



UK Council for Psychotherapy

Submission Response No. 2 to the HPC Call for Ideas

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UK Council for Psychotherapy

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1. Introduction

- 1.1** This Submission Response No. 2 from UKCP is the second in a short series presented by UKCP to the HPC Call for Ideas of July 2008.
- 1.2** This is an additional response to sit alongside Submission Number 1 and includes estimated trainee numbers, the dissenting voice, and appendices on UKCP Standards of Education and Training for Psychotherapy with Children. This submission is made after consultations and meetings attended by the Registrants, Member Organisations and Sections of the UKCP and in response to developments, as we understand them, in the process towards statutory regulation of the professions of psychotherapy, psychotherapeutic counselling. For ease of reading and writing the terms psychotherapeutic and practitioner shall be used to signify both psychotherapists and psychotherapeutic counsellors unless stated otherwise.
- 1.3** The series of UKCP submissions is intended to address various aspects either of the Call for Ideas itself or relating to its concerns in different detail so that overall HPC can receive a comprehensive submission from us.
- 1.4** UKCP understands that our final submission will need to be with HPC by 27th October 2008 as agreed with the Chair of the Professional Liaison Group. In making this and our previous submission, UKCP understands that the regulatory outcome is subject to the legislative approval of any final decision made by the UK and Scottish Parliaments.

2. Psychotherapy and Psychotherapeutic Counselling as Protected Titles

- 2.1** UKCP reiterates that it would like to see a Register that contains the following protected titles:
- a. Psychotherapist
 - b. Psychotherapeutic Counsellor
- 2.2** There is a long and established history of theory-based practice supported by standards of education, training and approved pre-registration education and training programs in psychotherapy and its allied professions that confirms the differentiation of titles to be regulated.
- 2.3** In this submission UKCP will expand the case for the regulation of the titles as suggested in 2.1 above and to further make the case for the exclusion of modality descriptors from the protected titles.
- 2.3.1** The history of psychotherapy is one that reflects the unfolding and developmental nature of working with human suffering and wellbeing. The challenges in recent years for evidence based approaches, added to the growing bodies of work in both quantitative and qualitative psychotherapy research, serve to underline the need for the profession to take its time to establish and distil modality identifications. UKCP believe and further support such developments in the field. We believe it is simply too early in the development of psychotherapy to effectively separate out absolutely distinct modalities, particularly in relation to protected titles.
- 2.3.2** This rich development is reflected in the number of slightly different schools within schools of Psychotherapy of whichever type one might consider; be this, psychoanalytic, psychodynamic, humanistic, integrative, systemic, constructivist, cognitive etc. UKCP believe it is more honest and more likely to ensure safe practice that we champion a pan-modality approach in terms of statutory regulation. Thus leaving the way clear for the identification of what the modalities all have in common and consider crucial to the work of the psychotherapeutic practitioner.
- 2.3.3** Psychotherapy is not about techniques however sophisticated e.g. hypnosis, guided imagery, free association, functional analysis, fixed role therapy etc. These may be used as tools by different modality approaches, but the tools are not psychotherapy.

- 2.3.4** Psychotherapy is interested in the more profound aspects of human personality, experience, understanding and endeavour. It achieves at least part of its effect through the relationship between therapist and client; this is widely agreed by all the psychological psychotherapeutic professions and is borne out in the research literature.
- 2.3.5** The psychotherapist has a key responsibility for the type of relationship that is established with the client and each form of psychotherapy is dependent on such a human relationship. In the UKCP (as elsewhere with other professional bodies) psychotherapeutic practitioners agree on the necessity for limits to the type and conduct of psychotherapeutic relationship that can be helpful, ethical, appropriate etc.
- 2.3.6** Understanding and insight are the primary goals of many approaches with behavioural change generally but not exclusively secondary. There may even be agreement on some form of transference; for example, the transference of past experiences / cognitions / affects etc from past through to present.
- 2.3.7** As can be seen in the attached Appendix A on Standards of Education and Training for Psychotherapy with Children and from the first submission which included the generic standards for working with adults, it is possible to develop competencies and standards that include the ability to develop a collaborative therapeutic relationship, to behave ethically and supportively towards the client, be able to form a therapeutic relationship in keeping with the modality being worked with, to have an understanding of and develop personal insight into the model used, etc.
- 2.3.8** A further advantage is that this lends itself to creating a clearer playing field for what most psychotherapists' value and for the wide variety of evidence based research. It holds the possibility of the psychotherapeutic professions discovering we are interested in the same questions, such as what brings benefit, etc.
- 2.3.9** This approach might also lend itself to new hypotheses and therefore new and useful research and evidence, for example these common things that we all agree are essential might be researched together.
- 2.3.10** Thus, the defining of core generic competencies and principles for the psychotherapeutic professions, as opposed to the limitations of modality, would in the opinion of the UKCP be strengthening to the profession as a whole and is of benefit to best practice regulation by HPC.

- 2.3.11** UKCP already voluntarily regulates the separate activities of psychotherapy and psychotherapeutic counselling across the modalities with differentiated minimum threshold levels of entry. This activity reflects different levels of working whilst demonstrating the feasibility and advisability of a pan-modality regulatory approach.
- 2.3.12** We would wish to see this approach continued under a statutory regulator and consider it to be the best way forward in the endeavour to ensure safe practice and the protection of the public.
- 2.4** UKCP would therefore wish to see that Psychotherapist and Psychotherapeutic Counsellor become the legally protected titles on the statutory register.

3. Entry to the Register

- 3.1** **A.** In the first submission to the Call for Ideas the UKCP addressed the entry to the register in detail. The additional information we would like to supply at this stage is the number of trainees currently undertaking courses that can lead to registration with UKCP as a psychotherapist and /or psychotherapeutic counsellor. This figure is estimated to be 3570 as at 27th October 2008.
- B.** In this second submission we would like to expand specifically on the European picture and our understanding of this.

3.2 AN INTERNATIONAL PERSPECTIVE

UKCP is a Member of both the European Association of Psychotherapy and the World Council for Psychotherapy.

3.2.1 The European Association of Psychotherapy (EAP)

- A.** The EAP represents 128 organisations - including 28 National Umbrella Organizations (NAOs) and 17 European-wide modality bodies (EWAOs) - from [41 European countries](#).
- B.** The EAP has the **Strasbourg Declaration** as its founding document:

Strasbourg Declaration On Psychotherapy of 1990

In accordance with the aims of the World Health Organisation (WHO), the non-discrimination accord valid within the framework of the European Union (EU) and intended for the European Economic Area (EEA), and the principle of freedom of movement of persons and services, the undersigned agree on the following points:

1. Psychotherapy is an independent scientific discipline, the practice of which represents an independent and free profession.
2. Training in psychotherapy takes place at an advanced, qualified and scientific level.
3. The multiplicity of psychotherapeutic methods is assured and guaranteed.
4. A full psychotherapeutic training covers theory, self-experience, and practice under supervision. Adequate knowledge of various psychotherapeutic processes is acquired.
5. Access to training is through various preliminary qualifications, in particular human and social sciences.

Strasbourg, October 21st, 1990

- C. UKCP strongly supports the Strasbourg Declaration – particularly in identifying psychotherapy as a profession independent of, and distinct from counselling (1), psychology and psychiatry, and in upholding the multiplicity of psychotherapy modalities.

3.2.2 The EAP has established the European Certificate For Psychotherapy

- A. The goal of the European Certificate for Psychotherapy (ECP) is the mutual recognition of trainings and high standards of conduct of psychotherapy in Europe. The training standards of the ECP are the standards by which all the 28 national umbrella associations are measured.
- B. Length and content of psychotherapy training:
1. The total duration of the training is not less than 3200 hours, spread over a minimum of seven years, with the first three years being the equivalent of a university degree. The later four years of which must be in a training specific to psychotherapy. The EAP will, in collaboration with NAOs and EWAOs, determine the proportion of the training elements that need to be completed prior to the ECP being awarded.
 2. The training meets the EAP's criteria for basic professional training, and includes the following elements:

2.1. Personal Psychotherapeutic Experience, or Equivalent.

This should be taken to include training analysis, self-experience, and other methods involving elements of self-reflection, therapy, and personal experience (not less than 250 hours). No single term is agreed by all psychotherapy methods. Any training shall include arrangements to ensure that the trainees can identify and appropriately manage their involvement in and contributions to the processes of the psychotherapies that they practice in accordance with their specific methods.

2.2. Theoretical Study. There will be a general part of university or professional training and a part that is specific to psychotherapy. University or professional courses leading to a first University degree or its equivalent professional qualification in subjects relevant to psychotherapy may be allowed as a part of, or the whole of, the general part of psychotherapy theory, but cannot contribute towards the 4 years of specific psychotherapy training. Theoretical study during the 4 years of training specific to psychotherapy should include the following elements:

- Theories of human development throughout the life-cycle;
- An understanding of other psychotherapeutic approaches;
- A theory of change;
- An understanding of social and cultural issues in relation to psychotherapy;
- Theories of psychopathology;
- Theories of assessment and intervention.

2.3. Practical Training. This will include sufficient practice under continuous supervision appropriate to the psychotherapeutic modality and will be at least two years in duration.

2.4. Placement in a mental health setting or equivalent professional experience; the placement must provide adequate experience of psycho-social crisis and of collaboration with other specialists in the mental health field.

3.2.3. Supervision, training and, where applicable, personal psychotherapy should be provided by practitioners whose training meets the criteria of the ECP. Advanced trainings for trainers and supervisors are not covered by these criteria, but will be required.

3.2.4 The National Umbrella Organisations of the following countries are members of the EAP and subscribe to the above standards of training:

Austria	Belgium	Bulgaria
Croatia	Czech Republic	Denmark
France	FYROM (Macedonia)	Germany
Greece	Hungary	Ireland
Italy (2)	Latvia	Lithuania
Malta	Netherlands	Norway
Poland (2)	Romania	Russia
Serbia	Slovakia	Slovenia
Switzerland	Ukraine	United Kingdom (UKCP)

3.2.5 The EAP and the European Union

1. The EAP is working with the EU to establish a 'common platform' for the profession of psychotherapy. This work is well advanced and the EAP is making the case that the European Certificate of Psychotherapy is the base-line training standard, agreed by the principle psychotherapy bodies of the EU.
2. UKCP is strongly supportive of this initiative, to ensure the free mobility of psychotherapy across the EU, based on a high level of psychotherapy training standards and ethical practice.

4. Standards, Research and Dissent

4.1.1 Please find at Appendix A the Standards of Education and Training for Psychotherapy with Children. Please note these are made up of six documents relating to different aspects of standards of training and proficiency, as well as ethical codes and guidelines for training organisations. In the electronic submission they are contained in a separate folder for your convenience.

4.2 A Brief View on Research

- 4.2.1** In Section 2 of this submission the case for a wide and inclusive body of research was made. In this Section UKCP would like to expand on the case for research and on the recognition of a range of research models and approaches effectively in use in the psychotherapeutic professions.
- 4.2.2** The UKCP understands and supports the imperative to utilise research to validate, understand and develop the theory and practice of psychotherapy. We are wary, however, of any assumed superiority of randomised control trials (RCTs) and quantitative measures that are used to gain insight into psychotherapy work. Psychological RCTs and qualitative methods that have developed out of behavioural research are not appropriate on their own to measure, validate, or understand a great deal of the psychotherapeutic work across psychotherapeutic modalities as represented within the UKCP; many believe that within cognitive behavioural therapy (CBT) where such studies are popularly used, they can often be ambiguous and spare, and would benefit from parallel qualitative enquiries.
- 4.2.3** UKCP supports the continued research and development into the entire field of psychotherapy while acknowledging and supporting *both quantitative and qualitative measures across psychotherapy modalities*.
- 4.2.4** Due to the popularity of quantitative measures and the applicability of such measures to particular modalities such as CBT, UKCP believes that other valid modalities (e.g. humanistic, integrative; psychodynamic; existential/phenomenological; etc.) and the appropriate research methodologies associated with them, could remain unseen to the detriment of the protection of the public through effective and applicable research and consequently could be overlooked in some important and influential arenas.

- 4.2.5** We see this potential prejudice and undermining of the majority of the psychological professions as further evidence as to why a pan-modality approach to statutory regulation is the most appropriate route for HPC.
- 4.2.6** UKCP maintain a position that within the professional bodies and in the wider workplace the enabling of the use of qualitative research studies, as well as quantitative measures where relevant, of the modalities will allow each modality to participate fully in being accountable to their theory and practice while ensuring that the wider public has access to a wide plurality of therapeutic choice and availability.
- 4.2.7** Please see **Appendix B - Briefing on Research of Psychotherapy and Counselling** – for further details including referencing on this aspect of the submission.

4.3 The Dissenting Voice

- 4.3.1** A portion of the psychoanalytic therapists registered with the UKCP and others have strong concerns and misgivings regarding the current movement to bring psychotherapy under the regulation by HPC. Whilst not all of them object to this plan outright, they think it imperative to acknowledge their objections and to let HPC and Government know that, under certain circumstances, they might feel compelled, for ethical and professional reasons, to refuse acceptance of the regulation of their practice by the state. We are engaged in providing education and information to examine the impact of these beliefs on practice and regulation.
- 4.3.2** A brief summary of these objections are as follows:
Whilst the rationale given for the introduction of state regulation is the protection of the public, the case for the need of further protection has never been demonstrated. See **Appendix C Victoria, Australia report**.
- a.** The profession has managed to regulate itself with a degree of effectiveness that the current proposals have not convincingly shown they can better. What appears to be a distinct possibility is that the new standards set by HPC may fall *well below* the requirements presently made by existing voluntary regulatory bodies.
 - b.** Registration by HPC brings all of psychotherapy under the rubric of health care. This poses a fundamental ethical dilemma. Our understandings of psychological suffering among our patients/clients and the treatment we offer is crucially different to the medical profession's understanding of physical suffering and the role of the health worker.

