



**The British
Psychological Society**
Awards & Qualifications

Qualification in Counselling Psychology *Candidate Handbook*

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Qualifications Office

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1. Welcome

Welcome to the British Psychological Society's Qualification in Counselling Psychology (QCoP). We very much hope that you will find your period of enrolment a fruitful and fulfilling time.

This *Candidate Handbook* is designed to supplement the *Regulations for the Society's Postgraduate Qualifications* which you should read carefully and adhere to at all times. It will provide you with full details of the QCoP, including the competences which you will be expected to develop and the methods by which you will be assessed. It also includes information about the key people you will have contact with during your enrolment and important dates for you to note (such as when to submit your work and register for assessments). If there is any aspect of your training about which you are still unclear after reading both this *Candidate Handbook* and the *Regulations* you should approach your Co-ordinating Supervisor (CS) for further information.

This *Candidate Handbook* and other important information about the QCoP can be accessed by visiting the QCoP webpage. All forms and documents referred to in this Handbook are available to download from this web page. It is your responsibility to check these web pages regularly for the most up-to-date information about the QCoP.

2. Introduction to the Qualification in Counselling Psychology (QCoP)

2.1 Background

Counselling psychology is a distinctive profession within psychology with a specialist focus, which links most closely to the allied professions of psychotherapy and counselling. It pays particular attention to the meanings, beliefs, context and processes that are constructed both within and between people and which affect the psychological well-being of the person.

Counselling psychology is embedded in the discipline of psychology and concerns itself with applied areas of psychological work, which overlap with the provinces of psychotherapy, clinical psychology, counselling and psychiatry. Counselling psychology is situated at the interface between scientific and clinical enquiry. It derives insights about psychological functioning from the study of the full range of human life, including those which manifest in clinical practice, whilst being open to influence from complementary perspectives. Although it is informed by scientific investigation, it also derives knowledge from sources of insight into the mind and subjective human experience that are based on evolving paradigms. In this way counselling psychology can contribute to the pursuit of psychology in general.

Counselling psychology emphasises the exploration of the meaning of events and experiences, especially emotionally. Therefore, counselling psychologists focus on people's mental representations of events, and the particular significance of these for relationships with themselves and with others. This view opens up a wide range of philosophical and theoretical questions for psychologists both pure and applied and entails diverse approaches to research and inquiry. Whilst acknowledging the diversity of effective therapeutic approaches, counselling psychologists will seek to demonstrate a coherent integration of theory, practice and inquiry.

More specifically, counselling psychologists recognise the pivotal role of intersubjective experience and collaborative formulation between those participating in deriving understanding and approaches to people's psychological distress, which is often profound. As a vital balance to these intersubjective experiences, counselling psychologists emphasise the value of maintaining external consultation with experienced members of this and related professions, for their ethical and clinical sensitivity. This stance is embodied in the notion of the reflective practitioner, emphasising the joint creation of meaning within the therapeutic alliance.

Counselling psychologists bring aspects of themselves to this shared enterprise, which are derived both from their training and their wider knowledge. This personal history is combined with an explicit use of psychological theories to analyse the process of a particular therapy or counselling situation. This partly differentiates counselling psychology from psychological therapies practised by non-psychologists.

In addition to the links to the parent discipline, counselling psychology is informed by a number of philosophical stances underlying issues of development and change. There is a particular focus on the wide range of human psychological functioning across the life span, which leads to a consideration of ways of addressing developmental obstacles and promoting developmental change. Related areas of inquiry remain concerned with the social and cultural context within which human development occurs.

Within psychology generally there are many distinct views of human beings and a range of methods by which these views may be researched. These distinctive theoretical stances concerning the nature of a person can inform each other through the insights developed in clinical work. Thus counselling psychology respects and incorporates insights from studies in the laboratory, from fieldwork and from clinical settings.

2.2 Overview of the structure of the QCoP

The QCoP is not a course of study in the traditional sense; it is instead a professional body award which determines whether or not the required competences have been demonstrated. The QCoP recognises that counselling psychologists are required to have a range of knowledge and skills. It has Documentary Evidence Units (DEUs) designed to ensure that candidates undertake appropriate developmental experiences and Assessment Units (AUs) designed to ensure that candidates are able to demonstrate the knowledge and skills which they have developed. Upon successfully completing the QCoP, candidates are eligible to apply for Chartered Membership and to apply to the HCPC for registration as a counselling psychologist. It is a legal requirement that anyone who wishes to practice using a title protected by the Health Professions Order 2001 is on the HCPC Register; the title of Counselling Psychologist is one such legally protected title. For more information please see the HCPC website at www.hcpc-uk.org. The QCoP also conveys eligibility for Full membership of the Society's Division of Counselling Psychology (DCoP).

The QCoP is sometimes referred to as the 'Independent Route' to training as a counselling psychologist. It was established by the Society with the aim of ensuring that as many of those people wishing to qualify as possible are given the opportunity to undertake relevant training. The main features of the Independent Route are that candidates:

- (a) are required to take responsibility for their own learning and professional development;
- (b) are required to develop and demonstrate competences in relation both to the underpinning knowledge-base of counselling psychology and to professional practice (including research) in this area;
- (c) are provided with detailed information about the competences they are required to develop and the means by which their ability to demonstrate these competences are assessed;
- (d) are supported and monitored in their training by Co-ordinating Supervisors with expertise in counselling psychology;
- (e) can approach their training in a more flexible manner compared with a course route (whilst still keeping within the requirements of the regulations governing the QCoP).

The QCoP is designed as a flexible training option which allows candidates to identify and arrange appropriate training experiences. Unlike a course undertaken at a higher education institution (HEI), where candidates might expect to be provided with a timetable of lectures, lecturers and personal tutors, the QCoP allows candidates to identify and pursue appropriate training experiences which are suitable for their own development needs. This flexibility has some constraints, for example, plans of training must be approved by the Registrar in order to ensure that they will enable the candidate to develop the required competences.

Some Independent Route candidates do make private arrangements to gain access to libraries and/or attend short HEI-based courses. However, whether or not such arrangements might be advisable or necessary for you, should be discussed fully with your Co-ordinating Supervisor (and agreed with the Registrar) before you take any action. Full details of the information, support and resources which are provided for candidates and those which they are expected to secure for themselves are provided in the *Regulations*.

2.3 Aims of the QCoP

The QCoP is designed such that those who achieve the qualification will:

- (a) be competent, reflective, ethically sound, resourceful and informed practitioners of counselling psychology able to work in therapeutic and non-therapeutic contexts;
- (b) value the imaginative, interpretive, personal and intimate aspects of the practice of counselling psychology;
- (c) commit themselves to ongoing personal and professional development and inquiry;
- (d) understand, develop and apply models of psychological inquiry for the creation of new knowledge which is appropriate to the multidimensional nature of relationships between people;
- (e) appreciate the significance of wider social, cultural and political domains within which counselling psychology operates;
- (f) adopt a questioning and evaluative approach to the philosophy, practice, research and theory that constitutes counselling psychology.

The specific competences to be gained by those enrolled for the QCoP are outlined in Section 4 of this *Candidate Handbook*.

2.4 The level of qualification

The Quality Assurance Agency (QAA) is responsible for assuring standards in Higher Education and publishes descriptors which give an indication of the level of qualifications. The QCoP is a doctoral level award which conforms to the QAA D level descriptor below, which describes the level of achievement which can be expected for a Doctorate.

The QCoP is awarded to those who demonstrate:

- i. the creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication;
- ii. a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice;
- iii. the general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems;
- iv. a detailed understanding of applicable techniques for research and advanced academic enquiry.

Typically, holders of the qualification will be able to:

- (a) make informed judgments on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences;
- (b) continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas, or approaches;

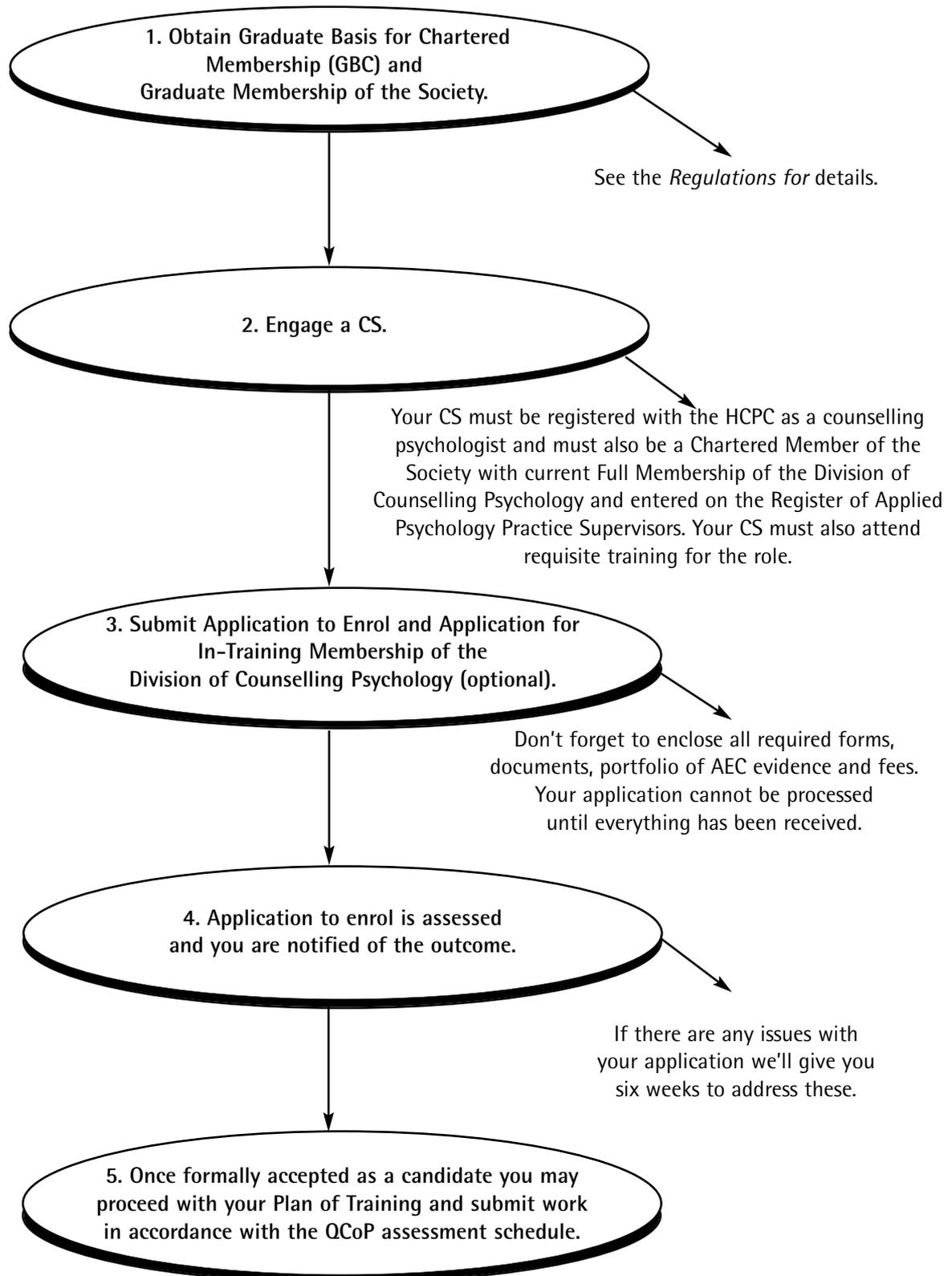
and will have:

- (c) the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent environments.

3. How to become a Trainee Counselling Psychologist

The steps required in enrolling for the Society's postgraduate qualifications are outlined in the *Regulations*. The application of this process to the QCoP is represented in Figure 1, below.

Figure 1: Steps required to enrol for the Qualification in Counselling Psychology.



3.1 Co-ordinating Supervisors and Other Supervisors

3.1.1 Finding a Co-ordinating Supervisor (CS)

As Figure 1 shows, the first step in the process of becoming a Trainee Counselling Psychologist is to identify, and secure the support of, a suitable Co-ordinating Supervisor (CS), who is required to be registered with the HCPC as a counselling psychologist and must also be a Chartered Member of the Society with current Full membership of the DCoP. They must also appear on the Society's Register of Applied Psychology Practice Supervisors and must have undertaken requisite training for the role. It is your responsibility to find a CS and agree terms with them. Details of approved CSs can be accessed via the Register of Applied Psychology Practice Supervisors on the Society's website.

Once you have agreed terms with an approved CS, you need to notify the Society of your intention to enrol by completing the Intention to Enrol Form available online and sending this to the Registrar, care of the Qualifications Office. Please ensure that the form is completed in full.

It is essential that you and your CS sign a formal contract so each party understands what is required of them. A sample contract is available from the QCoP webpage. A copy of the signed contract must be included in your application to enrol for the QCoP.

All Co-ordinating Supervisors must continue to fulfil the criteria outlined above and must attend a CS workshop at least once every two years in order to maintain approval. If a CS fails to fulfil these criteria, they will no longer be approved as a CS and their trainees will need to transfer to a new CS. The Registrar will support any trainees who need to transfer to a new CS under these circumstances.

Full details of what to expect from your CS and what to do if you need to change CS are provided in Section 7.4 of this *Candidate Handbook*.

3.1.2 Practice and Research Supervisors

You will need to engage one or more Practice Supervisors during your enrolment for the QCoP. You will also need to engage a Research Supervisor if you are not granted accreditation of existing competence for Assessment Unit 8 – Research Dissertation. Any supervisor(s) will also need to be appropriately qualified and approved initially by your CS, and then by the Qualifications Board, again via the Registrar. Your Practice Supervisor(s) (and Research Supervisor, if applicable) will need to ensure that they meet the criteria laid out in Section 7 of this *Candidate Handbook* before being proposed on your Plan of Training. Your supervisor(s) can only be approved if they meet all of these criteria and attend requisite training for the role.

Practice supervisors who are new to the role for the QCoP are required to complete a distance-learning training module prior to being approved as a supervisor for the QCoP to ensure that they are fully aware of the supervisory requirements so that they can fully support you in relevant aspects of your training. New supervisors will be asked to complete this module at the same time as your enrolment application is being assessed. Providing that your supervisor completes the module on time and satisfactorily, the Registrar will confirm approval of your supervisor when writing to you with the outcome of your enrolment application.

Thereafter, your supervisor(s) will be required to undertake CPD training relevant to the role of supervisor at least once every two years and this will be monitored through the annual appraisal process. If a supervisor fails to undertake such training within a two-year period, they will no longer be approved as a QCoP supervisor and their trainees will need to transfer to a new supervisor. Your CS will be able to support you in locating a new supervisor, and the Registrar is also available to support any trainees who need to transfer to a new supervisor under these circumstances.

3.2 Enrolling on the QCoP

The following documents must be provided in duplicate when you apply to enrol on the QCoP:

- Signed copy of the contract in place between you and your CS.
- Enrolment Form including details of two referees.
- Plan of Training (PoT) Form to include written confirmation of at least an initial placement.
- A Placement Approval Pack for each placement named in the PoT.
- Your first Quarterly Review Form.
- Equal Opportunities Form.
- A completed Health Reference Form.
- Payment of the qualification fee, or a completed direct debit mandate form if you wish to pay via direct debit.
- Copy of a current enhanced disclosure from the Disclosure and Barring Service (DBS) or, in the case of those resident in Scotland, a Protecting Vulnerable Groups scheme record from Disclosure Scotland, or Access Northern Ireland for those resident in Northern Ireland. This must be dated in the last two years or be from your current appointment.

If you are applying for any accreditation of existing competence (AEC) you must also provide the following in duplicate as part of your application:

- Unit Mapping Document.
- Portfolio of evidence for AEC for Assessment Units (AU) and Documentary Evidence Units (DEU), verified by your CS and submitted in accordance with the *Regulations* for the Society's Postgraduate Qualifications and this *Candidate Handbook*.

Please see Section 3.2.1 for further details of the process of applying for AEC.

Please ensure that all forms are completed in full before you send your application to the Society. Failure to do so will result in delays in processing your application.

