. MIND.

Candidates should produce a reflective account/diary of their experience that is submitted to an appropriate person in the training Organisation e.g. training Supervisor.

Duration

The familiarization placement should be of sufficient length to enable the meeting of the learning outcomes. There should also be a taught component alongside the placement itself.

Learning outcomes:

1. 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 the compulsory admission and detention of patients.
3. enhance their ability to liaise with other mental health practitioners
4. become familiar with psychiatric assessment, planning a range of forms of intervention and evaluation procedures
5. understand the range of "mental illness" that can lead to involvement in the mental health system.
6. familiarise themselves with the different types of intervention used, including medication and electro-convulsive therapy, etc and their main side effects
7. Spend time with people who have been diagnosed with severe depression and psychosis so that they are able to recognise these in the future
8. Be able to empathise with clients who have been patients in the system.

Document as agreed by the HIPS Section, May 20th 2003 and amended by the Assessment Board July 2nd 2003.

Appendix

History

The Assessment Board has been considering the position in relation to the Mental Health Placement for some time. Efforts to thoroughly research the background to the issue in HIPS section documentation have been plagued by problems in accessing the history behind this item, which are we are sure familiar to other committees.

So we set out our collective understanding of the background in the hope that if there are any serious inaccuracies, they will be corrected by those with experience of past events.

We believe that there was a proposal for a psychiatric placement that fell at an AGM because of opposition from the Royal College of Psychiatrists. However the Guidelines for Membership provides that "an opportunity must be provided for trainees to develop the capacity to recognize severely disturbed clients which originally read as "a supervised placement for six months in an appropriate facility (mental health setting) to include closely supervised case work" (HIPS History and Guidelines for Membership undated p38). The same document attached at Appendix A HIPS Document - Core Curriculum Response. That provides at 4.5 under a heading "Psychiatric Placement"

"4.5.1 Either before or during the course, there should be a facilitated placement of the candidate in a mental health setting. The point of this is to be familiar with psychiatric theory and practice, and to get personal acquaintance with people who have been diagnosed as psychotic."

We believe that the principle that candidates should spend some time in a setting with people diagnosed as suffering from severe disturbance has been in place as an aspect of HIPS policy for some considerable period. Finally the current Training Standards documentation provides HIPS/UKCP2.3

"Training should include arrangements to ensure that clients have opportunities to develop the following:

- recognition of severely disturbed clients, an understanding of the procedures used in psychiatric assessment and liaison with other professionals involved in mental health
- skills in assessing and responding to the range of responses to shock and trauma, bereavement and spiritual crisis and differentiating those from severe mental illness,"

APPENDIX 8

HIPS LOs

Overall aim: The student/trainee will be expected to demonstrate an integrated understanding of the nature of the humanistic/integrative psychotherapy they are studying, and what it means for this therapy to be humanistic and/or integrative.

Knowledge base

Knowledge and Understanding

The student will be expected to be able to:

- demonstrate an advanced and detailed level of understanding of the theoretical and clinical principles of the psychotherapy they are studying, and how they relate to general humanistic and/or integrative principles.
- demonstrate a general level of understanding of other major models and approaches of psychotherapy.
- show an ability to understand and evaluate research methods relevant to all models of psychotherapy, and critiques of 'objective' research within humanistic models.

Analysis

The student will be expected to be able to:

- formulate a model of human functioning, including a model of individual development and a model of therapeutic change using the theoretical approach of their chosen model of psychotherapy.
- use the above model to analyse complex situations and conceptualise a range of therapeutic interventions. In particular, the student will be expected to be able to engage in a therapeutic relationship congruent with their chosen approach, which will be a central factor in the practice of the therapy.

Synthesis and Creativity

- use an advanced level of theoretical knowledge to develop hypotheses and generative therapeutic responses to clinical situations. This may involve creativity and openness to change on behalf of the therapist.
- synthesise their own personal integration of theory and clinical practice.
- be able to go beyond set techniques in order to engage with the client/patient.

Evaluation

The student will be expected to be able to:

- use critical reflection and ongoing supervision to assess and report on their own and others' work with clients/patients.
- critique the chosen model of psychotherapy, assess its limitations and compare it with alternative approaches.
- critically evaluate the implications of issues of culture, race, gender, sexual orientation and disability in psychotherapy.

Personal skills

Therapeutic skills

The student will be expected to be able to:

- assess clients/patients for suitability for their chosen psychotherapy.
- establish and work with a therapeutic relationship congruent with the chosen approach.
- formulate and apply appropriate therapeutic processes.
- make appropriate therapeutic interventions and manage appropriate endings.

Self-appraisal, reflection on practice

The student will be expected to be able to:

- critically reflect consistently on therapeutic process and on own functioning in order to improve practice.

- Engage with their own therapeutic process and self-actualization.
- Demonstrate a method of understanding recognising and responding to countertransferential issues.