- i. Suffering is a norm of psychological life while psychological health cannot be prescribed, quantified or satisfactorily described in relation to a set of established norms.
 - ii. The symptoms of psychological suffering characteristically disguise as well as reveal their meanings.
 - iii. The therapeutic relationship, unlike the patient/medical worker relationship, is the central tool of clinical work.
 - iv. Each therapeutic relationship and treatment is unique and cannot be predicted in terms of direction and outcome.
 - v. Psychological life is both the subject and the object of psychotherapy.
 - vi. The essential ingredients of psychotherapeutic work do not lend themselves to the epistemological framework of medical science, medical treatment regimes and associated evidence-based measurement. These latter for the most part do not fit the work done by the profession of psychotherapy, and their application to psychotherapy threatens the ethical heart of our practice.
- c. There is serious concern that health-care descriptors of what therapeutic work is meant to entail (such as have been developed within the NHS, as well as the NOS's drawn up by SfH) will undermine what most psychotherapists consider best practice. Many psychoanalytic practitioners do not recognize their own work in these descriptions and are concerned that, at the point where these descriptors become *prescriptors*, much of what is currently established practice may become marginalized by politically-driven policy towards psychological therapies.
- d. Once accepted, regulation under the rubric of health service workers, whatever the conditions of entry, our profession will be subject to the jurisdiction of a myriad of organizations that apply Department of Health standards and regulations which can impinge on the practice of psychotherapy, ethically and professionally. These could, in the current culture, change with little or no opportunity to have consideration of the impact on the practice of a variety of specialties within psychotherapy.
- e. Over time, the culture of statutory regulation, competency and outcome, and narrowly defined evidence base might well take a hegemonic grip on the training and education of psychotherapists. Within a few generations our profession could begin to look unrecognizable in terms of the essential diversity of the field and its capacity therefore to reflect and respond to the diversity of psychological life.
- f. A narrower, but related point concerns the make-up of HPC itself, including the composition of the panels dealing with complaints. Given the great number and the huge diversity of professions regulated by HPC it is important that there is expertise that represents the particular model of psychotherapy to which the standards are being applied (itself a very diverse profession, to say the least).

- g.** Given the very particular nature of the therapeutic relationship and the work involved it is feared that such low representation will leave our profession vulnerable to be swept along with other professions in directions which are potentially inimical to our work. In the area of complaints, under-representation of an understanding of psychotherapy could have a cumulative impact on the autonomy of the clinic and our willingness to risk real emotional encounter with a consequent depletion of creativity and effectiveness in our clinical work.

5. Summary

- 5.1** UKCP maintains its' position that we would like to see the following titles protected:
- a. Psychotherapist**
 - b. Psychotherapeutic Counsellor**
- 5.2** We continue to support the minimum threshold entry for each title as clearly defined as follows:
- a. Psychotherapist at Masters level or equivalent**
 - b. Psychotherapeutic Counsellor at NVQ Level 6 or equivalent**

James Antrican
Chair, UKCP

and

Carmen Joanne Ablack
Chair, UKCP Standards Board

27th October 2008

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APPENDIX A – UKCP STANDARDS OF EDUCATION AND TRAINING PSYCHOTHERAPY WITH CHILDREN

UKCP Standards of Education and Training

Guidelines for Section and Institutional Members for the Development of Codes of Practice and Professional Conduct for Working with Children

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UKCP Standards of Education and Training

Guidelines for Section and Institutional Members for the Development of Codes of Practice and Professional Conduct for Working with Children

1. Purpose

- This document provides a template for Section and Institutional Members who are providing trainings or registration in Child Psychotherapy and or Psychotherapeutic Counselling for children to create their own Ethical Principles and Codes of Practice
- The following headings form a framework for the assessment of Codes of Practice developed by member organizations within their respective Section and Institutional Members
- Section, Institutional Members and Member Organizations have a responsibility to ensure that their Code of Practices remain in line with government policy and the law as it relates to children and young persons and reflects the UKCP Guiding Principles for Child Psychotherapy

2. Aims of Codes of Practice

To define the practice of child psychotherapy as a distinct field that recognizes the nature, needs and circumstances specific to psychotherapeutic work with children. The aims of a Code of Practice for working with children and young persons are to define the ethical principles and their practical application in three key areas:

- To ensure good standards of practice including issues of diversity and equality
- Safeguarding children
- Informing complaints procedures

3. Terms of Reference

The task of the Section and Institutional Members and Member Organizations is to draw up Codes of Practice for Psychotherapy with Children and Young Persons which take into consideration the following:

- The overall framework of the ethical principles upheld by the UKCP
- The specific modality framework represented by the Section and Institutional Member
- Guidelines for Section and Institutional Members for the Development of Training Standards in Child Psychotherapy
- The UKCP Code of Ethics
- Diversity and Equalities considerations and legislation.
- Current legislation pertaining to Children and Young Persons
- *Every Child Matters* government policy documents
- Data Protection legislation

4. Code of Practice

This template has been divided into five Section and Institutional Members which Section and Institutional Members need to consider in creating their own Codes.

5. Definitions

5.1 Definition of Child Psychotherapy

In this context, the term 'Child Psychotherapy' refers to those who are registered or in training within UKCP recognized trainings specific to children irrespective of modality. This includes Psychotherapeutic Counselling with children.

Section and Institutional Members and Member Organizations must define the term 'Child Psychotherapy' within their own specific modality.

5.2 Definition of a Child

The legal age of maturity is 18 in the UK, and accordingly, a child is any person under the age of 18. Within this, it is recognized that there are different levels of maturity and competence and this needs to be recognized in developing any Code of Practice.

6. What the Public Expects

The term 'What the Public Expects' refers to the standards of practice and level of competence, training and supervision for Child Psychotherapists that can be reasonable expected from a recognized professionally trained child psychotherapist. This includes the following areas:

- Professional and personal conduct
- Avoidance of False or Deceptive Statements
- Upholding the integrity of the profession
- Safeguarding children
- Non-discriminatory practice

7. Responsibilities of the Therapist

The underlying guiding principle of Codes of Practice for psychotherapeutic work with children is that the welfare of the child is paramount (Children's Act 1989).

Section and Institutional Members need to ensure that this principle is reflected clearly in defining the responsibilities of the therapist.

This includes the following key areas:

- Awareness of the implications for practice of specific legal responsibilities in different therapeutic contexts e.g. private practice, multi-disciplinary agencies, schools etc.
- Ensuring client safety
- Provision of an appropriate therapeutic environment
- Avoiding harm
- Non-exploitative practice
- Avoidance of dual relationships
- Compliance with the law with regards previous criminal convictions
- Indemnity Insurance
- Fitness to practice

- Working within level of competence
- Knowledge of assessment and referral procedures
- Knowledge of diversity and equalities issues in relation to working with children and young people
- Supervision within the UKCP guidelines for working with children
- CPD within the UKCP guidelines for working with children
- Personal support
- Professional will

8. Working Arrangements with Children and Young Persons

Section and Institutional Members need to take into account the context of the child's life and that a child can rarely be considered in isolation. Section and Institutional Members will need to develop guidelines that reflect their specific approach in negotiating working arrangements with children, young persons, their parents, carers and any other legitimately involved parties.

Safeguarding Policy

- Knowledge of procedures
- Government law and guidelines
- Touch policy

Service Information

- Description of services offered
- Terms and conditions – qualifications, fees

Contracting with children and young people

Section and Institutional Members should be aware of the differing needs of children dependant upon their age, circumstances and understanding.

- Informed consent
- Contracting with parents/carers & other stake holders
- Safety contract
- Confidentiality
- Limits to confidentiality
- Information sharing
- Breaking confidentiality – disclosures and consent

Record Keeping

- Data Protection
- Security and storage of records
- Access to records
- Tape/video recording of session

9. Training, Research & Publication

In all activities in which information about the client may be used for training, supervision, research and publication purposes the following principles must be considered:

- Informed consent
- Identity protection

In the case of research, ethical approval of procedures must be set out and approved by the relevant research body. Where research is a piece of personal work similar procedures should be undertaken with the practitioner's supervisor.

UKCP Standards of Education and Training

Guidelines for Sections for the Development of Training Standards in Child Psychotherapy:

Full training

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UKCP Standards of Education and Training

Guidelines for Sections for the Development of Training Standards in Child Psychotherapy: Full training

1. Introduction

This document outlines a framework for Sections who wish to develop Training Standards for courses that could lead to UKCP Registration as *Child Psychotherapist*. It is based on the existing requirements for competence of the UKCP standards framework for work with adults, and incorporates standards of best practice for work with children together with current government guidelines and statutory requirements for work in this area.

This document forms one of the core UKCP policies for standards of education and training, and stands alongside the minimum UKCP Training Standards for Psychotherapy, overarching all UKCP Modality Sections.

Guiding Principles for Child Psychotherapy

These guidelines are informed by overriding principles which give recognition to:

- The child's individual human rights, including the right to self-determination, within the reasonable constraints of their need for safety, protection and care, in keeping with the law relating to Child Protection and the rights of parents and carers.
- Given the right support and conditions, the capacity for the child to access impeded developmental impulses and re-establish the potential for psychological well-being.
- The importance of considering the experience of children and young people in the context of the overall matrix of their lives and the centrality of family, social, cultural, religious/spiritual and political systems which frame their reality.
- The need to recognise the value and validity of a child's experience and to recognise the creativity and resilience of infants and children in responding to the circumstances of their lives as best they can within their developmental capabilities and emotional resources, even where this manifests in ways that present challenge and difficulty in the adult world, and to recognise that the child alone is not the problem.
- The particular dependency and vulnerability of the infant, child and young person, emotionally, physically, psychologically and spiritually.
- The particular nature of the child's experience that characterises the several developmental stages and tasks involved in growing up into a mature relationship in the world.
- The need to support children in developing the skills and resources they need to deal realistically with the circumstances of their lives, as well as to emerge more fully with their own potentialities and to build trust.
- The multidisciplinary nature of work with children, and the vital importance of inter and intra-professional dialogue and exploration.

Section Training Standards Documents should integrate their unique modality based processes and needs with the requirements outlined below. Initial approval of courses and subsequent inspection processes will be based on these Section Training Standards Documents.

Training Requirements must be based on a minimum curriculum as defined by the Learning Outcomes specified in Section 2 of this document, which defines a knowledge base and practical competence within the following categories:

- Child and Young Person Development
- Theories and Modalities
- Context Specific Competencies
- Therapeutic Communication, Relationship and Process
- Information Sharing
- Legal and Ethical Issues
- Multi-agency Working
- Special Educational Needs, Emotional, Social & Behavioural Difficulties & Issues of Mental Health
- Supporting Transitions
- Research and Monitoring
- Personal Skills & Qualities.

Additionally, Sections will need to specify training requirements based on modality specific needs and processes, UKCP guidance documents and government guidance and statutory regulation in the following areas:

- Theoretical and Philosophical Rationale of the Course
- Entry Requirements
- Selection and Admission Procedures
- Diversity and Equality
- Length of Training
- APEL Procedures
- Required Policy Documents
- Training Process, including
 - specification of student / tutor contact hours
 - written work and assessment
 - observation studies
 - clinical placement settings
 - client age groups
 - multi-disciplinary experience
 - experience of mental health settings
 - personal development and / or personal therapy
 - supervision

Documentation required from Training Member Organisations must fall within existing Section requirements, and should include:

- Organisation Background
- Course Specification
- Resource Provision.

The unique needs and vulnerability of children must be borne in mind at all times, and Sections need to ensure that practitioners who seek professional registration for work in this area maintain the highest standards of professional competence and personal skill. For this reason, Sections will need to provide a sound and substantiated rationale in respect of training requirements (i.e. number of training hours and the way in which evidence of meeting learning outcomes is gathered).

Additionally, Sections and existing and putative Training Member Organisations need to be aware of the rapidly changing legislation in this area, and need to develop processes to apply and integrate such changes into their training processes, and to ensure that they are able to support registered practitioners in the management of such changes.

2. Minimum Curriculum

The Learning Outcomes detailed in this section must form the basis of all trainings, and Training Member Organisations must be required to provide evidence of the ways in which competence is achieved for each of these outcomes, whether training is in the form of a full and basic training, a post-qualifying course, or an APEL procedure.

2.1. Child and Young Person Development

2.1.1. Knowledge base and critical evaluation of:

- a. Child Development, including developmental stages and psychological, existential, cognitive, emotional and relational tasks.
- b. The specific needs and vulnerability of the child as a result of their unique stage and level of development.
- c. Different forms of abuse and their impact on children's development.
- d. The impact of transitions on child development.
- e. Issues of attachment and the ways in which attachments form and change.
- f. The role of play and self-directed play as a component of child development.

2.1.2. Practical skill and competence in:

- a. Working with children of different ages and developmental levels.
- b. Recognising the signs of possible developmental delay.

2.2. Theories and Modalities

2.2.1. Knowledge base and critical evaluation of:

- a. Own therapeutic modality and issues this raises for work with children.
- b. Other major modalities.
- c. The process of therapeutic change within chosen modality.
- d. Strengths and limitations of own modality.

2.2.2. Practical skill and competence in a range of age-appropriate practical techniques & processes appropriate to own modality.

2.3. Context Specific Competencies

2.3.1. Knowledge base and critical evaluation of:

- a. The position of the child or young person in the family or caring network, as well as the wider social context.
- b. The key role and value of parents and carers and an appreciation of their support, information and advice needs.
- c. The relative importance of peer- and community influence within different cultures.
- d. The impact of adult functioning and mental health on the physical, emotional and mental health of children.
- e. The roles and functions of the range of services involved with children & the relative effect of involvement of these agencies (education; mental health; social services; relevant voluntary services).
- f. Theories of attribution and range of factors that give rise to the difficulties experienced by young people.

2.3.2. *Practical skill and competence in:*

- a. Working with parents.
- b. Appropriate management of social and cultural difference and need, both within the therapeutic configuration, in family and in inter-agency work.
- c. Work with children in a range of contexts (private practice; schools; NHS; other professional settings).

2.4. Therapeutic Communication, Relationship and Process

2.4.1. *Knowledge base and critical evaluation of:*

- a. The role and importance of body language in communication.
- b. Barriers to communication.
- c. Dynamics of power in relation to the therapeutic process with children.
- d. Transference & counter transference / relational dynamics.