On the Enrolment Form you are required to provide details of two referees who can attest to your academic training and practice in counselling psychology. References will be requested from these referees when your enrolment application is received. Receipt of satisfactory references is one of the conditions of enrolment. References cannot be accepted from your CS or any current QCoP candidates.

If you have left a Society-accredited doctoral programme in counselling psychology, your academic referee needs to be currently affiliated to the programme since this is the most relevant academic programme that you will have undertaken. This would normally be the course director.

IMPORTANT NOTE

Please ensure that you submit *two separate copies* of your complete enrolment application to the Society's Leicester office.

You should send your application using a secure method of post which requires a signature upon receipt.

If you require confirmation of delivery of your application, you are advised to either make use of the tracking system provided by your courier or postal service, or alternatively enclose with your application a stamped addressed postcard or sealed envelope which will be returned to you signed by the Qualifications Officer to indicate receipt.

Applications must be received in full by 1 March for applicants wishing to register for assessment of any outstanding units in the same year.

3.2.1 Accreditation of Existing Competences

Previous relevant postgraduate qualifications and experience (in the case of supervised practice) will be considered for Accreditation of Existing Competence (AEC) as part of the enrolment process.

Where you wish to apply for AEC on the basis of a qualification, you need to be able to demonstrate that the qualification was awarded; AECs cannot be granted on the basis of qualifications that have not been awarded.

If you have accrued a number of practice or personal therapy hours prior to enrolment which you would like to count towards the QCoP, you must submit an AEC application for these hours. Any hours submitted for assessment while enrolled for the QCoP must have been accrued since you enrolled. Any AEC for DEU4 Personal Therapy must be in blocks of no less than 15 hours.

The same piece of evidence cannot normally be used as the basis for an AEC application for more than one unit. Please see the Unit Mapping Document and guidelines on the QCoP web pages for further details. Your CS will be able to help you in deciding which AECs you may wish to apply for on the basis of your postgraduate experience.

AECs are restricted or not allowed for some units of the QCoP and these are detailed below:

- i. The maximum AEC that can be requested for DEU3 (Practice Logs and Reports) is 300 hours.
- ii. AEC cannot be requested for AU3 (Process Report Embedded in a Case Study), AU6 (Philosophical Academic Paper), AU7 (Unseen Written Examination) and AU9 (Final Assessment of Overall Competence) as these must be demonstrated at doctoral level while enrolled on the QCoP.
- iii. AEC cannot be requested for any logbook competences. This allows for an accurate representation of your demonstration of the competences from those who best know your work.

Further details of the individual units that form the QCoP can be found in Section 5.

3.2.2 Your Plan of Training

Your Plan of Training (PoT) will need to satisfy the Qualifications Board that you understand what is required of you and that you have plans in place with regards to how you are going to meet these requirements. Preparing and agreeing your PoT is an important part of the process of becoming a Trainee Counselling Psychologist and you should work with your CS to ensure that you include as much detail in the plan as the Qualifications Board will require. If your PoT is not accepted you will be advised by the Registrar about what further action you may need to take in order to meet the requirements.

Your PoT should be considered as a dynamic device to help with planning later work, and it is accepted that it may change over time as circumstances alter. This implies, of course, that it should be kept under review. Any significant interim changes to your PoT should be discussed first with your CS and submitted to the Registrar for approval in writing countersigned by your CS. In addition you will submit your Update to PoT by 1 July each year (see Section 3.4 for further details) which will detail your plans for the coming year as your work, training opportunities and objectives develop. You will also be required to submit quarterly reviews outlining your progress towards achievement of your development objectives and to highlight potential changes or concerns.

3.2.3 Placement approval process

It is important that the Registrar is assured about the settings in which you are undertaking work. Placement approval documents must be submitted for each placement that you have in place at the point of enrolment, and for any subsequent change in placement. For each different placement you must submit a separate placement approval pack. Placement approval documents must be fully completed. Placement audits must be reviewed annually and an updated audit form submitted when your annual maintenance fee becomes due.

The relevant forms can be downloaded from the QCoP web page.

3.2.4 Applying for In-Training Membership of the Division

When you apply to enrol on the QCoP you may wish to apply for In-Training Membership of the DCoP. Divisional membership will give you access to the Division's publication, *Counselling Psychology Review*, as well as events for In-Training Members arranged by the Division.

The Application Form for In-Training Membership can be downloaded from the Applications and Fees section of the Society's webpage, or alternatively it can be obtained from the Society's Membership Team.

3.3 Title to be Adopted by Candidates of the QCoP

As a candidate of the QCoP you will be required to use the title *Trainee Counselling Psychologist* from the date of your enrolment until you receive notification from the Qualifications Board that you have been awarded the QCoP. You are reminded of your responsibility not to mislead the public and must therefore ensure that this title is clearly used on any written documentation (e.g. clinical reports). Once you have been awarded the QCoP, you are eligible to apply to the Health and Care Professions Council for registration as a Counselling Psychologist. If you are already registered with the HCPC, you can use the alternative title of Candidate for the QCoP.

3.4 Maintaining Your Enrolment

To maintain your enrolment, the following must be completed annually.

1. Payment of the Annual Maintenance Fee.
2. Annual Update to PoT (see Section 3.4.1 for full details).
3. Annual CS Report (incorporated into the Update to PoT). This report will be reviewed by the Registrar.
4. Annual report from your practice (and if appropriate, research) supervisor(s) (see Section 3.4.1 for full details).
5. Annual audit of your placement as per the Placement Approval Pack.
6. Quarterly review of your development objectives (see Section 3.4.2 below).

3.4.1 Annual Update to PoT

In order to ensure that candidates are progressing appropriately and to enable the Registrar to provide advice to candidates as appropriate, the PoT must be reviewed annually. Any changes should be shown on the Update to PoT Form and must be approved by your CS and by the Registrar. The annual deadline for receipt of the Update to PoT is **1 July**, and must be submitted as a hard copy complete with the original signatures of both yourself and your CS.

The annual Update to PoT must be accompanied by an annual report from your practice supervisor(s) as the Qualifications Board is required to continually monitor all candidates' practice throughout the period of enrolment. This must first be reviewed and signed by your CS, before submitting to the Registrar.

The annual Update to PoT must also be accompanied by a research supervisor's report for all candidates who have not been awarded AEC or passed this unit (Assessment Unit 8). This report should be submitted even if you are only at the beginning of your research process. The report that your research supervisor must complete is incorporated into the Practice Report Form.

Your annual Update to PoT must also be accompanied by the annual criminal records disclosure form available on the QCoP webpage.

Unless an extension has been requested and authorised, failure to meet the deadline of **1 July** may result in your training being suspended until this matter has been addressed, and may, therefore, impact upon your eligibility to register for assessment. To ensure that the Society receives your Update we recommend that you use a signed-for delivery service.

All necessary forms are available from the Society's website; please see inside front cover for details. It is your responsibility to ensure that you use the current forms as available on the QCoP web pages. Please ensure that all forms that you submit to the Society are completed accurately and in full. Incomplete or inaccurate forms may result in delays in processing your forms and may impact upon other aspects of your enrolment process such as eligibility to register for assessment.

IMPORTANT NOTE

Late and incomplete documentation places considerable pressure on the Registrar and the Qualifications Officer. The Update to PoT process is an essential part of your continued enrolment for the QCoP and development as a trainee counselling psychologist and should be treated with due professional care and attention.

Failure to abide by the requirements of the *Candidate Handbook* may also lead to your training being suspended (see Section 3.6).

3.4.2 Quarterly review of your development objectives

Candidates are required to have contact with their CS **at least** monthly. A record should be kept of this contact. Contact can be face-to-face, by telephone, by email or using other suitable technology.

Once a quarter the contact must be a face-to-face meeting. When commencing the QCoP, the first quarterly meeting will agree the plan for development activities in the first three months and the learning outcomes (competences) which the candidate will aim to develop over the coming quarter. Subsequently the CS and candidate will have a face-to-face meeting once a quarter at which they will review progress against the previous plan and agree the plan for the coming three months, and identify the personnel who will support the candidate in development of the next set of competences. This will be recorded on the Quarterly Review Form, which also has a final section for the candidate to note any comments or concerns they wish to present directly to the Registrar and/or any feedback for the Counselling Psychology Qualifications Board.

When you submit your enrolment application for the QCoP, you will need to include your first quarterly review form. Following the submission of your enrolment application, you will need to submit your quarterly review forms by 1 January, 1 April, 1 July and 1 October each year. Quarterly Review Forms are reviewed by the Registrar or their representative, and if there are any issues the Registrar will raise these with you and your CS.

3.5 Post-enrolment Accreditation of Existing Competence

As you will see from Section 3.2.1 above, applications for Accreditation of Existing Competence (AEC) can be submitted as part of an application to enrol on the QCoP, where an applicant feels that prior, postgraduate training has fulfilled the requirements for various aspects of the QCoP. These are then assessed by representatives of the Counselling Psychology Qualifications Board.

The Counselling Psychology Qualifications Board is also able to award AECs after a candidate has formally enrolled on the QCoP, where they have completed an appropriate qualification at a recognised university or training institution. An example of this might be where a QCoP candidate is awarded an MSc by a reputable university while already enrolled on the QCoP, which formed part of their approved PoT, in fulfilment of Documentary Evidence Unit 1, Core Therapy Training. Post-enrolment AECs can be requested for units DEU1, DEU2, DEU4, AU2 and AU8; please see Section 5 for further details of the units that form the QCoP.

Applications for post-enrolment AECs must be submitted at the same time as submitting your annual Update to PoT using the standard Unit Mapping Form. Appropriate evidence must be provided such as original certificates/ other official proof of completion of an appropriate qualification with a supporting statement from your CS. You should work closely with your CS and make full use of the AEC guidelines available when preparing an application for post-enrolment AEC. You will be informed by 30 September

each year of the outcome of your application for post-enrolment AECs to enable you to then decide which units you want to register for assessment of in advance of the registration deadline in early November.

3.6 Current Regulations

Trainees are bound by the *Candidate Handbook* and *Regulations* current at the deadline for registration for assessment. The terms of the *Candidate Handbook* and *Regulations* are binding and variations will only be accepted with the prior written agreement of the Registrar.

IMPORTANT NOTE

If you fail to comply with any aspect of the *Candidate Handbook* or the *Regulations*, the Qualifications Board reserves the right to suspend your training until the particular issue is addressed.

During a period of suspended training, any practice undertaken by the candidate cannot count towards the QCoP. This affects the practice-based units, namely DEU3, AU1, AU2 and AU3.

A suspended candidate is still required to abide by all of the expectations of conduct outlined in Section 5 of the *Regulations for the Society's Postgraduate Qualifications*.

If a candidate remains suspended for more than three months without rectifying the issue which led to the suspension then their enrolment for the QCoP may be terminated. Any request to re-enrol will need to be considered by the Board and may be referred to the Qualifications Standards Committee, the Board's parent committee.

4. Overview and General Structure of the QCoP

The QCoP will cover all aspects of training and assessment required to gain eligibility to apply to the HCPC for registration as a counselling psychologist. It will have the following structure, as agreed by the Society's Membership and Professional Training Board in February 2006, in which the former levels and components have been re-designated as Dimensions. There will be three Dimensions, as follows:

Knowledge Dimension	–	for the underpinning knowledge-base
Research Dimension	–	for the research element(s) of training
Practice Dimension	–	for supervised practice (incorporating both breadth and depth of practice components)

It is important to emphasise that the QCoP is a pattern of evidence requirements within which the three dimensions of knowledge, research and practice are integrated. Where appropriate the most predominant dimension is shown in brackets.

4.1 Philosophy (Knowledge Dimension)

You will develop and demonstrate an understanding of a substantial body of literature pertaining to the philosophical bases of counselling psychology which is at the forefront of professional practice. In doing so you will develop the following competences:

- An understanding of the diverse philosophical bases which underpin those psychological theories that are of particular relevance to counselling psychology.
- The ability to critically evaluate the primary philosophical paradigms that inform psychological theory, with particular regard to their relevance to and impact upon the understanding of the subjectivity and inter-subjectivity of experience throughout human development.
- An understanding of spiritual and cultural traditions relevant to counselling psychology.

4.2 Theoretical Models (Knowledge Dimension)

You will develop and demonstrate an understanding of theoretical models supported by a substantial body of literature and research. You will be able to relate your philosophical understanding of counselling psychology to the theoretical models and in doing so will develop the following competences:

- Have an understanding developed to postgraduate level of the philosophy, theory and practice of at least one specific model of psychological therapy.
- Have the ability to practise safely and competently in the same specific model(s).
- Have the ability to formulate clients' concerns within the specifically chosen therapeutic model(s).
- Have a working knowledge and understanding of at least one further model of psychological therapy.
- Have an understanding of the therapeutic relationship and alliance as conceptualised by each model studied.
- Have the ability to contrast, compare and critically evaluate a range of models of therapy.
- Have developed the ability to monitor and evaluate their therapeutic practice.

Note: A model of psychological therapy is a particular therapeutic approach in relation to which there is a body of theory and research which has implications for therapeutic practice; and that offers an explanation with internal consistency about the nature of the person, of psychological difficulty, of the therapeutic relationship and the process of change.

4.3 Psychological Knowledge (Knowledge Dimension)

You will engage in the systematic acquisition and the development and demonstration of a knowledge and understanding of a substantial body of psychological knowledge, building upon that gained in the course of achieving the Graduate Basis for Chartered Membership (formerly known as the Graduate Basis for Registration). In so doing you will:

- Develop a knowledge of theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology.
- Consider and critically evaluate theories of mind and personality.

- Develop a knowledge of different theories of life-span development.
- Develop an understanding of social and cultural contexts and the nature of relationships throughout the life-span.
- Develop a knowledge of theories of psychopathology and of change and the ability to critically evaluate these theories.
- Evaluate, use and interpret psychometric tests; this includes the selection, administering, scoring and interpretation of performance based psychometric tests, e.g. neuropsychological tests, tests of cognition and development, self-other report, and other standardised assessment procedures. Use of such tests would be in close collaboration with clients and identified as one, amongst other, possible means for understanding and interpreting clients' psychological distress.
- Develop a knowledge of psychopharmacology and have the ability to critically evaluate its effects from research and practice.

4.4 Research and Enquiry (Research Dimension)

You will develop and demonstrate a comprehensive understanding of techniques applicable to your own research and an originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in counselling psychology.

You will be able to assess and interpret the possibilities and limitations of different research modalities and their relevance to counselling psychology. In particular you will:

- Develop a knowledge of the research evidence on process and outcomes of psychological therapy relevant to counselling psychology.
- Develop a knowledge of quantitative and qualitative approaches to research and inquiry.
- Develop the ability to critically analyse and evaluate published research relevant to counselling psychology.
- Develop an understanding of a variety of research designs.
- Develop the ability to devise and evaluate research questions and select an appropriate methodology.
- Develop the ability to design, conduct, critically evaluate and report on a research project.
- Develop an understanding of research ethics and the ability to apply them.
- Develop the ability to reflect on their experience of being a researcher.

4.5 Ethics (Practice and Knowledge Dimension)

You will develop an understanding of the substantial body of knowledge related to ethics and ethical reasoning. You will continuously evaluate your practice in the light of the following principles:

- Develop a commitment to best practice in the interests of your clients.
- Strive to do no harm by recognising appropriate boundaries and the dynamics of power.
- Undertake to maintain your fitness to practise and your continuing professional development.
- Develop the ability to apply ethical principles in reasoning and decision making.
- Hold yourselves accountable to the public and the profession for your personal integrity.
- Develop an understanding of anti-discriminatory practice.

4.6 Personal Development (Practice Dimension)

You will be actively and systematically engaged in reflection on your practice as a trainee counselling psychologist. This will be informed by your personal development work so that greater understanding of personal issues is developed through:

- An understanding of therapy from the perspective of the client.
- An understanding through therapy of your own life experience.
- An ability for critical self-reflection on the use of self in therapeutic process.
- Develop a personal philosophy to include responsibility and accountability in relation to your counselling psychology practice.
- An understanding of the dynamics present in therapeutic and other relationships.
- Creativity and artistry in the use of language and metaphor, in the service of empathic understanding.

