

**European Centre for Psychotherapeutic  
Studies**  
(EUROCPS)  
Offices in France and United Kingdom

**Definitive Document and Handbook  
for  
Candidates-in-Training**

for the award of

**Diploma in Psychotherapy**  
  
**with**  
  
**Children and Young people**  
  
(Dip. Psych. C&YP)

Revised November 2008  
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## **INTRODUCTION**

The programme supports a relation-developmental approach to psychotherapy with children and young people. At its core the relational developmental perspective integrates key components of Humanistic and Integrative approaches (notably Gestalt, Transactional Analysis and Integrative psychotherapy), together with Self-Psychology, Intersubjectivity Theory and Relational Psychoanalysis.

The developmental perspective incorporates primarily, though not exclusively, the work of Bowlby, Winnicott, Stern and Schore (neuroscience).

The structure of the programme is organised around the major components of psychotherapy education:

- psychotherapy and related theory
- supervised clinical practice
- developing skills repertoire
- personal development.

Each day of a training workshop will include elements of all these components.

The programme draws upon both the professional and academic experience of the trainers, so that there is an emphasis on clinical skills, professional competence and personal growth, together with a range of modes of assessment and criteria of assessment based on current good practice in higher education. Research permeates the programme throughout and a research case study is a major focus of evaluation of competence.

Eurocps keeps abreast of developments within the wider community of psychotherapy through its membership of:

- European Interdisciplinary Association for Therapy Children and Young People, EIATSCYP
- The European Association for Gestalt Therapy, EAGT
- European Association for Integrative Psychotherapy, EAIP
- European Association for Psychotherapy, EAP

and through its staff being associated with centres of higher education and professional accrediting bodies in the field of psychotherapy and psychotherapeutic counselling in Europe.

## Principle Tutors

Professional education at Eurocps is at the leading edge of psychotherapy education in Europe. Joanna Hewitt Evans, Programme Co-Director has a Masters degree in Psychotherapy and a Masters degree in Social Work. For 15 years she was a specialist therapeutic social worker with the Family Service Unit working with children of mixed heritage who had suffered abuse. She has run a UKCP accredited psychotherapy training programme and is a visiting trainer and supervisor at several European training institutes.

Ken Evans (Eurocps Co-Director and Co-Director for the programme) is a former Training Standards Officer of UKCP, Past President of the EAP, EAIP and EAGT. He is current Registrar of the EAIP. He is a former local authority principle social worker/ team leader in the UK, specialising in working with families at risk, and working with fostering and adoption. He has considerable experience of running therapeutic groups for adolescents and was formerly a group work tutor for university social work students.

Other participating teaching staff will be involved and who possess expertise in specialist areas of knowledge relating to children and young people.

## **PROGRAMME PHILOSOPHY**

The developmental-relational approach to Psychotherapy with Children and Young People is based on a number of assumptions:

- The infant-caregiver relationship is of primary importance and creates the internal psychic structure, i.e. what children believe about themselves, others and the world.
- A child's internal psychic structure will in turn influence all other relationships because of the tendency to repeat history through a process known variously as the repetition compulsion, creative adjustment, life script or cognitive schema.
- Self is not an entity but a continuous and unfolding process which is socially constructed and is affected by the relational patterns with parents and/or other key figures as well as the context in which the infant-caregiver relationship is framed, i.e. the socio-economic and cultural dimension.

- Children resist change, partly because of the security of the status quo but also by the very success of maintaining past beliefs created to contain anxiety.
- Resistance is the sense we come to make of the past in the here and now. Understanding something of the past and current context of a child's life informs and guides possible therapeutic interventions.
- Relations between candidates-in-training will, along with other data, help identify a trainee's individual pattern of relating or attachment pattern(s). Trainees will thus be encouraged to relate their personal history to their theoretical understanding.

### **The Role of the Therapist**

- Just as the internal psychic process of the child is created in the interpersonal relationship with their caregivers, so the child may, to a greater or lesser extent, internalise the child-therapist relationship. This new relationship is experienced in the psyche of the child alongside other significant relationships offering the possibility of other perspectives or supporting existing ones. Particular care needs to be exercised by the therapist to reflect on the extent of conscious or unconscious competitiveness with the caregivers.
- The therapist creates a context of containment and safety and takes responsibility for the boundaries and for the ethical and professional environment.
- Contemporary understanding of the significance of relatedness in the growth and development of the child requires the therapist practice empathic attunement, together with a simultaneous appreciation of the counter transference and of developmental issues that may be seeking repetition or reparation. Any use of physical contact must be done with discrimination and after considered reflection and always be thoroughly processed in supervision.
- Through engagement with the child the therapist uses their counter transference reactions to make sense of relational confusion. The child may unconsciously invite the therapist to contain in the counter transference what they are unable to tolerate. It is thus essential that the therapist undergo their own personal development in order to distinguish between the child's experiences and their own.

- Training is essential in order to develop the ability to make an informed relationship with a child and via reflection on the therapeutic process to use their understanding of the difficulties in the relationship to address the child's relational difficulties.
- The programme will provide for learning opportunities to develop the relational skills required for the therapeutic endeavour and therefore demands of the trainee a willingness to participate openly and non-defensively in all components of the training, particularly the group process.
- The programme will also provide ample opportunity to engage in a range of techniques such as theraplay, projective techniques, sand play etc.

## **The Philosophical and Value Basis of the Programme**

The course acknowledges the importance of making explicit the philosophical basis underpinning theory because such knowledge is necessary to understand the value base of the theory, thus making critical reflection possible. The philosophical basis of the relational developmental approach is:

### Constructivism

We make meaning, including meaning about ourselves and others, within a world of different types of relationships. Given that knowledge is thus social constructed it may be reworked within the therapeutic relationship.

### Phenomenology

A child's subjective experience is their ultimate arbiter of what they believe to be 'true' and this truth is a relational and social construction. Thus the therapist accepts and honours the child's perspective as it is for them, as the starting point in therapy. At the same time the therapist needs to hold issues of safety and protection which may conflict with the child's view. Personal therapy

throughout the programme is seen as essential to support the therapist to reflect on any internal conflict that emerge in the course of therapy.

### Field theory

All things and everything are interconnected. Life is in continuous flux and includes both growthful and regressive dynamics.

### Dialogue

The programme seeks to teach and model an I-Thou attitude to self, others and the world, including the world of the child. I-It objectifies self and others while I-Thou confirms the humanity of self and others.

### Holism

The relational developmental approach does not reduce a child to their constituent parts but recognises the whole is greater than the sum of the parts. Thus the programme acknowledges the child's potential for growth and the importance of 'kick starting' the developmental momentum when it has become frozen. The therapist may sometimes be the person who holds the potential of who a child may become.

### You Are therefore I AM

A newly emerging paradigm that emphasises community and relatedness. (Evans K, 2007).

## **Some core values underpinning psychotherapy with children from a relational-developmental perspective.**

The list of core values below are not a 'rule book' about how relational developmental child psychotherapists *should* behave. They are to give orientation; to give a picture of the spirit of what we lean towards in our therapeutic engagement. These values are not intended to be abstract, reified concepts like 'equality' and 'justice'. Instead, they are the values which need to be enacted in practice, in everyday therapy and in relation to the child or young person, their families, and social networks.

### **Values related to the therapist**

- **Owning oneself and from whence one came** – As therapists we need to accept our own humanness including our embodied way of being, emotions, interests, values, politics, frailties and strengths. We also need to have some understanding of where we come from in terms of our relational and social/cultural background. It is ourselves as a whole that we bring to any encounter.

As soon as we begin to move and gesture in response to the presence of the human Other, we are held by our culture in the corresponding beholdenness of our bodies. In every human voice, there are echoes of the mother's tongue, echoes of significant teachers, respected elders, close friends; and there are accents, too, which bind the voice to the history of a region, a culture, and generations of ancestors. (Levin, 1985, p.174)

- **Integrity** – The relational therapist aims to be authentic, energised, active, transparent and reasonably direct in our therapeutic encounters. Unlike some versions of psychotherapy/counselling, we do not necessarily seek to be unconditionally accepting or neutral in our responses. Instead, we aim for integrity and honesty of responses; we are prepared to challenge and disagree. For instance, where values collide such as when a child or young person makes a racist or

sexist remark, we might challenge the other's view while keeping the dialogue open.

- **Reflexivity** – More than owning and sharing ourselves, we need to examine reflexively how our conscious and unconscious selves may be impacting upon the therapy process. We need to be able to have enough awareness to sift through our personal experience of the relational encounter in order to decide what to respond to and what to put aside and what to take to our supervisor.

In particular, reflexivity exposes moral dilemmas and the relational therapist needs to try to monitor the therapeutic process for any ethical breaches such as the potential for abuse of power within the relationship.

### **Values related to the child and young person**

- **Acceptance** - Relational therapists believe that the subjective experience of the child or young person is *their* truth and this is the starting point of any exploration. The child's expressions are both accepted and assumed to reflect perceptions of their life world. We accept what is given is the child's reality as they understand it. Part of this acceptance is also acceptance of the child's social/cultural background, taking seriously our respect of difference and diversity, together with the need to balance this with issues of safety and protection.
- **Agency** - Relational therapists aim to honour the child's choices and capacity for agency. We understand that the child's way of being comes from their significant relational experiences. At the same time we believe they are 'response-able' and they are able to make choices and, to a degree at least, can determine their own behaviour. The extent to which a child can be expected to make choice is a matter of critical reflection on the child-in-context, i.e. the physical, mental, intellectual and other capacities of the child have to be considered alongside issues of safety and protection.
- **Empathic inquiry** – The relational therapist has a responsibility to build a bridge to the child, using our own special awareness, skills, experience and knowledge (Evans and Gilbert, 2005). Our goal is to

comprehend meaning from within the child's own subjective frame of reference. We strive to pay close attention to the other with curiosity, empathy and compassion, encouraging them to share their thinking, feelings, ideas, fantasies, hopes and fears. At the same time, differences are preserved so there is sufficient distance to critically reflect on the process.

I have that quality of attention so that I may be with you, alongside you, empathizing with you; and yet not losing myself in confluence with you because the dialogue (*relationship*) between us both bridges and preserves our (*commonalities and*) differences. (Reason, 1988, p.219). Words in italics added.

### **Values related to the therapeutic relationship**

- **Respect**– The relational centred therapy process involves a 'way of being with, without doing to' (Zinker and Nevis, 1994, p.395). It may also involve some self-disclosure where the therapist might proactively share aspects of themselves in response to the child's story. This self-disclosure is seen as part and parcel of 'mutual creative meaning-making' (Shaw, 2003, p.59). Great care needs to be exercised when considering the nature, degree and extent of any self disclosure.

While the therapeutic relationship is rarely symmetrical (and does not imply equality or sameness), it acknowledges that therapist and child cannot be in relation without impacting on each other. The child's life experiences and ways of interacting with another will impact both consciously and unconsciously on the therapist, and vice versa. As a result, therapist and child alike will often find themselves going beyond prior understandings and meanings. As Merleau-Ponty (1968, p.13) expresses it: 'A genuine conversation gives me access to thoughts that I did not know myself capable of'.

- **Openness** – As we intertwine with another in the therapeutic encounter, we may find ourselves surprised, touched and awed by the connections we make and 'co-transferences'<sup>1</sup> we discover. The therapist needs to be

alert to the possibility that the therapeutic encounter with a child or young person is likely to be a thickly populated microcosm involving multiple subjectivities and various co-transferences. The 'here and now' contains something of the 'there and then' where the selves of the one elicits those of the other. As relational therapists, we aim to open ourselves to these processes and whatever layered meanings might emerge in that intersubjective space between ourselves and the child. It takes courage to sit with uncertainty, sometimes confusion and not-knowing.

### **Values related to therapy outcomes**

- **Relatedness** - Every child in therapy will take the therapist to ever deeper personal historical experiences and meanings and stretch the therapist, personally and professionally. Relational developmental psychotherapy has the potential to be transformative and in ways that will not have been foreseen, both for the child and the therapist.
- **Humility**, Relational-developmental psychotherapists need to acknowledge their power in the therapeutic endeavour and at the same time remain humble and modest. Ideas and perspectives are *always* partial, tentative, emergent, dynamic, evolving and subject to new insights or interpretations. We are supported in this endeavour if we keep our focus on the newly emerging paradigm, You Are therefore I AM. (Evans,2007).

## **Some specific programme values related to the learning environment**

- We are entitled to be different
- We are entitled to hold some things in common
- The programme will seek to challenge structural and historical inequality which may be manifested in class, sex, gender, age or race.
- Candidates-in-training will be supported to identify and deal effectively with any abuse of power which may be experienced among peers, tutors, other Eurocps associates or experienced inside themselves in the form of internalised oppression.
- Personal growth and change are possible and desirable and require awareness of intrapsychic, interpersonal and multicultural dimensions.
- The learning environment of the programme will seek to provide opportunities for trainees to further develop their emotional literacy through developing their capacity for self-reflection, support their ability to acknowledge difference and provide a safe environment to constructively process conflict. Programme tutors will support trainees who are from visible and invisible minorities.
- Trainees will take responsibility for their own learning, e.g. in the completion of their training log, attendance for the therapy, working with clients and completing coursework requirements.

## **Psychotherapy as an Independent Profession**

The following statement is taken from the Strasbourg Declaration 1991, now incorporated in the Statutes of the European Association for Psychotherapy.

In accordance with the aims of the World Health Organisation (WHO), the non-discrimination accords valid in the framework of the European Community (EC) and intended for the European Economic Area (EEA), and the principle of freedom of movement of persons and services:

- Psychotherapy is an independent scientific discipline, the practice of which amounts to an independent and free profession.
- Training in psychotherapy takes place at an advanced, qualified and scientific level.
- The multiplicity of methods of psychotherapy is assured and guaranteed.
- In a process of psychotherapy, training is carried out in full and includes theory, self-experience and practice under supervision. Adequate knowledge is gained of further processes of psychotherapy.
- Access to training is through various preliminary qualifications, in particular in human and social sciences.

In the light of the above the relational developmental perspective of the programme is designed with a belief that personal effectiveness and meaningful living requires a child or young person develops:

- increasing self-awareness
- a greater capacity for making choices in awareness
- listening to self and others
- identifying their needs and ways of meeting these needs
- respecting self and others
- growing the capacity to make an impact on the external world and in significant personal relationships

## **GENERAL AIMS**

The central aim of the Diploma programme is to provide trainees with the ability to reflect critically on the theory and practice of relational-developmental psychotherapy with children and young people in order to become competent practitioners. This will include encouraging trainees to value the contribution of research to the growth of theory and clinical practice and to enable them to complete a research case study as a fundamental requirement of the programme.

The programme structure focuses on the four major components of psychotherapy education: theory and research, clinical practice, supervision and personal development.

These four components are interrelated and interdependent as each draws on the others to deepen knowledge and understanding.

### **Theory**

In recent years there has been a radical rethinking about psychotherapy which has seen the replacement of drive theory by relationship theory as the central dynamic in human growth and development.

Central to developmental psychology is the significance of the bond between the infant and primary caregiver. This is subsequently generalised into all other relationships within the family. Our intrapsychic structure is constructed interpersonally and this in turn affects all other relationships.

Following Bowlby's view that not only is the infant's need for the mother the most pressing need, but also a precondition of other needs, we look at a range of relational models in developmental theory. Developmental thinking thus underpins clinical practice in our approach to psychotherapy with children and young people.

### **Personal Growth and Development**

Personal development permeates the whole of the programme and trainees are required to engage in personal therapy throughout their training and for a minimum of 40 individual sessions. 160 hours if studying for the full four year programme.

### **Clinical Supervision**

Workshops will provide opportunities for live supervision in large and small groups. In addition trainees are required to accumulate 60 hours of supervision. 150 hours if studying for the full four year programme.

Supervision accompanies the learning process, facilitates the integration of personal development theoretical understanding and clinical practice and enables the evaluation of interaction with clients. It is most important that supervision includes critical reflection on the influence of multicultural issues, the potential for oppressive practice and child protection issues.