2.4.2. *Practical skill and competence in:*

- a. Rapport building and the maintenance of an appropriate professional relationship with children and young people as well as with families and carers.
- b. Appropriate emotional warmth, self awareness and personal emotional competence in the management of the therapeutic relationship.
- c. Communication with young people in a manner appropriate to their cultural and social context and at their level of need and ability.
- d. Appropriate written and oral communication using a range of media including electronic media.
- e. Management of therapeutic boundaries of safety and containment.
- f. Appropriate use of supervision.
- g. Assessment of need & the development of a reasoned and substantiated proposal for treatment.
- h. Development of clinical hypotheses based on theoretical principles.
- i. Therapeutic decision making / evaluation skills / outcome management.
- j. Maintaining the child at the centre of the therapeutic relationship while managing boundary issues.
- k. Managing the range of conflicting demands of stakeholders in a manner that safeguards the therapeutic process.
- l. Adapting strategies and techniques to suit the age, life stage, experience and context of the child.
- m. Appropriate ending.

2.5. Information Sharing

2.5.1. Knowledge base and critical evaluation of:

- a. The range of confidentiality procedures that apply in different contexts.
- b. The process whereby the relevance, status and any gaps in information is determined.
- c. The implication of the differences between different types of data (e.g. confidential information, personal data and sensitive personal data).
- d. When it is and when it is not necessary to have consent prior to sharing information.

2.5.2. Practical skill and competence in:

- a. Obtaining information from a range of sources in an appropriate manner.
- b. The use of the Common Assessment Framework for Children and Young People (CAF), both as a source of information and to record information.
- c. Ensuring that information transfers ahead of the child or young person, where appropriate.
- d. Provision of timely, appropriate, succinct information to enable other practitioners to deliver their support to the child or young person, parent or carer.

2.6. Legal & Ethical Issues - Safeguarding and promoting the welfare of the child

(Should be read in conjunction with *Guidelines for Sections for the Development of Codes of Practice and Professional Conduct for Working with Children*)

2.6.1. Knowledge base and critical evaluation of:

- a. The concept of competence and the right to self-determination of the child or young person.
- b. Rights of parents and carers.
- c. The concept of harm and situations potentially harmful to children and young people.
- d. The subtleties and signs of abuse in terms of affect and of physical, emotional, mental symptoms, as well as part of the therapeutic communication process (e.g. art and play situations).
- e. The laws and key policy areas related to children, including the most current legislation.
- f. Government and local guidance policies and procedure and how they apply in the wider working environment.
- g. The role and remit of the Local Safeguarding Children Board.
- h. Data protection issues in the context of the therapeutic process.
- i. Current legislation and the common law duty of confidentiality and legislation which specifically restricts the disclosure of certain information.
- j. The difference between permissive statutory gateways (where a provision permits the sharing of information) and mandatory statutory gateways (where a provision places a duty upon a person to share information) and their implications for sharing information.
- k. Variations in child protection procedures, legal frameworks and use of terminology across agencies.
- l. Codes of ethics of UKCP & other relevant professional organisations.
- m. Ethics relating to the maintenance of professional boundaries
- n. Implications of the use of medicines to treat mental and emotional conditions in children

2.6.2. Practical skill and competence in:

- a. Supporting client self determination where appropriate, taking account of health and safety and child protection issues.
- b. Formal and informal risk assessment.
- c. Making considered judgements about how to act to safeguard and promote a child or young person's welfare.
- d. Practical data recording, including the security and the legal requirements and guidance relating to the length of time for which records must be kept.

2.7. Multi-Agency Working

2.7.1. Knowledge base and critical evaluation of:

- a. Structures of support and operational and consultation processes within the personal working environment.
- b. Local agencies and statutory and voluntary organisations involved in child, family and adolescent support work, and the nature of the work that they do.
- c. Framework for decisions regarding case referral – both internal and external.
- d. The range of professional terms, abbreviations and acronyms used within different agencies.

2.7.2. Practical skill and competence in:

- a. Forging and sustaining respectful relationships across agencies.
- b. Effective communication with other practitioners and professionals on an inter and intra- agency basis.
- c. Operating effective cross-agency referral processes.

2.8. Special Educational Needs; Emotional, Social & Behavioural Difficulties & Issues of Mental Health

2.8.1. Knowledge base and critical evaluation of:

- a. Issues related to aggression, anger and violence.
- b. The needs of children and young people with disabilities or special educational needs, including those in relation to transitions.
- c. The range of Emotional, Social & Behavioural Difficulties.
- d. Psychopathology and mental conditions relating to children.
- e. The effects of trauma, neglect and physical and sexual abuse.
- f. The physical and psychological implications of the use of medicines to treat mental and emotional conditions in children.

2.8.2. Practical skill and competence in:

- a. Appropriate response to conflict, aggression, anger and violence within the session, and also more generally in relation to children, young people and families.
- b. Practical session and therapeutic process management in cases of Special Educational Needs, Emotional, Social & Behavioural Difficulties, Psychopathology and mental health conditions.
- c. Exercising appropriate care in identification, diagnosis and therapeutic work in respect of cases of trauma, neglect and physical and sexual abuse.

2.9. Supporting Transitions

2.9.1. Knowledge base and critical evaluation of:

- a. The signs of difficulties associated with transitions of all kinds.
- b. The likely impact of key transitions, such as divorce, bereavement, family break-up, puberty, move from primary to secondary school, unemployment, and leaving home or care.

2.9.2. *Practical skill and competence in working with the full range of transition situations, in terms of managing information, providing support and undertaking a therapeutic process.*

2.10. Research and Monitoring

2.10.1. *Knowledge base and critical evaluation of recent and current developments in the therapeutic work with children and families.*

2.10.2. *Practical skill and competence in monitoring & evaluation of therapeutic intervention through the use of appropriate methodologies.*

2.11. Personal Skills & Qualities

- a. Responsibility, including an awareness of when to involve others, and where and how to get advice and support.
- b. Appreciate the impact of the disclosure and management of upsetting situations the ability to access necessary support.
- c. Appreciate own value and the value of others in a inter- and intra-agency context.
- d. Practical creativity, flexibility, self-motivation, autonomy and ability to work proactively.
- e. Skills of self-reflection.
- f. Ability to respond professionally to challenge.
- g. Maintain records of placements and periods of observation.
- h. Ability to manage consequences of applied solutions.
- i. Use supervision appropriately including evidence of understanding of the context of the child.
- j. Appropriate emotional competency and emotional warmth in relation to children, including the capacity to explore and resolve personal issues arising from engaging in therapeutic work with children.

3. Theoretical and Philosophical Rationale of the Course

This must be a clearly articulated definition of the philosophical and theoretical rationale of the course. A coherent theoretical and philosophical approach must be reflected in all aspects of the course.

4. Entry Requirements

In line with UKCP standards, entry is at a postgraduate level of competence. Sections should specify standards and procedures whereby Member Training Organisations should assess applicants' ability to undertake training at postgraduate level. These should normally include one or more of the following entry requirements:

- an undergraduate degree
- a relevant professional training
- references
- enhanced police check (essential)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Certificated Learning (APCL).

Additionally, Sections should require Member Training Organisations to have in place appropriate procedures for the recruitment, acceptance and refusal of applicants, including published criteria for acceptance and feedback, and recommendations to those who are not accepted.

The intensity of psychotherapeutic work with children makes it particularly important for Sections to address the issue of personal emotional competence, resilience and personal resources. It is recommended that organisations be required to define the qualities that they consider essential for a child psychotherapy trainee, and that this be part of any advertising material.

5. Selection and Admission Procedures

Sections should require Training Member Organisations to outline Admission Procedures including:

- number of places on the course
- interviewing procedure
- selection procedure, including reasons for refusal.

6. Diversity and Equality

Sections should support Training Member Organisations to develop and implement a process to ensure equality of admissions and to encourage diversity commensurate with that found in society at large. Additionally, Sections should encourage Training Member Organisations to ensure that the skills and competencies relating to diversity and equality in work with children and young people form part of the ethos and ethical framework of both the training process and the organisation itself.

7. APEL Procedures

Sections should clarify levels of entry and require Member Training Organisations to specify both the conditions under which Accreditation for Prior Learning (APL) and Accreditation for Prior Experiential Learning (APEL) apply and the procedures by which such claims are processed. In all cases, the Learning Outcomes specified in Section 2 of this document must form the basis for training standards and AP(E)L procedures. UKCP Registration as *Child Psychotherapist* is in all cases dependent on the evidenced achievement of these learning outcomes. Post Qualifying Courses and AP(E)L should take account of the UKCP guidelines developed for these purposes.

8. Required Policy Documents

Training Member Organisations must have the following written policy statements in accordance with the relevant and current legislation and in keeping with UKCP standards:

- Equal Opportunities/Anti Discriminatory Practice
- Code of Practice and Ethics for Child Psychotherapy
- Complaints Procedure for Child Psychotherapists
- Complaints Procedure for Trainees
- Health and Safety
- CPD.

9. Training Process

The training process should be based on the minimum curriculum as defined by the Learning Outcomes in Section 2 of this document, as met within the modality specific needs and processes of each section. Sections should therefore provide a substantiated rationale for the training requirement levels as set in the following areas (in each case account should be taken of UKCP Psychotherapy with Children Policy and Guidance Documents where available):

9.1. Student / tutor contact hours

These should be specified on the basis of the integration of the minimum curriculum with Section and modality specific needs, and should clearly define Sections' definition of 'contact hours'.

9.2. Written work and Assessment

Assessment should be in the form of both formative and summative feedback and should include an evaluation of the personal qualities of trainees as these relate to their competence to practice. The nature of the assessment process should be clearly articulated, and should include details of the way in which individual achievement of learning outcomes will be assessed.

The assessment process should cover the following areas of competence:

- Personal qualities and emotional competence as relevant to therapeutic practice
- Achievement of specified learning outcomes
- Practical competence and skill as a child psychotherapist.

9.3. Observation Studies

This relates to the observation of children and young people, and Sections should require Member Training Organisations to provide a modality based rationale for the nature and length of required observation hours.

9.4. Clinical Placement Settings

The number of clinical placement hours must be specified in accordance with Section principles for best practice and the specific needs of Children and Young People. In view of the requirements outlined under points 9.5, 9.6 and 9.7 below, it is recommended that students with no prior experience of working with children will need at least 450 supervised clinical hours in order to meet all learning outcomes appropriately.

9.5. Client Age Groups

The minimum curriculum specifies experience of working with a range of age groups. It is therefore necessary for Sections to define the way in which Member Training Organisations ensure the achievement of this.

9.6. Multi-disciplinary experience

Information sharing and intra- and inter-disciplinary co-operation is key to successful work with children. Sections should therefore specify the way in which Member Training Organisations ensure student competence in this area.

9.7. Experience of Mental Health Settings

Sections need to specify the way in which Member Training Organisations require trainees to obtain experience of Mental Health Settings.

9.8. Personal Development and / or Personal Therapy

Personal development, process and therapy requirements should be defined in line with UKCP, Section and modality practices and requirements. Account should be taken of the special needs of children and young people in setting these requirements, including the need for particular skills in working with the relational dynamics involved, the need for an in-depth awareness of transference processes and the potential emotional cost of working in areas of great need, distress and deprivation. The extent to which work with children may re-activate individual childhood experiences must also be taken into account. Trainees must be encouraged to enquire into and work with any unresolved issues relating to their own relationship with issues of dependency and the dynamics of power.

9.9. Supervision

Supervision requirements and the ratio of client contact hours to supervision hours should be set with reference to the UKCP Standards for Supervision with Children.

10. Organisational documentation

UKCP Standards for Training Member Organisations apply, and should include:

10.1. Organisation Background

- Name of the institution and the relevant officials, for example senior administrators.
- Name of the head of the institution.
- Relevant history of the institution.
- Management structure of the institution – roles, lines of responsibility and communication.
- Description of the premises used.

10.2. Course Details

- Title of the course.
- Degree conferring body if relevant.
- Duration of the course.
- Name of the course director.
- Names of staff members and roles (Staff member CVs required).
- Names of visiting lecturers (CVs required).
- Name(s) of External Examiner(s) (CVs required).
- Details of course assessment, moderation procedure, appeals procedure, external examination process and board of studies.
- Professional registration criteria and requirements.

10.3. Resource Provision

- Accommodation within the Institution.
- Administration:
 - Fee and Budget administration
 - Application processing
 - Record keeping
 - Placement advice
 - Specialist resources
 - Computing provision where appropriate.
- Library facilities.
- Course Manual/Handbook.

UKCP Standards of Education and Training

**Guidelines for Section and Institutional Members
for the Development of Training Standards in
Child Psychotherapy:**

Accreditation for Prior Learning (APL/APEL)

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UKCP Standards of Education and Training

Guidelines for Section and Institutional Members for the Development of Training Standards in Child Psychotherapy: Accreditation for Prior Learning (APL/APEL)

1. Introduction

This document is a template for Section and Institutional Members to support those Training Member Organisations whose Child Psychotherapy Courses it has already accredited to manage an Accreditation of Prior Learning (APL) and an Accreditation of Prior Experiential Learning (APEL) process for applicants applying to such training courses and who may qualify on the basis of the criteria outlined below.

In this context APL and APEL can be defined as the recognition of the skills and knowledge of an individual who has not completed either a four year UKCP accredited training programme in Child Psychotherapy, or the two year Post Qualifying training for existing registrants, but who has nevertheless undertaken some formal training in this area and / or has gained experience working with children and young people as part of their therapeutic training and practice. APL refers to instances whereby application is made to test the equivalence of a formal (usually accredited) training process against certain elements of the accredited training in Child Psychotherapy offered by the Training Member Organisation. APEL refers to a claim of experience gained in lieu of the need to attend certain elements of an accredited training process or the fulfilment of certain elements of the practice. Claims for APEL and APL can be made against both the full four year training process and the post qualifying training process, but only where such courses have gained prior UKCP accreditation.

Application for APL and APEL must be made to Member Training Organisations in the first instance. As with the Child Psychotherapy Training Standards and the Post Qualifying Standards for Child Psychotherapy, the standards described here are based on the existing requirements for competence of the UKCP standards framework for work with adults, and incorporates standards of best practice for work with children together with current government guidelines and statutory requirements for work in this area.