4.7 Professional Issues (Practice Dimension)

You will seek to achieve high standards of professional conduct as a counselling psychologist in the interests of all those with whom you come into contact. You will develop an ability to make informed judgements on complex issues within your specialist field, often in the absence of complete data. You will be able to communicate your ideas and conclusions clearly and effectively to the appropriate audience. You will draw on your understanding of the professional literature and practice to:

- Understand the purpose and practice of receiving supervision.
- Accept responsibility for your continuing professional development by developing greater powers of awareness, and the courage to pursue deeper personal knowledge and understanding relevant to working well.
- Have awareness of the value of maintaining external consultation in the form of clinical supervision with experienced members of this and related professions, as well as continuing professional development, and personal psychological therapy so as to maintain and enhance ethical and clinical sensitivity.
- Develop an ability to present and communicate professional knowledge and information.
- Demonstrate qualities such as being aware of and working with interpersonal processes, an ability to manage professional relationships, proactivity, and contributing to and fostering collaborative working practices within teams.
- Impart psychological knowledge in a professional capacity with a view towards influencing the psychological mindedness of teams and organisations.
- Demonstrate a commitment to continuing to abide by the Society's ethical framework and professional codes of conduct and practice guidelines and those of the Health and Care Professions Council.
- Have a knowledge of the organisational policies and the contextual and legal frameworks within which you practice.
- Contribute to the management and auditing processes of the organisation at a stage-appropriate level.
- Understand ways to contribute to the development and leadership of the counselling psychology profession.

4.8 Client Work (Practice and Knowledge)

You will endeavour to provide services of counselling psychology, psychotherapy and psychological consultancy derived from your understanding of a substantial body of psychological literature and will be able to make informed judgements on complex issues within your specialist field, often in the absence of complete data. You will be able to exercise personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice and in so doing you will:

- Develop the ability to initiate, develop, maintain and end a purposeful therapeutic alliance.
- Develop an understanding of explicit and implicit communications in a therapeutic relationship.
- Conduct psychological assessments (depending on the therapeutic modality used) aiming at increasing clients' self-awareness and shared understanding of their predicament, nature of distress, needs, expectations, and desired outcomes.
- Develop a personal, coherent and ethical way of working with clients.
- Be able to provide psychological therapy interventions:
 - i. to individual adults and depending on placement experience other client groups including children and young people, older adults, couples, groups, families, and organisations;
 - ii. in range of contexts, which may include NHS (primary, secondary and tertiary care) and other statutory, voluntary or independent settings; and
 - iii. working within different time-frames of therapeutic practice (time limited, short and long-term, as well as open-ended therapy).
- Understand the therapeutic process as it occurs when working with a range of different individuals experiencing psychological difficulties, whether that be in relation to adjustment, to circumstances, or in more significant and problematic experiences as often indicated in diagnostic categories.
- Be able to monitor and evaluate your therapeutic practice through clinical supervision, qualitative feedback, quantitative outcome measures, feedback provided by service users, and your own personal therapy.

Note: Modalities are defined as work with individuals, couples, groups, families or organisations.

5 The Units of the QCoP

The evidence and assessment requirements which constitute the QCoP are detailed below. These requirements include Documentary Evidence Units (DEU) and Assessment Units (AU).

5.1 Documentary Evidence Units (DEU)

You will submit documentary evidence as specified below for the scrutiny of the assessors.

- **DEU1: Core Therapy Training.** Successful completion of a course of training at post-graduate level in counselling psychology, counselling or psychotherapy of at least 350 hours, verified by the CS. Good practice indicates that students acting as clients in role plays during their training should negotiate appropriate consent.
- **DEU2: Additional Training.** Development of a knowledge, understanding and application of a different model of therapy from DEU1, comprising at least 150 hours. This course needs to be at postgraduate level. A series of short courses will not normally be accepted as this does not demonstrate the necessary coherence. Good practice indicates that students acting as clients in role plays during their training should negotiate appropriate consent. When submitting this unit for assessment you must include evidence of successful completion of the course such as the certificate. If you undertake a course for this unit which is longer than 150 hours, you must complete the course in full before submitting DEU2 for assessment.
NB: Different courses must be chosen for DEU1 and DEU2.
- **DEU3: Practice Log and Practice Reports.** A log of client contact hours and supervision showing 450 hours of supervised practice with supervision at a minimum ratio of one hour of supervision for every eight hours of client contact. This must include work in more than one placement and more than one therapeutic approach or model and more than one modality (individuals, couples, families or groups). Experience of working with more than one supervisor must be demonstrated, with the majority of supervision being from a counselling psychologist(s). The whole log must be verified by the CS.
 - Practice hours for which you are the supervisor cannot be used towards DEU3.
 - Planned practice hours where the client does not attend (DNA) cannot count towards DEU3. You are encouraged to bear this in mind when considering placement opportunities given that placements in some settings may be more prone to DNAs than others.
 - Supervision must be face-to-face. Telephone supervision or supervision by other remote means (such as Skype) cannot count.
 - A minimum of 50 hours must be completed in your second, less-practiced modality and evidenced accordingly.
 - The maximum number of hours that can be submitted which involve practice with children is 150 hours.
 - Practice reports will be co-authored by your approved Practice Supervisor and yourself after 50, 100, 200, 300 and 450 hours of practice. These must cover work in more than one placement and with more than one supervisor and be verified by the CS. Practice reports are specific to each placement and must be completed when the required number of hours has been completed in each placement.
 - Supervised practice hours submitted for assessment must have been accrued since you enrolled for the QCoP. If you wish to include any hours which pre-date your enrolment, then you must apply for AEC for these hours.
 - If you are granted any AEC for DEU3, then whilst enrolled you need to obtain practice reports at the appropriate interval according to the amount of AEC that is granted. For instance, if you are granted AEC for 50 hours, then you need to obtain reports at 100, 200, 300 and 450 hours of practice. If you are granted AEC for 100 hours, then you need to obtain reports at 200, 300 and 450 hours of practice, and so on.
 - DEU3 can only be submitted for assessment when you submit AU9 Final Assessment of Overall Competence.**NB: For details on the required supervision ratio, please see Section 7.4.**

- **DEU4: Personal Therapy.** Completion of at least 40 hours of personal psychological counselling/therapy with a therapist approved by the Registrar and verified by your CS.
- Personal therapy hours submitted for assessment must have been accrued since you enrolled for the QCoP.
- If you wish to include any hours which pre-date your enrolment, then you must apply for AEC for these hours in blocks of no less than 15 hours.

IMPORTANT NOTE

Your supervisor and your CS must sign every page of your practice log(s).
Your supervisor and CS must also sign and comment on your practice report(s).

5.2 Assessment Units (AU)

The Assessment Feedback Sheets for each AU can be found on the QCoP web pages. You are advised to familiarise yourself with the criteria on these sheets.

You will submit the following Units for assessment as specified below. AUs are assessed either at Masters level (*M-level*) or Doctoral level (*D-level*), and the academic level at which each AU is assessed is indicated in italics below. The full *M-level* and *D-level* descriptors derived from QAA criteria can be found in Appendix 2. The word limit for each piece of work is in brackets.

- **AU1: Essay.** An essay about a critical incident or point of change in therapeutic work with a client (3000 words). *M-level*.
- **AU2: Case Study.** A case study of a piece of completed therapeutic work with a different client (3000 words). *M-level*.
- **AU3: Process Report embedded in a Case Study.** A process report embedded in a case study which includes the recording of a whole session and a transcript of a 20-minute segment of this recording (5000 words excluding transcript but including process comments). *D-level*.
NB: AU2 and AU3 must each demonstrate work within a different model, and these models need to be consistent with the models that you study in DEU1 and DEU2. AU2 and AU3 require written permission from the client for recording the sessions and using the material for assessment purposes; a sample client agreement form is available online.

IMPORTANT NOTE

Each of the previous three Assessment Units must be accompanied by a statement from your approved Practice Supervisor that this is a genuine study and that work with this client has not previously been submitted for this Qualification. Without this statement, the unit will not be assessed. The statement must be attached to each copy of the unit.

This statement should be made using your examination number and not your name or other details which could otherwise identify you.

- **AU4: Academic Paper.** An academic paper which examines the meaning and implications of anti-discriminatory practice in counselling psychology. You should situate yourself in relation to the issues discussed and the paper should focus on one area of discrimination and be illustrated by specific examples (3000 words). *M-level*.
- **AU5: Academic Paper.** An academic paper which addresses issues relating to the impact of organisational, structural or situational contexts on counselling psychology practice. The paper may draw on your experience of working in more than one organisation but should examine one specific issue in some depth (3000 words). *M-level*.
- **AU6: Academic Paper.** An academic paper which critically examines the philosophical bases of counselling psychology and addresses in particular the relationship between its values and its commitment to psychological inquiry (5000 words). *D-level*.

IMPORTANT NOTE

Academic papers should draw on your own experience and practice in addition to theory and research.

- **AU7: Examination.** An unseen, written examination. The examination will present you with issues and dilemmas likely to be encountered in practice. These may include ethical dilemmas, legal issues, diagnostic and pharmacological questions, referral decisions and issues relating to working contexts and the demands of multidisciplinary teamwork. Short answers will be required and these should demonstrate your working knowledge and thinking in practice situations. Your written examination paper must be legible. If the assessors are unable to read your paper it will not be examined. *D-level*.

IMPORTANT NOTE

When taking examinations for AU7 and AU9, you will be required to provide photographic identification in the form of a valid passport or photocard driving licence.

- **AU8: Research Dissertation** (*M-level*). You will complete **one** of the following:
 - (1) A research dissertation on a single piece of research which is relevant to counselling psychology of between 12,000 and 15,000 words (excluding references and appendices) carried out by yourself, **or**
 - (2) Evidence of research competence demonstrated by the award of a postgraduate degree in an appropriate discipline, together with a reflective essay of 5000 words on the research process, learning outcomes and application to counselling psychology. The original research dissertation must be submitted with the reflective essay.

You are required to undertake your research within an educational institution, an NHS Trust, a charitable organisation or other suitable body where there is an established ethics approval committee. You will need to ensure that you adhere to the research guidelines set by the body with whom you are undertaking your research, and a copy of the research guidelines and ethics approval must be enclosed with your submission for this unit. Evidence of your adherence to these guidelines must be available if requested by the Qualifications Board.

You should note that plans to complete this unit must include teaching in research methods, or evidence of these being satisfactorily assessed. For example, a candidate may plan to conduct a research project within an NHS setting where they are employed and are able to access the ethics process. This may be satisfactory for a candidate who already has an MSc or PhD in a related discipline but not acceptable for a candidate who has had no previously assessed research methods teaching at postgraduate level.

IMPORTANT NOTE

Please ensure that you do **not** submit your Research Supervisor's report with your dissertation as this would compromise your anonymity during the assessment process. Reports from your Research Supervisor should be seen by your CS, with an annual report also being submitted to the Registrar in conjunction with your annual Updated PoT.

- **AU9: Final assessment of overall competence** (*D-level*). This comprises:
 - A completed Competence Logbook:
 - All candidates need to have their Competence Logbook entries completed and witnessed by suitable individuals qualified and recognised by a regulator or professional body such as the HCPC, BACP or UKCP.
 - The witness will usually be a trainer, a practice supervisor, a personal therapist or a research supervisor, as appropriate to the particular competence. Entries in the Competence Logbook cannot be completed and witnessed by another QCoP candidate.

- All Competence Logbook entries must be verified by your CS.
 - For further details please refer to the Competence Logbook. It is your responsibility to complete and have signed off all the Competence Standards identified in your Competence Logbook as you proceed through your training.
-
- A final practice report from your approved practice supervisor.
 - An essay (of no more than 5000 words) which is a personal reflection on your learning experience, personal development and way of practicing counselling psychology which illustrates how you have integrated your personal philosophy and approach, learning and practice. You may find it helpful to draw on your personal journal for this essay (see below).
 - An oral examination (*viva voce*) of approximately 1 hour. This will be conducted by two assessors and will review with you your overall competences, your perceived strengths and weaknesses and your developmental needs and professional identity as a counselling psychologist.

You are required to complete a reflective journal whilst enrolled for the QCoP, which you will find enriches your progress through training and may also contribute to your Final Assessment of Overall Competence.

You must take care not to lose your Competence Logbook as duplicate copies do not exist. When sending the logbook either to the Society, or to your CS or other professional for signing, you should send it by a secure, signed-for method of delivery. You may wish to take a photocopy for safe-keeping before sending it.

6. Assessment

The assessment registration form and assessment timetable are available from the QCoP web page: www.bps.org.uk/qcop.

6.1 Registration for Assessment

When you wish to have any DEU or AU assessed you must apply to register for assessment. Applications are made by submitting a completed registration form as hard copy by the registration deadline. Please check the website for exact details of submission dates as late registrations **cannot** be accepted. Your application for registration for assessment must be countersigned by your CS.

If your Update to PoT was submitted by the previous 1 July and is in order, you will be formally notified whether or not your application to register for assessment has been accepted. If your PoT Update was not submitted by 1 July or is not in order prior to 30 September, you are not eligible to register for assessment.

If your application to register for assessment is accepted, you will be provided with a personal assessment number. Please keep a record of this number as it is your allocated number for the duration of your enrolment and should be used to identify all submitted work.

6.2 Submission of work

The deadline for submission of units for which you are registered is available from the Society's website. **One** hard copy of each DEU for which you are registered must be submitted; **two** hard copies of each AU for which you are registered must be submitted, except in the case of AU9 Reflective Essay where **three** hard copies must be submitted. For all DEUs and AUs, you must also submit **one electronic copy** of each unit that you are submitting via the QCoP DropBox. Details of the DropBox are circulated to candidates when they register for assessment.

You must also submit one copy of the Checklist for Submission of Work for each unit for which you are registered and this must be securely attached to the first hard copy of your submission for a particular unit. The Checklist for Submission of Work can be downloaded from the QCoP web pages. This checklist must be counter-signed by your CS.

All work submitted for assessment will become the property of the Society and will be stored securely with your candidate record for a period of five years after you complete the QCoP.

Guidelines on presentation of work can be found in Sections 6.4 and 6.5.

IMPORTANT NOTE

- (1) You must submit your completed registration form by the appropriate deadline (see Section 8). If you fail to do this you will not be able to submit your work until the next round of the assessment process.
- (2) Failure to submit units of work by the submission deadline will require you to re-register in a later assessment round.
- (3) It is **your responsibility** to obtain the assessment and registration timetable and necessary forms from our website given on the inside front cover.

6.3 Assessment Process

This Section offers an insight into the assessment process and the roles of those involved with assessment of your work.

DEUs: The documentary evidence that must be presented by a candidate in order for a particular DEU to be awarded is generally either satisfactory or unsatisfactory. All DEUs are, therefore, scrutinised by one assessor and if the submission is considered to have failed or to be borderline then the submission will go forward for moderation by a moderator and, if necessary, the Chief Assessor.

AUs: All AUs are independently blind marked by two assessors who then confer and agree a result. All fails, conditional passes and borderline results are moderated and discussed anonymously by the moderators and the Chief Assessor.

Vivas: All vivas are conducted by two trained assessors and are audio-recorded. In the case of any vivas deemed to have failed or considered borderline the Chief Assessor is available immediately after the viva to facilitate discussion between the assessors. The Chief Assessor will also listen to the full viva recording in such cases.

All recommended results are taken to a meeting of the Qualifications Board and any issues further debated before the final results are ratified.

Samples of excellent and average work are also scrutinised by the moderators and Chief Assessor to ensure the overall standard of work.

The QCoP also has an External Examiner who has an important role in ensuring standards are maintained within the assessment process.

6.4 Assessment Criteria and Guidance on Presentation

You must make it clear to clients from the first meeting that all aspects of therapeutic engagement will be taken to supervision and may be used for assessment purposes. Recorded client material will only be listened to by CSs and assessors who are bound by the same codes of ethics. It is good practice to gain written permission and allow for client withdrawal of this right.

The Essay, Case Study and Process Report Embedded in a Case Study must be completed on different clients. AU2 and AU3 must each demonstrate work within a different model. The purpose of these Units is to assess your ability to critically reflect on your understanding of the client, the client's presenting concerns and the therapeutic process over the course of therapy. Client anonymity must be protected at all times.