Planning and management of learning/practice

The student will be expected to be able to:

- autonomously use resources for learning.
- engage in activities for personal growth and development congruent with the chosen approach.
- prepare for and make effective use of supervision.
- identify, clarify, assess and manage resolution of most clinical problems.

Communication and presentation

The student will be expected to be able to:

- engage confidently and respectfully in professional communication with others.
- present their clinical work for discussion and mutual learning.

Interactive professional and group skills

The student will be expected to be able to:

- negotiate and handle conflict confidently and respectfully. This will include ability to relate to clients who are angry or dismissive, or who break boundaries.
- work co-operatively with others.
- where this is part of the approach, work effectively with psychotherapy groups, and/or with co-therapists.

Context of practice

Characteristics of Professional Setting

The student will be expected to be able to demonstrate:

- awareness of the setting in which psychotherapy takes place, and capacity to adapt the chosen approach to the setting in which it is to be applied.
- awareness of what might not be possible in a particular professional setting.
- awareness of boundary issues, including confidentiality, in specific settings.
- a capacity to handle complex, unpredictable and specialised situations.

Responsibility

The student will be expected to be able to demonstrate:

- autonomy in professional practice.
- responsibility for self-monitoring.
- awareness of issues and procedures relevant to professional practice.
- demonstrate that regular on-going supervision and CPD are part of being a psychotherapist.

Ethical Understanding

The student will be expected to be able to demonstrate:

- awareness of the ethical and professional practice responsibilities of being a psychotherapist.
- awareness of and ability to manage the implications of ethical issues and dilemmas.
- a basic awareness of legal issues relating to psychotherapy.
- ability to work proactively with others to formulate potential solutions.

- ability to predict and manage consequences of applied solutions.

REF: MISCELLANEOUS/HIPS LOS MM.JO

APPENDIX 9

CONTINUING PROFESSIONAL DEVELOPMENT

HIPS Continuing Professional Development requirements and minimum standards

Introduction

Continuing Professional Development (CPD) is an ethical obligation of all UKCP registrants. CPD schemes are now specified as a part of UKCP training standards and EVIDENCE of CPD is fast becoming established as a central element in UKCP 5 yearly practitioner re-accreditation requirements. Consequently all sections of the UKCP have had the responsibility for ensuring that their member organisations (MOs) have in place a CPD framework, including a monitoring system, that is in line with the UKCP Document: Continuous Professional Development - Principles and Requirements (AGM 1999).

The purpose of this document is to establish some realistic standardisation of CPD frameworks within HIPS section whilst ensuring that in this process, we allow for individual and organizational creativity and flexibility. We believe that as a section we need to develop a consensus of what is 'good enough' so that all MOs can be assessed fairly against the same criteria whilst respecting the diversity in HIPS section, which is likely to be reflected in CPD policies. These proposals and guidelines have been developed through consultation with MOs, and should be read alongside the UKCP document Continuous Professional Development - Principles and Requirements (AGM 1999) and Jenny Corrigan's article CPD in The Psychotherapist (Spring 2001).

General Considerations and Values:

The fundamental intention underpinning all CPD activity is protection of the public through maintenance and improvement of professional standards.

Just as importantly CPD is about an ongoing ethical belief in, and commitment to, our growth, freshness, and development as practising psychotherapists. Implicit in this statement is an assumption that effective psychotherapists have a sense of liveliness and curiosity about their work, are critically reflective about psychotherapy itself and regularly ask questions about their, and the, work. We believe, therefore, that any activity or experience, that can be shown to alert us to new dilemmas, or new ways of thinking about and engaging in clinical work, should be included as continuous professional development. This includes not only experiences with clients, or formal structures for further learning, but also all of our experiences outside the consulting room or seminar room.

For CPD strategies to have any credibility we believe it is essential that practitioners are responsible for demonstrating how they have integrated any CPD activities into their professional practice.

All CPD frameworks should have a system whereby registrants can articulate to others their active ongoing learning and clinical development. Monitoring of CPD is therefore not merely an annual or quinquennial audit of activities, although recording of activities is inevitably required. We seek a minimum structure that both trusts the integrity of individuals to fulfil their ethical obligations whilst also meeting public professional standards of accountability and transparency.

CPD structures should be flexible and supportive enough to allow for differing personal and professional development needs and circumstances. A newly qualified practitioner may have different needs from a more experienced or semi-retired practitioner. Time out due to illness or sabbatical leave should equally be taken into consideration.

We consider the principle of non-familiarity important when formulating a monitoring structure. Therefore a peer group approach (see below) should always include non-familiar participants.

CPD structures should include evidence of keeping up to date with one's own core model as well as encouraging learning across models.