## **Clinical Practice**

Candidates-in-training will be required to accumulate a minimum of 200 hours of clinical practice. They will need to demonstrate how they intend to meet this requirement before the commencement of the programme. 450 hours if studying for the full for year programme.

In addition to the above the programme will:

- Develop awareness of the ethical issues involved in working with children.
- Encourage trainees to identify their training needs and to negotiate ways of meeting these.
- Provide opportunity for ongoing critical reflection on the relevance of relational-developmental psychotherapy to work with children and young people.

## **The Aims of Teaching**

Each day of a workshop will provide for an integrated day:

- Group Process
- theory
- Supervised practice in large group
- Skills practice

Within this structure the following aims are identified:

- To facilitate didactic and experiential learning.
- To raise awareness of the interrelatedness of content and process.
- To develop trust in the process of learning by increasing

awareness of self in dialogue with peers and staff, and self in dialogue with the theory and practice. Trainees will be supported to trust the process and further grow their ability to give and receive constructive feedback.

- To support and contribute to a learning environment that balances support with challenge.

## **Assessment**

As part of the final assessment of clinical competency leading to the award of the Diploma a trainee is required to successfully complete a demonstration of their clinical competence through the presentation of a research case study of their work with a child or young person of between 10,000 and 12,000 words.

The subject of the case study will normally have been in therapy with the trainee for at least 12 sessions and have been discussed with their supervisor as to suitability for submission.

The case study will need to show competent practice of relational - developmental psychotherapy. Competence is seen as an initial pilot's license. Refinement and sophistication of practice is ongoing through continued professional development.

It is particularly important for the trainee to show his/her role as a psychotherapist. That is, the trainee should not focus on the child or young person only in the course of therapy, but on the relationship between the therapist's process and the child's process.

The trainee must discuss the case study with their supervisor and submit a complete draft for scrutiny prior to final submission.

Private study in the form of reading, essay preparation, reflection on clinical practice, supervision and personal therapy, will be needed in order to achieve satisfactory completion of the case study.

## **Assessment Criteria for Written Work**

The assessment criteria for essays and other written projects are based on standard university criteria at Masters level, as follows:

- Issues in the title are addressed in a lucid, relevant, rigorous and coherent way.
- The work is well structured; themes/ideas/issues are

developed in a logical and consistent way.

- There is evidence of use of personal experience and views. There is evidence of reading of relevant literature, and of practical implications.
- Syntheses of personal insight, theory(ies) and practice should be developed.
- References and quotations are acknowledged in a consistent and approved style.
- Clear use is made of appropriate concepts, theories, models, to analyse own and others' experience and to explore issues analytically and critically.
- There is awareness of the influence of own and others' values and beliefs on ideas and practice.
- Unsupported generalisations are to be avoided, and clear distinctions between evidence and opinion should be maintained.
- Original ideas, connections, developments are demonstrated.
- Awareness of the cultural and political contexts of theories, beliefs and practices should be demonstrated.
- Further implications of the issues are indicated, which there may not have been space to develop.
- The conclusion draws together the main arguments in a way which enables the reader to appreciate why these conclusions are reached.

Essays/written projects will vary in length according to the requirements of the particular workshop but most will be around 2,500 words.

In addition to the assessment criteria above it is essential that all coursework submitted for evaluation of a workshop should address the training outcomes specific to that workshop. In this way the content (training outcomes) of written work will be assessed along with the standard (assessment criteria) of the work.

Please refer to the Assessment Grades table below against which work will be evaluated.

## ASSESSMENT GRADES

Result Report		Description	
D I S T I N C T I O N	25		Outstanding performance representing a significant contribution to knowledge.
	20	A	Applicable to all assignments: excellent in most respects, a few minor defects.
	17.5		
<hr/>			
M E R I T	16	B	Generally very good, but with some defects.
	15		
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P	14	C	Good, generally sound, but a number of notable defects.
A	12.5		
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S  S	11	D	Satisfactory, but with a number of significant shortcomings.
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F	8	Fm	Unsatisfactory, some serious shortcomings.
A	7		
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			Very poor standard/very little merit
I	5	F	Exceedingly poor/very little of merit
L	0	NR	Nil response/work not attempted/nothing of merit

Two further forms of trainee support and evaluation are provided via a personal development profile and a personal learning journal. Both forms of evaluation focus on the personal experience of a trainee over the 18 month programme.

In some workshops an oral assessment is required toward the end of the workshop.

### **Personal Learning Journal**

During workshops twenty minutes is set-aside at the end of each day for trainees to complete a journal entry. The journal is reflective rather than descriptive and a suggested minimum length is one side of A4. It is important to be written spontaneously because the journal is intended to be creative. The criteria for assessing the Personal Learning Journal are that the journal should reflect a trainee's willingness to be open and also to reflect a genuine commitment to their personal growth.

The purpose of the Personal Learning Journal is to allow a trainee to reflect on the workshop experience in terms of their thinking, feeling and behaviour and to explore ideas for making personal and professional changes.

The Personal Learning Journal does not carry detailed assessment criteria, instead the tutor responsible for reading the journal will determine whether the trainee has demonstrated a satisfactory level of openness and vulnerability in the expression of their personal experience.

### **Personal Development Profile (2,500 words)**

The purpose of the Personal Development Profile is to provide a record of a trainee's personal development over the 18 month period and to demonstrate a practical understanding of the importance of the personal development of therapist and its impact within the therapeutic relationship with the child/young person.

The Personal Development Profile will be drawn from information written in the Personal Learning Journal and should include the following:

- Awareness of self in relationship to:
  - Self
  - Peers
  - Trainers

Clients (Children and young people)  
Significant others

- The level of participation in group process.
- Issues that have been significant in a trainee's personal work over the year.
- Reflection on clinical practice.
- Future directions in personal and professional work.

## **Mental Health Placement**

A mental health placement may be required of certain trainees who may have little or no experience of working in a mental health setting. The mental health placement is in two parts:

- A mental health workshop facilitated by a psychotherapist working in psychiatric settings. Some trainees have extensive experience in mental health and will not be required to attend this workshop. However, this must first be discussed with the Programme Director. Because the numbers of trainees requiring this workshop is unpredictable it is not included in the basic cost of the training but is an additional cost for those who require it.
- Observational experience in psychiatric settings.

### The competent practitioner

For purposes of the award at the completion of training the trainee will need to demonstrate competent practice.

Competent clinical practice together with the ability to use supervision effectively must be evidenced in the formally assessed research case study and all other programme coursework. In particular programme members will need to demonstrate:

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

In addition a trainee's clinical supervisor will make their evaluation report at the end of training and this report is a significant component of the final evaluation.

## **Clinical Supervisor's Report**

The clinical supervisor will report on the trainee's abilities in all areas below:

### *Therapeutic Skills*

Assess child's suitability for psychotherapy

Formulate and apply appropriate therapeutic Interventions

Establish and work with the therapeutic relationship

Manage the termination of therapy, planned and premature endings

### *Reflexive Practice*

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

### *Management of Clinical Practice*

Identify, clarify, assess and manage a range of clinical problems

Make effective use of supervision

### *Communication & Presentation*

Engage confidentially in communication with other professionals e.g., therapists, doctors, social workers.

### *Context of Professional Practice*

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

### *Responsibility*

Demonstrate a capacity for autonomy in their professional practice

Demonstrate a capacity for self monitoring

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

Ability to work proactive and co-operatively with others to formulate solutions to ethical and professional practice issues.

Capacity to tolerate the ambiguity and uncertainty that often accompanies ethical dilemmas

In final examination there are four possible outcomes:

- Pass
- Pass with Merit
- Pass with Distinction
- Defer

Final evaluation involves internal marking and external assessment. There is no appeal against the evaluation made by the internal and/or external assessor except on grounds of improper procedure of the evaluation of course work. If a student is deferred on the research case study it will be possible to resubmit for examination after six months. One further re-examination is possible after a subsequent six months.

## **Generic Training Outcomes**

### **Knowledge and Understanding**

The successful trainee is expected to demonstrate:

#### **A1. Knowledge base:**

A1.1 An advanced level of theoretical knowledge of the chosen model of psychotherapy (relational–developmental model)

A1.2 A general level of understanding of other major models of psychotherapy.

A1.3 An advanced level of understanding of research methods relevant to the chosen model of psychotherapy.

A1.4 A general knowledge of research methods relevant to the major models of psychotherapy.

#### **A2 Analysis:**

The ability to formulate:

A2.1 A model of the mind and/or child/young person.

A2.2 A model of individual development.

A2.3 A model of therapeutic change using theoretical knowledge of the chosen model of psychotherapy.

A2.4 Analyse complex, incomplete or contradictory areas of clinical understanding in order to conceptualise a range of therapeutic interventions.

#### **A3 Synthesis and Creativity:**

The ability to:

A3.1 Develop hypotheses and generate therapeutic responses to clinical problems.

#### **A4 Evaluation:**

The ability to:

A4.1 Critically reflect, assess and report on own and others work with children and young people.

A4.2 Critique chosen model of psychotherapy.

## **Personal Skills**

### B1 Therapeutic Skills

Demonstrate ability to use theoretical knowledge to be able to:

B1.1 Assess child's suitability for psychotherapy.

B1.2 Formulate and apply appropriate therapeutic processes/strategies.

B1.3 Establish and work with the therapeutic relationship.

B1.4 Make appropriate therapeutic interventions.

B1.5 Manage the termination of therapy, both planned and premature endings.

### B2 Self Appraisal and critical reflection on clinical practice

The ability to:

B2.1 Critically reflect on the therapeutic process and own functioning in order to develop practice.

### B3 Planning and management of learning/practice

The ability to:

B3.1 Autonomously use resources for learning.

B3.2 Prepare for and make effective use of supervision.

B3.3 Identify, clarify, assess and manage a range of clinical problems.

### B4 Communication and Presentation

The ability to:

B4.1 Engage confidently in communications with other professionals.

### B5 Interactive Professional and Group Skills

The ability to:

B5.1 Negotiate and handle conflict.

B5.2 Work co-operatively with others.

## **Context of Professional Practice**

### C1 Characteristics of professional setting

The trainee is expected to acquire:

C1.1 Experience of complex and unpredictable or specialised context that may demand capacity for adaptation and innovative practice.

### C2 Responsibility

The trainee is required to demonstrate:

C2.1 Autonomy in professional practice.

C2.3 Awareness of ethical requirements and standards of professional practice.

C2.4 Ability to work proactively and co-operatively with others to formulate solutions to ethical problems.

C2.5 Capacity to tolerate ambiguity and uncertainty that often occasion ethical dilemmas.

## **Transferable Skills**

A2.4 Analyse complex, incomplete or contradictory areas of clinical understanding in order to conceptualise a range of therapeutic interventions.

A4.1 Critically reflect, assess and report on own and others work with clients.

B2.1 Critically reflect on the therapeutic process and own functioning in order to develop practice.

B3.1 Autonomously use resources for learning.

B4.1 Engage confidently in communications with other professionals.

B5.1 Negotiate and handle conflict.

B5.2 Work co-operatively with others.

C1.1 Experience complex and unpredictable or specialised context that may demand capacity for adaptation and innovative practice.

C2.1 Autonomy in professional practice.

C2.2 Responsibility for self-monitoring.

C2.3 Awareness of ethical requirements and standards of professional practice.

C2.4 Ability to work proactively and co-operatively with others to formulate solutions to ethical problems.

C2.5 Capacity to tolerate ambiguity and uncertainty that often occasion ethical dilemmas.

## **COURSE MANAGEMENT AND ORGANISATION**

### **Quality Assurance Committee (QAC)**

The Quality Assurance Committee monitors the Eurocps programme and is concerned with the general development of academic and clinical content and day to day management issues to do with the delivery of training.

#### **Membership of Quality Assurance Committee**

Programme Directors

Programme Trainers

Two Trainee elected representatives (wherever possible the whole trainee cohort are invited to participate)

A Graduate/Associate representative

#### **Function of QAC**

The QAC has oversight of the academic and personal well being of trainees registered on the Eurocps programme.

Trainee representatives to the QAC are elected by the trainee cohort.

- The QAC is responsible for ensuring acceptable standards in the delivery of training
- It is further responsible for ensuring that Eurocps is delivering training at a standard at least equivalent to that required by the major professional organisations in the UK and Europe in particular, EIATCYP, EAP, EAIP, EAGT, UKCP.
- The QAC is responsible to the Directors of Eurocps and sends a copy of the Minutes of it's meetings to Eurocps and to all members of the trainee cohort.

## **Feedback Mechanisms**

Feedback from trainees and trainers can be seen as functioning at different levels within Eurocps:

- QAC
- Workshops: All trainees are invited to complete a workshop evaluation form at the end of each Workshop. Trainers complete a Trainer feedback form at the end of each workshop.

## **Research**

Trainers and Trainees will be encouraged to conduct research projects. All research conducted under the auspices of Eurocps must adhere to the Eurocps Codes of Ethics for Research.

## **Equal Opportunities & Ethics Committee**

The Equal Opportunities & Ethics Committee is chaired by a senior Associate of Eurocps who is an experienced practitioner and supported by a minimum of two other Eurocps Associates.

The Committee will support ways and means to maintain and promote the Eurocps Equal Opportunities policy and will be responsible for the annual monitoring of Equal Opportunities.

The Ethics Committee will periodically review the codes in the light of developments within the profession and when there is an important revision of the Codes of Ethics of a major professional association e.g. EIAPCYP, UKACP, EAP, EAIP, EAGT.

The Ethics Committee will report directly to the Eurocps Directors any proposals to revise the Code of Ethics.

## **Eurocps Complaints Sub Committee**

The Complaints Committee is a sub committee of the Ethics Committee and appointed by the Ethics Committee and operates solely in relation to trainees of the Eurocps programme Psychotherapy with Children & Young People. All other matters of ethical concern, other than directly to do with the training programme, are the responsibility of a therapist's professional association with which he/she is registered.

The Chairperson of the Complaints Sub Committee will be someone appointed by the Ethics Committee.

The Complaints Sub Committee will process and oversee all complaints against a trainee member of the Eurocps psychotherapy with Children & Young Persons programme according to the published Eurocps Complaints Procedures.

Any member of the Complaints Sub Committee must suspend their membership of the Complaints Sub Committee if they are the recipient of a complaint or have initiated a complaint against a Eurocps trainee member until such time as the complaint has been fully processed and dealt with.

## **EQUAL OPPORTUNITIES**

Eurocps recognises and values diversity and difference and, as a result, it is working actively to ensure that its training and services are non discriminatory.

Eurocps recognises that it exists in a community rich in diversity and difference and recognises that direct and indirect discrimination against these differences exists in society, and the disadvantage that can adversely affect individuals and groups as a result. An obligation is therefore accepted at Eurocps to ensure that services provided do not exclude or discriminate against individuals or groups on criteria other than suitability. The equal opportunities policy of Eurocps also recognises the importance of setting targets to ensure theory and practice remain in accord.

### **Policy Statement**

The term therapy is used to encompass both psychotherapy and counselling.

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

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

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

Eurocps seeks to develop its research role and encourages the awareness of knowledge on equal opportunities issues. This policy is implemented in accordance with the appropriate statutory requirements and account is taken of available guidance, in particular the UK commission for Racial Equality Code of Practice.

## ADMISSIONS

### Admissions Criteria

Normal entry requirements:

1. A professional qualification in psychotherapy at Masters level, NVQ level 7 *or equivalent* (or psychotherapeutic counselling at NVQ level 6 *or equivalent*). Please note if you enter the programme as a qualified Psychotherapeutic Counsellor you will be awarded the Diploma in Psychotherapeutic Counselling with Children and Young People, on satisfactory completion of the programme. If you enter the programme as a qualified psychotherapist you will be awarded the Diploma in Psychotherapy with Children and Young People, on satisfactory completion of the programme.