Guiding Principles for Child Psychotherapy

These guidelines are informed by overriding principles which give recognition to:

- The child's individual human rights, including the right to self-determination, within the reasonable constraints of their need for safety, protection and care, in keeping with the law relating to Child Protection and the rights of parents and carers
- Given the right support and conditions, the capacity for the child to access impeded developmental impulses and re-establish the potential for psychological well-being
- The importance of considering the experience of children and young people in the context of the overall matrix of their lives and the centrality of family, social, cultural, religious/spiritual and political systems which frame their reality.
- The need to recognise the value and validity of a child's experience and to recognise the creativity and resilience of infants and children in responding to the circumstances of their lives as best they can within their developmental capabilities and emotional resources, even where this manifests in ways that present challenge and difficulty in the adult world, and to recognise that the child alone is not the problem
- The particular dependency and vulnerability of the infant, child and young person, emotionally, physically, psychologically and spiritually.

- The particular nature of the child's experience that characterises the several developmental stages and tasks involved in growing up into a mature relationship in the world
- The need to support children in developing the skills and resources they need to deal realistically with the circumstances of their lives, as well as to emerge more fully with their own potentialities and to build trust
- The multidisciplinary nature of work with children, and the vital importance of inter and intra-professional dialogue and exploration

Training Standards

Standards for the AP(E)L process should be the same as those applied to full four year Child Psychotherapy Trainings and Post Qualifying Trainings. Section and Institutional Members should develop an AP(E)L process that specifies the procedure that Training Member Organisations should apply in the consideration of applications for AP(E)L. This process should specify both the minimum skill and knowledge base required for consideration of such an application and the nature of the evidence required in support of an APL application, as well as the proportion of the total training process (competencies or practice requirements) that can be AP(EL)ed.

Training Requirements must be based on a minimum curriculum as defined by the Learning Outcomes specified in Section and Institutional Member 2 of this document, which defines a knowledge base and practical competence within the following categories:

- Child and Young Person Development
- Theories and Modalities
- Context Specific Competencies
- Therapeutic Communication, Relationship and Process
- Information Sharing
- Legal and Ethical Issues
- Multi-agency Working
- Special Educational Needs, Emotional, Social and Behavioural Difficulties and Issues of Mental Health
- Supporting Transitions
- Research and Monitoring
- Personal Skills and Qualities

Additionally, Section and Institutional Members should ensure that where relevant, AP(E)L applicants can provide evidence of the way in which they meet the modality specific needs and processes identified as integral to the training process, UKCP guidance documents and government guidance and statutory regulation in the following areas:

- Theoretical and Philosophical Practice Base
- Qualifying Criteria
- Selection and Admission Procedures
- Diversity and Equality
- AP(E)L Procedure

Documentation required from Training Member Organisations must fall within existing Section and Institutional Member requirements, as specified under the *Guidelines for Section and Institutional Members for the Development of Training Standards in Child Psychotherapy: 4 Year Training Courses* and should include:

- Organisation Background

- Course Specification
- Resource Provision

The unique needs and vulnerability of children must be borne in mind at all times, and Section and Institutional Members need to ensure that practitioners who seek professional registration for work in this area maintain the highest standards of professional competence and personal skill. For this reason Section and Institutional Members will need to articulate clear evidence requirements for AP(E)L applications, and to specify the ways in which applications satisfy both the letter and the spirit of the standards set by UKCP for Psychotherapy with Children. Additionally, Section and Institutional Members and existing and putative Training Member Organisations need to be aware of the rapidly changing legislation in this area, and need to develop processes to apply and integrate such changes into their training processes, and to ensure that they are able to support registered practitioners in the management of such changes.

2. Minimum Curriculum

The Learning Outcomes detailed in this Section and Institutional Member must form the basis of all trainings, and Training Member Organisations must be required to provide evidence of the ways in which competence is achieved for each of these outcomes, whether training is in the form of a full and basic training, a conversion training, or an AP(EL) procedure.

2.1 Child and Young Person Development

2.1.1 Knowledge base and critical evaluation of:

- a. Child Development, including developmental stages and psychological, existential, cognitive, emotional and relational tasks
- b. The specific needs and vulnerability of the child as a result of their unique stage and level of development.
- c. Different forms of abuse and their impact on children's development
- d. The impact of transitions on child development
- e. Issues of attachment and the ways in which attachments form and change
- f. The role of play and self-directed play as a component of child development

2.1.2 Practical skill and competence in:

- a. Working with children of different ages and developmental levels
- b. Recognising the signs of possible developmental delay

2.2 Theories and Modalities

2.2.1 Knowledge base and critical evaluation of:

- a. Own therapeutic modality and issues this raises for work with children
- b. Other major modalities
- c. The process of therapeutic change within chosen modality
- d. Strengths and limitations of own modality

2.2.2 Practical skill and competence in a range of age-appropriate practical techniques and processes appropriate to own modality

2.3 Context Specific Competencies

2.3.1 Knowledge base and critical evaluation of:

- a. The position of the child or young person in the family or caring network, as well as the wider social context
- b. The key role and value of parents and carers and an appreciation of their support, information and advice needs
- c. The relative importance of peer- and community influence within different cultures

- d. The impact of adult functioning and mental health on the physical, emotional and mental health of children
- e. The roles and functions of the range of services involved with children and the relative effect of involvement of these agencies (education; mental health; social services; relevant voluntary services)
- f. Theories of attribution and range of factors that give rise to the difficulties experienced by young people

2.3.2 *Practical skill and competence in:*

- a. Working with parents
- b. Appropriate management of social and cultural difference and need, both within the therapeutic configuration, in family and in inter-agency work
- c. Work with children in a range of contexts (private practice; schools; NHS; other professional settings)

2.4 Therapeutic Communication, Relationship and Process

2.4.1 *Knowledge base and critical evaluation of:*

- a. The role and importance of body language in communication
- b. Barriers to communication
- c. Dynamics of power in relation to the therapeutic process with children
- d. Transference and counter transference / relational dynamics

2.4.2 *Practical skill and competence in:*

- a. Rapport building and the maintenance of an appropriate professional relationship with children and young people as well as with families and carers
- b. Appropriate emotional warmth, self awareness and personal emotional competence in the management of the therapeutic relationship
- c. Communication with young people in a manner appropriate to their cultural and social context and at their level of need and ability
- d. Appropriate written and oral communication using a range of media including electronic media
- e. Management of therapeutic boundaries of safety and containment
- f. Appropriate use of supervision
- g. Assessment of need and the development of a reasoned and substantiated proposal for treatment
- h. Development of clinical hypotheses based on theoretical principles
- i. Therapeutic decision making / evaluation skills / outcome management
- j. Maintaining the child at the centre of the therapeutic relationship while managing boundary issues
- k. Managing the range of conflicting demands of stakeholders in a manner that safeguards the therapeutic process
- l. Adapting strategies and techniques to suit the age, life stage, experience and context of the child
- m. Appropriate ending

2.5 Information Sharing

2.5.1 *Knowledge base and critical evaluation of:*

- a. The range of confidentiality procedures that apply in different contexts
- b. The process whereby the relevance, status and any gaps in information is determined
- c. The implication of the differences between different types of data (e.g. confidential information, personal data and sensitive personal data)

- d. When it is and when it is not necessary to have consent prior to sharing information

2.5.2 Practical skill and competence in:

- a. Obtaining information from a range of sources in an appropriate manner
- b. The use of the Common Assessment Framework for Children and young People (CAF), both as a source of information and to record information
- c. Ensuring that information transfers ahead of the child or young person, where appropriate
- d. Provision of timely, appropriate, succinct information to enable other practitioners to deliver their support to the child or young person, parent or carer

2.6 Legal and Ethical Issues - Safeguarding and promoting the welfare of the child

(This should be read in conjunction with the “Guidelines for Section and Institutional Members for the Development of Codes of Practice and Professional Conduct for Working with Children”)

2.6.1 Knowledge base and critical evaluation of:

- a. The concept of competence and the right to self-determination of the child or young person
- b. Rights of parents and carers
- c. The concept of harm and situations potentially harmful to children and young people
- d. The subtleties and signs of abuse in terms of affect and of physical, emotional, mental symptoms, as well as part of the therapeutic communication process (e.g. art and play situations)
- e. The laws and key policy areas related to children, including the most current legislation
- f. Government and local guidance policies and procedure and how they apply in the wider working environment
- g. The role and remit of the Local Safeguarding Children Board
- h. Data protection issues in the context of the therapeutic process
- i. Current legislation and the common law duty of confidentiality and legislation which specifically restricts the disclosure of certain information
- j. The difference between permissive statutory gateways (where a provision permits the sharing of information) and mandatory statutory gateways (where a provision places a duty upon a person to share information) and their implications for sharing information
- k. Variations in child protection procedures, legal frameworks and use of terminology across agencies
- l. Codes of ethics of UKCP and other relevant professional organisations
- m. Ethics relating to the maintenance of professional boundaries
- n. Implications of the use of medicines to treat mental and emotional conditions in children

2.6.2 Practical skill and competence in:

- a. Supporting client self determination where appropriate, taking account of health and safety and child protection issues
- b. Formal and informal risk assessment
- c. Making considered judgements about how to act to safeguard and promote a child or young person's welfare
- d. Practical data recording, including the security and the legal requirements and guidance relating to the length of time for which records must be kept

2.7 Multi-Agency Working

2.7.1 Knowledge base and critical evaluation of:

- a. Structures of support and operational and consultation processes within the personal working environment
- b. Local agencies and statutory and voluntary organisations involved in child, family and adolescent support work, and the nature of the work that they do
- c. Framework for decisions regarding case referral – both internal and external
- d. The range of professional terms, abbreviations and acronyms used within different agencies

2.7.2 Practical skill and competence in:

- a. Forging and sustaining respectful relationships across agencies
- b. Effective communication with other practitioners and professionals on an inter and intra- agency basis
- c. Operating effective cross-agency referral processes

2.8 Special Educational Needs; Emotional, Social and Behavioural Difficulties and Issues of Mental Health

2.8.1 Knowledge base and critical evaluation of:

- a. Issues related to aggression, anger and violence
- b. The needs of children and young people with disabilities or special educational needs, including those in relation to transitions
- c. The range of Emotional, Social and Behavioural Difficulties
- d. Psychopathology and mental conditions relating to children
- e. The effects of trauma, neglect and physical and sexual abuse
- f. The physical and psychological implications of the use of medicines to treat mental and emotional conditions in children

2.8.2 Practical skill and competence in:

- a. Appropriate response to conflict, aggression, anger and violence within the session, and also more generally in relation to children, young people and families
- b. Practical session and therapeutic process management in cases of Special Educational Needs, Emotional, Social and Behavioural Difficulties, Psychopathology and mental health conditions
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2.9 Supporting Transitions

2.9.1 Knowledge base and critical evaluation of:

- a. The signs of difficulties associated with transitions of all kinds
- b. The likely impact of key transitions, such as divorce, bereavement, family break-up, puberty, move from primary to secondary school, unemployment, and leaving home or care

2.9.2 Practical skill and competence in working with the full range of transition situations, in terms of managing information, providing support and undertaking a therapeutic process

2.10 Research and Monitoring

2.10.1 Knowledge base and critical evaluation of recent and current developments in the therapeutic work with children and families

2.10.2 Practical skill and competence in monitoring and evaluation of therapeutic intervention through the use of appropriate methodologies

2.11 Personal Skills and Qualities

- a. Responsibility, including an awareness of when to involve others, and where and how to get advice and support
- b. Appreciate the impact of the disclosure and management of upsetting situations the ability to access necessary support
- c. Appreciate own value and the value of others in a inter- and intra-agency context
- d. Practical creativity, flexibility, self-motivation, autonomy and ability to work proactively
- e. Skills of self-reflection
- f. Ability to respond professionally to challenge
- g. Maintain records of placements and periods of observation
- h. Ability to manage consequences of applied solutions
- i. Use supervision appropriately including evidence of understanding of the context of the child
- j. Appropriate emotional competency and emotional warmth in relation to children, including the capacity to explore and resolve personal issues arising from engaging in therapeutic work with children.

3. Theoretical and Philosophical Practice Base

Section and Institutional Members should require Training Member Organisations to articulate and rationalise the extent to which they feel it appropriate for applicants to seek AP(E)L for elements of the course which articulate the core philosophical basis of the training process, and where this is deemed relevant, to seek appropriate evidence that this element of the training process is incorporated into the philosophical and practice base of the applicant.

4. Qualifying Criteria

All individuals accepted onto a UKCP accredited Child Psychotherapy Training Course by a UKCP Training Member Organisation can apply to have elements of their learning and/or experience recognised where such learning meets the standards set by that course. It is incumbent on the training organisations to determine the process whereby such an application is made, the nature of the evidence required in support of the application, the maximum proportion of the course than can be AP(EL)ed, and the procedure whereby the application will be considered, as well as the basis upon which an appeal can be launched against the AP(E)L decision.

Section and Institutional Members should therefore require Member Training Organisations to have in place appropriate procedures for the management of APL applications, including a clearly articulated acceptance and refusal policy.

The intensity of psychotherapeutic work with children makes it particularly important for Section and Institutional Members to address the issue of personal emotional competence, resilience and personal resources. This is particularly challenging due to the nature of the AP(E)L procedure and the probability of a limited relationship between the applicant and the Training Member Organisation. Section and Institutional Members should therefore ensure that the procedure for the consideration of AP(E)L applications is robust, and that it includes clear evidence of the emotional competence of applicants.

5. Selection and Admissions Procedures

While it is recognised that in most cases applications for AP(E)L will come from the existing students, where applications for admission onto an accredited training course either contain a substantial element of AP(E)L, or is made on the basis of an AP(E)L claim, Section and Institutional Members should ensure that Training Member Organisations apply the approved selection and admission process, as detailed in "*Guidelines for Section and Institutional Members for the Development of Training Standards in Child Psychotherapy: 4 Year Training Courses*".