All submissions must be accompanied by a word count and any work that exceeds the word limit will be returned unmarked and the fee will be forfeited. The list of references, headings, sub-headings and appendices are excluded from the word count and all other text is included in the word count.

The Essay (AU1), Case Study (AU2), Process Report Embedded in a Case Study (AU3), Academic Papers (AU4-6), Written Examination (AU7) and the Reflective Essay (part of AU9) will each be assessed in relation to your ability to demonstrate:

- Structure, clarity and economy of expression.
- Theoretical knowledge and psychological understanding.
- A capacity to reflect on practice issues.
- Therapeutic sensitivity.
- Awareness of philosophical, ethical, legal and professional issues.
- Critical analysis and evaluation.

Please refer to Appendix 3 for unit-specific assessment criteria.

6.5 Administrative aspects of preparing your submission

In order to contribute to a smooth-running assessment process you must pay close attention to the following administrative aspects of your submission(s). The Society cannot take responsibility for any errors in sending your work to the assessors which are a result of failure to adhere to the guidelines below.

6.5.1 General guidance

- Details of the number of copies required of each unit are given below. Failure to submit all copies required will result in the work not being assessed. You must ensure that you keep a copy of all work sent for assessment as the Society cannot return any work.
- On the front page of each piece of work submitted you must ensure that you include the unit name and number, your assessment number, the year of submission and the word count.
- You must insert your assessment number, Unit number and page number into the header or footer of each page.
- You must not include your name anywhere within your work as this would compromise your anonymity during the assessment process.
- One copy of each submission must have the Checklist for Submission of Work securely attached to it countersigned by yourself and your CS. Additional copies of your submission do not require a Checklist to be attached.
- Individual copies of submissions must be stapled or securely fastened. Paperclips must not be used as these are not secure.
- There must be no loose pages in your submission(s).
- Allocations to assessors are made by unit and not by candidate number, and as such your submissions must be clearly separated and identifiable. Each copy of each DEU and AU must, therefore, be presented separately – do not attach copies to each other as this significantly delays the sending of work to assessors and may result in errors in sending your work.
- Please avoid the use of ring binders as these often get damaged in transit.
- You must ensure that your submission is fully complete at the point of sending to the office as no part of your submission can be copied or amended by the office. Such requests will be denied and your submission will be sent to the assessors in the form that it is received.

6.5.2 DEU-specific guidance

- One complete hard copy of each DEU must be presented along with one complete electronic copy. The electronic copy must be identical to the hard copy.
- You must include a copy of the part of your PoT which details your planned training/practice/supervision/therapy (as appropriate) along with evidence of approval of these plans from the Registrar. This evidence must be countersigned by your CS.
- If you have been awarded partial AEC for any DEUs you must also include a copy of the Registrar's final enrolment letter that indicates the remaining requirements for assessment.

6.5.3 AU-specific guidance

- Each AU must be presented in duplicate, with the exception of the reflective essay for AU9 where three copies are required. This is to ensure that each assessor and in some cases moderator can receive a copy. You must also submit an electronic copy of each unit that you submit which is retained by the Qualifications Office. The electronic copy must be identical to the hard copy.
- AUs should be either one-and-a-half or double-spaced using 12 point font. On the front page of each piece of work submitted you must type only the number and title of the Assessed Unit, plus your assessment number and the word count. Your assessment number must be indicated on subsequent pages (for instance, as part of a header or footer) which should be numbered as part of a set (e.g. 1 of 12, 2 of 12, to 12 of 12).
- Separate copies of the statement from your supervisor that accompanies AU1, AU2 and AU3 must be provided, attached to each copy of the unit.
- Where the recording for AU3 is presented on CD, you must ensure that two copies are provided on separate CDs each with its own protective cover for transport and storage, and a further copy submitted electronically via the DropBox. Whether using a CD or a cassette, the recording must be securely attached to your submission using sticky tape or other suitable method.
- Your research dissertation need not be hard bound but all hard copies are expected to be at least spiral bound.

6.6 Completion of the QCoP and Notification of the Results

Results of assessments will be issued to you within one month of the meeting of the Qualifications Board at which ratification took place. Individual feedback will be sent to you on assessed units, and the Chief Assessor will give an overview of assessments in the Chief Assessor's Report, published annually online.

While it is understandable that you may wish to telephone or email the Qualifications Office to check the status of your results letter before the published date (available on the Society's website), the Qualifications Board asks that you refrain from doing so as such calls and emails slow down the process of ratifying results and preparing letters. If you have not received your results by the published date you may then obtain them by email from the Qualifications Office.

You will be deemed to have completed the QCoP when all of the Units required for scrutiny or assessment by the assessors have been successfully completed.

The Society's QCoP, under the seal of the Society, will be delivered to all trainees who have successfully completed all units of the QCoP, as ratified by the Counselling Psychology Qualifications Board.

6.7 Failure, re-sit opportunities and incomplete submissions

Candidates who fail any unit may retake that unit on no more than two further occasions (i.e. three attempts in total per unit). For further details, please refer to Section 6.9 of the *Regulations for the Society's Postgraduate Qualifications*.

If you are required to re-take units you will need to update your PoT as per Section 3.4 and will be required to register for assessment in the normal way.

The Registrar, the assessors and the Qualifications Office cannot enter into any discussion or negotiation of an individual's results or their situation, either with the candidate or with the candidate's CS/supervisor/professional colleagues. Full details about how to submit a complaint with regard to an aspect of your progress on the QCoP, or how to lodge an appeal against a decision of the Qualifications Board, can be found in Section 8 of the *Regulations for the Society's Postgraduate Qualifications*.

7 Key Contacts and Their Roles

The following outlines the roles of key contacts.

7.1 Qualifications Officer

The role of the Qualifications Officer is to ensure the smooth and efficient running of the Society's qualifications. Qualifications Officers liaise with candidates and the Executive Officers of the Qualifications Board regarding candidates' training and they also attend Board meetings to advise on Society policy. All communications about your enrolment, assessment and progress on the QCoP will be via the Qualifications Officer.

IMPORTANT NOTE

The Qualifications Officer will be happy to help you wherever possible. However, it would be helpful if candidates could first check the *Regulations*, *Candidate Handbook* and website and contact their CS for the answer to their questions before contacting the Qualifications Officer. By only contacting the Qualifications Officer for questions which cannot be answered from these sources, you will help us to speed up our response times to all enquiries. Please note that the Qualifications Officer cannot always be available. Please check the Society's website for details of current availability.

These are the kinds of things you can expect the Qualifications Officer to do for you:

- (a) Answer your queries relating to the administration of your training; all correspondence will normally be copied to your CS.
- (b) Forward any queries that s/he is not able to answer (which are usually those of an academic nature) to the appropriate Officer of the Board such as the Registrar, the Chief Assessor or the Chair.
- (c) Send you copies of the *Regulations* and the *Candidate Handbook* when requested.
- (d) Process your Enrolment Form and fees.
- (e) Deal with work that you submit for assessment (e.g. sending these to the relevant assessor; logging the outcome of the assessment).
- (f) Make information available on the website about any exams or assessments you need to take, or issue this information in alternative formats, in agreement with the Qualifications Office.
- (g) Notify you of your results.
- (h) Post your certificate when you have completed the QCoP.

7.2 Registrar

The Registrar is an experienced Chartered Psychologist and a Counselling Psychologist with a stipendiary appointment as the professional representative of the Counselling Psychology Qualifications Board in all its dealings with trainee counselling psychologists. It is the Registrar who, on behalf of the Board, approves CSs, assesses applications for enrolment and trainees' PoTs, evaluates requests for AEC and approves Registration for Assessment of Units making up the Qualification. The Registrar must be updated annually about your progress through your revised PoT and must approve all changes to existing Plans, after they have been countersigned by your CS. All queries about the Qualification that your CS is unable to answer should be addressed to the Registrar via the Qualifications Office.

With the exception of certain financial matters handled directly by the Qualifications Office, all communication with and from the Qualifications Board should be through the Registrar via the Qualifications Office, although complex issues raised by yourself or by your CS may be referred at the discretion of the Registrar to the Qualifications Board. Together with the Qualifications Office, the Registrar maintains records of the progress of each trainee from enrolment on to completion of the Qualification. The Registrar should be contacted via the Qualifications Office.

There may be instances where you would like to speak with the Registrar regarding a particular issue, rather than communicate in writing. In such situations you may request an appointment at the Registrar's clinic by emailing the Qualifications Officer, indicating whether this will be a telephone or face-to-face meeting. The Qualifications Officer will confirm a time slot with you. Equally, the Registrar may wish to instigate a telephone meeting to discuss an issue that might have arisen during your training, in which case the Qualifications Officer will contact you to arrange an appropriate time.

7.3 Other Members of the Qualifications Board

The Qualifications Board for Counselling Psychology also includes a Chair, a Chief Assessor and a Lead CS.

7.4 Co-ordinating Supervisor

In order for a CS to be approved, they must:

- i. Be registered with the Health and Care Professions Council as a Counselling Psychologist.
- ii. Be a Chartered Member of the Society.
- iii. Hold current Full Membership of the DCoP.
- iv. Be entered on the Society's Register of Applied Psychology Practice Supervisors (RAPPS).
- v. Complete an annual appraisal form for the role of CS.

The approval of a CS constitutes a contract between the CS and the Qualifications Board. All CSs must continue to fulfil the above criteria whilst in the role of CS, and must attend a CS workshop at least once every two years in order to maintain approval. If a CS fails to fulfil these criteria or fails to attend a CS workshop within a two-year period, they will be removed from the RAPPS and their trainees will need to transfer to a new CS. The Registrar will support any trainees who need to transfer to a new CS under these circumstances.

Your CS may need to be in contact with your practice and, if applicable, research supervisors throughout your enrolment for the QCoP and you should discuss with your CS how best to facilitate this. Please also refer to the *Supervisor Handbook* for further details.

You are required to meet face-to-face with your CS at least once every three months throughout the period of enrolment. If this requirement is not met, the Qualifications Board may suspend your training. Full details of the requirement for ongoing contact can be found below and in the *Supervisor Handbook*.

You are expected to work with the same CS for the duration of the QCoP. Under exceptional circumstances it may be possible for another CS to assume these duties, but the Registrar must be notified of any proposed change of CS at the earliest possible opportunity and all changes are subject to the Registrar's approval. It is expected that all parties involved will act respectfully and professionally if this situation arises.

CSs are responsible to the Qualifications Board for:

- monitoring your progress towards the QCoP;
- providing guidance and support to you throughout the period of enrolment and *taking a key role in facilitating their overall preparation* for the Qualification in Counselling Psychology;
- offering feedback and guidance on any written work you prepare prior to submission for assessment;
- advising you in developing the PoT prior to its submission to the Registrar and reviewing it annually, or if there are any significant changes (please see Sections 3.2.2 and 3.4.1 for further details);
- advising you on completion of the Quarterly Review Form (please see Section 3.4.2 for further details);
- supporting you in conducting the placement audit for each placement in collaboration with the placement host;
- ensuring that a risk assessment is undertaken for each placement ;
- maintaining monthly contact with you, which will include meeting face-to-face with you a minimum of once every three months throughout the period of enrolment to review the previous

quarter and plan for the next quarter by means of the Quarterly Review Form. Other means of contact will include email and telephone and should be negotiated as part of the contracting process;

- reading and signing the Supervisor's reports after the completion of 50, 100, 200 and 300 client hours and providing a final statement after 450 client hours verifying that all interim supervisors' reports have been seen;
- witnessing the Final Report on supervision and practice in the Competence Logbook;
- verifying Competence Standards in the Competence Logbook by signature at the end of the Competence Logbook;
- reading and signing the Research Supervisor's annual reports;
- ensuring that you keep a personal journal that reflects on your development as a counselling psychologist;
- monitoring your fitness to practise and ethical standards while you are enrolled on the QCoP.

IMPORTANT NOTE

Your CS can offer helpful feedback on your written work when you are preparing a unit for assessment. However, this does not constitute a formal assessment of your work. Please see Section 6 for further details on the assessment process.

7.5 Practice Supervisors

Practice Supervisors will usually be counselling psychologists registered with the HCPC and Chartered Members of the Society with Full membership of the DCoP, with appropriate training or expertise in supervision. The Supervisor will be approved by the CS and the Registrar. Prior to being approved by the Registrar, new supervisors will need to satisfactorily complete a distance-learning training module. Thereafter all supervisors must undertake CPD training relevant to the role of supervisor at least once every two years and this will be monitored through the annual appraisal process. If a supervisor fails to undertake such training within a two-year period, they will no longer be approved as a supervisor and their trainees will need to transfer to a new supervisor. Your CS will be able to support you in locating a new supervisor, and the Registrar is also available to support any trainees who need to transfer to a new supervisor under these circumstances.

Any proposed change of Supervisor is subject to the Registrar's approval which should be sought at the earliest opportunity. The names, academic and professional qualifications and registrations and a brief account of their experience will accompany the PoT. They may also wish to provide their CV.

Supervisors who are not counselling psychologists should be therapeutic practitioners who are fully accredited with a relevant professional body which has a code of ethics and accreditation and disciplinary/complaints procedures. They will also need to be entered on the professional body's list of supervisors. The reasons for choosing a Supervisor should be given. All trainees are required to have supervision with a counselling psychologist for the majority of their training. This assists a trainee to develop their own professional identity as a counselling psychologist.

Practice Supervisors are invited to an annual workshop to learn more about the QCoP and their role.

The Practice Supervisor is responsible for:

- supervising your counselling psychology practice at a ratio of one hour of supervision for every eight hours of client contact;
- ensuring that you maintain a log of your counselling psychology practice and working with you to provide a joint Practice Report after 50, 100, 200, 300 and 450 client hours;
- verifying that a different client is used for the Essay, Case Study and the Process Report Embedded in a Case Study.

7.6 Research Supervisor

The Research Supervisor will usually be a counselling psychologist with sufficient research training and experience, although other suitably experienced researchers will be considered. They must be approved by the CS and the Registrar.

Any proposed change of supervisor is subject to the Registrar's approval which should be sought at the earliest opportunity. The names, academic and professional qualifications and registrations and a brief account of their experience will accompany the PoT.

The Research Supervisor is responsible for:

- Directing your learning in research processes and procedures. This will include:
 - identifying and defining a research question;
 - reviewing the relevant literature;
 - identifying, selecting and understanding appropriate research methodologies;
 - considering ethical issues and seeking approval if appropriate;
 - collecting and analysing data;
 - discussing and evaluating findings or results;
 - reflecting on the research experience;
 - writing up the research in an appropriate form.
- Advising you on submission for one of the options in the assessment criteria on research competence.
- Meeting regularly with you for supervision.
- Providing annual reports to the Qualifications Board through your CS as part of the annual Update to PoT (see Section 3.4 for further details). NB: In order to ensure that your assessment remains anonymous, the assessors for your dissertation will not need to see the reports from your Research Supervisor.

7.7 Personal Counselling Psychologist/Therapist

The Personal Counselling Psychologist/Therapist is usually a counselling psychologist with sufficient experience in psychotherapy. They will be approved by your CS and the Registrar. Any proposed change of Personal Counselling Psychologist/Therapist is subject to the Registrar's approval and should be sought at the earliest opportunity. The names, academic and professional qualifications and registrations and a brief account of their experience will accompany the PoT. You may also wish to enclose a copy of their CV.

When you propose to use a Personal Counselling Psychologist/Therapist who is not a counselling psychologist they should be a practitioner who is a registered professional member of a professional body which has a code of ethics and accreditation and disciplinary/complaints procedures.

The Personal Counselling Psychologist/Therapist will provide a witness statement confirming a minimum of 40 hours of personal counselling psychology/therapy to the CS. The Personal Counselling Psychologist/Therapist will have no other relationship with you; this relationship is confidential and for your benefit and personal growth.

8 Key dates

The assessment year follows the pattern as laid out below. Please see the Society's website for full details of exact dates.