Psychotherapeutic Counsellors who satisfactorily complete the programme will be advised of what further components of training and coursework are required should they wish to undertake further study for the award of Diploma in Psychotherapy with Children and Young People. Progression cannot be assumed but will require relevant further study which will be advised on an individual basis in consultation and negotiation with a senior Eurocps associate. Eurocps will take cognizance of the standard of coursework submitted during the programme, experience of clinical work with children and young people and the report of the clinical teaching supervisor.

2. Complete an application form with relevant information about education, professional training, work experience and voluntary activity. The application form will include a requirement to sign a statement regarding any previous criminal convictions.
3. Completion of an enhanced police check.
4. Attend for an interview of a minimum 60 minutes duration with a senior member of the programme and, if required, attend for a second interview. Given that Eurocps attracts trainees from across Europe, interviews via Skype can be arranged where necessary.

5. Eurocps will assume that applicants have demonstrated their personal insight and awareness of the nature of the counselling/psychotherapy process because of their existing and current qualification and practice as a therapist with adults.
6. Eurocps will assume that applicants have demonstrated a personality which offers the stability for a psychotherapy relationship because of their existing and current qualification and practice as a therapist with adults.
7. Applicants will be required to confirm their willingness to abide by the Codes of Ethics of Eurocps at point of registration.
8. If 1. does not apply and the applicant does not have any formal qualifications arising from study in Further or Higher of Professional Education, then the following will be required in order to provide the applicant with the opportunity to demonstrate an appropriate standard for entry to the programme:
9. Provision of applicant's CV
10. A portfolio of work including:
  - experience in therapy in a volunteer or other capacity
  - formal and information education
  - outline of independent study. e.g. reading which is relevant to psychotherapy/psychotherapeutic counselling
  - other experiences which are relevant, e.g. receiving therapy
  - references from a person who has experience of working with children and/or young people in a responsible role;
  - written evidence of the above will be required.
11. In addition to the above a written project of around 2,000 words on a therapy topic related to children and/or young people. The title to be negotiated between the applicant and the Programme Director.
12. The criteria for the written project are:

- Issues in the title are addressed in a lucid, relevant, rigorous and coherent way.
  - The work is well structured, themes/ideas/issues are developed in a logical and consistent way.
  - There is evidence of use of personal experience and views, reading of relevant literature, and of practical implications.
  - Clear use is made of appropriate concepts to analyse own and others experience and to criticise and explore issues.
  - There is awareness of the influence of own and others' values and beliefs on ideas and practice.
  - Unsupported generalisation are to be avoided, and clear distinctions between evidence and opinion should be maintained.
  - Further implications of the issues are indicated, which there may not be space to develop.
  - The conclusion draws together the main arguments in a way which enables the reader to appreciate why these conclusions are reached. The conclusion may indicate relevant areas which have not been referred to (for lack of space) and it may include further issues or questions of which the writer has become aware.
13. If the applicant presents a satisfactory portfolio and written project then they may be admitted to the programme.
14. In the event of an applicant failing to achieve entry to the programme , the Programme Director will advise the applicant as to what courses of study and experience may be appropriate to undertake prior to any further application. Successful completion of such course of study/experience does not of itself guarantee acceptance at subsequent application.

## **Registration**

Registration is for the part-time mode of study and will normally be for a minimum period of 18 months, i.e. two academic years. This period may be extended if a trainee had to take time out of the training course for extenuating circumstances.

## **Completion time scale**

Candidates-in-Training must submit the final research case study within two years of the completion of the final training workshop. In the event that an applicant does not submit within this time frame

then the training contract is deemed to have terminated. Any further progression will be at the sole discretion of the Programme Director in consultation with a senior colleague of Eurocps.

Should further progression be permitted then a written contract of what further training and written work may be required by Eurocps and the timescale within which it is to be completed will be clearly established. The Candidate-in-Training will evidence their agreement by signing the extended training contract.

An extended training contract will require the trainee pay additional training fees and so must be entered into after very careful consideration by the trainee, because no further extension will be permitted thereafter.

## **Research**

The research case study method will be taught in the programme against a background of general information about research methods, especially methods compatible with the theoretical, philosophical and value base of the relational developmental model.

The research case study will form part of the final evaluation.

## **ASSESSMENT**

The training programme provides for written criteria for the assessment of candidates coursework together with written information on the length and duration of modules/workshops/seminars/lectures.

The ways in which the purpose and modes of assessment relate to the learning outcomes are clearly identified.

Opportunities are provided for feedback to enable students to assess their own strengths and developmental needs, via course work, supervisors reports, tutor/trainee feedback during workshops.

The final evaluation of trainees' competence includes internal assessment and external verification of both theoretical understanding and clinical competence. External verification of internal processes support transparency and accountability.

## **QUALIFICATION**

Upon successful completion of the programme graduates are eligible for the Eurocps award of:

**Diploma in Psychotherapy with Children and Young People**

## **CONTINUED PROFESSIONAL DEVELOPMENT**

Eurocps keeps in mind the need for life long learning and the monitoring of practice for the protection of the public.

Eurocps has a Continued Professional Development policy.

## **Recommended Specialist Journals**

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The British Gestalt Journal

The Gestalt Journal (USA)

The Transactional Analysis Journal

The Journal of Psychotherapy Integration

The Journal of Humanistic Psychology

The Journal of the Society for Existential Analysis

British Journal of Guidance and Counselling

Philosophy & Social Criticism

Qualitative Inquiry

European Journal for Qualitative Research in Psychotherapy (Online)

Journal of the British Association for Counselling

The Journal of Black Psychology

Feminism and Psychology

Cross-Culture Psychology

Group Analysis

# THE CURRICULUM

## 1. The World of the Child

### Knowledge

An overview of the theory and practice of psychotherapy with children and adolescents, based on a relational developmental model, from initial assessment to termination, to include:

- Pre birth and birth transition: implications for psychotherapy.
- Pre verbal attachment patterns
- Verbal/Cognitive closure and life script creation
- Interpersonal relations: repetition v reparation
- Relational developmental theory of change
- Psychotherapist as instrument – use of self in the therapeutic relationship
- Psychotherapist's use of techniques
- Issues arising from the relational developmental approach
- Power dynamics in the therapeutic process with children.
- Transference, Counter transference and Projective Identification.
- The notion of co transference
- The use of language, body language and play in communication with children.
- Blocks to and in communication especially in relation to the child's developmental stage.

### Skills Repertoire and Reflexive Practice:

*Please note the repertoire of skills identified for this workshop will permeate the entire programme (especially in time set aside for supervised clinical practice) emphasising sequential development of skills over time.*

- *Psychotherapy as a co-created relationship: Creating and the maintaining a therapeutic alliance with children, young people and families and carers.*
- *Appropriate emotional warmth, self awareness and personal emotional competence in the management of the therapeutic relationship.*
- *Capacity for effective use of therapist's self in the relationship, including communication skills and the use of self in identifying and reflecting on the meaning and significance of the co transference.*
- *Psychotherapist assimilation of the theory and practice of techniques of intervention, including projective techniques, theraplay, working with art media, music, sand play, drama etc.*
- *Management of therapeutic boundaries of safety and containment*
- *Appropriate use of supervision*

## 2. The Child in the World

### Knowledge

- Attachment theories and creative adjustment
- Neuroscience and emotional attunement
- Introjection as premature cognitive closure
- Life script formation and creative adjustment
- Self Object transferences as development deficits
- Developmental needs
- Interpersonal relations as repetition or desire for reparative relationship.
- Child Development theories, including physiological developmental stages and psychological, existential, cognitive, emotional and relational tasks. The specific needs and vulnerability of the child as a result of their stage and level of development. Bowlby, Stern, Schore, Winnicott, Mahler, Salonia, etc.
- Abuse and neglect: physical, sexual, emotional and their developmental impact.
- The impact of transitions on child development for example issues such as changing school/going to college, divorce, bereavement and being unemployed.
- The importance of play and self-directed play as a component of child development

### Skills Repertoire and Reflexive Practice

- *Working with children of different ages and developmental levels.*
- *Recognising the signs of possible developmental block/delay.*

- *Working with and supporting the child in different transition stages, supporting, providing information and undertaking the therapeutic process.*
- *Psychotherapeutic techniques*
- *Adapting strategies and techniques to suit the age, life stage, experience and context of the child appropriate to own modality.*
- *Psychotherapists Use of Self in the relationship*
- *Assessment of the need for work with the child/young person within a wide range of practical settings, including longer and short term work*
- *Development of hypotheses based on theory to inform therapeutic decision making / evaluation skills / outcome management*
- *Managing the range of conflicting demands of others involved with the child/young person in a manner that safeguards the therapeutic process.*
- *Working with planned and premature endings.*

### **3. The World in the Child**

#### Knowledge

- The position of the child or young person in the family or caring network, as well as the wider social context.
- The key role and value of parents and carers and an appreciation of their support, information and advice needs
- The importance of peers and the development of a critical understanding of social and cultural influences on the practice of psychotherapy with particular regard to the development of anti-oppressive practice.
- The impact of adult functioning and mental health on the physical, emotional and mental wellbeing of children.
- 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).
- The impact of transitions on the child/family and identification of the signs and symptoms of such changes e.g. dreams, nightmares, bedwetting.
- Issues related to aggression, anger, sadness, shame, loss and fear.
- The needs of children and young people with disabilities or special educational needs, including those in relation to transitions.
- An overall view of the range of emotional, social, behavioural and mental health conditions relating to children.
- The impact and effects of trauma, neglect and physical and sexual abuse.

### Skills Repertoire and Reflexive Practice

- *Appropriate response to conflict, aggression, anger, sadness, shame and fear within the session, and also more generally in relation to children, young people and families.*
- *Skills in working with children/young people who exhibit behaviours which are blocking their progress i.e. school bullying.*
- *Exercising appropriate care in identification, diagnosis and therapeutic work in respect of cases of trauma, neglect and physical and sexual abuse.*
- *If required, the provision of a mental health placement to provide opportunities for trainees to acquire the ability to recognise severely disturbed children/young people and understand the procedures of the mental health services so that they can make appropriate referrals.*
- *Working with parents*
- *Management of cultural difference and need, within the therapeutic relationship, in the family and in inter-agency work*
- *Where possible working with children in a range of contexts including private practice; day nurseries, pre school play groups, schools; NHS; other professional settings – voluntary, charitable or public)*

## **4. Protecting the Child**

### Knowledge

- The concept of competence and the right to self-determination of the child or young person.
- The rights of parents and carers.
- Identifying child protection issues, the subtleties and signs of abuse in terms of affect and of physical, emotional, mental symptoms.
- The laws and key policy areas related to children, including the most current legislation including government and local guidance policies and procedure.
- Data protection issues in the context of the therapeutic process.
- Current legislation and the duty of confidentiality and legislation which specifically restricts the disclosure of certain information.
- Codes of ethics of Eurocps & other relevant professional organisations
- Ethics relating to the maintenance of professional boundaries
- Sharing information, interdisciplinary and multi Agency Working and the range of confidentiality procedures that apply in different contexts.
- The implication of the differences between different types of data (e.g. confidential information, personal data and sensitive personal data).
- When may it be necessary to have consent prior to sharing information.
- Structures of support and operational and consultation processes within the personal working environment.

- Local agencies and statutory and voluntary organisations involved in child, family and adolescent support work, and the nature of the work they do.
- The range of professional terms, abbreviations and acronyms used within different agency.

### Skills Repertoire and Reflexive Practice

- *Supporting client self determination where appropriate, taking account of health and safety and child protection issues.*
- *Risk assessment including making considered judgements about how to act to safeguard and promote a child or young person's welfare.*
- *Practical data recording, including the security and the legal requirements and guidance relating to the length of time for which records must be kept.*
- *Obtaining information from a range of sources in an appropriate manner.*
- *For candidates-in-training from the UK: The use of the Common Assessment Framework for Children and Young People (CAF).*
- *Provision of appropriate information to enable other practitioners to deliver their support to the child or young person, parent or carer.*
- *Establishing and sustaining respectful relationships across agencies*
- *Operating effective cross-agency referral processes.*
- *Effective use of supervision.*

### The Role of Supervision:

- Candidates-in-training must receive supervision of their client work by an appropriately qualified and experienced supervisor.
- Supervised practice runs throughout the training programme with the aim of working towards the development of the internal supervisor. A ratio of 1 hour supervision to 4 hours of clinical practice is considered the minimum but candidates-in-training may be required to undergo more a frequent ratio should the nature of the child's presenting difficulties require it.
- Through supervision the focus is on facilitating the growing efficacy and competence of the trainee, the safety and wellbeing of the client and the quality of the therapeutic relationship between them.

# **Workshops/Modules**

## **Training Outcomes and Curriculum Content**

The Training Outcomes and curriculum content of the training workshops are designed to achieve:

- To focus around core concepts of Eurocps conceptualisation of psychotherapy with children and young people
- To enhance trainees personal and professional development.
- To integrate theory with practice.
- To develop trainees capacity to conceptualise, and critically reflect about themselves in relation to their work as therapists with children and young people.
- To further extend their capacity for critical inquiry toward the of psychotherapy, its philosophical, theoretical and clinical belief opinions and ideas and the trainees` own professional identity.
- To formulate a view of psychotherapy with children and young people that is evolving and open to change in the light of critical reflection on new and emerging insights within and outside of the profession from other disciplines.

## **Research Workshops**

The general aims of research teaching are:

- To provide trainees with a general introduction to research methods which are currently and commonly used in psychotherapy.
- To explore the case study method in particular.
- To create a reflexive-practitioner stance to an understanding of psychotherapy with children and young people.

## **Workshop Title: Overview of the Relational Developmental Model**

### **Introduction**

The workshop will establish the overall model for the programme from initial referral to termination, highlighting key concepts from a range of theoretical sources, drawn from across a number of psychotherapy schools, child development theories and neuroscience.

The relevance of emotional attunement and misattunement to the development of healthy and unhealthy early attachment patterns, together with their impact on child and adolescent development, will be a major focus of study.

General therapeutic strategies and the therapists use of self will be a key feature of this workshop.

### **Training Outcomes**

On completion of the workshop trainees will be able to:

- ❑ Critically evaluate the application of a developmental-relational perspective to the practice of psychotherapy with children and young people.
- ❑ Identify key issues in their own development and reflect on their potential for these issues to emerge in positive and negative ways in the co-created nature of the therapeutic endeavour.
- ❑ Recognise the importance of establishing effective relations with the wider field – family, school, other relevant professionals and agencies.

### **Curriculum Content**

- ❑ Attachment, separation, individuation
- ❑ Affect attunement
- ❑ Affect regulation
- ❑ Vitality affects
- ❑ Neuroscience
- ❑ Unfinished Gestalts
- ❑ Creative adjustment
- ❑ Introjection and osmosis
- ❑ Shame
- ❑ The development of intrapsychic structure
- ❑ Script and interpersonal relationships
- ❑ Defence as a maintenance of the status quo

- ❑ The Drive to Repeat: Repetition Compulsion/Fixed Gestalts
- ❑ Self Actualisation and the drive to complete – kick starting the developmental momentum
- ❑ Good enough parenting
- ❑ Empathic Attunement and Therapist Presence
- ❑ Interdisciplinary/multi-agency working
- ❑ Ending Therapy

## **Assessment**

Course Work Assignment:

Trainees will complete an attachment pattern self analysis and critically reflect on the implications for their work as therapists with children and young people.

## **Resources**

Key Texts marked with \*

\*Ainsworth, M. Blehar, M. Water, E, Wall, S. (1978) Patterns of Attachment: Assessed in the Strange Situation and at Home. Hillsdale, New Jersey: Erlbaum.

Bartholomew, K and Horowitz, K (1991) Attachment Styles Among Young Adults. A test of a Four Category Model. *Journal of Personality and Social Psychology*, 61:226-244.

\*Bowlby J (1988). A Secure Base: Parent-Child Attachment and Healthy Human Development. Basic Books, Harper & Row, New York.

Bradley, S.J. (2000) Affect Regulation and the Development of Psychopathology. New York: Guildford Press.