6. Diversity and Equality

Section and Institutional Members should ensure that Organisations apply the approved procedures to ensure equality and support diversity at all levels, and that AP(E)L procedure for UKCP Member Organisations is congruent with their ethos and practice and with the standards espoused by UKCP.

7. Training Process

Section and Institutional Members should ensure that Organisations develop a clearly articulated AP(E)L policy document in which it clearly states those elements of the training process for which it is prepared to accept AP(E)L, as well as the proportion of its approved training process against which such an application can be considered. Section and Institutional Members should help Training Member Organisations to develop an AP(E)L process that is equitable while ensuring that standards in all areas of the training process are maintained.

8. AP(E)L Procedure

Section and Institutional Members should ensure that Organisations define and publish details of their AP(E)L procedure. These should include:

- Conditions under which AP(E)L may be considered
- The nature of the evidence required for an AP(E)L claim
- The composition and qualifications of the body which will consider AP(E)L applications
- Timescales within which applications will be processed
- Appeals procedures
- Costs associated with an AP(E)L

UKCP Standards of Education and Training

Guidelines for Section and Institutional Members for the Development of Grandparenting Routes to Registration as a UKCP Child Psychotherapist

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UKCP Standards of Education and Training

Guidelines for Section and Institutional Members for the Development of Grandparenting Routes to Registration as a UKCP Child Psychotherapist

1. Introduction

This document is a template for Section and Institutional Members to support those Training Member Organisations whose Child Psychotherapy Courses it has already accredited to manage a Grandparenting route to Registration as a UKCP Child Psychotherapist.

In this context Grandparenting can be defined as the process of recognising the skills and knowledge of an individual who has not completed a UKCP accredited training programme in Child Psychotherapy, but who nevertheless meets the minimum standards set by the Training Member Organisation, by virtue of their considerable proven, relevant, professional experience ranging over a long period of time. These individuals will have trained and /or developed their expertise in the field of child psychotherapy before the current custom and practice of course recognition in Child Psychotherapy. While they may have had minimal sustained formal training in this field, their long professional experience and professional development will be such that they will have achieved the specified learning outcomes as stipulated in Section and Institutional Member 2 below. UKCP accreditation in Psychotherapy with Children through the Grandparenting Clause will only be available for a limited period of time. Applications will need to be submitted and the process completed within 5 years from the date of publication of this document.

Application for Grandparenting must be made to Member Training Organisations in the first instance. As with the Child Psychotherapy Training Standards and the Post Qualifying Standards for Child Psychotherapy, the standards described here are based on the existing requirements for competence of the UKCP standards framework for work with adults, and incorporates standards of best practice for work with children together with current government guidelines and statutory requirements for work in this area.

Guiding Principles for Child Psychotherapy

These guidelines are informed by overriding principles which give recognition to:

- The child's individual human rights, including the right to self-determination, within the reasonable constraints of their need for safety, protection and care, in keeping with the law relating to Child Protection and the rights of parents and carers
- Given the right support and conditions, the capacity for the child to access impeded developmental impulses and re-establish the potential for psychological well-being
- The importance of considering the experience of children and young people in the context of the overall matrix of their lives and the centrality of family, social, cultural, religious/spiritual and political systems which frame their reality.
- The need to recognise the value and validity of a child's experience and to recognise the creativity and resilience of infants and children in responding to the circumstances of their lives as best they can within their developmental capabilities and emotional resources, even where this manifests in ways that present challenge and difficulty in the adult world, and to recognise that the child alone is not the problem
- The particular dependency and vulnerability of the infant, child and young person, emotionally, physically, psychologically and spiritually.
- The particular nature of the child's experience that characterises the several developmental stages and tasks involved in growing up into a mature relationship in the world

- The need to support children in developing the skills and resources they need to deal realistically with the circumstances of their lives, as well as to emerge more fully with their own potentialities and to build trust
- The multidisciplinary nature of work with children, and the vital importance of inter and intra-professional dialogue and exploration

Knowledge, Skills and Experience

Standards for professional registration as a Child psychotherapist are based on the levels of skill, competence and knowledge deemed necessary for safe and effective psychotherapeutic work with children and young people. These standards are compiled from the collective experience base of a large number of individuals working within a range of theoretical models, from the standards of ethical and moral behaviour of the profession, and from current and developing legislation and government guidelines for work in this area. Individuals applying for professional recognition registration via the Grandparenting Route should therefore be required to demonstrate how they meet these standards in order to qualify for such recognition.

Details of the areas in which Child Psychotherapists should be able to demonstrate competence are outlined in Section and Institutional Member 2 below. These areas are classified in the following categories:

- Child and Young Person Development
- Theories and Modalities
- Context Specific Competencies
- Therapeutic Communication, Relationship and Process
- Information Sharing
- Legal and Ethical Issues
- Multi-agency Working
- Special Educational Needs, Emotional, Social & Behavioural Difficulties & Issues of Mental Health
- Supporting Transitions
- Research and Monitoring
- Personal Skills & Qualities

Additionally, the evidence base should include information on the following:

- Personal Theoretical and Philosophical Practice Base
- Qualifying Criteria, including the length and nature of practice in the area of Child Psychotherapy, the age range with which experience was gained, and the context in which work took place
- Supervision arrangements
- Evidence of personal therapy

The unique needs and vulnerability of children must be borne in mind at all times, and Section and Institutional Members need to ensure that practitioners who seek professional registration for work in this area maintain the highest standards of professional competence and personal skill. For this reason Section and Institutional Members will need to articulate clear evidence requirements for all applications for Grandparenting, and to specify the ways in which applications satisfy both the letter and the spirit of the standards set by UKCP for Psychotherapy with Children. Additionally, Section and Institutional Members and existing and putative Training Member Organisations need to be aware of the rapidly changing legislation in this area, and need to develop processes to apply and integrate such changes

into their training processes, and to ensure that they are able to support registered practitioners in the management of such changes.

2. Professional Competencies based on Minimum Curriculum for Child Psychotherapy Training

This Section and Institutional Member articulates the Learning Outcomes of all accredited UKCP Child Psychotherapy Courses. Within the context of this document and the Grandparenting process, these standards should be used as a template against which to determine whether applicants for Grandparenting have the professional knowledge base and practical skills and competencies required from a UKCP Registered Child Psychotherapist. Section and Institutional Members should support Member Training Organisations involved in the process of Grandparenting to develop a fair and balanced process for this, and help them determine the nature of the evidence that will suffice to prove competence, as well as how to support individuals who may require supplementary or 'top up' training in order to meet these requirements. Section and Institutional Members should therefore require Member Training Organisations to have in place appropriate procedures for the management of Grandparenting applications, including a clearly articulated acceptance and refusal policy and appeals procedures.

2.1. Child and Young Person Development

2.1.1. Knowledge base and critical evaluation of:

- a. Child Development, including developmental stages and psychological, existential, cognitive, emotional and relational tasks
- b. The specific needs and vulnerability of the child as a result of their unique stage and level of development.
- c. Different forms of abuse and their impact on children's development
- d. The impact of transitions on child development
- e. Issues of attachment and the ways in which attachments form and change
- f. The role of play and self-directed play as a component of child development

2.1.2. Practical skill and competence in:

- a. Working with children of different ages and developmental levels
- b. Recognising the signs of possible developmental delay

2.2. Theories and Modalities

2.2.1. Knowledge base and critical evaluation of:

- a. Own therapeutic modality and issues this raises for work with children
- b. Other major modalities
- c. The process of therapeutic change within chosen modality
- d. Strengths and limitations of own modality

2.2.2. Practical skill and competence in a range of age-appropriate practical techniques & processes appropriate to own modality

2.3. Context Specific Competencies

2.3.1. Knowledge base and critical evaluation of:

- a. The position of the child or young person in the family or caring network, as well as the wider social context
- b. The key role and value of parents and carers and an appreciation of their support, information and advice needs
- c. The relative importance of peer- and community influence within different cultures
- d. The impact of adult functioning and mental health on the physical, emotional and mental health of children

- e. The roles and functions of the range of services involved with children & the relative effect of involvement of these agencies (education; mental health; social services; relevant voluntary services)
- f. Theories of attribution and range of factors that give rise to the difficulties experienced by young people

2.3.2. *Practical skill and competence in:*

- a. Working with parents
- b. Appropriate management of social and cultural difference and need, both within the therapeutic configuration, in family and in inter-agency work
- c. Work with children in a range of contexts (private practice; schools; NHS; other professional settings)

2.4. Therapeutic Communication, Relationship and Process

2.4.1. *Knowledge base and critical evaluation of:*

- a. The role and importance of body language in communication
- b. Barriers to communication
- c. Dynamics of power in relation to the therapeutic process with children
- d. Transference & counter transference / relational dynamics

2.4.2. *Practical skill and competence in:*

- a. Rapport building and the maintenance of an appropriate professional relationship with children and young people as well as with families and carers
- b. Appropriate emotional warmth, self awareness and personal emotional competence in the management of the therapeutic relationship
- c. Communication with young people in a manner appropriate to their cultural and social context and at their level of need and ability
- d. Appropriate written and oral communication using a range of media including electronic media
- e. Management of therapeutic boundaries of safety and containment
- f. Appropriate use of supervision
- g. Assessment of need & the development of a reasoned and substantiated proposal for treatment
- h. Development of clinical hypotheses based on theoretical principles
- i. Therapeutic decision making / evaluation skills / outcome management
- j. Maintaining the child at the centre of the therapeutic relationship while managing boundary issues
- k. Managing the range of conflicting demands of stakeholders in a manner that safeguards the therapeutic process
- l. Adapting strategies and techniques to suit the age, life stage, experience and context of the child
- m. Appropriate ending

2.5. Information Sharing

2.5.1. Knowledge base and critical evaluation of:

- a. The range of confidentiality procedures that apply in different contexts
- b. The process whereby the relevance, status and any gaps in information is determined
- c. The implication of the differences between different types of data (e.g. confidential information, personal data and sensitive personal data)
- d. When it is and when it is not necessary to have consent prior to sharing information

2.5.2. Practical skill and competence in:

- a. Obtaining information from a range of sources in an appropriate manner
- b. The use of the Common Assessment Framework for Children and young People (CAF), both as a source of information and to record information
- c. Ensuring that information transfers ahead of the child or young person, where appropriate
- d. Provision of timely, appropriate, succinct information to enable other practitioners to deliver their support to the child or young person, parent or carer

2.6. Legal & Ethical Issues - Safeguarding and promoting the welfare of the child

(This should be read in conjunction with the *Guidelines for Section and Institutional Members for the Development of Codes of Practice and Professional Conduct for Working with Children*)

2.6.1. Knowledge base and critical evaluation of:

- a. The concept of competence and the right to self-determination of the child or young person
- b. Rights of parents and carers
- c. The concept of harm and situations potentially harmful to children and young people
- d. The subtleties and signs of abuse in terms of affect and of physical, emotional, mental symptoms, as well as part of the therapeutic communication process (e.g. art and play situations)
- e. The laws and key policy areas related to children, including the most current legislation
- f. Government and local guidance policies and procedure and how they apply in the wider working environment
- g. The role and remit of the Local Safeguarding Children Board
- h. Data protection issues in the context of the therapeutic process
- i. Current legislation and the common law duty of confidentiality and legislation which specifically restricts the disclosure of certain information
- j. The difference between permissive statutory gateways (where a provision permits the sharing of information) and mandatory statutory gateways (where a provision places a duty upon a person to share information) and their implications for sharing information
- k. Variations in child protection procedures, legal frameworks and use of terminology across agencies
- l. Codes of ethics of UKCP & other relevant professional organisations
- m. Ethics relating to the maintenance of professional boundaries
- n. Implications of the use of medicines to treat mental and emotional conditions in children

2.6.2. Practical skill and competence in:

- a. Supporting client self determination where appropriate, taking account of health and safety and child protection issues
- b. Formal and informal risk assessment
- c. Making considered judgements about how to act to safeguard and promote a child or young person's welfare
- d. Practical data recording, including the security and the legal requirements and guidance relating to the length of time for which records must be kept

2.7. Multi-Agency Working

2.7.1. Knowledge base and critical evaluation of:

- a. Structures of support and operational and consultation processes within the personal working environment
- b. Local agencies and statutory and voluntary organisations involved in child, family and adolescent support work, and the nature of the work that they do
- c. Framework for decisions regarding case referral – both internal and external
- d. The range of professional terms, abbreviations and acronyms used within different agencies

2.7.2. Practical skill and competence in:

- a. Forging and sustaining respectful relationships across agencies
- b. Effective communication with other practitioners and professionals on an inter and intra- agency basis
- c. Operating effective cross-agency referral processes

2.8. Special Educational Needs; Emotional, Social & Behavioural Difficulties & Issues of Mental Health

2.8.1. Knowledge base and critical evaluation of:

- a. Issues related to aggression, anger and violence
- b. The needs of children and young people with disabilities or special educational needs, including those in relation to transitions
- c. The range of Emotional, Social & Behavioural Difficulties
- d. Psychopathology and mental conditions relating to children
- e. The effects of trauma, neglect and physical and sexual abuse
- f. The physical and psychological implications of the use of medicines to treat mental and emotional conditions in children

2.8.2. Practical skill and competence in:

- a. Appropriate response to conflict, aggression, anger and violence within the session, and also more generally in relation to children, young people and families
- b. Practical session and therapeutic process management in cases of Special Educational Needs, Emotional, Social & Behavioural Difficulties, Psychopathology and mental health conditions
- c. Exercising appropriate care in identification, diagnosis and therapeutic work in respect of cases of trauma, neglect and physical and sexual abuse

2.9. Supporting Transitions

2.9.1. Knowledge base and critical evaluation of:

- a. The signs of difficulties associated with transitions of all kinds
- b. The likely impact of key transitions, such as divorce, bereavement, family break-up, puberty, move from primary to secondary school, unemployment, and leaving home or care

2.9.2. Practical skill and competence in working with the full range of transition situations, in terms of managing information, providing support and undertaking a therapeutic process

2.10. Research and Monitoring

2.10.1. Knowledge base and critical evaluation of recent and current developments in the therapeutic work with children and families

2.10.2. Practical skill and competence in monitoring & evaluation of therapeutic intervention through the use of appropriate methodologies

2.11. Personal Skills & Qualities

- a. Responsibility, including an awareness of when to involve others, and where and how to get advice and support
- b. Appreciate the impact of the disclosure and management of upsetting situations the ability to access necessary support
- c. Appreciate own value and the value of others in a inter- and intra-agency context
- d. Practical creativity, flexibility, self-motivation, autonomy and ability to work proactively
- e. Skills of self-reflection
- f. Ability to respond professionally to challenge
- g. Maintain records of placements and periods of observation
- h. Ability to manage consequences of applied solutions
- i. Use supervision appropriately including evidence of understanding of the context of the child
- j. Appropriate emotional competency and emotional warmth in relation to children, including the capacity to explore and resolve personal issues arising from engaging in therapeutic work with children.