1 MARCH	Enrolment deadline for those intending to register for assessment in the same year.
EARLY NOVEMBER	Registration for assessment.
DECEMBER	Submission for assessment.
JANUARY	Written exam (AU7).
BY LATE APRIL	Receipt of non-AU9 results.
MID-MAY	AU9 Reflective Essay results (including invitations to viva where applicable).
JUNE	Vivas.
1 JULY	Update to POT complete with annual CS report, and accompanied by annual supervisor's report.
EARLY JULY	Viva results.
OCTOBER OR NOVEMBER	Second viva opportunity for those who are unsuccessful in June of the same year.

9. Current Fees

The current schedule of fees is available from the Society's website (see inside front cover for details).

Fees may need to be reviewed from time to time and details of those currently in force are published on our website (see inside front cover for details).

IMPORTANT NOTE

The Qualifications Board reserves the right to refuse access to an examination, to refuse to assess a submission, or to withhold any results for, or the award of, the QCOP until any outstanding fees are paid.

10. Guidance on Studying as an Independent Candidate

An important aspect of studying as an independent candidate is peer support. Seeking help and support from others, in addition to that provided by your CS and any supervisors, can be critical to successfully navigating practitioner training. In addition, developing a network of peer support as a Trainee Counselling Psychologist will sustain continuous professional development once Chartered Membership is achieved.

Peer support can take various forms such as discussions with colleagues in the workplace and at learning events; continued contact with a peer group who met as part of a learning experience; and one-to-one conversations with someone you know and trust. The benefits of these discussions are many: to support you during periods of training when things may seem too much; to offer sources of information that may be new to you; to provide information about job and training opportunities; to enable discussions of techniques, tools and processes that may be helpful; and to gain clarity of your role as a Trainee Counselling Psychologist.

There are several sources of peer support apart from your own networks. The Society's Branches run regular meetings where you can meet other applied psychologists in your local geographic area and talk about a variety of topics of interest. For more information go to www.bps.org.uk. In particular, the webpage for the DCoP (www.bps.org.uk/dcop) has many useful links including a link to Division Networks.

It is also important to make use of resources to facilitate your preparation for assessment. Society members have access to facilities such as the EBSCO Psychology and Behavioural Sciences Collection (www.bps.org.uk/ebSCO) and PsychSource (psychsource.bps.org.uk). In addition to this, you can seek membership of, and obtain a reference reader's card for, the Senate House Library in London where the BPS Library is housed (hopc.bps.org.uk). You may also be able to seek graduate borrower status from the library of the university where you previously graduated.

11. Society Expectations of Candidates

Candidates enrolled on the Society's postgraduate qualifications are all engaged in training which is aimed at furthering their careers as professional psychologists. It is considered an integral part of that training for them to be required to act, at all times, in accordance with the standards of conduct expected of members of their chosen profession. Full details of the Society's expectations of candidates' conduct are outlined in the *Regulations for the Society's Postgraduate Qualifications* and candidates must abide by these throughout their training. In brief, you are required to:

- adhere to the Society's *Code of Ethics and Conduct* and the DCoP's *Professional Practice Guidelines*;
- avoid all practices comprising academic misconduct (including plagiarism and all other forms of cheating);
- take responsibility for many aspects of the administration related to your training;
- meet all deadlines, except where there are genuine extenuating circumstances that prevent you from doing so;
- communicate professionally with all relevant personnel;
- pay all fees when they become due;
- adopt the required title for the duration of your training (see Section 3.3);
- manage your time effectively;
- meet regularly with your CS – it is your responsibility to instigate meetings and other communications with your CS;
- notify the Qualifications Office in writing if you are convicted of any crime.

Where these expectations of conduct are not met candidates may (depending on the nature and severity of the infringement) be withdrawn from the QCoP and may be considered ineligible to enrol on any of the Society's other Qualifications.

12. Glossary

This Glossary is organised in alphabetical order. If there is a term which you do not understand but which does not appear in this glossary please contact the Qualifications Office.

AEC: Accreditation of Existing Competence, where an applicant can present relevant postgraduate experience at enrolment to offset some of the requirements of the QCoP.

Assessor: A suitably qualified and experienced counselling psychologist appointed by the CoPQB to assess submitted pieces of work.

AU: Assessment Units, the written units of the QCoP, such as case studies, academic papers, research and a written examination.

Chair: The member of the CoPQB who has overall responsibility for the QCoP.

Chartered Membership: Full recognition by the Society of an individual's competence as a professional practitioner of psychology.

Chief Assessor: The member of the CoPQB who has overall responsibility for the assessment process for the QCoP.

CoPQB: The Counselling Psychology Qualifications Board, which manages all aspects of the QCoP.

CS: Co-ordinating Supervisor, who supports and guides a candidate from enrolment through to completion of the QCoP.

DCoP: Division of Counselling Psychology, the Society's professional community for those who are undertaking or have undertaken accredited training in counselling psychology.

DEU: Documentary Evidence Units, the QCoP units which are more practically focused (for example, attendance at courses, providing therapy to clients or attending personal therapy yourself).

Enrolment: The process by which candidates are accepted onto the QCoP which involves working with your approved CS to prepare a suitable plan of training and, where applicable, an application for AEC.

Enrolment Assessor: A suitably qualified and experienced counselling psychologist appointed by the CoPQB to assess enrolment applications.

GBC: Graduate Basis for Chartered Membership, the minimum threshold for entry to Society accredited postgraduate training in applied psychology and the Society's postgraduate qualifications.

Health Reference Form: A form completed by your GP confirming that you have no health issues which may preclude you from completing the QCoP.

HCPC: Health Professions Council, the regulatory body for practitioner psychologists in the UK. Registration with the HCPC is required to entitle a psychologist to use the relevant protected title from the list of those protected by law (see www.hpc-uk.org for further information).

Independent Route: Generic term for the Society's own postgraduate qualifications (as opposed to traditional university routes).

Lead CS: A member of the CoPQB who assists CSs in their role and reviews quarterly review forms from candidates.

Placement Approval Process: The process whereby a candidate seeks approval of a new placement through completion of various forms including a risk assessment and placement audit form; these forms will be completed in conjunction with the CS, practice supervisor and placement host.

Placement host: The provider of the placement where you undertake a period of supervised practice towards the QCoP.

PoT: Plan of Training, which outlines how you intend to fulfil the various AUs and DEUs of which the QCoP comprises.

PoT Update: The annual process whereby a candidate updates their plan of training for the coming year in conjunction with their CS.

Practice Supervisor: A suitably qualified and experienced counselling psychologist, or other appropriately registered individual, who will provide supervision for some of the client work that you undertake on the QCoP.

QAA: Quality Assurance Agency, an independent body which reviews the performance of universities and colleges of higher education.

QCoP: Qualification in Counselling Psychology, sometimes known as the independent route to training as a counselling psychologist.

Quarterly Review Process: The process whereby a candidate meets with their CS quarterly to review their progress and plan objectives for the next quarter, which will be documented on the Quarterly Review Form.

QSC: Qualifications Standards Committee, which acts on delegated authority from the Membership Standards Board to consider matters of policy and implementation regarding the Society's postgraduate qualifications.

Registrar: A member of the CoPQB who liaises between the CoPQB and the candidates. The Registrar approves enrolment applications, annual PoT Updates and any interim changes to a candidate's arrangements for completing the QCoP.

Registration for Assessment: The process through which candidates register to submit AUs and DEUs for assessment.

Research Supervisor: A suitably qualified and experienced counselling psychologist, or other appropriately registered individual, who will provide research supervision for the piece of research that you undertake for the QCoP (this will not apply if you are granted AEC for the research unit).

Appendix 1: Reading List

Preamble

It is not possible to provide definitive guidance about reading as relevant texts and journals are constantly being published. Also, as this is an independent route to qualification, each candidate will develop differing interests and specialisms according to their chosen trainings and practice experience. However, candidates should be aware that the QCoP requires a level of understanding and analysis that in academic terms reflects the standard of a doctorate level work. Moreover, unlike some of the specific trainings that may form part of their preparation for the Society's examination, candidates should recognise that, as a professional qualification in psychology, the QCoP places a strong emphasis on practice that is informed by and analysed in the light of psychological theory and research. Equally strong are the emphases on ethical thinking and practice and understanding the social, political and organisational contexts of practice. Candidates should at all times be guided first and foremost by the *Regulations and Syllabus for the Qualification in Counselling Psychology* in ensuring that their reading adequately prepares them for examination in all aspects of the syllabus. The following reading list gives some guidance by indicating a selection of relevant texts suggested by senior members of the DCoP. It reflects their interests and **should not be taken as either prescriptive or exhaustive**. There is inevitable overlap between sections.

Additionally, candidates should read relevant publications such as:

The Division's in-house publication *Counselling Psychology Review*; the Society's *Psychotherapy Section Newsletter*; *The Psychologist*; the Society's journal *Psychology and Psychotherapy: Theory, Research, and Practice*; the BACP journals *Counselling and Psychotherapy* and *Counselling and Psychotherapy Research; Clinical Case Studies* (Sage); *The Journal of Critical Psychology, Counselling and Psychotherapy* (PCCS).

Key Text

Woolfe, R., Strawbridge, S., Douglas, B. & Dryden, W. (Eds.) (2009). *Handbook of counselling psychology* (3rd ed.). London: Sage.

(This text comprises chapters by senior members of the DCoP and covers major approaches and issues. Each chapter is extensively referenced to guide further reading. It provides a good starting point firmly anchored in the perspective of counselling psychology.)

Trainee Guides

Orlans, V. with Van Scoyoc, S. (2009). *A short introduction to counselling psychology*. London: Sage.

Bor, R. & Watts, M. (Eds.) (2006). *The trainee handbook: A guide for counselling and psychotherapy trainees* (2nd ed.). London: Sage. (Much useful material, including help with writing.)

Papadopoulos, L.A., Cross, M.C. & Bor, R. (Eds.) (2003). *Reporting in counselling and psychotherapy: A trainee's guide to preparing case studies and reports*. Hove: Brunner-Routledge.

General Texts

Douglas, B. & James, P. (2014). *Common presenting issues in psychotherapeutic practice*. London: Sage.

Feltham, C. & Horton, I. (Eds.) (2006). *Handbook of counselling and psychotherapy* (2nd ed.). London: Sage.

McLeod, J. (2009). *An introduction to counselling* (4th ed.). Berkshire: Open University Press.

Spinelli, E. (2006). *Demystifying therapy*. Ross-on-Wye: PCCS Books.

Tribe, R. & Morrissey, J. (Eds.) (2005). *Handbook of professional and ethical practice*. Hove: Brunner-Routledge.

Useful Series

There are a number of useful series including:

In search of a therapist. Series editor: Michael Jacobs (Open University). Each text focuses on a single client discussed by therapists from differing approaches.

Core concepts in therapy. Series editor: Michael Jacobs (Open University). Explores core concepts across differing approaches.

Perspectives on psychotherapy. Series editor: Colin Feltham (Sage).

Professional skills for counsellors. Series editor: Colin Feltham (Sage). Texts on core skills such as contracting and assessment.

Skills in counselling and psychotherapy. Series editor: Francesca Inskip (Sage). Texts focus on skills related to specific approaches such as person-centred and transactional analysis.

Reflective Practice and Supervision

Schon, D.A. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. London: Jossey-Bass.

Schon, D.A. (1991). *The reflective practitioner: How professionals think in action*. Ashgate.

There is an increasing literature on supervision but try:

Carroll, M. (2001). *Counselling supervision: Theory, skills and practice*. London: Sage.

Carroll, M. & Gilbert, M.C. (2005). *On being a supervisee: Creating learning partnerships*. London: Vukani Publishing.

Carroll, M. & Holloway, E. (Eds.) (1999). *Counselling supervision in context*. London: Sage.

Carroll, M. & Tholstrup, M. (2000). *Integrative approaches to supervision*. London: Jessica Kingsley.

Copeland, S. (2005). *Counselling supervision in organisations*. Hove: Routledge.

Gilbert, M.C. & Evans, K. (2000). *Psychotherapy supervision: An integrative rational approach to psychotherapy supervision*. Milton: Keynes: Open University Press.

Hawkins, P. & Shohet, R. (2007). *Supervision in the helping professions* (3rd ed.). Milton Keynes: Open University Press.

Lahad, M. (2000). *Creative supervision: the use of expressive arts methods in supervision and self-supervision*. London: Jessica Kingsley.

Proctor, B. (2008). *Group supervision in the helping professions* (2nd ed.). London: Sage.

Scaife, J. (2008). *Supervision on clinical practice* (2nd ed.). London: Routledge.

See also:

Occasional Papers on Supervision – *Counselling Psychology Review* (2008).

Division of Counselling Psychology (2008). *Guidelines for supervision*. Leicester: British Psychological Society. Available online from: www.bps.org.uk.

Theoretical Models and the Analysis of Practice

So much could be included here and candidates will be guided by their trainers in reading related to specific approaches, such as: person-centred, existential, psychodynamic and cognitive behavioural. References given in the various chapters of the *Handbook of Counselling Psychology* will also be useful. Candidates will need to demonstrate a critically reflective approach towards chosen models and perspectives as well as an understanding of their philosophical bases and relevant psychological theory and research.

Theoretical Models

Allan, J. & Fonagy, P. (Eds.). (2006). *The handbook of mentalisation-based treatment*. Chichester: Wiley.

Beck, A.R., Rush, A.J., Shaw, B.F. & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.

Cooper, M., O'Hara, M. & Wyatt, G. (Eds.) (2007). *The handbook of person-centred psychotherapy and counselling*. Basingstoke: Palgrave Macmillan.

Bowlby, J. (2005). *A secure base*. London: Routledge.

DeYoung, P. (2003). *Relational psychotherapy: A primer*. London: Brunner-Routledge.

Dryden, W. (Ed.) (2007). *Handbook of individual therapy* (5th ed.). London: Sage.

Feltham, C. & Horton, I. (Eds.) (2006). *Handbook of counselling and psychotherapy* (2nd ed.). London: Sage.

Gillon, E. (2007). *Person-centred counselling psychology: An introduction*. London: Sage.

Grant, J. & Crawley, J. (2002). *Transference and projection: Mirrors to the self* (Core Concepts in Counselling Series). Milton Keynes: Open University Press.

Holmes, J. (1993). *John Bowlby and Attachment Theory* (Makers of Modern Psychotherapy Series). London: Routledge.

House, R. & Loewenthal, D. (2008). *Against and for CBT: Towards a constructive dialogue?* Ross-on-Wye: PCCS Books.

- Jacobs, M. (2004). *Psychodynamic counselling in action* (3rd ed.). London: Sage.
- Jacobs, M. (2007). *The presenting past* (3rd rev. ed.). London: Open University.
- Kahn, M. (1997). *Between therapist and client* (2nd ed.). New York: W.H. Freeman.
- Lemma, A. (2003). *Introduction to the practice of psychoanalytic psychotherapy*. Sussex: Wiley.
- Mearns, D. & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. London: Sage.
- McLeod, J. (2009). *An introduction to counselling* (4th ed.). London: Open University.
- Mearns, D. & Thorne, B. (2007). *Person-centred counselling in action* (3rd ed.). London: Sage.
- Padesky, C. & Greenberger, D. (1995). *Clinician's guide to mind over mood*. New York: Guilford Press.
- Padesky, C. & Greenberger, D. (1995). *Mind over mood: Change how you feel by changing the way you think*. New York: Guilford Press.
- Palmer, S. & Woolfe, R. (2000). *Integrative and eclectic counselling and psychotherapy*. London: Sage.
- Rogers, C. (2004). *On becoming a person*. London: Constable.
- Rowan, J. & Jacobs, M. (2002). *The therapist's use of self* (Core Concepts on Therapy Series). Milton Keynes: Open University Press.
- Safran, J. & Murrain, J. (2003). *Negotiating the therapeutic alliance*. London: Guilford Press.
- Sanders, P. (Ed.) (2003). *The tribes of the person-centred nation: A guide to the schools of therapy associated with the person-centred approach*. Ross-on-Wye: PCCS Books.
- Sanders, D. & Wills, F. (2005). *Cognitive behavioural therapy: An introduction*. London: Sage.
- Spinelli, E. (2007). *Practising existential therapies: The relational world*. London: Sage.
- van Deurzen, E. (2001). *Existential counselling and psychotherapy in practice* (2nd ed.). London: Sage.
- Westerbrook, D., Kennerley, H. & Kirk, J. (2007). *An introduction to cognitive behaviour therapy: Skills and applications*. London: Sage.
- Woolfe, R., Strawbridge, S., Douglas, B. & Dryden, W. (Eds.) (2009). *Handbook of counselling psychology* (3rd ed.). London: Sage.
- Wosket, V. (1999). *The therapeutic use of self*. London: Routledge.
- Yalom, I. (1980). *Existential psychotherapy*. New York: Basic Books.
- Young, E., Young, S. & Weishaar, M. (2003). *Schema therapy: A practitioner's guide*. London: Guilford Press.