\*Davis M and Wallbridge D (1981). An Introduction to the Work of DW Winnicott. Karnac Books, London

\*Evans K & Gilbert M (2005) An Introduction to Integrative Psychotherapy

Gerson, S. (2004) The Relational Unconscious: A Core Element of Intersubjectivity, Thirdness, and Clinical Process. *Psychoanalytical Quarterly* LXXIII, 2004.

Herman, L.J. and van der Kolk, B.B. (1987) Childhood Trauma in Borderline Personality Disorder. *American Journal of Psychiatry* 146, 490-495.

Kohut, H (1984) How Does Analysis Cure? Chicago: University of Chicago Press

Kohut, H ( 1977) *The Restoration of the Self*. New York International Universities Press.

Mahler MS, Pine F & Bergman A (1990). *The Psychological Birth of the Human Infant: Symbiosis and Individuation*. Basic Books, Harper, New York.

\*Mahoney MJ (1991). *Human Change Processes. The Scientific Foundations of Psychotherapy*. Basic Books, Harper and Row, New York.

Mitchell SA (1988). *Relational Concepts in Psychoanalysis: An Integration*. Harvard University Press, Cambridge. Mass.

\*Mitchell, S.A. (2000) *Relationality: From Attachment to Intersubjectivity*. Hillsdale New Jersey, Psychoanalytic Press.

Pine F (1985). *Development Theory and Clinical Process*. Yale University Press, New Haven and London.

Polster, E. (1995) *A Population of Selves*. San Francisco, CA: Jossey-Bass

\*Rothschild, B. (2002) *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*. W.W.Norton & CO, London.

Salonia Giovanni, 1994 *from We to I-Thou*, Italian Gestalt Journal, Ragusa, Italy.

\*Schore, A (2003) *Affect Regulation and the Repair of the Self*. New York: W.W. Norton Co Inc.

\*Schore, A (2003) *Affect Dysregulation and Disorders of the Self*. New York : W.W. Norton Co Inc.

\*Stern DN (1985). *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*. Basic Books, New York.

\*Stern DN (1989) *The Present Moment in Psychotherapy and Everyday Life*. New York : W.W. Norton Co Inc.

\*Storolow, Brandschaft and Attwood

Tomkins, S.S (1962) *Affect, Imagery and Consciousness, Vol 1 The Positive Affects*. New York, Springer.

Tomkins, S.S (1962) *Affect, Imagery and Consciousness, Vol 2 The Negative Affects*. New York, Springer.

Winnicott DW (1964). *The Child, the Family and the Outside World*. Hammondsouth Penguin Books.

\*Wright K (1991). *Vision and Separation: Between Mother and Baby*. Free Association Books, London.

### Further Reading

Bollas C (1992). *Being a Character: Psychoanalysis and Self Experience*. Hill and Way, New York.

Buckley P (1986). *Essential Papers on Object Relations*. New York University Press, New York.

Havens L (1986). *Making Contact. Uses of Language in Psychotherapy*. Harvard University Press, Cambridge. Mass

Ivey AE (1986). *Developmental Therapy: Theory and Practice*. Jossey-Bass Publications, San Francisco

Johnson SM (1985). *Characterological Transformation: The Hard Work Miracle*. WW Norton & Co., New York and London

Kegan R (1982). *The Evolving Self: Problem and Process in Human Development*. Harvard University Press, Cambridge Mass.

Khan MMR (1983). *Hidden Selves: Between Theory and Practice in Psychoanalysis*. Hogarth Press, London.

Singer DG & Singer JL. *The House of Make-Believe: Play and the Developing Imagination*. Harvard University Press, Cambridge Mass.

Winnicott DW (1971). *Playing and Reality*. Penguin Books.

Winnicott DW (1982). *Through Paediatrics to Psycho-Analysis*. Hogarth Press, London.

Winnicott DW (1982). *The Maturation Process and the Facilitating Environment. Studies in the Theory of Emotional Development*. Hogarth Press, London.

Winnicott DW (1985). *Therapeutic Consultations in Child Psychiatry*. Hogarth Press, London.

Winnicott DW (1986). *Holding and Interpretation: Fragments of an Analysis*. Hogarth Press, London.

## **Workshop Title: Child Abuse and Trauma**

### **Introduction**

Contemporary abuse of children, together with the now recognised historical degree of cultural sanction of abuse, is today widely acknowledged has having not only an immediate and traumatic impact on the child but also a later profound impact on the capacity for healthy adult functioning, especially in the area of intimate and fulfilling relations.

This workshop will include an exploration of physical, sexual, emotional abuse and racial abuse across cultures.

### **Training Outcomes**

On completion of the workshop trainees should be able to:

- ❑ Critically assess the impact of abuse both in childhood and upon later adult functioning.
- ❑ Critically explore the cultural and ethnic dimension of abuse.
- ❑ Reflect on the implications for practice within the private sector and public settings.

### **Curriculum Content**

Historical antecedents: Poisonous pedagogy

Physical abuse

Sexual abuse

Emotional abuse

Racial abuse

Oppressive theory and practice

Clinical presentations

Clinical implications and practice issues

Abuse and mental health implications

Vicarious trauma and the therapist

### **Assessment**

Trainee's will group in small teams and make a presentation to the large group on the final day of the workshop. This form and structure of the presentation will be determined by each team and will last not longer than 15 minutes.

The presentation will need to convey a major implication for clinical practice in working with childhood abuse together with a strategic response(s)/intervention (s).

The presentation will be assessed on the basis of:

- the level of integration of theory and practice
- appreciation of the impact of the work on the person of the therapist
- efficacy of collaboration with other professionals
- clarity and creativity of communication.

Each team will be asked questions of clarification by tutors and the group.

## **Resources**

- \*Bowlby, J (1988). *A Secure Base: Parent-Child Attachment and Healthy Human Development*. Basic Books, New York.
- \*Bray, M (1989) *Communicating with Children. Communicating with the court*. In Levy, A (ed) *Focus on Child Abuse*. Hawksmere.
- \*Bray, M (1997) *Sexual Abuse: The Child's Voice: Poppies on the Rubbish Heap*. London: Jessica Kingsley.
- \*Driver, E and Droisen, A (1989) *Child Sexual Abuse. Feminist Perspectives*. London: The Stationary Office.
- \*Jacobs, L (2000) *For Whites Only*. *British Gestalt Journal* Vol. 9, No1, pp 3- 14.
- \*James, B (1989) *Treating Traumatised Children. New Images and Creative Interventions*. Lexington.
- James, B (1994) *Handbook for Treatment of Attachment and Trauma problems in Children*. Lexington.
- Kaufman G (1989) *The Psychology of Shame*. New York Springer
- Krause, J (1998) *Therapy Across Culture*. London: Sage.
- Lowen A (1980) *Fear of Life*. New York. Macmillan
- \*Mane, N (1993) *Children and Hate. Hostility caused by Racial Prejudice*. In Varma, V (ed) *How and Why Children Hate. A Study of Conscious and Unconscious Sources*. London: Jessica Kingsley.

\*Maxine, J (1993) The Importance of Racial Identity for the Psychological Well-being of Children. Association of Child Psychiatry and Psychology. Vol.15,N0 4, pp 173-179

Miller, A (1983) For Your Own Good. New York: Farrer, Strauss and Giroux.

\*Miller A (1990) Thou Shalt not be Aware - Society's Betrayal of the Child. Pluto Press.

Panesar, P (1999) Options and Opportunities for Ethnic Minority Young People. RACE Multi-cultural Journal No.19 Summer pp 9-12.

Peer, S (2000) Negotiating Identity. A Qualitative Study: Best Practice when working with Young People of Mixed Heritage. Independent research supported by the European Social Fund. Sian.peer@virgin.net

\*Rouf, K (1968) Mousie. The Children's Society.

Russell J (1993) Out of Bounds - Sexual Exploitation in Counselling and Therapy. Sage Publications, London.

\*Rutter Peter (1989) Sex in the Forbidden Zone: Mandala. London.

Saakvitne, K W and Pearlman, L A (1996) Transforming the Pain. A Workbook on Vicarious Traumatisation NY: W W Norton.

\*Shelbourne, F and Taylor, J (2001) Better by Half. Community Care. 12.04.01.

Siddal, R (1994) The Hidden Taboo. Community care.30.6.94.

\*Wheeler G (1992) Gestalt Therapy: Perspectives & Applications: In Edwin C Nevis (Ed) Gestalt Institute of Cleveland/ Gardner Press.

\*Wilson, M (1993) Crossing the Boundary. Black Women Survive Incest. London: Virago.

Russell J (1993)

Out of Bounds - Sexual Exploitation  
in Counselling and Therapy. Sage,  
London.

Rutter Peter (1989)

Sex in the Forbidden Zone: Mandala.  
London.

## **Workshop Title: Shame and Identity**

### **Introduction**

This workshop will critically explore the role of Shame as the master emotion affecting the development of individual identity, self esteem and interpersonal relationships. The workshop will further assess the influence of shame in the wider social/cultural/educational context.

### **Training Outcomes**

On completion of the workshop trainees will be able to:

- ❑ Critically assess the influence of shame in the development of the child's identity and on their capacity for relationship.
- ❑ Critically assess the impact of shame on their own personal development
- ❑ Identify personal issues that may potentially impact upon or be impacted by the attachment patterns and issues of clients.

### **Curriculum Content**

- ❑ Affect Shame binds
- ❑ Shame and Identity
- ❑ Shame and Abuse of Power
- ❑ Introjection and Osmosis
- ❑ Self image
- ❑ Body image
- ❑ Defences against shame
- ❑ Phenomenology of Shame
- ❑ Shame and Groups
- ❑ Shame and Ethnicity
- ❑ Shame and Education
- ❑ Shame and Addictions
- ❑ Shame and the Therapeutic Relationship

## Assessment

Course Work Assignment:

An essay written project of 2,500 words demonstrating the fulfilment of the Training Outcomes.

## Resources

### Key Texts marked with \*

- \*Evans KR (1994) Healing Shame: A Gestalt Perspective. Transactional Analysis Journal Vol 24. No.2. April 1994 (also published in the Minneapolis Papers. ITAA - October 1993)
- English F (1975) Shame and Social Control. Transactional Analysis. Journal 5, (1).
- Goldberg K (1991) Understanding Shame. Northvale. NJ: Jason Aronson.
- \*Kaufman G (1985) Shame: The Power of Caring (2nd edit) Cambridge. Mass. Schenkman Books.
- \*Kaufman G (1989) The Psychology of Shame. New York Springer
- Nathanson DL (1987) The Many Faces of Shame. Baltimore Guildford Press.
- Wurmser L (1981) The Mask of Shame. Baltimore. John Hopkins University Press
- Yontef GM (1992) Awareness, Dialogue and Process Chapter 15 - Shame Gestalt Journal Publications.

### Further Reading

- Basch M (1988) Understanding Psychotherapy. New York. Basic Books.
- Jordan JV (1989) Relational Development: Therapeutic

Implications of Empathy and Shame.  
Working Papers No.39. (1989) The Stone  
Centre. Wellesley. Massachusetts.USA.

Nathanson D (1992) Shame and Pride. Affect, Sex and the  
Birth of the Self. New York.WW Norton.

## **Workshop title: Unconscious processes in therapy practice.**

### **Introduction**

This workshop will critically evaluate the impact of unconscious processes at work in therapy with children and young people. The capacity to identify and work with transference phenomena is fundamental to an effective therapeutic relationship.

### **Training Outcomes**

On completion of the workshop trainees' will be able to:

- Critically assess the concepts of projection, transference, counter transference, projective identification and parallel process.
- Critically reflect on the significance of transference in their own lives.
- Critically explore the relevance of these concepts for clinical practice.

### **Curriculum Content**

- Transference and counter transference typology - proactive, reactive, complimentary, concordant.
- Projective identification
- Parallel process
- Field theory.
- Hypnotic induction.
- Psychodynamic practice - role of therapist.
- Gestalt practice - role of therapist
- Use and abuse of neutrality.
- Use and abuse of self disclosure.

### **Assessment - option choice**

The trainee cohort will decide which of the following coursework assignments they will choose to assess the training outcomes for this workshop.

1. Trainees will reflect on the didactic and experiential theory of the workshop and, in collaboration with a small group of peers, demonstrate to the rest of the training group their understanding of the basics of the transference and counter transference, through a dramatic re-enactment of a fairy tale or well known story of their choice. The enactment will be assessed on clarity of communication together with demonstrable understanding on the dynamics of the phenomenon. Trainee members of each small group will answer questions from peer trainees and tutors seeking clarification of the

degree of assimilation of the theory and practice, with particular regard to the therapists use of self in therapy.

2. Trainees will complete a mini case study (2,500 words) on a key episode in their work with a child/young person in therapy. The case study will describe the episode including the child's presenting issue (s), the therapist's internal response, and the use the therapist made of this in understanding the process between themselves and the child. A critical reflection on the theory as applied to the case study is essential to show reflexive practice.

### **Resources:**

#### Key Texts marked with \*

Brown D and Pedder J (1991) An Introduction to Psychotherapy: An Outline of Psychodynamic Principles and Practice. 2nd edition. Tavistock/Routledge.

Bromberg PM (1982) The Supervisory Process and the Parallel Process in Psychoanalysis. Contemporary Psychoanalysis. 18 92-111

\*Cashdan S (1988) Object relations Therapy: Using the Relationship. New York. W W Norton & Co.

Doehrman MJ (1976) Parallel Process in Supervision and Psychotherapy. Bulletin of the Menninger Clinic. 40,1, 1-104

Ekstein R & Wallerstein RS (1972) The Teaching and Learning of Psychotherapy (2nd Edition) New York. The International Universities Press.

Fairbairn WR (1954) An Object Relations Theory of the Personality. New York. Basic Books

\*Gedman HF & Wolkenfeld F (1980) The Parallel Phenomenon in Psychoanalysis and Supervision: It's Reconstruction as a Triadic System. Psychoanalytic Quarterly 9, 234-255.

\*Gorkin M (1987) The Uses of Countertransference. Northvale NJ. Jason Aronson

Kahn M (1991&1997) Between Therapist and Client. The New Relationship. Revised Edition. W. H. Freeman & Co, USA

- \*Maroda K (1992)            The Power of the Countertransference. Wiley
- \*Masson J (1992)            Against Therapy (2nd edition) Fontana.
- Masterson J (1976)            Psychotherapy of the Borderline Adult: A Developmental Approach. New York. Brunner/Mazel.
- McNeill B & Worthen V    (1989) The Parallel Process in Psychotherapy Supervision. Professional Psychology Research and Practice. 20.5. 329-337
- \*Ogden T (1982)              Projective Identification and Psychotherapeutic Technique. New York. Jason Aronson
- Sachs OM & Shapiro JH    (1976) On Parallel Process in Therapy and Teaching. Psychoanalytic Quarterly. 43, 394-415.
- Searles H (1955)              The Information Value of the Supervisor's emotional experience. Psychiatry. 18, 135-146.
- \*Hewitt Taylor, J; Poole S; Rodway, R; Tyson, R.        Parallel Process in Supervision: A Qualitative Investigation,  
European Journal for Qualitative Research in Psychotherapy, Issue 1, 2006 (online [www.europeanresearchjournal.com](http://www.europeanresearchjournal.com))
- Watt D (1986).                Transference: a right hemisphere event? An inquiry in the boundary between Psychoanalytic meta psychology and neuropsychology. *Psychoanalysis and Contemporary Thought* 9. 43-7

**Workshop Title:        Protecting the Child: Ethics and Professional Practice Issues**

**Introduction**

This workshop will critically reflect on ethical dilemmas in clinical practice and address the key issues of anti-oppressive practice and child protection. While these issues are specifically addressed in this workshop they will also permeate the course throughout.

**Training Outcomes**

On completion of the workshop trainees will be able to:

- Critically evaluate contemporary approaches to ethical decision-making in the profession of psychotherapy with Children and Young People.
- Critically explore child protection legislation and the importance of inter disciplinary collaboration.
- Critically explore the challenge of anti oppressive practice in working with children and young people.