3. Personal Theoretical and Philosophical Practice Base

The Grandparenting process should include an opportunity for applicants to articulate their theoretical and philosophical practice base, and where relevant to trace their development of this based through the course of their development as Child Psychotherapists and should include awareness of diversity and equality considerations.

4. Qualifying Criteria

Section and Institutional Members must specify the nature of the evidence required to demonstrate the way in which the following criteria are met:

- a. A minimum of 5 years practice in psychotherapy with children which includes work with a range of ages and in more than one setting (e.g. education, NHS, Social Services, private practice, etc). This experience should normally have been achieved immediately preceding the submission of the application. Any gaps in practice should be accounted.
- b. A current clear Enhanced Criminal Records Bureau Check
- c. Career progression from beginning of working with children
- d. Work with or within the context of mental health (e.g. CAHMS teams etc)
- e. Evidence of consultative support or supervision over 5 years of practice in psychotherapy with children.

- f. Professional competency and ethical practice
- g. Achievement of the Specified Learning Outcomes (Section and Institutional Member 2)
- h. Continuous professional development.
- i. Relevant courses and related reading.
- j. Expertise related to the field; for example, teaching, presentation, publication, case-studies, research, developmental work in the field.
- k. Commitment to UKCP and MO ethical codes of practice for working with children and young people.
- l. Awareness of diversity and equality considerations in psychotherapeutic work with young people.

The intensity of psychotherapeutic work with children makes it particularly important for Section and Institutional Members to address the issue of personal emotional competence, resilience and personal resources. This is likely to be particularly challenging due to the nature of the Grandparenting procedure and the probability of a limited relationship between the applicant and the Training Member Organisation. Section and Institutional Members should therefore ensure that the procedure for the consideration of Grandparenting applications is robust, and that it includes clear evidence of the emotional competence of applicants. This should normally include, but not be defined by Supervision Arrangements and Evidence of Personal Therapy.

5. Diversity and Equality

Section and Institutional Members should ensure that Organisations apply the approved procedures to ensure equality and support diversity at all levels, and that the Grandparenting procedure for UKCP Member Organisations is congruent with their ethos and practice and with the standards espoused by UKCP.

6. Grandparenting Procedure

Section and Institutional Members must ensure that Organisations define and publish details of their Grandparenting procedure. These should include:

- a. Conditions under which Grandparenting may be considered
- b. The nature of the evidence required for a Grandparenting claim to registration as a UKCP Child Psychotherapist
- c. The composition and qualifications of the body which will consider Grandparenting applications
- d. Timescales within which applications will be processed
- e. Appeals procedures
- f. Costs associated with a Grandparenting application

UKCP Standards of Education and Training

Guidelines for Sections for the Development of Training Standards in Child Psychotherapy:

Post Qualifying Courses

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UKCP Standards of Education and Training

Guidelines for Sections for the Development of Training Standards in Child Psychotherapy: Post Qualifying Courses

1. Introduction

This document outlines a framework for Sections who wish to develop Training Standards for courses that could lead to UKCP Registration as *Child Psychotherapist*, for practitioners who are already UKCP registered adult psychotherapists or equivalent, and who wish to extend or formalise their training and qualifications and to obtain professional accreditation as a Child Psychotherapist.

The standards articulated below are consistent with the standards as set out in the ***Guidelines for Sections for the Development of Training Standards in Child Psychotherapy: 4 Year Courses*** and are based on the existing requirements for competence of the UKCP standards framework for work with adults, and incorporates standards of best practice for work with children together with current government guidelines and statutory requirements for work in this area.

This document forms one of the core UKCP policies for standards of education and training, and stands alongside the minimum UKCP Training Standards for Psychotherapy, overarching all UKCP Modality Sections.

Guiding Principles for Child Psychotherapy

These guidelines are informed by overriding principles which give recognition to:

- The child's individual human rights, including the right to self-determination, within the reasonable constraints of their need for safety, protection and care, in keeping with the law relating to Child Protection and the rights of parents and carers
- Given the right support and conditions, the capacity for the child to access impeded developmental impulses and re-establish the potential for psychological well-being
- The importance of considering the experience of children and young people in the context of the overall matrix of their lives and the centrality of family, social, cultural, religious/spiritual and political systems which frame their reality.
- The need to recognise the value and validity of a child's experience and to recognise the creativity and resilience of infants and children in responding to the circumstances of their lives as best they can within their developmental capabilities and emotional resources, even where this manifests in ways that present challenge and difficulty in the adult world, and to recognise that the child alone is not the problem
- The particular dependency and vulnerability of the infant, child and young person, emotionally, physically, psychologically and spiritually.
- The particular nature of the child's experience that characterises the several developmental stages and tasks involved in growing up into a mature relationship in the world
- The need to support children in developing the skills and resources they need to deal realistically with the circumstances of their lives, as well as to emerge more fully with their own potentialities and to build trust
- The multidisciplinary nature of work with children, and the vital importance of inter and intra-professional dialogue and exploration

Training Standards

Section Training Standards Documents should integrate their unique modality based processes and needs with the requirements outlined below. Initial approval of courses and subsequent inspection processes will be based on these Section Training Standards Documents.

Training Requirements must be based on a minimum curriculum as defined by the Learning Outcomes specified in Section 2 of this document, which defines a knowledge base and practical competence within the categories on the next page:

- Child and Young Person Development
- Theories and Modalities
- Context Specific Competencies
- Therapeutic Communication, Relationship and Process
- Information Sharing
- Legal and Ethical Issues
- Multi-agency Working
- Special Educational Needs, Emotional, Social & Behavioural Difficulties & Issues of Mental Health
- Supporting Transitions
- Research and Monitoring
- Personal Skills & Qualities

Additionally, Sections will need to specify training requirements based on modality specific needs and processes, UKCP guidance documents and government guidance and statutory regulation in the following areas:

- Theoretical and Philosophical Rationale of the Course
- Entry Requirements
- Selection and Admission Procedures
- Diversity and Equality
- Length of Training
- APEL Procedures
- Required Policy Documents
- Training Process, including
 - specification of student / tutor contact hours
 - written work and assessment
 - observation studies
 - clinical placement settings
 - client age groups
 - multi-disciplinary experience
 - experience of mental health settings
 - personal development and / or personal therapy
 - supervision

Documentation required from Training Member Organisations must fall within existing Section requirements, and should include:

- Organisation Background
- Course Details
- Resource Provision

The unique needs and vulnerability of children must be borne in mind at all times, and Sections need to ensure that practitioners who seek professional registration for work in this area maintain the highest standards of professional competence and personal skill. For this reason Sections will need to provide a sound and substantiated rationale in respect of training requirements (i.e. number of training hours and the way in which evidence of meeting learning outcomes is gathered). Additionally, Sections and existing and putative Training Member Organisations need to be aware of the rapidly changing legislation in this area, and need to develop processes to apply and integrate such changes into their training processes, and to ensure that they are able to support registered practitioners in the management of such changes.

2. Minimum Curriculum

The Learning Outcomes detailed in this section must form the basis of all trainings, and Training Member Organisations must be required to provide evidence of the ways in which competence is achieved for each of these outcomes, whether training is in the form of a full and basic training, a post-qualifying course, or an APEL procedure.

2.1 Child and Young Person Development

2.1.1 Knowledge base and critical evaluation of:

- a. Child Development, including developmental stages and psychological, existential, cognitive, emotional and relational tasks
- b. The specific needs and vulnerability of the child as a result of their unique stage and level of development.
- c. Different forms of abuse and their impact on children's development
- d. The impact of transitions on child development
- e. Issues of attachment and the ways in which attachments form and change
- f. The role of play and self-directed play as a component of child development

2.1.2 Practical skill and competence in:

- a. Working with children of different ages and developmental levels
- b. Recognising the signs of possible developmental delay

2.2 Theories and Modalities

2.2.1 Knowledge base and critical evaluation of:

- a. Own therapeutic modality and issues this raises for work with children
- b. Other major modalities
- c. The process of therapeutic change within chosen modality
- d. Strengths and limitations of own modality

2.2.2 Practical skill and competence in a range of age-appropriate practical techniques & processes appropriate to own modality

2.3 Context Specific Competencies

- 2.3.1 Knowledge base and critical evaluation of:**
- a. The position of the child or young person in the family or caring network, as well as the wider social context
 - b. The key role and value of parents and carers and an appreciation of their support, information and advice needs
 - c. The relative importance of peer- and community influence within different cultures
 - d. The impact of adult functioning and mental health on the physical, emotional and mental health of children
 - e. The roles and functions of the range of services involved with children and social services; relevant voluntary services)
 - f. Theories of attribution and range of factors that give rise to the difficulties experienced by young people
- 2.3.2 Practical skill and competence in:**
- a. Working with parents
 - b. Appropriate management of social and cultural difference and need, both within the therapeutic configuration, in family and in inter-agency work
 - c. Work with children in a range of contexts (private practice; schools; NHS; other professional settings)

2.4 Therapeutic Communication, Relationship and Process

- 2.4.1 Knowledge base and critical evaluation of:**
- a. The role and importance of body language in communication
 - b. Barriers to communication
 - c. Dynamics of power in relation to the therapeutic process with children
 - d. Transference & counter transference / relational dynamics
- 2.4.2 Practical skill and competence in:**
- a. Rapport building and the maintenance of an appropriate professional relationship with children and young people as well as with families and carers
 - b. Appropriate emotional warmth, self awareness and personal emotional competence in the management of the therapeutic relationship
 - c. Communication with young people in a manner appropriate to their cultural and social context and at their level of need and ability
 - d. Appropriate written and oral communication using a range of media including electronic media
 - e. Management of therapeutic boundaries of safety and containment
 - f. Appropriate use of supervision
 - g. Assessment of need & the development of a reasoned and substantiated proposal for treatment
 - h. Development of clinical hypotheses based on theoretical principles
 - i. Therapeutic decision making / evaluation skills / outcome management
 - j. Maintaining the child at the centre of the therapeutic relationship while managing boundary issues
 - k. Managing the range of conflicting demands of stakeholders in a manner that safeguards the therapeutic process
 - l. Adapting strategies and techniques to suit the age, life stage, experience and context of the child

- m. Appropriate ending

2.5 Information Sharing

- 2.5.1 Knowledge base and critical evaluation of:**
- a. The range of confidentiality procedures that apply in different contexts
 - b. The process whereby the relevance, status and any gaps in information is determined
 - c. The implication of the differences between different types of data (e.g. confidential information, personal data and sensitive personal data)
 - d. When it is and when it is not necessary to have consent prior to sharing information

- 2.5.2 Practical skill and competence in:**

- a. Obtaining information from a range of sources in an appropriate manner
- b. The use of the Common Assessment Framework for Children and young People (CAF), both as a source of information and to record information
- c. Ensuring that information transfers ahead of the child or young person, where appropriate
- d. Provision of timely, appropriate, succinct information to enable other practitioners to deliver their support to the child or young person, parent or carer

2.6 Legal & Ethical Issues - Safeguarding and promoting the welfare of the child

(Should be read in conjunction with *Guidelines for Sections for the Development of Codes of Practice and Professional Conduct for Working with Children*)

- 2.6.1 Knowledge base and critical evaluation of:**

- a. The concept of competence and the right to self-determination of the child or young person
- b. Rights of parents and carers
- c. The concept of harm and situations potentially harmful to children and young people
- d. The subtleties and signs of abuse in terms of affect and of physical, emotional, mental symptoms, as well as part of the therapeutic communication process (e.g. art and play situations)
- e. The laws and key policy areas related to children, including the most current legislation
- f. Government and local guidance policies and procedure and how they apply in the wider working environment
- g. The role and remit of the Local Safeguarding Children Board
- h. Data protection issues in the context of the therapeutic process
- i. Current legislation and the common law duty of confidentiality and legislation which specifically restricts the disclosure of certain information
- j. The difference between permissive statutory gateways (where a provision permits the sharing of information) and mandatory statutory gateways (where a provision places a duty upon a person to share information) and their implications for sharing information
- k. Variations in child protection procedures, legal frameworks and use of terminology across agencies
- l. Codes of ethics of UKCP & other relevant professional organisations
- m. Ethics relating to the maintenance of professional boundaries

- n. Implications of the use of medicines to treat mental and emotional conditions in children

2.6.2 *Practical skill and competence in:*

- a. Supporting client self determination where appropriate, taking account of health and safety and child protection issues
- b. Formal and informal risk assessment
- c. Making considered judgements about how to act to safeguard and promote a child or young person's welfare
- d. Practical data recording, including the security and the legal requirements and guidance relating to the length of time for which records must be kept

2.7 *Multi-Agency Working*

2.7.1 *Knowledge base and critical evaluation of:*

- a. Structures of support and operational and consultation processes within the personal working environment
- b. Local agencies and statutory and voluntary organisations involved in child, family and adolescent support work, and the nature of the work that they do
- c. Framework for decisions regarding case referral – both internal and external
- d. The range of professional terms, abbreviations and acronyms used within different agencies

2.7.2 *Practical skill and competence in:*

- a. Forging and sustaining respectful relationships across agencies
- b. Effective communication with other practitioners and professionals on an inter and intra- agency basis
- c. Operating effective cross-agency referral processes