Integration, Common Factors, Principles of Change

Some reading about issues of integration, common factors, outcomes and principles of change should be undertaken such as:

- Duncan, B., Miller, S., Bruce, E., Wampold, B. & Hubble, M. (2009). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association.
- Castonguay, L.G. & Beutler, L.E. (Eds.). (2006). *Principles of therapeutic change that work*. Oxford: Oxford University Press.
- Elton Wilson, J. & Syme, G. (2006). *Objectives and outcomes* (Core Concepts in Therapy Series). Milton Keynes: Open University Press.
- Gilbert, M.C. & Evans, K. (2005). *An introduction to integrative psychotherapy*. Basingstoke: Palgrave Macmillan.
- Kahn, M. (1991). *Between therapist and client*. New York: W.H. Freeman.
- Lambert, M. J. (Ed.) (2003). *Bergin and Garfield's handbook of psychotherapy and behaviour change* (5th ed.). Chichester: Wiley.
- Roth, A. & Fonagy, P. (2005). *What works for whom? A critical review of psychotherapy research* (2nd ed.). New York: Guilford Press.
- Norcross, J.C. (Ed.) (2002). *Psychotherapy relationships that work. Therapist contributions and responsiveness to patients*. Oxford: Oxford University Press.
- Norcross, J.C. & Goldfried, M.R. (2005). *Handbook of psychotherapy integration* (2nd ed.). USA: Open University Press.
- O'Brien, M & Houston, G. (2000). *Integrative therapy: A practitioner's guide*. London: Sage.
- Stricker, G. & Gold, J.R. (2006). *A casebook of psychotherapy integration*. Washington, DC: American Psychological Association.
- Woolfe, R. & Palmer, S. (Eds.) (2000). *Integrative and eclectic counselling and psychotherapy*. London: Sage.

When researching integration in psychotherapy remember to include reading on basic psychological science (e.g. learning, memory, information processing, neuroscience, cognition, social psychology, recent work on affect and cognitive-affective interactions).

See also:

Journal for Psychotherapy Integration.

United Kingdom Association for Psychotherapy Integration: www.ukapi.com/

Society for the Exploration of Psychotherapy Integration: www.cyberpsych.org/sepi/

Website: www.psytx.com/02processes.html

Brief therapy

Elton Wilson, J. (1996) *Time-conscious psychological therapy: A life stage to go through.* London: Routledge.

Other useful references:

Hemmings, A. (2000). *A systematic review of brief psychological therapies in primary health care.*

Staines: Counselling in Primary Care Trust.

Hudson Allez, G. (1997). *Time-limited therapy in a general practice setting: How to help within six sessions.*

London: Sage.

Selection of references on short-term psychotherapy approaches:

Cognitive Analytic Therapy

Ryle, A. & Kerr, I. (2002). *Introducing cognitive analytic therapy: Principles and practice.* Chichester: Wiley.

Solution Focused Brief Therapy

Milner, J. (2002). *Brief counselling: Narratives and solutions.* Basingstoke: Palgrave.

Myers, S. (2008). *Solution focused approaches.* Lyme Regis: Russell House.

De Shazer, S. (1988). *Clues: Investigating solutions in brief therapy.* London: Norton.

O'Connell, B (1998). *Solution focused therapy.* London: Sage.

Quick, E. (1996) *Doing what works in brief therapy: A strategic solution focused approach.*

London: Academic Press.

Cognitive behaviour therapy/Rational emotive behaviour therapy

Bond, F.W. & Dryden, W. (Eds.) (2004). *Handbook of brief cognitive behaviour therapy.* Chichester: Wiley.

Curwen, B., Palmer, S. & Ruddell, P. (2000). *Brief cognitive behaviour therapy.* London: Sage.

Person-centred approaches

Bryant-Jefferies, R. (2003). *Time limited therapy in primary care: A person-centred dialogue.*

Abingdon: Radcliffe Medical.

Tudor, K. (Ed.) (2008). *Brief person-centred therapies.* London: Sage.

Psychodynamic approaches

Coren, A. (2001). *Short-term psychotherapy: A psychodynamic approach.* Basingstoke: Palgrave.

Levy, R. & Ablon, S. (2008). *Handbook of evidence-based psychodynamic psychotherapy: Bridging the gap between science and practice.* New Jersey: Humana Press.

Coughlin Della Selva, P. & Malan, D. (2007). *Lives transformed: A revolutionary method of dynamic psychotherapy.* London: Karnac.

Mander, G. (2000). *A psychodynamic approach to brief therapy.* London: Sage.

Client Perspectives of Therapy

Ryan, J. (Ed.) (2007). *Tales of psychotherapy.* London. Karnac.

Sands, A. (2000). *Falling for therapy: Psychotherapy from a client's point of view.* London: Macmillan.

Formulation and Case Conceptualisation

Dallos, R. & Johnstone, L. (2006). *Formulation in psychotherapy and psychology.* London: Taylor & Francis.

Ingram, B.L. (2006). *Clinical case formulations: Matching the integrative treatment plan to the client.*

Chichester: Wiley.

- Kuyken, W., Padesky, C.A. & Dudley, R. (2009). *Collaborative case conceptualisation: Working effectively with clients in cognitive behavioural therapy*. New York: Guilford Press.
- McWilliams, N. (1999). *Psychoanalytic case formulation*. New York: Guilford Press.
- Papadopoulos, L., Cross, M.C. & Bor, R. (2003). *Reporting in counselling and psychotherapy: A trainee's guide to preparing case studies and reports*. Hove: Brunner-Routledge.
- Parrott, C. (2003). How to write a process report. In R. Bor & M. Watts (Eds.), *The trainee handbook: A guide for counselling and psychotherapy trainees*. London: Sage.
- Shaher, G. & Porcerelli, J. (2006). The action formulation: A proposed heuristic for clinical case formulation. *Journal of Clinical Psychology*, 62(9), 1115–1127.
- Sturmey, P. (Ed.) (2009). *Clinical case formulation: A variety of approaches*. London: Wiley-Blackwell.
- Weerasekera, P. (2005). *Multiperspective case formulation: A step towards treatment integration*. Malabar, FL: Krieger Publishing Company.

Specific Presenting Issues

Literature on work with specific aspects of distress such as trauma, abuse, eating distress, identity issues, anxiety and depression, also often cuts across approaches. This should be explored both in relation to the needs of specific client groups encountered and in the interest of being generally well informed.

The following are offered as suggestions of a much wider selection available.

Anxiety

- Leahy, R.I. (2000). *Treatment plans and interventions for anxiety and depression disorders*. New York: Guilford Press.
- Rothbaum, B.O. (2005). *Pathological anxiety: Emotional processing in etiology and treatment*. Hove: Guilford Press.
- Sanders, D.J. & Wills, F. (2003). *Counselling for anxiety problems* (2nd ed.) (Counselling in Practice Series). London: Sage.

Depression

- Leahy, R.I. (2000). *Treatment plans and interventions for anxiety and depression disorders*. New York: Guilford Press.
- Gilbert, P.R. (2006). *Counselling for depression*. London: Sage.
- Gilbert, P.R. (2009). *The compassionate mind*. London: Constable.
- Williams, M., Teasdale, J., Segal, Z. & Kabat-Zinn, J. (2007). *The mindful way through depression: Freeing yourself from chronic unhappiness*. New York: Guilford Press.

Eating distress

- Fairburn, C. & Brownell, K. (Eds.) (2005). *Eating disorders and obesity: A comprehensive handbook*. Hove: Guilford Press.
- Gilbert, S. (2005). *Counselling for eating disorders*. London: Sage.
- Middleton, K. (2007). *Eating disorders: The path to recovery*. Lion Hudson.
- Treasure, J., Schmidt, U. & van Furth, E. (Eds.) (2005). *The essential handbook of eating disorders*. London: Wiley-Blackwell.

Bereavement and loss

- Klass, D., Silverman, P. & Nickman, S. (Eds.) (1996). *Continuing bonds. New understandings of grief*. London: Taylor & Francis.
- Stroebe, M., Hansson, R., Stroebe, W. & Schut, H. (Eds.) (2001). *Handbook of bereavement research. Consequences, coping and care*. Washington, DC: American Psychological Association.
- Stroebe, M. & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23, 197–224.
- Tonkin, I. (1996). Growing around grief – another way of looking at grief and recovery. *Bereavement Care*, 15(1), 10.
- Murray-Parkes, C. & Wertheimer, A. (2001). *A special scar: The experiences of people bereaved by suicide*. London: Routledge.
- Worden, W. (2009). *Grief counselling and grief therapy* (4th ed.). London: Routledge.

Couples and families

- Beck, A.T. (1989). *Love is never enough*. London: Penguin.
- Butler, B. & Joyce, V. (1998). *Counselling couples in relationships: An introduction to the relate approach*. Chichester: Wiley.
- Carr, A. (2000). *Family therapy: Concepts, process and practice*. Chichester: Wiley.
- Clulow, C. (Ed.) (2002). *Adult attachment and couple psychotherapy*. Sussex: Taylor & Francis.
- Dallos, R. (2000). *An introduction to family therapy: Systemic theory and practice*. Milton Keynes: Open University Press.
- Faimberg, H. (2005). *The telescoping of generations: Listening to the narcissistic links between generations*. London: Brunner-Routledge.
- Holmes, J. (2003). *The search for the secure base: Attachment theory and psychotherapy*. Hove: Taylor Francis.
- O'Leary, C.J. (1999). *Counselling couples and families: A person-centred approach*. London: Sage.
- Wheeler, G. & Backman, S. (Eds.) (1994). *On intimate ground: A gestalt approach to working with couples*. San Francisco: Jossey-Bass Publishers.

Post-traumatic stress

- Brewin, C. (2003). *Post-traumatic stress disorder. Malady or myth*. New Haven: Yale University Press.
- Briere, J. (2004). *Psychological assessment of adult post-traumatic states: Phenomenology, diagnosis and measurement*. Washington, DC: American Psychological Association.
- Kinchin, D. (2005). *Post-traumatic stress disorder: The invisible injury*. Oxford: Success Unlimited.
- Scott, M.J. & Stradling, S.G. (2006). *Counselling for post-traumatic stress disorder*. London: Sage.
- Vasterling, J.J. & Brewin, C.R. (Eds.) (2005). *Neuropsychology of PTSD: Biological, cognitive and clinical perspectives*. New York: Guilford Press.
- Wastell, C. (2004). *Understanding trauma and emotion: Dealing with trauma using an emotion-focused approach*. Maidenhead: Open University Press.

Sexual abuse

- Draucker, C.B. & Martsoff, D. (2006). *Counselling survivors of childhood sexual abuse*. London: Sage.
- Furman, B. (1997). *It's never too late to have a happy childhood: From adversity to resilience*. BT Press.
- Herman, J. (2001). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: Basic Books.
- Sanderson, C. (2006). *Counselling adult survivors of child sexual abuse* (3rd ed.). London: Jessica Kingsley.

Some critical, social constructionist and postmodernist texts should also be read such as:

- Fee, D. (Ed.). (2000). *Pathology and the postmodern: Mental illness as discourse and experience*. London: Sage.
- Fox, D., Prilleltensky, I. & Austin, A. (2009). *Critical psychology: An introduction* (2nd ed.). London: Sage.
- Gergen, K. (2001). *Social construction in context*. London: Sage.
- Loewenthal, D. & Snell, R. (2003). *Post-modernism for psychotherapists: A critical reader*. Hove: Routledge.

Partly in connection to the above, there is an increasing interest in narrative and narrative approaches to therapy. A good place to start is:

- Angus, L. & McLeod, J. (Eds.) (2004). *The handbook of narrative and psychotherapy: Practice, theory and research*. London: Sage.

The underlying psychological theory is discussed in:

- Crossley, M.L. (2000). *Introducing narrative psychology: Self, trauma and the construction of meaning*. Buckingham: Open University.

It is also useful to consider Bruner's groundbreaking distinction between paradigmatic and narrative modes of thought both in relation to the above and as an important shift away from positivist-empiricist thinking in psychology. See:

- Bruner, J.S. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University.

An interesting take on narrative and the exploration of consciousness is provided by David Lodge in:

- Lodge, D. (2002). *Consciousness and the novel*. London: Secker & Warburg.

Research and Evaluation

There is an increasingly rich literature relating to research, including texts on specific methods. The following is a selection of more general texts:

- Barker, C., Pistrang, N. & Elliot, C. (2002). *Research methods in clinical psychology* (2nd ed.). Chichester: Wiley.
- Bell, J. (2005). *Doing your research project* (4th ed.). Buckingham: Open University Press.
- Bergin, A.E. & Garfield, S.L. (2003). *Handbook of psychotherapy and behaviour change* (5th ed.). New York: Wiley.
- Cooper, M. (2008). *Essential findings in counselling and psychotherapy: The facts are friendly*. London: Sage.
- Etherington, K. (2004). *Becoming a reflexive researcher: Using ourselves in research*. London: Jessica Kingsley.
- Goodheart, C.D., Kazdin, A.E. & Sternberg, R.J. (Eds.) (2006). *Evidence-based psychotherapy: Where practice and research meet*. Washington, DC: American Psychological Association.
- Lees, J. & Freshwater, D. (Eds.) (2008). *Practitioner based research: Power, discourse and transformation*. London: Karnac.
- Lyons, E. & Coyle, A. (2007). *Analysing qualitative data in psychology*. London: Sage.
- Mace, C., Moorey, S. & Roberts, B. (2001). *Evidence in the psychological therapies: A critical guide for practitioners*. Hove: Brunner-Routledge.
- McLeod, J. (2003). *Doing counselling research* (2nd ed.). London: Sage.
- Norcross, J.C., Beutler, L.E. & Levant, R.F. (Eds.) (2005). *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Association.
- Roth, A., Fonagy, P., Parry, G. & Target, M. (2006). *What works for whom? A critical review of psychotherapy research*. New York: Guilford Press.
- Ritchie, J. & Lewis, J. (Eds.) (2003). *Qualitative research practice – A guide for social science students and researchers*. London: Sage.
- Smith, J. (2007). *Qualitative psychology: A practical guide to research methods* (2nd ed.) London: Sage.
- Sternberg, R. (2000). *Guide to publishing in psychology journals*. Cambridge: Cambridge University Press.
- Todd, Z., Nerlich, B., Mckeown, S. & Clark, D. (2004). *Mixing methods in psychology: The integration of qualitative and quantitative methods in theory and practice*. Hove: The Psychology Press.
- Wampold, B.E. (2001). *The great psychotherapy debate: Models, methods, and findings*. London: Routledge.
- Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). Berkshire: Open University Press.