**Curriculum Content**

- Ethics, law and morality
- Ethical decision making
- Ethical dilemmas
- Child protection
- Inter disciplinary and multi-agency collaboration
- Anti oppressive practice
- Race
- Gender
- Class

## **Assessment**

Course Work Assignment:

During this module each trainee will make an oral presentation of an ethical dilemma arising in clinical practice either their own or a colleagues. They will state the dilemma, describe what occurred and the outcome and then critically reflect on the process by which this outcome was reached and on the appropriateness of the outcome. Issues to be addressed will include a critical exploration of child protection legislation, interdisciplinary collaboration and anti oppressive practice. Trainees will be assessed on the basis of clarity of presentation and extent of critical reflection.

## **Resources**

\*Key texts

\*Angelou, M (1984) *I Know Why the Caged Bird Sings*.  
London: Virago Press

\*Arnold, E (1996) *Multi Cultural Aspects of Attachment. Response To Lennox Thomas*. *RACE Multi-Cultural Journal*, No10 May pp 21-22.

Barnes FP (1998) *Complaints and Grievances in Psychotherapy. A Handbook of Ethical Practice*: Routledge

Bond T (1993) *Standards and Ethics for Counselling in Action*: Sage Publications

\*Bray, M (1989) *Communicating with Children. Communicating with the court*. In Levy, A (ed) *Focus on Child Abuse*. Hawksmere.

\*Bray, M (1997) *Sexual Abuse: The Child's Voce: Poppies on the Rubbish Heap*. London: Jessica Kingsley.

- \*Driver, E and Droisen, A (1989) Child Sexual Abuse. Feminist Perspectives. London: The Stationary Office.
- Dryden W (1985) Therapist's Dilemmas: O.U.P. Milton Keynes
- Gibson WT & Pope K (1993) The Ethics of Counselling: A National Survey of Certified Counsellors, Journal of Counselling and Development 71: 330-6
- \*Gilbert M & Evans K (2000) Psychotherapy Supervision: A relational-developmental approach. OUP Press.
- Hawkins & Shohet R (2000) Supervision in the Helping Professions 2<sup>nd</sup> Edition. O.U.P. Milton Keynes
- \*Jacobs, L (2000) For Whites Only. British Gestalt Journal Vol. 9, No1, pp 3- 14.
- \*James, B (1989) Treating Traumatized Children. New Images and Creative Interventions. Lexington.
- James, B (1994) Handbook for Treatment of Attachment and Trauma problems in Children. Lexington.
- Kearns A (1994) A review of "Gestalt Ethics" by Gordon Wheeler: British Gestalt Journal 3, 45-46.
- Krause, J (1998) Therapy Across Culture. London: Sage.
- \*Mane, N (1993) Children and Hate. Hostility caused by Racial Prejudice. In Varma, v (ed) How and Why Children Hate. A Study of Conscious and Unconscious Sources. London: Jessica Kingsley.
- \*Maxine, J (1993) The Importance of Racial Identity for the Psychological Well-being of Children. Association of Child Psychiatry and Psychology. Vol.15,N0 4, pp 173-179
- Miller, A (1983) For Your Own Good. NY: Farrer, Strauss and Giroux.

- \*Miller A (1990) Thou Shalt Not Be Aware - Society's Betrayal of the Child. Pluto Press. London.
- Morgan, N (2005) Blame My Brain: the amazing teenage brain revealed. London: Walker Books Ltd.
- Morrison, T (1999) The Bluest Eyes. London: Virago
- Panesar, P (1999) Options and Opportunities for Ethnic Minority Young People. RACE Multi-cultural Journal No.19 Summer pp 9-12.
- Peer, S (2000) Negotiating Identity. A Qualitative Study: Best Practice when working with Young People of Mixed Heritage. Independent research supported by the European Social Fund. Sian.peer@virgin.net
- \*Rouf, K (1968) Mousie. The Children's Society.
- Russell J (1993) Out of Bounds - Sexual Exploitation in Counselling and Therapy. Sage Publications, London.
- \*Rutter Peter (1989) Sex in the Forbidden Zone: Mandala. London.
- Saakvitne, K W and Pearlman, L A (1996) Transforming the Pain. A Workbook on Vicarious Traumatization NY: W W Norton.
- \*Shelbourne, F and Taylor, J (2001) Better by Half. Community Care. 12.04.01.
- Siddal, R (1994) The Hidden Taboo. Community care.30.6.94.
- \*Wheeler G (1992) Gestalt Therapy: Perspectives & Applications: In Edwin C Nevis (Ed) Gestalt Institute of Cleveland/ Gardner Press.
- \*Wilson, M (1993) Crossing the Boundary. Black Women Survive Incest. London: Virago.

## **Workshop Title: Assessment (Risk) and Diagnosis**

### **Introduction**

The humanistic psychology movement in the early 1960's viewed diagnosis as anti-therapeutic, anti-human and politically repressive. While diagnosis can be misused and experienced as abusive, this workshop will explore diagnosis from a more positive perspective with particular emphasis on approaches to diagnosis that support the process of therapy with children and adolescence rather than undermine it.

### **Training Outcomes**

On completion of the workshop trainees will be able to:

- Critically evaluate approaches to diagnosis that support and assist the clinical practice of psychotherapy with children and young people
- Make a tentative diagnosis of their own personality style ( this may in turn be critically considered alongside the assessment of the trainees own attachment pattern earlier in the programme

### **Curriculum Content**

Assessment of Contact functions

- Blocks on the gestalt cycle,
- maintenance of blocks

DSMIV/V

Script and trans generational scripts

Integrative approach to diagnosis ( from introductory 'overview' workshop

ADHD

Mental Health issues

Inter agency collaboration

### **Assessment**

During the workshop trainees will, by way of a presentation to the group, relate theory to practice through reference to an example (s) from their own practice and with specific reference to the trainees own personality style and implications for clinical practice.

The presentation will be assessed on the basis of the degree assimilation of the theory as evidenced through integration with practice.

Trainees will be asked questions by tutors and members of the group for clarification.

### **Resources**

Evans, K (1996) Development through Diversity: Assessment, Clinical and Otherwise. Presented at UKCP Professional Conference 6-8 September 1996, Queen's College, Cambridge, and subsequently published in the Conference Papers by UKCP.

Evans, K (1994). A Review of 'Diagnosis: The struggle for a meaningful Paradigm' Melnick J and Nevis S.M (in Edwin C Nevis (Ed) (1992) Gestalt Therapy: Perspectives and Applications. Gestalt Institute of Cleveland, Gardner Press). British Gestalt Journal 1994. No.3.

Evans, K (1992). Diagnosis: An Integrative Approach. Conference presentation (unpublished) European Association for Gestalt Therapy conference Paris 1991.

DeLisle, G (1991) A Gestalt Perspective of Personality Disorders. The British Gestalt Journal (1991) I,pp.42-50.

Frances, A.J., (1987) DSM-11R. Personality Disorders: Diagnosis and Treatment; B.M.A. Audio Cassettes, Guilford Press, New York.

Melnick J. and Nevis S.M (1992) Diagnosis: The struggle for a Meaningful Paradigm: In Edwin C. Nevis (Ed) Gestalt Therapy: Perspectives and Applications. Gestalt Institute of Cleveland, Gardner Press, New York.

Tobin, S. (1990) Self-Psychology as a Bridge between Existential Humanistic Psychology and Psychoanalysis. Journal of Humanistic Psychology, 30,1,pp 14-63.

Yontef, G. (1993) Awareness, Dialogue and Process. Highland, New York, Gestalt Journal Press.

## **Workshop Title: Pressure, Performance, Peers**

### **Introduction**

For more than a century most world economies, especially in Western Europe, have experienced constantly changing national boundaries and shifting populations.

Driven by a seeming fixation with economic growth via increasing gross national product, children and young people have come under relentless pressure to achieve. 'Education, education, education..' is often experienced by the young as 'performance, performance, performance...'.

Alongside this compulsion to perform children and young people have become targeted by the market economies as mini consumers and bombarded with software, toys, sport and leisure pursuits, clothes and fashion accessories. Indeed some children appear to represent as little more than a fashion accessory.

Major European cities have grown bigger and while more cosmopolitan and racially diverse, some urban sectors have become 'no-go areas', even ghettos with escalating gang violence and drug related crime. Simultaneously in the rural countryside the infrastructure has become poorer and increasingly disadvantaged for many while, at the same time, home to the privilege and wealthy few seeking refuge from the stress of urban living.

This workshop will critically reflect on the wider field - the world outside the therapy room - and assess the influence of the culture of narcissism (Christopher Lasch) especially as it manifests, among other things, in dysfunctional families, school phobia, bullying and drug and alcohol related youth crime.

The role of public and voluntary agencies outside the family, e.g., teachers, police, social workers, will also be critically evaluated.

### **Training Outcomes**

On completion of the workshop trainees will demonstrate through the successful completion of the course work assigned to the workshop a:

- Critical evaluation of the impact of the wider socio-economic field, especially the culture of shame and envy, on children and young people
- Critically explore specific manifestations of dysfunctional behaviour such as school phobia, bullying drug and alcohol related crime
- Critically reflect on the role and efficacy of interdisciplinary agency collaboration

- Critically evaluate the role of the therapist with children and young people

**Curriculum content:**

- economic growth and gross national product
- the culture of narcissism
- shame and envy
- media and fashion pressure
- delinquency and drift
- drug and alcohol abuse
- bullying, crime and violent crime
- school phobia
- the child 'in care'
- the drama of the gifted child
- sexual orientation
- disability
- role of agencies outside the family
- efficacy of interdisciplinary collaboration
- therapist as educator
- therapist's use of self
- group work
- creative interventions

**Assessment:**

Trainees will demonstrate they have met the training outcomes for this workshop via a written mini case study regarding their work with a child or young person in which they critically reflect on the wider field and issues raised in the workshop. The case study must be a minimum 3,000 words

**Resources:**

Apter, T (1990) *Altered Loves: Mothers and daughters during Adolescence*. Fawcett Columbine Books, New York.

Blumenthal, M.M. (2000) *Mother-Adolescent Daughter Conflict: finding common ground through dialogic process: The relationship between gestalt resistance, conflict-handling modes, and mutuality*. The Fielding Institute, Santa Barbara, CA.

Botto, C. and Beck, M. (2006) *Help With My Teenager*, Raleigh NC

Bowlby, J (1988). *A Secure Base*. Basic Books, New York.

Breslin, T. And Scoular, A (2004) *Bullies at Schools (Kelpies)*, Floris - ISBN 0863154379

Lasch, C. (1991/1979) *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*. W.W. Norton Inc., New York.

Donnellan, C. (1998) *Bullying Issues*. Independence Educational Publishers.

Erikson, E. H.(1968) *Identity: Youth and crisis*. W. W. Norton & Co Inc., New York.

Grotevant, H. D. And Cooper, C.R. (1985) Patterns of interaction in family relationships and the development of identity exploration in adolescence. *Child Development*, 56, pp.415-428.

Kemp, R. (2008) *Gangs*. Penguin

Kemp, R. (2009) *Gangs II*. Penguin

[www.childline.org.uk/bullying](http://www.childline.org.uk/bullying)

[www.kidshealth.org](http://www.kidshealth.org) - Dealing with peer pressure

[www.kidscompany.org.uk](http://www.kidscompany.org.uk)

[www.Kidscape.org.uk](http://www.Kidscape.org.uk)

[www.nspcc.org.uk](http://www.nspcc.org.uk)

[www.teenissues.co.uk/defeatingpeerpressure.htmlpressure](http://www.teenissues.co.uk/defeatingpeerpressure.htmlpressure)

Lampert, R. (2003). *Gestalt Therapy with Children, Adolescents And Their Families*. Gestalt Journal Press, Highland New York.

Lee, R (2001) Shame and Support. In McConville, M. and Wheeler, G. (Eds).

*The Heart of Development: Gestalt Approaches to Working with Children, Adolescence and their Worlds. Vol II: Adolescence*. Analytic Press, Hillsdale, NJ.

Lee, R. (2007) Shame and belonging in childhood: the interaction between relationship and neurobiological development in the early years of life. *British Gestalt Journal*, Vol 16, no 2, pp. 38 – 45.

McConville, M. (1995) *Adolescence: Psychotherapy and the Emergent Self*. Jossey Bass, San Francisco.

McConville, M. (2003) Lewinian Field Theory, Adolescent Development, And Psychotherapy. *Gestalt Review*, 7, 3, pp. 213-218.

Miller, A ( 2008 3<sup>rd</sup> edition) *The Drama of the Gifted Child: The Search for the True Self*. Basic Books.

Oaklander, V (1988/1969) *Windows to Our Children: A Gestalt Therapy Approach to Children and Adolescence*. Real People Press, Moab, Utah.

Oaklander, V. (2006) *Hidden Treasure: A map to the child's inner self*. Karnac Books, London.

Schore, A. N. (2003) *Affect Regulation and the Repair of the Self*. W. W. Norton & Co Inc., New York.

Sunderland, M and Engleheart, P. (1997) *Draw on your Emotions*. Speechmark, UK.

Tervo, D. (2007) Zig Zag Flop and Roll: creating an embodied field for healing and awareness when working with children. *British Gestalt Journal*, Vol 16, no 2, pp. 28 – 37.

Wheeler, G (2001) The Self in the Eye of the Father: A Gestalt Perspective on Fathering the Male Adolescent. In McConville, M. and Wheeler, G. (Eds). *The Heart of Development: Gestalt Approaches to Working with Children, Adolescence and their Worlds. Vol II: Adolescence*. Analytic Press, Hillsdale, NJ.

## **Workshop Title: Loss and Grief**

### **Introduction**

How do children and young people process loss?

Does it help to 'protect' children from the reality of death of a family member? How do children handle the separation and divorce of their parents? How can the family and society support or exacerbate the child's encounter with loss?

These are just a few of the many challenging life situations that children experience and the therapist needs to have insight and understanding of the experience of the child in this personally demanding area of human experience.

### **Training Outcomes**

At the end of the workshop trainees will need to demonstrate:

1. Insight and appreciation of the significance of loss to in the life of a child and young person.
2. Critically evaluate contemporary cultural attitudes to death and dying.
3. Evaluate a range of strategies of intervention/approaches to working with children experiencing loss.

### **Curriculum Content**

- Cultural attitudes to loss, death and dying
- Loss of a friend, family member, home, school, pet etc
- Loss of physical health
- Divorce
- Loss of hope
- Strategies of intervention/approaches
- Ending therapy

### **Assessment**

Trainees will complete a Personal Development Profile of a minimum 2,500 words demonstrating completion of the training outcomes above. The PDP will emphasise the personal impact of the theme with reflections on the implications for their clinical practice.

### **Resources**

Black, D. And Urbanowicz, M.A. (1987) 'Family intervention with bereaved children'. *Journal of Child Psychology and Psychiatry*. 28(3), 467-76

Black, D. And Young, B (1995) 'Bereaved Children: risk and preventive intervention', in B. Raphael and G. Burrows (eds) *Handbook of Studies on Preventive Psychiatry*. Amsterdam: Elsevier

- Bluebond-Langer, M. (1978) *The Private Words of Dying Children*, Princeton, N.J: Princeton University Press
- Castenada, Carlos (1972) *Journey to Ixtlan*, N.Y: Washington Square Press
- Evans, K (2000) Living with Dying. *British Gestalt Journal*
- Firth, S.C. (1993) 'Approaches to death in Hindu and Sikh communities in Britain' and 'Cross-cultural perspectives on bereavement', in D. Dickenson and M. Iduson (eds) *Dying, Death and Bereavement*, London, Sage
- Kubler-Ross, E . (1970) *On Death and Dying*, London, Tavistock
- Landis, D. (1991) Dying among children: a clash of cultures, in J. D. Morgan (ed) *Young People and Death* Boston: Charles
- Levine, S. (1982) *Who Dies?* N.Y: Doubleday Anchor Books
- Longaker, C. (1997) *Facing death and Finding Hope- A guide to the emotional and spiritual care of the dying* Century Healing Arts Press
- Martinson, I.M. and Papadatou, D. (1994) Care of the dying child and the bereaved, in B.J. Bevaision and R.K. Mulhern (eds) *Paediatric Psychology*.
- Murray Parkes, C. And Pittu Laungani and B, Young (1997) *Death and Bereavement Across Cultures*. London, Routledge
- Silverman, P. and Nickman, S and Worden, W. (1992) 'Detachment revisited: the child's reconstruction of a dead parent, *International Journal of Orthopsychiatry*, 62, 494-503
- Tolstoy, Leo (1960) *The Death of Ivan Ilych*. N.Y: Penguin
- Sogyal Rinpoche (1992) *The Tibetan Book of the Living and Dying*. San Francisco: Harper
- Wertheimer, A (1991) *A Special Scar: The Experience of People Bereaved By Suicide*. London, Routledge
- Wilber, K (1992) *Grace and Grit*, Boston, Shambala Publications
- Worden, W. (1991) *Grief Counselling and Grief Therapy*. London, Guildford
- Wynne Wilson, J.C. (1989) *Funerals Without God-A Practical Guide to Non Religious Funerals*. London: British Humanist Association

## **Workshop Title: Trainee Presentation of a key episode from clinical practice with Children and Young People**

### **Introduction**

Psychotherapists are increasingly required to communicate effectively to other professions about a range of issues regarding their clinical practice via case reviews, specialist reports, multi agency collaboration etc. This workshop will provide trainees with an opportunity to demonstrate and fine tune their communication skills through a presentation of a key episode in their clinical practice.