2.8 *Special Educational Needs; Emotional, Social & Behavioural Difficulties & Issues of Mental Health*

2.8.1 *Knowledge base and critical evaluation of:*

- a. Issues related to aggression, anger and violence
- b. The needs of children and young people with disabilities or special educational needs, including those in relation to transitions
- c. The range of Emotional, Social & Behavioural Difficulties
- d. Psychopathology and mental conditions relating to children
- e. The effects of trauma, neglect and physical and sexual abuse
- f. The physical and psychological implications of the use of medicines to treat mental and emotional conditions in children

2.8.2 *Practical skill and competence in:*

- a. Appropriate response to conflict, aggression, anger and violence within the session, and also more generally in relation to children, young people and families
- b. Practical session and therapeutic process management in cases of Special Educational Needs, Emotional, Social & Behavioural Difficulties, Psychopathology and mental health conditions
- c. Exercising appropriate care in identification, diagnosis and therapeutic work in respect of cases of trauma, neglect and physical and sexual abuse

2.9 Supporting Transitions

- 2.9.1 Knowledge base and critical evaluation of:**
- a. The signs of difficulties associated with transitions of all kinds
 - b. The likely impact of key transitions, such as divorce, bereavement, family break-up, puberty, move from primary to secondary school, unemployment, and leaving home or care
- 2.9.2 Practical skill and competence in working with the full range of transition situations, in terms of managing information, providing support and undertaking a therapeutic process**

2.10 Research and Monitoring

- 2.10.1 Knowledge base and critical evaluation of recent and current developments in the therapeutic work with children and families**
- 2.10.2 Practical skill and competence in monitoring & evaluation of therapeutic intervention through the use of appropriate methodologies**

2.11 Personal Skills & Qualities

- a. Responsibility, including an awareness of when to involve others, and where and how to get advice and support
- b. Appreciate the impact of the disclosure and management of upsetting situations the ability to access necessary support
- c. Appreciate own value and the value of others in a inter- and intra-agency context
- d. Practical creativity, flexibility, self-motivation, autonomy and ability to work proactively
- e. Skills of self-reflection
- f. Ability to respond professionally to challenge
- g. Maintain records of placements and periods of observation
- h. Ability to manage consequences of applied solutions
- i. Use supervision appropriately including evidence of understanding of the context of the child
- j. Appropriate emotional competency and emotional warmth in relation to children, including the capacity to explore and resolve personal issues arising from engaging in therapeutic work with children.

3. Theoretical and Philosophical Rationale of the Course

This must be a clearly articulated definition of the philosophical and theoretical rationale of the course. A coherent theoretical and philosophical approach must be reflected in all aspects of the course.

4. Entry Requirements

In line with UKCP standards, candidates must be at a postgraduate level of competence upon entry. Sections should specify standards and procedures whereby Member Training Organisations should assess applicants' ability to undertake training at postgraduate level. These should normally include one or more of the following entry requirements:

- An undergraduate degree
- A relevant professional training
- References
- Enhanced police check (essential)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Certificated Learning (APCL)

In the case of Post Qualifying Courses, Sections will need to develop procedures to support Training Member Organisations to allow entry from two routes, namely entry for existing UKCP Registrants and entry for individuals who have undergone a training process which is of a standard equivalent to UKCP training standards. Where candidates have experience and prior learning in the areas specified by these standards, Training Member Organisations should have appropriate APEL procedures in place. Enhanced police checks and appropriate references and recommendations attesting the suitability of candidates to work with children are essential components of the entry process for Post Qualifying Courses.

Additionally Section should require Member Training Organisations to have in place appropriate procedures for the recruitment, acceptance and refusal of applicants including published criteria for acceptance and feedback, and recommendations to those who are not accepted.

The intensity of psychotherapeutic work with children makes it particularly important for Sections to address the issue of personal emotional competence, resilience and personal resources. It is recommended that organisations be required to define the qualities that they consider essential for a child psychotherapy trainee, and that this be part of any advertising material.

5. Selection and Admission Procedures

Sections should require Training Member Organisations to outline Admission Procedures including:

- Number of places on the course
- Interviewing procedure
- Selection procedure including reasons for refusal

6. Diversity and Equality

Sections should support Training Member Organisations to develop and implement a process to ensure equality of admissions and to encourage diversity commensurate with that found in society at large. Additionally, Sections encourage Training Member Organisations to ensure that the skills and competencies relating to diversity and equality in work with children and young people form part of the ethos and ethical framework of both the training process and the organisation itself.

7. APEL Procedures

Sections should clarify levels of entry and require Member Training Organisations to specify both the conditions under which Accreditation for Prior Learning (APL) and Accreditation for Prior Experiential Learning (APEL) apply and the procedures by which such claims are processed. In all cases the Learning Outcomes specified in sections 2 of this document must form the basis for training standards and AP(E)L procedures. UKCP Registration as *Child Psychotherapist* is in all cases dependent on the evidenced achievement of these learning outcomes. Post Qualifying Courses and AP(E)L should take account of the UKCP guidelines developed for these purposes.

8. Required Policy Documents

Training Member Organisations must have the following written policy statements in accordance with the relevant and current legislation and in keeping with UKCP standards.

- Equal Opportunities/Anti Discriminatory Practice
- Code of Practice and Ethics for Child Psychotherapy
- Complaints Procedure for Child Psychotherapists
- Complaints Procedure for Trainees
- Health and Safety
- CPD

9. Training Process

The training process should be based on the minimum curriculum as defined by the Learning Outcomes specified in Section 2 of this document, as met within the modality specific needs and processes of each section. Sections should therefore provide a substantiated rationale for the training requirement levels as set in the following areas (in each case account should be taken of UKCP Psychotherapy with Children Policy and Guidance Documents where available):

9.1. Student / tutor contact hours

These should be specified on the basis of the integration of the minimum curriculum with Section and modality specific needs, and should clearly define Sections' definition of 'contact hours'.

9.2. Written work and Assessment

Assessment should be in the form of both formative and summative feedback and should include an evaluation of the personal qualities of trainees as these relate to their competence to practice. The nature of the assessment process should be clearly articulated, and should include details of the way in which individual achievement of learning outcomes will be assessed.

The assessment process should cover the following areas of competence:

- Personal qualities and emotional competence as relevant to therapeutic practice
- Achievement of specified learning outcomes
- Practical competence and skill as a child psychotherapist

9.3. Observation Studies

This relates to the observation of children and young people, and Sections should require Member Training Organisations to provide a modality based rationale for the nature and length of required observation hours

9.4. Clinical Placement Settings

The number of clinical placement hours must be specified in accordance with Section principles for best practice and the specific needs of Children and Young People. In view of the requirements outlined under points 8.5, 8.6 and 8.7 below, it is recommended that candidates who are already familiar with the therapeutic process normally undertake at least a further 300 supervised clinical hours (please see APL/APEL Guidance where relevant).

9.5. Client Age Groups

The minimum curriculum specifies experience of working with a range of age groups. It is therefore necessary for Sections to define the way in which Member Training Organisations ensure the achievement of this.

9.6. Multi-disciplinary experience

Information sharing and intra- and inter-disciplinary co-operation is key to successful work with children. Sections should therefore specify the way in which Member Training Organisations ensure student competence in this area.

9.7. Experience of Mental Health Settings

Sections need to specify the way in which Member Training Organisations require trainees to obtain experience of Mental Health Settings.

9.8. Personal Development and / or Personal Therapy

Personal development, process and therapy requirements should be defined in line with UKCP, Section and modality practices and requirements. Account should be taken of the special needs of children and young people in setting these requirements, including the need for particular skills in working with the relational dynamics involved, the need for an in-depth awareness of transferential processes and the potential emotional cost of working in areas of great need, distress and deprivation. The extent to which work with children may re-activate individual childhood experiences must also be taken into account. Trainees must be encouraged to enquire into and work with any unresolved issues relating to their own relationship with issues of dependency and the dynamics of power.

9.9. Supervision

Supervision requirements and the ratio of client contact hours to supervision hours should be set with reference to the UKCP Standards for Supervision with Children.

10. Organisational documentation

UKCP Standards for Training Member Organisations apply, and should include:

10.1. Organisation Background

- Name of the institution and the relevant officials, for example senior administrators.
- Name of the head of the institution
- Relevant history of the institution
- Management structure of the institution – roles, lines of responsibility and communication
- Description of the premises used

10.2. Course Details

- Title of the course
- Degree conferring body if relevant
- Duration of the course
- Name of the course director
- Names of staff members and roles (Staff member CVs required)
- Names of visiting lecturers (CVs required)
- Name(s) of External Examiner(s) (CVs required)
- Details of course assessment, moderation procedure, appeals procedure, external examination process and board of studies
- Professional registration criteria and requirements

10.3. Resource Provision

- Accommodation within the Institution
- Administration
 - Fee and Budget administration
 - Application processing
 - Record keeping
 - Placement advice
 - Specialist resources
 - Computing provision where appropriate
- Library facilities
- Course Manual/Handbook

UKCP Standards of Education and Training

Guidelines for Section and Institutional Members for the Development of Standards of Supervision for Child Psychotherapists

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UKCP Standards of Education and Training

Guidelines for Section and Institutional Members for the Development of Standards of Supervision for Child Psychotherapists

1. Introduction

1.1 This document outlines a framework for Section and Institutional Members who wish to develop standards of Supervision for Child Psychotherapists. The development of these standards is an essential requirement for Section and Institutional Members where their organisations offer accredited trainings in Child Psychotherapy.

Section and Institutional Members should clearly define the nature and standards of supervision of Child Psychotherapists in line with the principles outlined below, modality specific issues, current legal requirements for work with children and government guidelines for such work.

It is recommended that these principles be articulated in the following terms:

- The nature of supervision
- Purpose of supervision
- Tasks of supervision
- Supervision of Child Psychotherapists – potential emotional pressures and clinical issues
- Diversity and equalities considerations in clinical practice

1.2 Additionally, Section and Institutional Members need to clarify the way in which they require member organisations to meet the following standards:

- Ratio for supervision (individual and group)
- Standards for supervisors
- Responsibility to the supervisee
- Clinical responsibilities
- The supervisors responsibility to self
- The responsibilities of the supervisee
- Organisations need to present a rationale for their stipulation of the relationship between trainers, supervisors and training supervisors in child psychotherapy

1.3 Diversity and equalities

The sections, supervisors and supervisees involved with working with children need to have at the centre of their work an awareness of the impact of difference and diversity, including origin, ethnicity, religion, class, status, gender, sexual orientation, age, disability, belief and contributions to society. This document should be interpreted in accordance with this statement, for the benefit of children and those working with them.

2. Minimum Standards for Supervision of Child Psychotherapists

2.1 The Nature of Supervision

Supervision is a process conducted within a formal working relationship in which a qualified or trainee psychotherapist presents his or her client work to a designated supervisor as way of enhancing their practice through careful reflection on the process. Supervision can take place on a one to one basis or in groups.

2.2 Purpose

The primary purpose of supervision is to enhance the professional development of the supervisee so as to ensure the best possible psychotherapy practice for their client. To this end supervision should perform the functions of education, support, and evaluation against the norms and standards of the profession and of society. This is the case irrespective of employment arrangements and applies both in private and public service.

Supervision can also contribute towards a gate-keeping process which allows for the recognition of certain situations, e.g. burnout, where because of the supervisee's physical, mental or emotional state it is unsuitable for them to work with clients.

2.3 Tasks of supervision

Supervisors need to be aware of the broad range of tasks that their role entails. These include:

- a. Facilitates an open, trusting working alliance with supervisees in which the supervisee is confident to reveal the difficulties within his/her work.
- b. Offering support – providing affirmation of good practice, colleagueship in assisting the supervisee in handling the difficulties encountered in their practice.
- c. Taking an educative role - using coaching skills, or aspects of mentoring to enlarge the supervisee's theoretical knowledge and to highlight areas of further training.
- d. Recognizing that there is a normative role in supervision that includes upholding the standards of good professional practice, guiding and supporting supervisee's in addressing ethical issues, balancing the needs of supervisee and client and addressing issues of safety and right conduct.
- e. Ensuring that any child protection issues are being dealt with effectively.
- f. Enabling new insights and understanding to emerge in the process of the work including attending to diversity and equalities matters.
- g. Where the therapist is in training or there is a requirement by the organisation the therapist is employed by there may be an evaluative role.

3. Psychotherapy with Children

Working with children psychotherapeutically presents unique challenges to the psychotherapist.

3.1 Potential Emotional Pressures for Child Psychotherapists

These pressures can include:

- a. Pressure to change the child to meet the norms of society, culture, or organisations.
- b. Feeling responsible for the child's behaviour.
- c. The status of children as dependents and thus their ability to be in control of their therapeutic process. Examples of this include issues around referral, fees, timing, termination, autonomy and confidentiality.
- d. The extra emotional demands that dealing with troubled children can place upon the practitioner and the need to be supported in working with such children. Psychotherapy with children can stimulate strong reactions that can be consciously or unconsciously acted upon or experienced psychosomatically.
- e. Dealing with difficult feelings around the failure of society to provide adequate care, protection and psychotherapeutic support for vulnerable children.
- f. Dealing with and being able to address differential attitudes and behaviour in relation to children and young people based on prejudice and/or lack of knowledge of diversity and equalities issues and considerations.

3.2 Clinical Issues Particular to Child Psychotherapy

- a. Dealing with complex legal and ethical issues such as confidentiality, record keeping and child protection. The need to have a sound understanding of child protection procedures. Dealing with the emotional pressures and additional workload when there is a child protection referral.
- b. Balancing the child's right to self-determination with the complementary right to care and protection and the parental/caregivers rights in relation to therapeutic decisions about their child.
- c. Working within systems that provide education, care and protection for children. Referring and liaising with other professionals and managing appropriately the different relationships and roles they may undertake at any given time. This requires a high degree of flexibility and alertness to possible conflicts of interest.
- d. Consulting with parents or caregivers and negotiating contracts with all parties concerned.
- e. Dealing with the complexities of third party referrals and the problems that can be generated when the child may be referred for therapy as part of someone else's agenda.
- f. The referral of children who may be exhibiting symptoms of undiagnosed mental ill-health or developmental deficits that require specialist assessment, and or onward referral where it is felt beyond the competence or remit of the practitioner.
- g. The need to be responsive, creative and innovative to meet the child therapeutically through the use of varied therapeutic tools that allow the child to express themselves.
- h. The need to challenge discriminatory practice or potential discriminatory practice and to be able to discriminate when the practitioner needs help and guidance on this.