Requirements and Guidelines:

- According to UKCP guidelines CPD policies should work within a 5 yearly cycle. It makes sense, therefore, to link the monitoring of registrants' CPD with the 5 yearly re-accreditation.
- Some CPD elements are mandatory whilst most are optional additions to a portfolio of CPD activities to be presented at designated times.
- MOs have a duty to inform their graduates of MO's CPD requirements and monitoring procedures.

Mandatory elements: Clinical work, supervision, personal work, updating in one's core model and some development across models.

Consideration must be given to the minimum number of client contact hours a registrant should be managing, per week, given their personal and professional circumstances. We recommend, as a minimum, an average of 4 client contact hours per week for the first 5 years of practice, after which time criterion can be more flexible based on individual circumstances. **Irrespective of a registrant’s training and supervisory activities, they must also maintain some direct client work, bearing in mind planned “time out”/sabbaticals.** We recommend member organisations have some supportive system in place to help practitioners returning to practice, particularly if their break has been extensive.

One to one or group supervision, with a recognized supervisor, is required consistently for the first 5 years of practice. Subsequently this requirement may be adapted to suit individual needs such as with peer supervision. For the purposes of this document supervision involves the registrant having the use of a “formalized space” in which they can regularly reflect on their work with another, or group, who is, at least, a peer of equivalent experience though possibly, different expertise. This could be a vertical or horizontal arrangement, or both, depending on demands of the registrant’s caseload and severity of clients.

Non mandatory elements: such as complementary professional activities, research, writing, reading, spiritual practice, personal therapy and relevant life experiences could all be included in the registrants overall CPD portfolio.

Monitoring Procedures

Member organization will have transparent, and fair, processes for monitoring how their registrants are pursuing their Continuing Professional Development, which take into account the Section’s requirements for Continuing Professional Development as outlined above.

We strongly recommend this includes regular processes of peer review.

Member organizations need to make clear what their processes would be if there is a concern about one of their registrants in this respect and criteria for refusal to re-accredit must be made clear.

Member Organisations will also need to articulate procedures by which a registrant can appeal against any decisions re: CPD and re-accreditation.

Member Organisations are free to devise more explicit and/or developed procedures of their own provided they are congruent with both the letter and spirit of this document. The following appendix is included as an example of an informal and formal monitoring procedure. This is a recommended procedure only.

Final Comments

It is our hope that we in HIPS, in the face of increasing professional regulation, can find a way of holding the difficult tension between trusting in the professional integrity of our members and fulfilling the demands and rigours of Psychotherapy of the highest standard.

It is also our hope that this process could be experienced as a supportive professional structure for the individual practitioner.

Please note that this policy statement has been developed through dialogue and consultation and in accordance with UKCP guidelines. It is our intention that the policy will continue to develop and be refined in this way.

October 2003

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APPENDIX A

The following is a suggested Model for Monitoring Procedures – this is not a requirement. We suggest that member organisations liaise with each other in order to see the diversity of specific CPD strategies within HIPS.

Informal: At the time of their yearly re-registration registrants must submit a brief summary of their work in the mandatory elements of CPD. This need only be a numerical summary. We suggest that MO's have an annual CPD record form that registrants fill in for this purpose. If there is ever a dispute about a registrant's ongoing CPD activities the information on these forms can be used as supportive evidence.

Formal: Within the timespan of the MO's quinquennial review each registrant will present a portfolio of their CPD activities, to a group of colleagues, for the purpose of demonstrating how they have integrated these activities into their sense of themselves as practitioners and their understanding of their practice.

The group could take the form of a designated panel or a collegial peer group, or any other combination of colleagues. It must include people non-familiar to the registrant and honour the strictures of existing disallowed relationships for HIPS registrants. This group has a formal monitoring responsibility and will be required to make a formal summary of their decisions to the relevant body of the registrant's MO.

The core of a meaningful CPD strategy is this process of registrants sharing with, and demonstrating to, colleagues how they are using all the activities they want considered as part of their CPD to maintain standards of practice. The question to be addressed with, and by, the group is how is any of this contributing to your maintenance of acceptable professional standards. The group will work together with the registrant in a lively spirit of cooperation, open inquiry, mutual respect and informed humility. At best this process will be informative, educative, normative and nourishing for all members of the group.

The task for the group/panel will be to critically appreciate and evaluate their colleague's presentation and to reach a consensus, (preferably with the presenter as well) as to any recommendations they make to the MO.

A written report of the process and outcome of the CPD monitoring meeting be passed to both the presenting registrant and a designated person(s) in the M.O. for formal noting and for any concerns regarding professional practice and re-accreditation to be addressed. To the extent that CPD and re-accreditation are linked, any final decision, especially where there are grey areas, rest with the MO. The options here are: -

- An unequivocal yes
- An outright no
- A partial or conditional yes with time limited recommendations that are to be recorded and monitored.

The MO will also need to articulate procedures for appealing against any decisions.

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