### **Training Outcomes**

Trainee's will demonstrate their ability to

1. Communicate effectively about key aspects of their clinical work to peers and trainers
2. Critical evaluate areas for further professional development of their communication and presentation skills

### **Curriculum Content**

The content of the key episode presentation needs to include an overview of presenting issues/reasons for referral, initial assessment and a brief overview of the work to date (maximum 5 minutes). The key episode (10 minutes) must demonstrate the 'therapist at work' and their relationship with the child/young person and not simply focus upon a description of the process of the child/young person.

### **Assessment**

Evaluation of Oral Presentation will be has follows:

#### *Quality of Presentation:*

1. Issues presented in a lucid and coherent way
2. Issues relevant to focus on Children/Young People
3. Presentation well structured, theme (s) developed in logical and consistent way
4. Creativity of mode of presentation

#### *Quality of Content:*

5. Synthesis of personal insight, theory and practice
6. Evidence of personal experience and views
7. Reading of relevant literature

## **Resources**

Trainees are recommended to submit an outline of their presentation to a programme tutor in draft form for critical feedback 6 weeks prior to presentation.

## **Workshop/Module Title:        Psychotherapy Research**

### **Introduction**

There are increasing demands for research in psychotherapy. This workshop will provide trainees with a general knowledge of research methods and a specific exploration of the case study method.

### **Training Outcomes**

On successful completion of the workshop trainees will be able to:

- ❑ Demonstrate an ability to identify the major philosophical foundations and values of the relational-developmental approach and their relevance to psychotherapy theory and research
- ❑ Complete a research case study of work with a child or young person
- ❑ Identify some of the major ethical issues involved in research.

### **Curriculum Content**

- ❑ Over view of major historical philosophical paradigms
- ❑ Values
- ❑ Phenomenological research
- ❑ Heuristic research
- ❑ Grounded theory
- ❑ Ethnography
- ❑ Affirmative inquiry
- ❑ Biography
- ❑ **Case Study**
- ❑ Literature review
- ❑ Data collection
- ❑ Data analysis
- ❑ Findings and discussion

## **Assessment**

Course Work Assignment:

Completion of a research case study of approximately 10,000 - 12,000 words on their work with a child or young person. This assignment will form a major part of the final evaluation of clinical competence.

## **Resources**

### Research Texts

\*Key Text

Ashworth PD, Giorgi A and Koning AAJJ (Eds) (1986). *Qualitative Research in Psychology*. Duquesne University press, Pittsburgh PA.

Cresswell JWC (1994). *Research Design: Qualitative and Quantitative Approaches*. Sage.

\*Cresswell JWC (1998). *Qualitative Research: Choosing among the five traditions*. Sage.

\*Denzin N K & Lincoln Y S (Eds), (1998) *Collecting and Interpreting Qualitative Materials*. London: Sage

\*European Journal for Qualitative Research in Psychotherapy (online [www.europeanresearchjournal.com](http://www.europeanresearchjournal.com))

\*Finlay, L and Evans, K (2009) *Relational Centred Research for Psychotherapists: exploring meanings and purpose*. Palgrave Macmillan.

Garfields SL and Bergin AE (Eds) (1986). *Handbook of Psychotherapy and Behaviour Change* (3rd edit). Wiley, New York.

Greenberg, L S & Dompierre L S. (1981)  
Specific Effects of Gestalt Two-Chair Dialogue on  
Intra psychic Conflict in Counselling,  
*Journal of Counselling Psychology*, Vol. 28(4); pp288-294

Greenberg L S (1986) Change Process Research, *Journal of Consulting and Clinical Psychology*, Vol. 54 (1); pp 4-9.

Ivey A E, Ivey M B & Simek-Morgan L (1993)

Counselling and Psychotherapy. A Multicultural Perspective (3rd Edition). Boston: Allyn & Bacon

Kuhn TS (1970). The Structure of Scientific Revolution (2nd Edit). University of Chicago Press, Chicago.

Lago C & Thompson J (1996) Race, Culture and Counselling.  
Buckingham: Open University Press  
Lewis-Beck MS (Ed) (1993). International Handbook of Quantitative Applications in the Social Sciences (Volumes 1-6). Sage.

Mahoney MJ (1991). Human Change Process. Basic Books, New York.

McLeod J (1994) Doing Counselling Researching.  
London: Sage

McLeod J (1998) Narrative and Psychotherapy.  
London: Sage

\*Moustakas C (1990). Heuristic Research: Design, Methodology and Application. Sage.

Moustakas C (1994). Phenomenological Research Methods. Sage.

Reason P (1994). Participation in Human Inquiry: Developments in New Paradigm Research. Sage.

Rice LN and Greenberg LS (Eds) (1984). Patterns of Change: Intensive Analysis of Psychotherapy Process. Guildford, New York.

Safran JD & Greenberg LS (1998) Integrating Psychotherapy  
Research and Practice:  
Modelling the Change Process,  
*Psychotherapy*, vol 25(1); pp1-17

#### Philosophical Texts

\*Capra F (1982) The Turning Point  
London: Fontana

Gilbert N (1993) Researching Social Life. London: Sage

\*Gordon C (Ed) (1980) Michael Foucault: Power/Knowledge  
New York: Harvester Wheatsheaf

Hughes J (1990) The Philosophy of Social Research 2nd Edition

- London: Longman
- Kuhn T (1970) The Structure of Scientific Revolutions  
Chicago: University of Chicago Press
- Popper K (1972) Conjecture and Refutation: The Growth  
of Scientific Knowledge  
London: Routledge and Kegan Paul
- Sawicki J (1991) Disciplining Foucault: Feminism,  
Power and the Body.  
London: Routledge
- Smith P B & Gold J R (1993) Social Psychology Across Cultures  
New York: Harvester Wheatsheaf
- Tarnas R (1991) The Passion of the Western Mind.  
London: Pimlico
- Unger R & Crawford M (1992) Women and Gender: A Feminist  
Perspective  
New York: McGraw Hill

# **APPENDIX 1**

## **Clinical Supervision**

### 1 Definition

Clinical supervision may be described as a kind of meta therapy (Gilbert M & Evans K 2000) The supervisor's client is neither the supervisee nor the supervisee's client but the relationship between them. A clinical supervisor assists the trainee to explore the therapeutic relationship with a view to developing their therapeutic competence and with regard to the well being of the child.

2 Over the 18 month period of training there is a minimum requirement of 60 hours Clinical Supervision. 150 hours of enrolled on the four year programme. Trainees are required to present clients for supervision within four weeks of the end of the first training workshop when the outline of the model is presented.

3 Trainees should acquire 200 supervised client contact hours prior to submission of the research case study. 450 hours of enrolled on the four year programme.

4 The financial cost of meeting the minimum requirements for Clinical Teaching Supervision are not included in the programme fees. A trainee will make their own arrangements for the payment of supervision fees direct to their Clinical Supervisor.

5. A Clinical Supervisor acceptable to Eurocps will have likely met the following criteria:

a Completed a professional training in psychotherapy and also have extensive experience of working with children and young people.

b Be accredited by a national regulatory body (statutory or voluntary). As a general guide accreditation with EAP or one of its European Wide Schools is considered a competent standard in Europe.

- c Completed an established and/or recognised training course in Clinical Supervision.
- d Abides by a Code of Ethics and Professional Practice that is compatible with the Code of Ethics of the European Centre for Psychotherapeutic Studies

**6 Contact between the Clinical Teaching Supervisor and Programme Director**

- a The Clinical Supervisor will forward to the Programme Director a report on a trainee's professional and ethical practice within 8 weeks of the end of the final training workshop.
- b. Trainees need to copy this appendix and the Clinical Supervisors Report below and hand it to their Clinical Teaching Supervisor at the commencement of supervision.

# Report of Clinical Teaching Supervisor

NAME OF TRAINEE : \_\_\_\_\_

:

---

Has the trainee completed the minimum 60 hours clinical supervision?

Yes  No

Number of clinical teaching supervision hours completed by final training workshop

Comments:

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

## 1. Therapeutic Skills

Supervisees ability to:

- .1 Assess child's suitability for psychotherapy/psychotherapeutic counselling
- .2 Formulate and apply appropriate therapeutic Interventions
- .3 Establish and work with the therapeutic relationship
- .4 Manage the termination of therapy, planned and premature endings

## 2. Reflexive Practice

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

3.. **Management of Clinical Practice**

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

4. **Communication & Presentation**

- 4.1 Engage confidentially in communication with professional e.g., therapists, doctors, social workers, teachers, significant other professionals who may be involved.

5. **Context of Professional Practice**

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

6. **Responsibility**

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

It is the trainees responsibility to ensure their supervisor is given this form at the commencement of supervision. We kindly request the supervisor complete and return the form to the Programme Director within 8 weeks of the completion of the final workshop of the training programme. Please discuss the content of your report with the trainee

*Thank you for completing this form*

Name of Supervisor

---

Signature

Date

---

Name of Candidate-in-  
Training

---

Signature

Date

---

## APPENDIX 2

### Personal Therapy

***Trainees are required to make a copy of this appendix and give it to their therapist.***

1. Personal development is fundamental to training as a psychotherapist/psychotherapeutic Counsellor.
2. Trainees are required to be in personal therapy for the duration of the training (minimum 18 months) programme and on a regular weekly basis. Trainees will make their own arrangements for payment of personal therapy fees direct to their therapist. 160 hours if enrolled on the four year programme.
3. Trainees will receive personal therapy from a psychotherapist who has completed a minimum of 4 years post graduate training and will normally be registered with their national regulatory body (statutory or voluntary). EAP accreditation or accreditation with a European Wide School within EAP is considered a competent level. Trainees are required to inform the Programme Director in writing of the name of their therapist at the commencement of the programme.
4. Personal therapy will facilitate trainees to:
  - relate significant aspects of theory to their own personal development.
  - develop sufficient insight as to make assessment of their own personal history and current level of functioning.
  - relate personal insights to clinical practice which is particularly relevant to the understanding of the transference.

Personal therapy requires a willingness to be open and vulnerable to an awareness of self and others. This is observable during workshops. Personal growth is also the focus of the Personal Development Profile and Personal Learning Journal.

The high level of personal and professional responsibility when working with children and young people is a given. If a trainee fails to meet the requirement of ongoing personal therapy e.g., frequent long gaps in attendance without satisfactory explanation, terminating therapy, or simply not turning up for therapy sessions, the Programme Director would reasonably expect to be notified of such by the therapist in a brief written statement confined to a about attendance/absence. It is a condition of the training at Eurocps that trainees acknowledge and accept this.

## APPENDIX 3

### Programme Director Training Report

It is the responsibility of the programme director to record the status of the clinical obligations below:

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

Clinical Practice  **yes**  **no**

Clinical Training Supervision  **yes**  **no**

Clinical Case Study  **yes**  **no**

Other (please state)

Trainee successfully completed training programme

**yes**  **no**

Comments (if any):

If a trainee has completed the training workshops but not all the coursework requirements please state what work is outstanding:

If a trainee has completed the training workshops and all the coursework requirements but not the clinical obligations ( personal therapy, clinical practice hours, supervision hours, Mental Health Placement) please state what is outstanding:

## **APPENDIX 4**

### **Mental Health Placement**

1 Trainees with little or no experience of working in a psychiatric setting may be required to complete the Mental Health Placement Course before submission for final clinical evaluation at the end of training.

1.1 The Mental Health Placement Course has two components:

- Placement of Observation
- Completion of a theoretical workshop (1x3 days) on aspects of Modern Psychiatry specific to children and young people

2 Placement of Observation

2.1 The placement of observation is intended to be an introduction to services provided by the Public/Voluntary Sector.

2.2 The placement may be completed in a short block or spread over three months and is the equivalent of five full days.

3 Completion of Theoretical Workshop

3.1 This workshop will be facilitated by a member of the mental health profession.

Areas covered in the workshop may include:

- Historical developments in mental health treatment of children and young people
- Neuroscience
- Pharmacology in relation to psychotherapy
- Diagnosis and assessment

3.2 Trainees will submit a report on the mental health placement prior to the submission of the research case study.

4 Funding the Mental Health Placement Course

4.1 It is not possible to budget the cost of the theoretical

workshop because the number of trainees needing to complete the Mental Health Placement will vary from year to year.

4.2 The fee for the theoretical workshop is not included in the programme fees.

## 5 Aims of the Mental Health Placement

- To achieve a basic knowledge of current mental health practice in order to assist children and young people who have been, or may be, users of the Mental Health System.
- To gain knowledge of administrative procedures for referral.
- To develop an ability to communicate with Mental Health professionals.
- To become familiar with psychiatric assessment and a range of treatment practices.

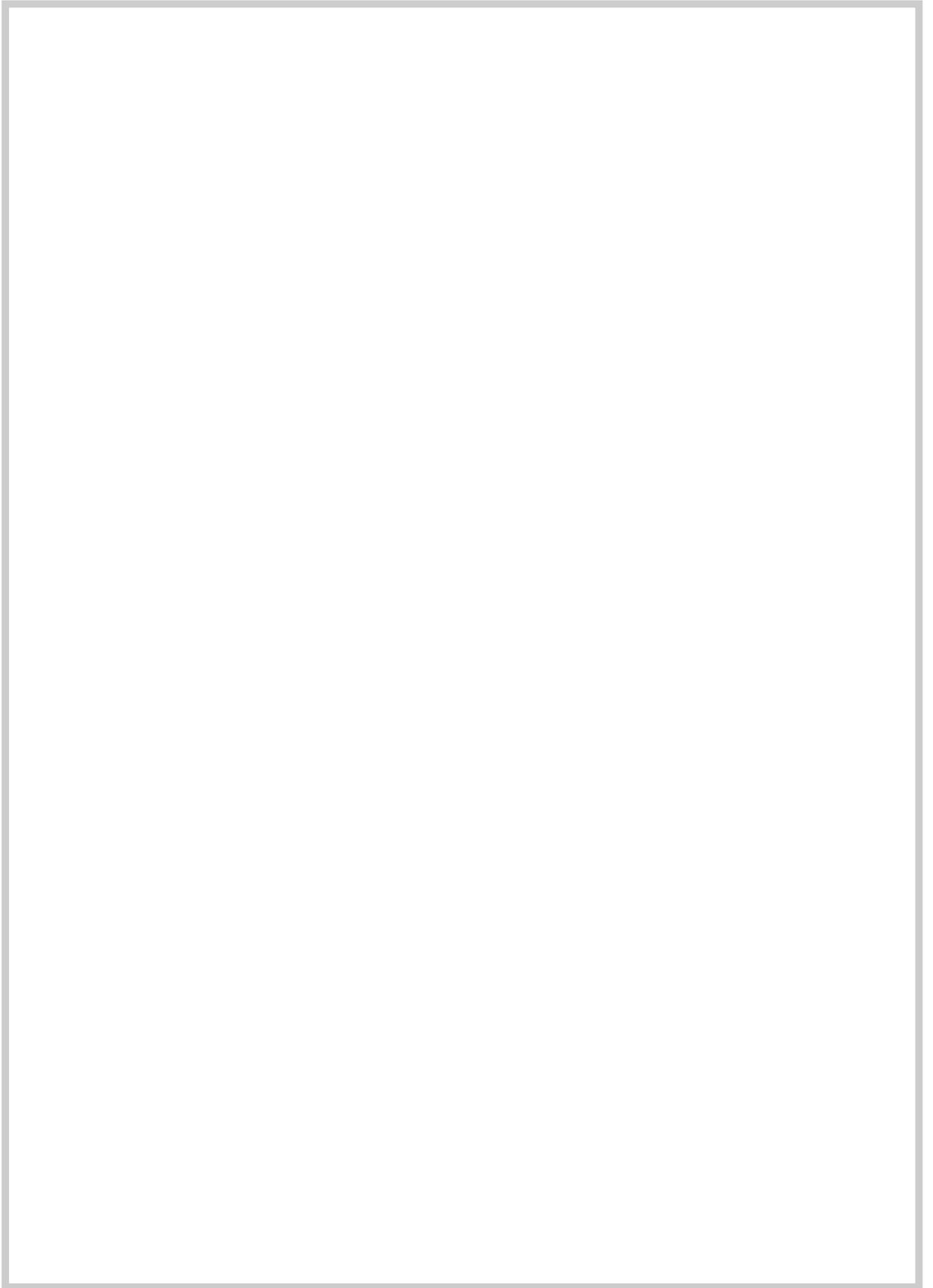
**Appendix 4a**

# Mental Health Placement of Observation Report by Trainee

**NAME of TRAINEE:** \_\_\_\_\_

Please write below ways in which the placement has supported your development as a therapist working with children and young people.