Self-Reflection and Personal Development

This will vary enormously according to personal interests and concerns but some of the following may be of interest:

- Casement, P. (2006). *Learning from life*. London: Routledge.
- Cozolino, L.J. (2004). *The making of a therapist*. New York: W.W. Norton & Co.
- Epstein, M. (2005). *Thoughts without a thinker*. New York: Basic Books.
- Fredman, G. (2004). *Transforming emotions: Conversations in counselling and psychotherapy*. London: Whurr.
- Geller, J.D., Norcross, J.C. & Orlinsky, D.E. (2005). *The psychotherapists own therapy: Patient and clinician perspectives*. USA: Open University Press.
- Gordon, E.F. (2000). *Mockingbird years: A life in and out of therapy*. New York: Basic Books.
- Howard, A. (2000). *Philosophy for counselling and psychotherapy*. London: MacMillan.
- Jacobs, M. (2008). *Our desire of unrest*. London: Karnac
- Johns, H. (2002). *Personal development in counsellor training*. London: Sage.
- Kolb, D. (1984). *Experiential learning*. Prentice Hall.
- Kottler, J. (2003). *On being a therapist* (3rd ed.). San Francisco: Jossey-Bass.
- LeBon, T. (2001). *Wise therapy: Philosophy for counsellors*. London: Continuum.
- Rose, C. (2008). *The personal development group: A student's guide*. London: Karnac.
- Rowan, J. & Jacobs, M. (2002). *The therapist's use of self*. Berkshire: Open University Press.
- Spinelli, E. (2001). *The mirror and the hammer: Challenges to therapeutic orthodoxy*. London: Continuum.
- Spinelli, E. & Marshal, S. (Eds.) (2001). *Embodied theories*. London: Continuum.
- Yalom, I. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York: Harper Collins.

Ethical, Political, Legal and Professional Issues

- Bond, T. (2009). *Standards and ethics for counselling in action* (3rd ed.) London: Sage.
- Davies, D. (2000). *Therapeutic perspectives on working with lesbian, gay and bisexual clients (Pink Therapy)*. Milton Keynes: Open University Press.
- Francis, R.D. (2009). *Ethics for psychologists: A handbook* (2nd ed.). Leicester: BPS Books.
- Gabriel, L. & Casemore, R. (2009). *Relational ethics in practice: Narratives from counselling and psychotherapy*. Hove: Routledge.
- Hunter, M. & Struve, J. (1998). *The ethical use of touch in psychotherapy*. London: Sage.
- Jenkins, P. (2007). *Counselling, psychotherapy and the law* (2nd ed.). London: Sage.
- Jenkins, P. (Ed.) (2002). *Legal issues in counselling and psychotherapy*. London: Sage.
- Jones, C., Shillito-Clarke, C.M., Syme, G. et al. (2000). *Questions of ethics on counselling and therapy*. Buckingham: Open University Press.
- Lago, C. (2005). *Race, culture and counselling: The ongoing challenge*. London: Sage.
- Lago, C. & Smith, B. (Eds.) (2003). *Anti-discriminatory counselling practice*. London: Sage.
- Owusu-Bempah, K. & Howitt, D. (2000). *Psychology beyond Western perspectives*. Leicester: British Psychological Society.
- Palmer, S. (Ed.) (2001). *Multicultural counselling: A reader*. London: Sage.
- Pilgrim, D. & Rogers, A. (2002). *Mental health and inequality*. Basingstoke: Palgrave Macmillan.
- Rose, N. (2009). *The politics of life itself: Biomedicine, power, and subjectivity in the 21st century*. Princeton, NJ: Princeton University Press.
- Ryde, J. (2009). *Being white in the helping professions*. London: Jessica Kingsley.
- Swain, J. & French, S. (Eds.) (2008). *Disability on equal terms*. London: Sage.

Social, Political and Organisational Issues and Contexts

- Billington, R., Hockey, S. & Strawbridge, S. (1998). *Exploring self and society*. London: Macmillan.
- Illich, I., Zola, I.K., McNight, J., Caplan, J. & Shaiken, H. (2005). *Disabling professions*. London: Marion Boyars.
- House, R. (2003). *Therapy beyond modernity: Deconstructing and transcending profession-centred therapy*. London: Karnac.
- Morgan, G. (2006). *Images of organisations*. London: Sage.
- Proctor, G. (2002). *The dynamics of power in counselling and psychotherapy*. Ross-on-Wye: PCCS Books.
- Rose, N. (2009). *The politics of life itself: Biomedicine, power, and subjectivity in the 21st century*. Princeton, NJ: Princeton University Press.
- Sampson, E.E. (2008). *Celebrating the other: A dialogic account of human nature*. Hemel Hempstead: Harvester/Wheatsheaf.
- Smail, D. (2005). *Power, interest and psychology: Elements of a social materialist understanding of distress*. Ross-on-Wye: PCCS Books.
- Storry, M. & Childs, P. (Eds.) (2007). *British cultural identities* (3rd ed.). London: Routledge.
- West, W. (2004). *Spiritual issues in therapy: Relating experience to practice*. Basingstoke: Palgrave Macmillan.

Risk Assessment/Suicidality

- Doctor, R. (2003). *Dangerous patients: A psychodynamic approach to risk assessment and management*. London: Karnac Books.
- Duffy, D. & Tyan, T. (Eds.) (2004). *New approaches to preventing suicide: A manual for practitioners*. London: Jessica Kingsley.
- Gardner, F. (2001). *Self-harm: A psychotherapeutic approach*. Hove: Brunner-Routledge.

Philosophical Bases

A good introduction to the philosophy of science/social science will provide a useful beginning to the consideration of philosophical issues. A useful history of philosophy series, which provides accessible introductions to various approaches to philosophy, is the Routledge Contemporary Introductions to Philosophy, for example:

- Rosenberg, A. (2005). *Philosophy of science: A contemporary introduction* (2nd ed.). Hove: Routledge.

An interesting text which considers psychotherapy in relation to European philosophy is:

- Frie, R. (2003). *Understanding experience: Psychotherapy and postmodernism*. London: Routledge.

Focusing on cognitive psychology, the following text asks what it takes to develop a genuinely scientific psychology:

Harre, R. (2002). *Cognitive science: A philosophical introduction*. London: Sage.

The following text focuses on Western philosophies:

Howard, A. (2000). *Philosophy for counselling and psychotherapy: Pythagoras to postmodernism*. Basingstoke: Palgrave Macmillan.

Psychopathology

In the context of multi-disciplinary work, an understanding of, and critical perspective on, notions of psychopathology and psychiatric categories is important.

General Texts

Bennett, P. (2003). *Abnormal and clinical psychology: An introductory textbook*.

Milton Keynes: Open University Press.

Davies, D. & Bhugra, D. (2004). *Models of psychopathology* (Core Concepts in Therapy Series).

Milton Keynes: Open University Press.

Fee, D. (Ed.) (2000). *Pathology and the postmodern: Mental illness as discourse and experience*. London: Sage.

Joseph, S. (2001). *Psychopathology and therapeutic approaches: An introduction*. Houndmills: Palgrave.

Joseph, S. (Ed.) (2005). *Person-centred psychopathology: A positive psychology of mental health*.

Ross-on-Wye: PCCS Books.

Joseph, S. (2001). *Psychopathology and therapeutic approaches: An introduction*. Basingstoke:

Palgrave Macmillan

Oldham, J., Skodol, A. & Bender, D. (2005). *Textbook of personality disorders*. London:

American Psychiatric Publishing Inc.

Sommerbeck, L. (2003). *The client-centred therapist in psychiatric contexts*. Ross-on-Wye: PCCS Books.

Critical perspectives

Bentall, R. (2009). *Doctoring the mind: Why psychiatric treatments fail*. London: Allan Lane.

Bentall, R. & Beck A. (2004). *Madness explained: Psychosis and human nature*. London: Penguin.

Gray, P. (Ed.) (2006). *The madness of our lives: Experiences of mental breakdown and recovery*.

London: Jessica Kingsley.

Horwitz, A. & Wakefield, J. (2007). *The loss of sadness: How psychiatry has transformed normal sorrow into depressive disorder*. New York: Oxford.

Kutchins, H. & Kirk, S. (2003). *Making us crazy: DSM, the psychiatric bible and the creation of mental disorders*. London: The Free Press.

Pilgrim, D. (2009). *Straight talking introduction to psychological treatments for mental health problems*

(Straight Talking Introductions). Ross-on-Wye: PCCS Books.

Diagnostic systems

American Psychiatric Association (2005). *Diagnostic and statistical manual of mental disorders* (4th ed.).

Text revision. *DSM-IV-TR*. Washington, DC: American Psychiatric Association.

Beach, S.R.H., Wamboldt, M.Z., Kaslow, N.J., Heyman, R.E., First, M.B., Underwood, L.G. & Reiss, D.

(2006). *Relational processes and DSM-V: Neuroscience, assessment, prevention and treatment*.

Washington, DC: American Psychiatric Press.

Beutler, L. & Malik, M. (2002). *Rethinking the DSM: A psychological perspective*. Washington, DC:

American Psychological Association.

Eriksen, K. & Kress, V.E. (2005). *Beyond the DSM story: Ethical quandaries, challenges and best practices*.

London: Sage.

World Health Organization (1992). *International classification of diseases V (F): Mental and behavioural disorders*. Geneva: World Health Organization.

Specific diagnoses

Birchwood, M. & Jackson, C. (2001). *Schizophrenia*. Hove: Psychology Press.

Goodwin, F.K. & Jamison, K. (2007). *Manic depressive illness: Bipolar disorders and recurrent depression*.

USA: Open University Press.

- Koenigsberg, H.W., Stone, M.H., Kernberg, O.F. & Appelbaum, A.H. (2000). *Borderline patients: Extending the limits of treatability*. New York: Basic Books.
- Read, J., Mosher, L. & Bentall, R. (Eds.) (2004). *Models of madness: Psychological, social and biological approaches to schizophrenia*. Hove: Brunner-Routledge.
- Slade, P. & Haddock, G. (1996). *Cognitive behavioural interventions with psychotic disorders*. London: Routledge.

Fictional accounts

- Jamison, Kay Redfield. (1997). *An unquiet mind: A memoir of moods and madness* (new ed.). New York: Vintage Books.

Psychological Assessment and Testing

- Aiken, L.R. & Groth-Marnat, G. (2006). *Psychological testing and personality*. New York: Allyn & Bacon.
- Beutler, L. & Groth-Marnat, G. (2003). *Integrative assessment of adult personality*. (2nd ed.). New York: Guilford Press.
- Groth-Marnat, G. (2003). *Handbook of psychological assessment* (4th ed.). New York: Wiley.
- Milner, J. & O'Byrne, P. (2004). *Assessment in counselling: Theory, process and decision-making*. Basingstoke: Palgrave Macmillan.

Psychopharmacology

- Hammersley, D. (1995). *Counselling people on prescribed drugs*. London: Sage.
- Healy, D. (2008). *Psychiatric drugs explained* (5th ed.). London: Churchill Livingstone.
- Kirsch, I (2009). *The emperor's new drugs: Exploding the antidepressant myth*. London: Bodley Head.

General Psychology

Areas of general psychology such as personality theories, lifespan development, perception and memory will need to be re-visited and considered in relation to their relevance for therapeutic understanding. A useful start is:

- Sugarman, L. (2001). *Life-span development: Frameworks, accounts and strategies* (2nd ed.). London: Routledge.

Consciousness and Cognitive Neuroscience

There is increasing interest, by therapists of varying persuasions, in the rapidly developing fields of consciousness studies and cognitive neuroscience. These are exciting areas to which the following texts provide an introduction:

- Blackmore, S. (2005). *Consciousness: A very short introduction*. Oxford: Open University Press.
- Siegel, D. (2002). *The developing mind: How relationships and the brain interact to shape who we are*. New York: Guilford Press.

Also the writings of key thinker Antonio Damasio are very readable:

- Damasio, A. (2000) *The feeling of what happens: Body, emotion and the making of consciousness*. London: Vintage.
- Damasio, A. (2004). *Looking for Spinoza: Joy, sorrow and the feeling brain*. London: Vintage.
- Gerhardt, D. (2004). *How affection shapes a baby's brain*. London: Routledge.

Appendix 2: M-level and D-level descriptors

As taken from *The Framework for Higher Education qualifications in England, Wales and Northern Ireland*, the Quality Assurance Agency (January 2001)

Descriptor for a qualification at Masters (M) level: Masters degree

Masters degrees are awarded to students who have demonstrated:

- i. a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice;
- ii. a comprehensive understanding of techniques applicable to their own research or advanced scholarship;
- iii. originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline;
- iv. conceptual understanding that enables the student:
 - to evaluate critically current research and advanced scholarship in the discipline; and
 - to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.

Typically, holders of the qualification will be able to:

- (a) deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences;
- (b) demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level;
- (c) continue to advance their knowledge and understanding, and to develop new skills to a high level; and holders will have:
- (d) the qualities and transferable skills necessary for employment requiring:
 - the exercise of initiative and personal responsibility;
 - decision-making in complex and unpredictable situations; and
 - the independent learning ability required for continuing professional development.

Descriptor for qualifications at Doctoral (D) level: Doctoral degree

Doctorates are awarded to students who have demonstrated:

- i the creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication;
- ii a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice;
- iii the general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems; and
- iv a detailed understanding of applicable techniques for research and advanced academic enquiry.

Typically, holders of the qualification will be able to:

- (a) make informed judgements on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences;
- (b) continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas, or approaches; and will have:
- (c) the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent environments.

Appendix 3: Assessment criteria for Assessment Units (AUs)

In this Appendix you will find unit-specific assessment criteria for each of the AUs. You must read this Appendix in conjunction with Section 6.4 which contains the generic assessment criteria.

You will also find a list of competences attached to each AU which you are expected to demonstrate in your submission for the particular unit. It is unlikely that an AU submission would satisfy the specific and generic marking criteria without also, at least partially, meeting the specific competences listed. In this sense the competences are a set requirement all of which must at least be partially met for a pass to be achieved. Markers will be sensitive, as far as reasonably possible, to the differing language and terms used by candidates that may map onto a particular competence.

AU1 Critical Incident Essay

This unit requires an essay about a critical incident or point of change in therapeutic work with a client (3000 words). It is assessed at M-level, so you will need to demonstrate a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of counselling psychology practice.

You should read the M-level descriptors and keep these in mind when preparing your work. The following is a technical description of what the essay must include and a list of the competences which it must demonstrate. Part of the expectation of a candidate submitting work at this level is that they will be able to integrate these factors into their essay in a coherent way

The essay will include:

- an account of your understanding of the client and the presenting concerns;
- a description of the incident/change and its context;
- a critical analysis of the incident/change;
- a reflection on the implications of the incident/change;
- consideration of alternative explanations or consequences;
- an evaluation of your learning from the experience;
- the context in which the therapy took place;
- an introduction to the client, including your observations, the client's current family/social/cultural/employment situation, issues of race and other forms of human diversity, support networks, presenting difficulties and background information relevant to the formulations.
- the contracting process, for example, time, structure, boundaries, confidentiality, cost;
- assessment process, psychological formulation from your specific chosen therapeutic model, rationale for therapeutic approach and therapeutic goals;
- the development of the therapeutic relationship and alliance as conceptualised by the model used, and with particular reference to your own process;
- a critical evaluation of the effectiveness of interventions, including difficulties encountered and attempts to overcome them;
- ethical issues and professional dilemmas and concerns;
- reflections on the use of supervision;
- critical evaluation of your learning.

These assessment criteria provide a framework for you to demonstrate the following competences (see Section 4 and the Competence Logbook for further details):

- 1.1 Show an understanding of the diverse philosophical bases which underpin those psychological theories that are of particular relevance to the practice of counselling psychology.
- 1.2 The ability to critically evaluate the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience throughout human development.
- 2.1 Show an understanding developed to postgraduate level of the philosophy, theory and practice of a specific model of psychological therapy.
- 2.3 The ability to formulate clients' concerns with the specifically chosen therapeutic model(s).
- 2.6 The ability to contrast, compare and critically evaluate a number of models of therapy.

- 3.1 Show an understanding of knowledge of theories of human cognitive, emotional, behavioural, social and psychological functioning relevant to counselling psychology.
- 3.3 Show an understanding of a knowledge of different theories of life-span development.
- 3.5 A knowledge of the theories of psychopathology and/or change and the ability to critically evaluate these theories.
- 4.3 The ability to critically analyse and evaluate published research relevant to counselling psychology.
- 8.5 Provide psychological therapy interventions:
 - i. to individual adults and depending on placement experience other client groups including children and young people, older adults, couples, groups, families, and organisations;
 - ii. in range of contexts, which may include NHS (primary, secondary and tertiary care) and other statutory, voluntary or independent settings; and
 - iii. working within different time-frames of therapeutic practice (time limited, short and long-term, as well as open-ended therapy)
- 8.6 Understand the therapeutic process as it occurs when working with a range of different individuals experiencing psychological difficulties, whether that be in relation to adjustment, to circumstances, or in more significant and problematic experiences as often indicated in diagnostic categories.