4. Professional Legal and Obligations of the Child Psychotherapists

Child Psychotherapists may have greater therapeutic, professional, ethical and legal sets of duties than towards their adult clients. Given the extra dimensions of working with children, it is mandatory that Child Psychotherapists have supervision whatever level of experience they have.

5. Ratios for Individual Supervision

In light of the additional complexities of psychotherapy with children, trainees and newly qualified Child Psychotherapists will need higher ratios of supervision to the number of clients seen. The suggested ratios are:

- a. For trainees in the first two years of training: 1 hour of supervision for every four client hours.
- b. Where the trainee has demonstrated competency of practice, this can be reduced to one hour of supervision for every six client hours.
- c. For newly qualified therapists in the first year of practice, it is recommended that there is an hour of individual supervision for every six client hours.
- d. It is recognized that for experienced practitioners, the nature of the supervisory relationship and the purpose of supervision will evolve into a more consultative role that has a collegial quality. The frequency and amount of supervision would be decided in consultation with the supervisor. The decision will be based on the nature of the client group that the supervisee is working with and the number of clients they are seeing.

For all practitioners it is recognized that working with severely disturbed, traumatized or abused clients will require higher rates of supervision. Supervisors may advise additional supervision where they deem necessary. Failure on the part of the supervisee to heed such advice must be addressed in supervision.

6. Ratios for Group Supervision

Group supervision provides the therapist or trainee with invaluable opportunities for shared learning and support. Group supervision should be on a ratio of a minimum of 30 minutes of supervision per supervisee. The maximum group size is four. It is essential, however, that trainees have additional individual supervision in line with guidelines for Section 5.

7. Standards, Duties and Responsibilities for Supervisors of Child Psychotherapists.

Supervision of child psychotherapists needs to be of the highest professional standard given the special challenges that working with children presents.

7.1 Standards for Supervisors

- a. That the supervisor has undertaken training in psychotherapeutic supervision.
- b. Section and Institutional Members must specify how the minimum qualifications, standards and approval process for supervisors of child psychotherapists should be met.
- c. The supervisor must have a recognized psychotherapy qualification. Normally, they should also have training and qualifications relevant to working with children. If the supervisor has no formal child psychotherapy training, then they must have substantial experience of working psychotherapeutically with children.
- d. The supervisor must have a thorough understanding of current child protection and the legal and ethical issues that pertain to children. They must work to the Code of Practice for Children and Complaints Procedure relevant to their UKCP Section and Institutional Member and the service provider they are employed by.
- e. Supervisors must have knowledge of Diversity and Equalities considerations in working with children and young persons and be able to challenge discriminatory practice.
- f. Supervisors must have a suitable Professional Indemnity Insurance. Sections and Institutional Members must specify the minimum requirements for Professional Indemnity Insurance for their modality of practice.

7.2 Responsibility to the Supervisee

Supervisors will:

- a. Make a contract with the supervisee incorporating into the contract a clear understanding of each parties clinical responsibilities as outlined in Sections 7.2, 7.3 and 9;
- b. Make clear the fee charged, the length and frequency of the sessions, cancellation, emergency and termination procedures;
- c. When undertaking an evaluative role and required to report on the supervisees work then this must be discussed in the initial contracting session;
- d. Be clear when contracting with supervisees, as to what action they would take if they were concerned about the supervisees work or capacity to practice;
- e. Ascertain that their supervisees are covered by Professional Indemnity Insurance;
- f. Have a responsibility to their supervisees and their clients to maintain their own CPD to ensure best practice and the professional development of their supervisees;
- g. Have a responsibility to help the supervisee to maintain awareness of diversity and equalities considerations and legislation;

7.3 Clinical Responsibility of the Supervisor

The supervisor will:

- a. Be aware of the extent of their clinical responsibility in relationship to the agency that the child client is referred through;
- b. Obtain information from their supervisee regarding the nature of the lines of communication with the organisation or agency they work with and their child protection policies;
- c. Include supervising appropriate liaison between the supervisee and the child's parents and caregivers;
- d. Be aware of both the limits of their own competence and those of their supervisee and be prepared to help the supervisee refer a client on appropriately. To this end, they would need to have a wide ranging knowledge of referral possibilities and support their supervisee through any process of referral. Supervisors may need to recommend that the supervisee undertakes additional training. The supervisor also needs to be aware when more specialist supervision than they are able to give is indicated to meet the best interests of the client and supervisee;
- e. Clarify with the supervisee who is working in private practice:
 - i. The suitability of the practice environment
 - ii. The facilities and play equipment provided
 - iii. Health and safety considerations
 - iv. Child protection procedures
 - v. Referral procedures
- f. Take all reasonable steps to be satisfied that the psychotherapy proposed is in the best interests of the child, and taking into account the child's age and understanding, that he or she is willing to engage in therapeutic work;
- g. Be ethically responsible for supporting best practice;
- h. Have an overview of the total case load of the supervisee;
- i. Recognize that their role includes supporting the supervisee with the extra emotional demands inherent in psychotherapy with children. There needs to be a willingness to form a relationship with the supervisee that enables the supervisee to feel met with an emotional effectiveness that can provide safe containment for possible disturbing emotions and anxieties;
- j. Be able to recognize "burn-out";
- k. Be alert to the potential for the supervisee to unconsciously respond to the client's material within the psychotherapeutic relationship and know when this goes beyond the containment that can be given in supervision and must be taken to the appropriate forum for personal development or psychotherapy.

8. The Supervisor's Responsibility to Self

These responsibilities include:

- a. Receiving appropriate supervision of their supervision;
- b. Appropriate continuing professional development to keep up to date with developments in the field of child psychotherapy.

9. The Supervisee's Clinical Responsibilities

Supervisees need to be aware of their clinical responsibilities in relation to their clients and supervisor. The supervisee is responsible for their clinical work with clients. Responsibilities include:

- a. To agree to a working contract with their supervisor and to adhere to the arrangements made;
- b. To specify any additional supervision they receive and which clients they are taking to which supervisor;
- c. To ensure that the supervisor has an overview of the supervisee's total caseload; and to provide brief details of each child client including the relevant history and reasons for referral;
- d. To make a professional will;
- e. To advise the supervisor of any significant developments, challenges and issues relating to the work with each child;
- f. To advise the supervisor of the lines of management and communication within each agency in which the supervisee practises;
- g. To provide the supervisor with a copy or other evidence of the child protection procedures of each relevant agency;
- h. To advise the supervisor of any relevant changes to the conditions of their practice;
- i. To advise the supervisor of any child protection concerns and referrals made;
- j. To provide to the supervisor with a copy of their current Professional Indemnity Insurance and clearance for working with children for example CRB check;
- k. To advise the supervisor of any additional training or professional development undertaken by the supervisee and to act upon any recommendations made by the supervisor for such training and development;
- l. To take into account the advice of their supervisor when considering issues of burnout, stress or working beyond the level of their competency.



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Appendix B

Briefing on Research of Psychotherapy and Counselling - details

1. The type of research utilised to examine a given area of enquiry is dependent upon that specific area of enquiry; for example, condition-specific efficacy research and the effectiveness of treatment as it evolves in routine clinical practice (Chiesa and Fonagy 1999). While for “efficacy research” (e.g. drug trials) “RCT is the gold standard” (Mottram 2000:1) because the trials themselves closely approximate clinical reality. However, Mottram (*Ibid.*) continues to argue, “[in] psychotherapy RCTs the conditions created represent a substantial deviation from usual psychotherapy clinical practice conditions” (1).
2. Seligman (1995) states that using efficacy studies (RCTs) to judge the effectiveness of psychotherapy is “the wrong method” because “it limits too many crucial elements of what is done in the field” (966).
 - o According to Elliot (2001), RCT design is often seen to suffer “from a host of scientific difficulties . . . including poor statistical power, randomization failure, differential attrition, failure to measure important aspects of clients’ functioning, lack of clarity about actual nature of therapies offered and restricted samples leading to poor generalizability (315-316).
3. Seligman (1995) highlights the difference between research-directed fixed duration therapy which focuses on single-issue symptom reduction as opposed to more open models of therapy in which patients choose therapist modality and the time in which they engage with it addressing parallel and interacting difficulties with a concern for improvement in general functioning and quality of life issues.
 - o Mottram (2000): “Psychotherapy in practice is a treatment of variable duration, with improvised and self-correcting features that aims to improve quality of life as well as symptom relief in patients who are not randomly allocated and who have multiple problems” (2).
4. Jacobson et al. (1999) criticises quantitative research in psychotherapy as such measures provide “little or no information regarding the variability in treatment response from person to person,” further attention is drawn to statistical comparisons that make the judgement of “treatment effects” ambiguous” (300-307).

- Gedo (1999) insists that “we need to be aware that an event that is statistically common may have had an uncommon meaning for the patient,” (274) and further, “those of us doing empirical studies must struggle with the dilemma that not all statistically identical events are equivalent qualitatively” (Ibid. 276).
5. Carr (1994), while identifying that while neither quantitative nor qualitative approaches are superior to the other, “qualitative research appears invaluable for the exploration of subjective experiences . . . and quantitative methods facilitate the discovery of quantifiable information” (716). There is a case for combining both quantitative and qualitative methods in an inclusive paradigm (Marshall & Rossman 2006; McLeod 2000; Mcleod 2001; Sells et al. 1995).

NOTE: This document draws upon the '*UKCP Report on Humanistic and Integrative Psychotherapies.*' (2008). Thomas R., Stephenson S., Lowenthal D. UKCP Research Unit, Roehampton University.

References

- Carr, Linda T. (1994) The strengths and weaknesses of quantitative and qualitative research: what method for nursing? *Journal of Advanced Nursing*, 20 (4), 716–721.
- Chiesa, M and Fonagy, P (1999) - 'From the efficacy to the effectiveness model in Psychotherapy research: the APP multi-centre project' *Psychoanalytic Psychotherapy* vol13 no3 pp259-272.
- Elliott, R. (2001) 'Hermeneutic Single Case Efficacy Design' in K.J.Schneider, J.F.T. Bugental & J.F. Pierson (eds) '*The Handbook of Humanistic Psychology: Leading Edges in Theory, Research and Practice.*' London: Sage pp. 315-324.
- Gedo, Paul M. (1999) Single case studies in psychotherapy research, *Psychoanalytic Psychology*, 16(2), pp. 274-280.
- Jacobson, N., Roberts, L., Berns, S., & McGlinchey, J. (1999) 'Methods for Defining and Determining the Clinical Significance of treatment Effects: Description, Application and Alternatives' *Journal of Consulting and Clinical Psychology* Vol. 67, No. 3 pp. 300-307.

Marshall, Catherine & Rossman, Gretchen B. (2006) *Designing Qualitative Research*, London: SAGE (particularly chapters: 'Justifying Qualitative Research' pp.52-53 & 'The Value of the Qualitative Approach' pp. 208-213).

McLeod, John (2000) 'The Contribution of Qualitative Research to evidence-based counselling and psychotherapy' in *Evidence-Based Counselling and Psychological Therapies: Research and Applications* by Nancy Rowland, Stephen Goss, London: Routledge, pp.111-126.

McLeod, J. (2001) 'Developing a research tradition consistent with the practices and values of counselling and psychotherapy: Why Counselling and Psychotherapy Research is necessary' *Counselling and Psychotherapy Research* Vol. 1, No. 1 pp. 3-11.

Mottram, P. (2000) 'Towards developing a methodology to evaluate the effectiveness of art therapy in adult mental illness' <http://www.baat.org/taoat/mottram2html> viewed 13/03/08.

Seligman, M. (1995) 'The Effectiveness of Psychotherapy: The *Consumer Reports* Study' *American Psychologist* Dec 1995 Vol. 50 No.12 pp.965-974.

Sells, S. P., Smith, T. E., Sprenkle, D. H. (1995) 'Integrating Qualitative and Quantitative Research Methods: A Research Model', *Family Process*, 34 (2), pp. 199–218.

Appendix C The Australian Experience

In Australia, the State of Victoria Department of Human Services demonstrated their clear intention to establish the statutory Self-Regulation of Psychotherapy by publishing the commissioned report by the Psychotherapy and Counselling Federation of Australia advocating Self Regulation as the best Practice model for the regulation of psychotherapy and counselling. www.health.vic.gov.au/pracreg/psychotherapy.htm

This report is comprehensive and presents the findings of research into the regulation of psychotherapy and counselling across the world. It investigated many significant models for regulation, both state and statutory self-regulation in the developed countries, and resulted in the very strong recommendation of two possible models of Self-Regulation. The summary made the following points:

- Counselling and psychotherapy are fundamentally different from most other health professions
- The focus of the 'talking therapy' practice is the relationship and the process of therapy, rather than performance of certain definable procedures
- It is difficult to define competencies and scopes of practice in a narrow legalistic sense
- Diversity of training bodies, professional associations, and theoretical approaches is both a strength and a weakness and requires a model that respects diversity while being clear about standards
- The profession would be best managed within a self-regulatory model based on professional colleges, which will have the necessary expertise to link training standards and practice
- A Federation or Council structure was seen to provide a suitable overarching framework for the diverse member associations with a need to define clear minimum standards for training and ethical practice of professionals
- A flexible regulatory structure is required to support development of rigorous processes within the subgroups and specialities
- Such a model has been adopted internationally by the World Council for Psychotherapy, and nationally by PACFA, and has been proposed under the new College of Psychotherapists in Ontario

Although these recommendations have yet to be formally adopted, the Australian States' Governments have supported the establishment of a single Australian register 'of credentialed counsellors and psychotherapists who accept the standards, codes of conduct and ethics, insurance and continuing education requirements of recognised clinical and professional member associations' which will lead to 'an independent national system for the registration of the counselling and psychotherapy professions'.