(Continue on reverse side and on additional sheet if necessary).



## APPENDIX 5

### Workshop Evaluation

Psychotherapy training with children and young people will always be evolving. We would appreciate your help in completing this evaluation and hope you will find it a reflective learning experience. If you so choose this form can be completed anonymously.

Title of Workshop .....

Date of Workshop

Name of Trainer(s) .....

Please write brief comments in the following areas:

#### 1. Contact

Please comment on the quality of your contact with:

- Yourself:

- Peers:

- Tutors:



### 3. Personal Challenges

What personal challenges have emerged during the workshop:

### 4. The Future

Identify future directions in your personal therapy that will assist your professional development:

### 5. Tutor Support

Please comment on your experience of the workshop tutor in the following areas:

- Teaching
  
  
  
  
  
  
  
  
  
  
- Supervision
  
  
  
  
  
  
  
  
  
  
- Level of support and challenge



## APPENDIX 6

### Trainee Assessment Requirements

#### Submission of Course Work

Course work needs to be submitted by certain dates which will be established at the commencement of each workshop of the programme.

Each workshop assessed is assessed either through oral presentation (individual or small group) or more usually written project/essay. Essays/written projects for a workshop will contain an essay title relevant to workshop's Training Outcomes.

It is only possible to extend the deadline for submission of written course work with the agreement of the Programme Director. A special form is provided for this purpose. **A trainee is required to demonstrate extenuating circumstances before an extension is agreed.** The form can be photocopied from this Trainee Handbook and must be returned after for agreement by the Programme Director. Please ensure you complete any written request at least 7 days before the deadline.

Late submissions carry a financial penalty of 75 euro. This is because tutors set time aside to evaluate essays and late submissions play havoc with a tutors professional schedule.

#### Course Work Evaluation

The tutor will keep a marking note by inserting numbers, 1, 2, 3 etc., on the pages at relevant points. On a separate sheet of paper the tutor will enter written comments alongside each number. The written comments will be fixed to the essay along with an Assessment Form which will contain the marker's evaluation and the assessment of a second marker (where appropriate). A sample of course work will be forwarded to a second marker. This sample will include course work graded A, course work graded E and below and some grades from the middle range.

#### **Essays, Training Outcomes and Assessment Criteria**

From an assessor's point of view, the quality of response to the essay title will be determined by how well a trainee meets:

The training outcomes associated with the relevant Workshop and

the assessment criteria which are associated with the method of assessment

### **When writing coursework it is important to be critical**

A frequent way in which a trainee can under achieve is by failing to assess the information they have about a theory or opinion. If you are asked to critically evaluate Jung's theory about dreams then that requires more than simply describing his theory about dreams. If you simply write down all you know about his theory, with no attempt to evaluate, then you will get a poor mark. When evaluating any theory you must ensure you give the pros and cons, and not just the pros , or just the cons. Always point out the limitations and problems with a theory. This can be achieved by reading the critics and alternative theories. You will gain marks for doing this.

## Self Assessment Criteria for Essay Work 6a

	A	B	C	D	E	F	F-	I	NR
1. Issues in the title are addressed in a lucid, relevant, rigorous and coherent way.									
2. The work is well structured, themes/ideas/issues developed in logical and consistent way.									
3. Evidence of personal experience and views.									
4. Reading of relevant literature.									
5. Synthesis of personal insight, theory(ies) and practice.									
6. Use and accuracy of references and quotations.									
7. Clear use made of appropriate concepts, theories, models, to analyse own and others' experience and to explore issues analytically and critically.									
8. Awareness of the influence of self and others' values and beliefs on ideas and practice.									
9. Clear distinction between evidence and opinion.									
10. Original ideas, connections, developments are demonstrated.									
11. Awareness of cultural/political contexts of theories, beliefs and practices.									
12. Further implications of the issues are indicated, which there may not have been space to develop.									
13. Conclusions drawn in a way that enables reader to appreciate why their conclusions are reached. May include further issues which have been raised.									

- A = Excellent in most all respects  
 B = Generally very good but with some defects  
 C = Good, generally sound but a number of notable defects  
 D = Satisfactory but with a number of significant shortcomings  
 E = Unsatisfactory, some serious shortcomings  
 F = Very poor standards/very little merit  
 F- = Exceedingly poor/very little of merit  
 NR = Nil response/work not attempted/nothing of merit

Please read carefully the Training Outcomes for the workshop.  
 This self assessment form should be submitted with the course work.  
 NB. The formal assessment is the responsibility of the marking tutor and external assessor.

## Trainer Assessment Criteria For Essay Work 6b

	A	B	C	D	E	F	F-	I	NR
1. Issues in the title are addressed in a lucid, relevant, rigorous and coherent way.									
2. The work is well structured, themes/ideas/issues developed in logical and consistent way.									
3. Evidence of personal experience and views.									
4. Reading of relevant literature.									
5. Synthesis of personal insight, theory(ies) and practice.									
6. Use and accuracy of references and quotations.									
7. Clear use made of appropriate concepts, theories, models, to analyse own and others' experience and to explore issues analytically and critically.									
8. Awareness of the influence of self and others' values and beliefs on ideas and practice.									
9. Clear distinction between evidence and opinion.									
10. Original ideas, connections, developments are demonstrated.									
11. Awareness of cultural/political contexts of theories, beliefs and practices.									
12. Further implications of the issues are indicated, which there may not have been space to develop.									
13. Conclusions drawn in a way that enables reader to appreciate why their conclusions are reached. May include further issues which have been raised.									

- A = Excellent in most all respects
- B = Generally very good but with some defects
- C = Good, generally sound but a number of notable defects
- D = Satisfactory but with a number of significant shortcomings
- E = Unsatisfactory, some serious shortcomings
- F = Very poor standards/very little merit
- F- = Exceedingly poor/very little of merit
- NR = Nil response/work not attempted/nothing of merit

## Personal Learning Journal 6c

(Please read trainee handbook for further details)

	Satisfactory	Unsatisfactory
Reflection on the course experience in terms of thoughts, feelings and behaviours		
Sets learning objects and monitors the extent to which these are achieved, noting factors which affect outcome		
Evaluation of the development of attitudes, values, knowledge and skills		
Exploration of personal and professional changes		
Willingness to share his/herself spontaneously		
Commit to personal growth and development		

## Personal Development Profile 6d

	A	B	C	D	E	F	F-	I	N R
1. Ability to set, review and evaluate specific personal development objectives.									
2. Awareness of Self in relationship and the quality of contact with:									
Self									
Peers									
Staff									
Clients									
Significant Others									
3. Level of participation in the course, including group process.									
4. Ability to recognise relevant issues of significance in personal work.									
5. Ability to related personal development to professional practice.									
6. Ability to chart future directions in personal work.									
7. Written work demonstrates a high level of commitment to personal work.									

- 
- A = Excellent in most all respects  
 B = Generally very good but with some defects  
 C = Good, generally sound but a number of notable defects  
 D = Satisfactory but with a number of significant shortcomings  
 E = Unsatisfactory, some serious shortcomings  
 F = Very poor standards/very little merit  
 F- = Exceedingly poor/very little of merit  
 NR = Nil response/work not attempted/nothing of merit

## Research Case Study Assessment 6e

Trainees Name: \_\_\_\_\_

Literature search

Capacity to critique research method

Ability to formulate the child's issues/problems in terms of relational developmental theory:

Clarity, precision, timing and effectiveness of intervention:

Range, flexibility and creativity of therapist's approach:

Quality of contact between therapist and child, including awareness and availability of therapist's own process:

Awareness of ethical considerations and limits of own competence:

Anticipation and predictions of the therapy process:

Knowledge of significant aspects of relational developmental Theory:

Numerical grade .....Letter grade.....

**Extenuating circumstances/request for extension Form 6f**

*Must be completed and sent to Programme Director at least 7 days before deadline.*

---

Name .....

Workshop assignment.....

---

**Nature of circumstances:**

(with supporting evidence)

---

Workshop subject	Assignment	Programme Director Signature	Due Date	Revised Due Date
------------------	------------	---------------------------------	----------	---------------------

---

...../...../...../...../.....

**Authorisation** - to be signed by Programme Director

Agree/Disagree (please delete as appropriate)

Signature.....

Date.....

## **Tutorial Support**

Trainees live at a considerable distance from Eurocps base in France. Tutorial support is provided individually online and to the training cohort during a workshop.

It is part of the culture of relational based psychotherapy training to encourage trainees to discuss tutorial issues within the training group as a whole. Specific issues to do with course requirements, essay titles and so on are shared concerns such that the group as a whole can benefit when such issues are brought to the attention of the group. However, there will be certain issues to do with coursework requirements that are best dealt with in the confidence of a one-to-one online tutorial. Even so, discussions originating in a one-to-one tutorial may, with the consent of the trainee and trainer, be of benefit to the whole group.

Workshops often provide an opportunity to discuss the various coursework requirements attached to a particular workshop, Trainees can also be requested this. A period of time may be set aside during a workshop for discussing the requirements of essay/writing projects and trainees are encouraged to enter into a collaborative process through the formation of online writing support groups.

Tutors will discuss the research case study with the trainee cohort during a workshop. Furthermore trainers will facilitate a trainees research case study preparation up to 3 individual tutorials. Thereafter a fee may be charged.

## **Appendix 8**

### **Ethical Guidelines for Research In Psychotherapy**

*The content below is taken from an original UKCP Ethical Committee Report 'Ethical Guidelines for Research' (July 1997) and updated.*

#### **Introduction**

The training programme at Eurocps promotes the notion of the psychotherapist as a 'reflexive practitioner'. Research in psychotherapy raises a number of ethical issues and dilemmas and the guidelines are an attempt to meet the need for guidance in this area. They are not meant to be read as mandatory.

#### **Guiding Principles**

There is a duty to measure and assess the effectiveness of psychotherapy. This duty extends to clients, fellow professionals and the wider society. Research can help to establish the relative benefit of psychotherapy to clients and help to determine which therapy might be most effective for particular needs. Our obligation to the wider society includes a professional commitment to be engaged in an activity which can be shown to be worthwhile.

Any research activity undertaken within Eurocps must be supervised from the commencement of the research to its conclusion. The supervisor should be knowledgeable of research issues and psychotherapeutic practice. Specifically, the supervisor will ensure that:

1. Ethical approvals for the course have been secured.
2. Informed consent has been secured.
3. All reasonable steps have been taken to safeguard confidentiality.
4. Potential risks to research subjects/research participants are identified, assessed and recorded together with any specific measures taken to reduce potential risks.
5. Appropriate support systems are established.

The supervisor has a responsibility to ensure that any significant changes to a research course have been properly approved.

## **Definitions**

### Research

Research refers to both process and outcome studies, for example which form of therapy might be most beneficial for which type of person or problem? The significance of the therapeutic relationship to outcome? Outcome studies of different therapeutic modalities. Ethical considerations may differ, to a greater or lesser extent, between different types of research activity. Generally speaking, research will refer to the detailed investigation of therapeutic practice with a particular purpose or goal.

### Preliminary Considerations

1. Is the purpose of the research clearly articulated?
2. Has a hypothesis been clearly formulated or an exploratory question clearly formulated?
3. Has the data required been defined?
4. Has the methodology been identified together with its possibilities and limitations?
5. Have the methods of analysing the data been identified?
6. Has the possible impact on the client been carefully considered and potential risks identified?

Qualitative and Quantitative approaches need to be critiqued and with specific reference to the limits of their validity.

### Cultural Context

Those engaged in research are encouraged to check out the draft protocol of any research investigation, the questions to be asked or other instruments, with members of relevant groups in order to ensure that they have sufficient knowledge of what may or may not be acceptable to others. Relevant groups may be considered with regard to gender, sexuality, age, race, ethnic origin, religion etc. Specifically it may be useful to check out what could be overtly or covertly judgmental of others.

### Informed Consent

In order for consent to be considered informed and freely given a client should be informed of:

1. The purpose of the research.
2. How they will be involved, i.e. filling in a questionnaire, interview, tape/video tape.
3. What steps will be taken to protect their identity.
4. Will their identity be known to anyone other than the therapist and if so, whom?

5. Will any other person have access to personal information other than the therapist? If so, whom?
6. Arrangements to secure all records relating to the client and information as to what will happen to all records.
7. Procedures for withdrawing consent and for making complaints against the researcher.
8. Any possible negative impact upon them, for example re-living past traumas.

It is important to recognise that there is an inequality in the therapeutic relationship and that a client may feel obliged to adapt to the requests of the therapist by giving consent. The client should always be given adequate time to consider whether or not to be involved in any research investigation.

Clients should be informed clearly that if they decline to give consent to a research investigation the service they receive will not be adversely affected.

If a client is unlikely to be able to exercise consent freely then they should not be included in any investigation.

It is the responsibility of the research investigator to ensure that the client has enough understanding of the information required from an investigation before including the client in the investigation.

Where a research investigation continues for some time, then it may be appropriate to update client consent periodically.

***Any research investigation involving children must consider their ability to give consent and the research investigator should familiarise themselves with any relevant legislation.***

### Withdrawal of Consent

At the outset of any research investigation clients should be informed that they have an absolute right to withdraw their consent at any time and that they also have the right to require that data about them is destroyed. It is unethical to exert pressure to persuade a client to change their mind should they withdraw consent during the course of the research investigation. It is permissible to give additional information or explanation so long as this does not constitute pressure.

A client has a right to withdraw consent retrospectively and should be informed of their right to require that data regarding them is destroyed.

### Ownership of Information

Whatever the legal situation, moral ownership of personal information about any person belongs with that person.

Generally speaking it should be normal practice that clients are able to have access to research records about them.

When questionnaires are used to provide scores a client has a right to have the scores, and the significance of them, explained in an appropriate way.

Confidentiality applies to all investigations into the psychotherapy process and if confidentiality cannot be guaranteed then clients need to be informed of this prior to being asked to give consent.

The Data Protection Registrar in the UK has made it clear that information stored on computers is not to be used for any purpose other than that for which they were originally obtained. If the holder of such information requires it to be used for anything else or to impart such information to a third person, they must secure the client's written consent. This is a legal requirement.

A client who has taken part in a research investigation should be provided with the opportunity to be informed of the outcome of such investigation. Case notes used for the purposes of research without the client's specific consent is unethical.

### Explanations

All explanations of the nature of a research investigation (individual data, scores, results) given to clients involved in the investigation must be straight forward, be jargon free and not assume particular levels of knowledge. Simplicity of explanation must not be used to lead to a person's understanding of the significance of the

information being distorted. Explanations given after the event do not justify any unethical aspects of the research investigation.

*Use of Random Allocation Methods*

External advice should be secured as to whether to use any research investigation involving random assignment of clients to particular types of treatment.

*Colleagues*

A psychotherapist who believes that a fellow research investigator is conducting investigations which are unethical should confront that person and encourage them to re-evaluate their research investigation. Such re-evaluation should involve external assessment.

*Professional Collaboration*

Research investigators must not claim authorship for work not undertaken by them or for ideas not originating with them. All sources must be properly acknowledged. Any help given by other professionals to a research investigation should be acknowledged.



### Monitoring, Evaluation & Complaints

Occasionally data about clients may be used for the routine compilation of statistics regarding the provision of the service. Routine monitoring of this nature, while not strictly speaking 'research', nevertheless constitutes information provided by a client in connection with their therapy that is being used for purposes outside therapy. As such the client has the right to know that such statistics are being compiled. Clients have a right to know that in advance of entering into the therapeutic contract statistics may be so compiled.

As with monitoring, if a service is to be evaluated by requesting all or selected clients to complete questionnaires at the beginning or end of therapy, then a client should be aware that such questionnaires are being used for research and consent should be obtained.

Clients should be provided with an effective avenue of complaint if they believe that the research investigation has infringed their individual liberties or personal dignity. The person nominated to facilitate complaints must be independent of the research investigation.

## **APPENDIX 9**

### **Suggestions for Constructive Feedback**

#### **Giving Feedback**

- Focus on the positive giving positive first and last.
- Be descriptive rather than evaluative and judgmental.
- Refer to specific behaviour rather than general giving an example where possible.
- Begin with an 'I' statement –so that you own your feedback.
- When feedback is negative give the person time and space to explore an alternative, more positive behaviour.
- Ask yourself 'Why am I giving this feedback and thereby check out your motives.
- Feedback says as much about you as the other.
- Normally it is only helpful to give negative feedback about things which can be changed.

#### **Receiving Feedback**

- Listen to the feedback rather than immediately rejecting it.
- Consider checking it out with others rather than relying on one source.
- Be clear about what is being said.
- Avoid jumping to conclusions or being defensive. Remember feedback can be very useful.
- Listen and if it helps, repeat what the person has said to ensure that you have heard them clearly.
- Ask for feedback to be specific.
- If it isn't the right time for you to receive feedback say so and state a time when you can be more receptive to it.
- Decide what action you are going to take as a result of the feedback.
- Acknowledge and appreciate the person for giving you feedback.

## APPENDIX 9

### Psychotherapy Contract – An Example in Progress

#### Consent form

**Name of Psychotherapist:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Date** \_\_\_\_\_

- I keep short written notes on sessions. They are not identified by name and are stored securely.
  
- I may ask the child/young person and parent(s) permission to tape record the sessions. This will allow considered reflection on what has been discussed in a therapy session. This will only be done if both parent/s and the child agree. If the child or parents change their mind at any time, all recorded material will be erased.
  
- The sessions are confidential except under the following circumstances:
  1. From time to time I will discuss his/her work with my clinical supervisor, this is standard practice and helps me in my work. During supervision the family's identity will not be revealed. My supervisor is also bound by confidentiality.
  2. If there is a risk that the child/young person is at risk of harming him/herself or is at risk of abuse, I reserve the right to break confidentiality

in order to prevent harm. However, this would only be done in serious circumstances and I would always endeavour to discuss it with the child and parent(s) as the legal guardians, before taking this action(s).

3. Not all that is spoken between a child and myself is going to be shared with the parent(s). I will ask the permission of the child/young person before sharing information with a parent(s). Only in serious circumstances where I consider the child or young person's health and life is at risk will I break confidentiality, even if the child does not give his/her consent.
  4. If required by a court of law to give evidence I will do so.
- For the purpose of further accreditation and continuing professional development, I may submit written material of some sessions for evaluation. Any such written material will be disguised to protect the child/young person and the family's identity and will only be reviewed by clinicians bound by a Code of Ethics.
  - For successful outcome of the therapy, it is necessary for the parent(s) to attend sessions with or without the child from time to time.
  - Under no circumstances is the child obliged to attend therapeutic sessions against his/her will. In circumstances where the minor or the parent(s) think that they need to terminate therapy, they need to inform me so that a termination session is arranged.

Parent/s: I/We AGREE with the requirements written above

Please write name (s) in full

---

---

Parent's signature: \_\_\_\_\_ date

Parent's signature: \_\_\_\_\_ date

---

Child: I AGREE with the requirements written above

Please write name in full

---

Child's signature: \_\_\_\_\_ date

---

Psychotherapist's (trainee) name: \_\_\_\_\_

Psychotherapist's (trainee) signature: \_\_\_\_\_ date

---

\*Modified consent form taken from: Joyce, P. & Sills, C. (2001). *Skills in Gestalt Counselling and Psychotherapy*. London: Sage Publications

## **APPENDIX 10**

### **Intellectual Property Rights Of Trainees**

1. Trainees/Trainees of Eurocps have intellectual property rights over that which they create. The copyright for all trainee works (written projects, case studies, research projects, etc.) belongs to the trainee who originated the works.
2. Copyright signifies that the work may not be reproduced, adapted, exhibited or published without the explicit permission of the trainee.
3. It is a requirement of Eurocps that a copy of each research/written project must be lodged in the Eurocps library for reference purposes. Copyright still remains with the trainee.
4. It is a requirement of Eurocps that all samples of coursework sent to and/or requested by the external assessor be lodged at Eurocps for purposes of inspection by appropriate an external quality assurance agency. e.g. university, and/or any other relevant statutory or professional body.
5. It is a requirement of Eurocps that samples of coursework (Research Case Studies) submitted as part of final evaluation be lodged at Eurocps for purposes of inspection by appropriate an external quality assurance agency. e.g. university, and/or any other relevant statutory or professional body.
6. All above material lodged at Eurocps may be used for reference only purposes by trainee members and graduate members of Eurocps. All such material that is considered confidential will be kept in secure conditions and access will be under strict supervision.

## **APPENDIX 11**

### **Outstanding Debts**

In the event that a trainee has outstanding debts to Eurocps in the form of training fees or other debts such as charges relating to loss of, or damaged to Eurocps property, then Eurocps will normally withhold the results of the trainee's assessments with the effect that the trainee will not gain the related credits and will not be deemed to have satisfactorily completed the relevant year or be entitled to receive an award pending discharge of the debts.

## **APPENDIX 12**

### **Attendance Requirements**

The psychotherapy programme at Eurocps requires a minimum number of training hours for purposes of completion for an award. The Diploma programme is designed to meet these minimum hours so 100% attendance is required.

In the event that a trainee misses a workshop, or part thereof, then this workshop will normally have to be repeated at some stage. This means that the credits associated with the coursework for the missed workshop cannot be assigned to the trainee until both the workshop and coursework are satisfactorily completed. Upon completion the credits for the workshop can be assigned.

Normally trainees will not be able to continue in training if they have missed more than two workshops.

## **APPENDIX 13**

### **DUAL RELATIONSHIPS**

Eurocps requires that with regard to all aspects of therapy practice the following relationships are disallowed:

- therapist/trainer
- therapist /supervisor
- therapist/assessor

The Humanistic and Integrative Section of the United Kingdom Council for Psychotherapy articulate the following reasons for separating out the psychotherapeutic relationship from other relationships which are primarily oriented towards therapy training, supervision and training:

- To prevent an undermining of the power and self-authority of the client through a disproportionate balance of power in the relationship due to the therapist also being the client's trainer/supervisor/assessor which could, in extreme circumstances lead to a potential abuse of power on the part of the therapist.
- To provides a clear boundary around the client/therapist relationship with the purpose of protecting the possibility for depth relationship work, and to help provide safe conditions for working with transferential and subtle energetic material within the field of the relationship.
- To protect the therapeutic relationship from unnecessary pressure, demand and influence caused by the tension inherent in holding two or more roles which involve different tasks.
- To protect the integrity of the discreet relationships involved.
- To encourage authenticity and appropriate challenge in each domain of training, supervision, examination and the psychotherapeutic relationship.
- To provide clarity when working with relationships and tasks which are intrinsically interrelated and potentially capable of becoming confused and /or enmeshed (for example,

there are supervision processes implicitly present within trainer/trainee relationship).

- To encourage commitment and integrity in trainers, supervisors, assessors and therapists by their taking responsibility for their own relationship to the power of their position.

## APPENDIX 14

### Standards of training and curriculum content of the European Centre for Psychotherapeutic Studies for the award of Diploma in Psychotherapy with Children & Young People.

This section contains the standards of training and core curriculum agreed by senior associates of Eurocps as the minimum required for competent practice as a psychotherapist working with children and young people. These standards will be subject to ongoing critical reflection and periodic revision in the light of new developments in the field.

For a period of seven years, Eurocps may register those members who work with children and young people through grandparent procedures (subject to the published grand parent and APEL procedures). However in the line with developments in several European countries the following training standards take effect from December 1<sup>st</sup>, 2007 for those who want to work with children and young people.

Please note the standards of training have been specifically designed for *qualified* psychotherapists (Masters degree or equivalent or NVQ level 6/7+) and *qualified* psychotherapeutic counsellors (equivalent NVQ level 6) who are already working with Adults and who wish to complete a training programme to equip them to work with Children and Adolescents. The Eurocps Diploma programme that translates and delivers the standards below is normally run over 18 months.

#### **1. Eurocps: Ethics and Professional Practice Issues**

- 1.1 Eurocps promotes non-discriminatory practice in terms of race, culture, religion, gender, sexual orientation and disability, which permeate all aspects of the Child's life, and with regard to the experience of children and young people in the context of the wider field, including socio-political and ecological issues which impact and influence their lives.
- 1.2 Eurocps has a published equal opportunities policy that aims to ensure that no candidate-in-training, or any applicant receives less favourable treatment on grounds that cannot be shown to be justified.
- 1.3 Eurocps recognises and respect the individual human rights of the child including the right to self-determination, within the

context of their need for safety, protection and care and in accordance with the law relating to Child Protection and the rights of parents and carers.

- 1.4 Eurocps recognises and acknowledges the need to value the validity of a child's subjective experience and appreciates that their creative adjustments are their best possible 'way of being', in the circumstances. This may, and frequently does, manifest in ways that are challenging and difficult for others. Eurocps acknowledges the child alone is rarely, if ever, the sole problem.
- 1.5 In light of the above 1.4 Eurocps seeks to teach ways and means to provide the support and conditions for the child to access 'frozen' developmental needs and 'kick - start' the developmental momentum.
- 1.6 Eurocps encourages and promotes awareness of power issues in the therapeutic relationship; the nature of the clinician's own process, conscious and unconscious, with regard to dependency and vulnerability of the child's physical emotional and psychological needs.
- 1.7 Eurocps recognises and encourages the development of the capacity for reflexive practice including the maturity to recognise when the therapist should seek other professional advice and support .
- 1.8 The Eurocps programme will enable the clinician to identify and work with at a level consistent with the child or young person's experience and development.
- 1.9 Eurocps supports and challenges the psychotherapist to work to develop their skills and resources to engage realistically with the child or young person's life situation and to realise their potential.
- 1.10 Eurocps is highly committed to promoting multidisciplinary work with children, along with the urgent necessity for improving inter and intra-professional dialogue, cooperation and collaboration.

1.11 Eurocps requires that candidates address issues of personal development in their training through **individual** personal therapy for a minimum 40 sessions during the 18 month programme.

## **2. ENTRY REQUIREMENTS**

2.1 Given that candidates-in-training will already be practising psychotherapists/psychotherapeutic counsellors they will have already demonstrated they possess a stable personality able to sustain a therapeutic relationship. In addition they must possess an appropriate emotional warmth and competency in relation to children and have the capacity to identify and contain personal issues arising from engaging in therapeutic work with children.

2.2 A personal life compatible with the value base and professional ethics of a relational developmental model.

2.3 Entry to training is at **post qualification** level so candidates will have already demonstrated a level of education that should support candidates to cope satisfactorily with the academic demands of the training programme.

2.4 If there is any uncertainty about a candidate's academic capacity for training then Eurocps procedures for the accreditation of prior experiential learning (APEL) and prior learning (APL) can be applied.

This can include provision of a candidate's CV, a portfolio of relevant work with children, formal and informal education, and references from an appropriate person(s). In addition, a written project of a minimum 2,000 words relating to psychotherapy may be required by the course.

2.5 A minimum two References

2.6 Enhanced police check (current and clear)

*Interview(s) must be conducted by senior teaching associates of Eurocps who will pay particular attention to the completion of APL and APEL forms if claims for credit are being made as a means of entry to the programme.*

### 3. CORE CURRICULUM

The core curriculum is intended to support trainees to achieve a clear grasp of the relational developmental model underpinning the practice of child psychotherapy, as understood and practised by Eurocps, from assessment to termination. The curriculum will be subject to change subject to periodic review and revision in the light of developments in the field.

3.1 Eurocps provides training and development in child psychotherapy only to graduate psychotherapists (and psychotherapeutic counsellors) who already have clinical experience in working with adults. Areas of knowledge and understanding are conceptualised within four containing themes delivered over a minimum of 18 months.

- The World of the Child

Under this broad theme an introductory 5 day workshop will provide an overview of the core assumptions of a relational developmental approach to child psychotherapy including:

- Pre birth and birth transition
- Creative adjustments via pre verbal attachment patterns
- Life Script cognitive closure
- Interpersonal relations seeking repetition and/or reparation
- Theory of change from a relational developmental perspective

- The World in the Child

Under this broad theme we critically reflect on child – environment relations with particular regard to the impact of the wider field

- Family, Community and School
- Special Educational Needs, Emotional, Social & Behavioural Difficulties
- Mental Health issues
- The Child in the World

Under this broad theme we critically evaluate in greater depth the intrapsychic and interpersonal functioning and dysfunctioning of the child as they find a 'way of being' or creative adjustment in their world with particular emphasis on

- Attachment theory

- Theories of Child and Adolescent Development
- Shame and Envy
- Neuroscience
- Protecting the Child in the World

Under this broad theme we critically reflect on

- Assessment/Risk Assessment,
- Diagnosis
- Child protection legislation
- Interdisciplinary and Multi-agency Working with emphasis on appropriate procedures and protocols for information sharing
- Supervision
- Anti oppressive practice

3.2 Training is at post qualification level, that is, admission to the programme requires the candidate already be a practising Psychotherapist and/or Psychotherapeutic Counsellor with adults. Training shall not normally be shorter than 18 months part-time, requiring 200 hours of clinical experience prior to submission of the research case study and a minimum 60 hours of supervised practice. The candidate-in-training must be engaged in clinical practice with children/young person *during* the 18 months training programme. In this way the programme will run in parallel with clinical experience and thus support the integration of theory and practice.

3.3 Trainees are required to undergo their own personal therapy of a minimum 40 hours over the 18 month training programme, irrespective of previous therapy undertaken. This is considered a fundamental ethical requirement, given that the curriculum and accompanying training experiences will stimulate and re-stimulate past and current personal issues.

3.4 The training programme is organised around the major components of psychotherapy education: personal therapy, clinical practice, supervised practice, theoretical knowledge and understanding.

3.5 The Training programme adheres to the EUROCCPS Code of Ethics and Professional Practice.

3.6 The rights of students are safeguarded through:

- Euroccps procedures and processes of quality assurance

- Eurocps Complaints Procedure
- Eurocps Grievance procedure
- Eurocps Equal Opportunities Policy.

3.7 Trainees and staff are required to familiarize themselves with the Eurocps Health & Safety Policy and Procedures.

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