AU2 Case Study

This unit requires a case study of a piece of completed therapeutic work with a different client (3000 words). It is assessed at M-level, so you will need to demonstrate a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of counselling psychology practice.

You should read the M-level descriptors and keep these in mind when preparing your work. The following is a technical description of what the case study must include and a list of the competences which it must demonstrate. Part of the expectation of a candidate submitting work at this level is that they will be able to integrate these factors into their case study in a coherent way.

The case study will include:

- an account of your understanding of the client and their presenting difficulties or concerns;
- a clear rationale for the therapeutic approach taken with the client;
- a discussion of the therapeutic relationship and its development;
- a discussion of the process of therapy;
- a reflective evaluation of your learning;
- the context in which the therapy took place;
- an introduction to the client, including your observations, the client's current family/social/cultural/employment situation, issues of race and other forms of human diversity, support networks, presenting difficulties and background information relevant to the formulations;
- the contracting process, for example, time, structure, boundaries, confidentiality, cost;
- assessment process, psychological formulation from your specific chosen therapeutic model, rationale for therapeutic approach and therapeutic goals;
- the development of the therapeutic relationship and alliance as conceptualised by the model used, and with particular reference to your own process;
- a critical evaluation of the effectiveness of interventions, including difficulties encountered and attempts to overcome them;
- ethical issues and professional dilemmas and concerns;
- reflections on the use of supervision;
- critical evaluation of your learning.

These assessment criteria provide a framework for you to demonstrate the following competences (see Section 4 and the Competence Logbook for further details):

- 1.2 The ability to critically evaluate the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience throughout human development.
- 2.1 An understanding developed to postgraduate level of the philosophy, theory and practice of a specific model of psychological therapy.
- 2.2 The ability to practise safely and competently in the same specific model(s).

- 2.3 The ability to formulate clients' concerns with the specifically chosen therapeutic model(s).
- 2.4 A working knowledge and understanding of the chosen model of psychological therapy.
- 2.5 The understanding of the therapeutic relationship and alliance as conceptualised by the chosen model.
- 2.6 The ability to contrast, compare and critically evaluate a number of models of therapy.
- 2.7 The ability to monitor and evaluate their therapeutic practice.
- 3.3 Show how a knowledge of different theories of life-span development informed this piece of work.
- 3.4 Show an understanding of social and cultural contexts and the nature of relationships throughout the life-span.
- 3.5 Show a knowledge of theories of psychopathology and/or change and the ability to critically evaluate these theories.
- 3.6 Evaluate, use and interpret psychometric tests; this includes the selection, administering, scoring and interpretation of performance based psychometric tests, e.g. neuropsychological tests, tests of cognition and development, self-other report, and other standardised assessment procedures. Use of such tests would be in close collaboration with clients and identified as one, amongst other, possible means for understanding and interpreting clients' psychological distress.
- 5.1 A commitment to best practice in the interests of their clients.
- 6.3 An ability for critical self reflection on the use of self in the therapeutic process.
- 6.4 A personal philosophy to include responsibility and accountability in relation to your counselling psychology practice.
- 6.5 An understanding of the dynamics present in therapeutic and other relationships.
- 7.1 An understanding of the purpose and practice of receiving supervision.
- 8.1 The ability to initiate, develop, maintain and end a purposeful therapeutic alliance.
- 8.2 An understanding of explicit and implicit communications in a therapeutic relationship.
- 8.3 Conduct psychological assessments (depending on the therapeutic modality used) aiming at increasing clients' self-awareness and shared understanding of their predicament, nature of distress, needs, expectations, and desired outcomes.
- 8.4 The ability to develop a personal, coherent, and ethical way of working with clients.
- 8.5 Provide psychological therapy interventions:
 - i. to individual adults and depending on placement experience other client groups including children and young people, older adults, couples, groups, families, and organisations;
 - ii. in range of contexts, which may include NHS (primary, secondary and tertiary care) and other statutory, voluntary or independent settings; and
 - iii. working within different time-frames of therapeutic practice (time limited, short and long-term, as well as open-ended therapy)
- 8.6: Understand the therapeutic process as it occurs when working with a range of different individuals experiencing psychological difficulties, whether that be in relation to adjustment, to circumstances, or in more significant and problematic experiences as often indicated in diagnostic categories.

AU3 Process Report Embedded in a Case Study

This unit requires a process report embedded in a case study which includes the recording of a whole session and a transcript of a 20-minute segment of this recording (5000 words excluding transcript but including process comments). It is assessed at D-level and should demonstrate a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of counselling psychology practice.

You should read the D-level descriptors and keep these in mind when preparing your work. Although D-level is often thought of as research, the descriptors show how it also refers to developing and demonstrating knowledge at the forefront of the discipline within professional practice. The following is a technical description of what the case study must include and a list of the competences which it must demonstrate. Part of the expectation of a candidate submitting work at this level is that they will be able to integrate these factors in a coherent way

The purpose of this unit is to assess your awareness of, and sensitivity in, the therapeutic process as demonstrated in a single session. In selecting a session, the emphasis should be on the learning process,

not whether the session was 'good' or 'bad'. Content should be referred to only as necessary to illuminate process.

When choosing a case for this submission you should keep in mind the range of competences which you will need to demonstrate and ensure that you present a case which enables you to do so.

In addition to the generic assessment criteria listed in Section 6.4, this unit must address all of the assessment criteria as detailed under AU2 Case Study, and in addition **the Process Report** must include:

- an audible recording of a whole session together with a transcript of a 20-minute section of the session. This recording may be submitted on a standard cassette, or on a CD as .mp3 format; if providing the recording on a CD please provide three copies on separate CDs with individual protective cases. The recording must be securely fastened to a copy of your work by means of sticky tape or other suitable method;
- at what point in the session the transcribed section occurs;
- why this particular session was chosen;
- evaluation of specific verbal and non-verbal interventions and consideration of alternative possibilities;
- reflection on your personal responses to the client or their material and how these responses informed the work;
- difficulties or dilemmas experienced by you during the session;
- consideration of your own 'material' or agenda and the way in which this impinged or assisted the therapeutic process;
- discussion of the quality of the therapeutic alliance and how it manifested itself;
- reflections on the emotional content and process;
- critical evaluation of your learning from the session.

A transcript is an accurate verbatim account of a recorded session. There must be a clear distinction between the transcript and any commentary on it by following the format below. Speakers need to be clearly identified, responses numbered and the position within the session of the transcribed section made clear. Silences and salient non-verbal and para-linguistic responses should be indicated.

Format for AU3 transcript

1. Client : It's just at the point in the meeting where I may be asked my opinion – I do have an opinion and have, usually read the file but I think I'm just going to sound stupid and I feel so panicky and I worry so much that (10 second silence) – Oh I get so hot...and I think I'll just go blank...(voice drops and avoids all eye contact with me).

2. CP : Sounds like you're getting quite panicky.

Comment 1: Empathic reflection to establish contact.

3. Client: Yes ,Yes I just want to hide away and be left alone...(still avoiding eye contact, face flushed, hands squeezing).

4. CP: What's it like telling me about this?

Comment 2: Attempt to bring client into the 'here and now' contact with me as her anxiety level seemed to be escalating.

IMPORTANT NOTE

You must ensure that your Process Report is **embedded** in the case study, and not included as an Appendix.

These assessment criteria provide a framework for you to demonstrate the following competences (see Section 4 and the Competence Logbook for further details):

- 1.2 The ability to critically evaluate the primary philosophical paradigm that informs the chosen psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience.

- 2.1 An understanding developed to postgraduate level of the philosophy, theory and practice of a specific model of psychological therapy.
- 2.2 The ability to practise safely and competently in the same specific model(s).
- 2.3 The ability to formulate clients' concerns with the specifically chosen therapeutic model(s).
- 2.4 A working knowledge and understanding of the chosen model of psychological therapy.
- 2.5 The understanding of the therapeutic relationship and alliance as conceptualised by the chosen model.
- 2.6 The ability to critically evaluate the chosen model of therapy.
- 3.3 Show how a knowledge of different theories of life-span development as informed this piece of work.
- 3.4 An understanding of social and cultural contexts and the nature of relationships throughout the life-span.
- 3.5 A knowledge of theories of psychopathology and/ or change and the ability to critically evaluate these theories.
- 3.6 Evaluate, use and interpret psychometric tests; this includes the selection, administering, scoring and interpretation of performance based psychometric tests, e.g. neuropsychological tests, tests of cognition and development, self-other report, and other standardised assessment procedures. Use of such tests would be in close collaboration with clients and identified as one, amongst other, possible means for understanding and interpreting clients' psychological distress.
- 5.1 A commitment to best practice in the interests of their clients.
- 6.1 An understanding of therapy from the perspective of the client.
- 6.3 An ability for critical self reflection on the use of self in the therapeutic process.
- 6.4 A personal philosophy to include responsibility and accountability in relation to your counselling psychology practice.
- 6.5 An understanding of the dynamics present in therapeutic and other relationships.
- 6.6 The development of creativity and artistry in the use of language and metaphor, in the service of empathic understanding.
- 7.1 An understanding of the purpose and practice of receiving supervision.
- 8.1 The ability to initiate, develop, maintain and end a purposeful therapeutic alliance.
- 8.2 An understanding of explicit and implicit communications in a therapeutic relationship.
- 8.3 Conduct psychological assessments (depending on the therapeutic modality used) aiming at increasing clients' self-awareness and shared understanding of their predicament, nature of distress, needs, expectations, and desired outcomes.
- 8.4 The ability to develop a personal, coherent, and ethical way of working with clients.
- 8.5 Provide psychological therapy interventions:
 - i. to individual adults and depending on placement experience other client groups including children and young people, older adults, couples, groups, families, and organisations;
 - ii. in range of contexts, which may include NHS (primary, secondary and tertiary care) and other statutory, voluntary or independent settings; and
 - iii. working within different time-frames of therapeutic practice (time limited, short and long-term, as well as open-ended therapy)
- 8.6 Understand the therapeutic process as it occurs when working with a range of different individuals experiencing psychological difficulties, whether that be in relation to adjustment, to circumstances, or in more significant and problematic experiences as often indicated in diagnostic categories.

AU4 Anti-discriminatory Academic Paper

This unit requires an academic paper which examines the meaning and implications of anti-discriminatory practice in counselling psychology. You should situate yourself in relation to the issues discussed and the paper should focus on one area of discrimination and be illustrated by specific examples (3000 words). It is assessed at M-level, so you will need to demonstrate a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of counselling psychology practice.

Candidates submitting work at M-level are expected to have a comprehensive understanding of techniques applicable to their own research or advanced scholarship and to demonstrate originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline. You will also have a conceptual understanding that enables you to evaluate critically current research and advanced scholarship in the discipline; to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses. These attributes should influence how you approach your learning and the preparation of your academic paper.

The following is a technical description of what the academic paper must include and a list of the competences which it must demonstrate. Part of the expectation of a candidate submitting work at this level is that they will be able to integrate these factors into their academic paper in a coherent way.

The paper must include, but may not be limited to, examination of the following areas:

- Theoretical and practical understanding of 'internalised oppression'.
- Personal, cultural and structural analysis.
- Philosophical, value and ethical bases of anti-oppressive practice.
- Management of inherent tensions and complexities.

These assessment criteria provide a framework for you to demonstrate the following competences (see Section 4 and the Competence Logbook for further details):

- 4.1 A knowledge of the research evidence on process and outcomes of psychological therapy relevant to counselling psychology.
- 4.3 The ability to critically analyse and evaluate published research relevant to counselling psychology.
- 5.5 Show how they hold themselves accountable to the public and the profession for their personal integrity.
- 5.6 They show their understanding of anti-discriminatory practice.
- 7.4 The ability to present and communicate professional knowledge and information.
- 7.8 A knowledge of organisational policies and contextual and legal frameworks within which they practice.

AU5 Context Academic Paper

This unit requires an academic paper which addresses issues relating to the impact of organisational, structural or situational contexts on counselling psychology practice. The paper may draw on your experience of working in more than one organisation but should examine one specific issue in some depth (3000 words). It is assessed at M-level, so you will need to demonstrate a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of counselling psychology practice.

Candidates submitting work at M-level are expected to have a comprehensive understanding of techniques applicable to their own research or advanced scholarship and to demonstrate originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline. You will also have a conceptual understanding that enables you to evaluate critically current research and advanced scholarship in the discipline; to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses. These attributes should influence how you approach your learning and the preparation of your academic paper.

The following is a technical description of what the academic paper must include and a list of the competences which it must demonstrate. Part of the expectation of a candidate submitting work at this level is that they will be able to integrate these factors into their academic paper in a coherent way.

The paper must include, but may not be limited to, examination of the following areas:

- Facilitative as well as limiting or detrimental impacts.
- Optimal, acceptable and unacceptable solutions to problems generated by the context, and your rationale for this.

- Interplay between organisation derived dynamics (e.g. staff team) and service provision dynamics (e.g. general nature of client group).

These assessment criteria provide a framework for you to demonstrate the following competences (see Section 4 and the Competence Logbook for further details):

- 1.3 An understanding of spiritual and cultural traditions relevant to counselling psychology.
- 3.4 An understanding of social and cultural contexts and the nature of relationships throughout the life-span.
- 4.1 A knowledge of the research evidence on process and outcomes of psychological therapy relevant to counselling psychology.
- 4.3 The ability to critically analyse and evaluate published research relevant to counselling psychology.
- 7.4 The ability to present and communicate professional knowledge and information.
- 7.8 A knowledge of organisational policies and contextual and legal frameworks within which they practice.

AU6 Philosophical Academic Paper

This unit requires an academic paper which critically examines the philosophical bases of counselling psychology and addresses in particular the relationship between its value and its commitment to psychological enquiry (5000 words). It is assessed at D-level and should demonstrate a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of counselling psychology practice.

Candidate submitting work at D-level are expected to have a detailed understanding of applicable techniques for research and advanced academic enquiry and to have the general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems. Whilst the latter of these is most often associated with research projects, it gives an indication of the skills and abilities with which candidates are expected to approach this paper. Candidates submitting work at this level are expected to show an ability to make informed judgements on complex issues in specialist fields and to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. These attributes should influence how you approach your learning and the preparation of your academic paper.

You should read the D-level descriptors and keep these in mind when preparing your work. Although D-level is often thought of as research, the descriptors show how it also refers to developing and demonstrating knowledge at the forefront of the discipline within professional practice. The following is a technical description of what the case study must include and a list of the competences which it must demonstrate. Part of the expectation of a candidate submitting work at this level is that they will be able to integrate these factors in a coherent way.

The paper must include, but may not be limited to, critical examination of the following inter-related areas:

- The values of counselling psychology.
- Philosophies underpinning methodologies.
- Philosophies underpinning models of therapy.
- Reflections on scientist practitioner and reflective practitioner stances.
- Subjectivity and intersubjectivity.
- Spiritual and cultural traditions.

These assessment criteria provide a framework for you to demonstrate the following competences (see Section 4 and the Competence Logbook for further details):

- 1.1 An understanding of the diverse philosophical bases which underpin those psychological theories that are of particular relevance to the practice of counselling psychology.
- 1.2 The ability to critically evaluate the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience throughout human development.
- 1.3 An understanding of spiritual and cultural traditions relevant to counselling psychology.

- 3.1 A knowledge of theories of human cognitive, emotional, behavioural, social and psychological functioning relevant to counselling psychology.
- 3.2 An ability to consider and critically evaluate theories of mind and personality.
- 5.4 They have the ability to apply ethical principles in reasoning and decision making.
- 6.4 Develop a personal philosophy to include responsibility and accountability in relation to your counselling psychology practice.

AU7 Unseen Written Examination

This unit consists of an unseen written examination which presents you with issues and dilemmas likely to be encountered in practice. These may include ethical dilemmas, legal issues, diagnostic and pharmacological questions, referral decisions and issues relating to working contexts and the demands of multidisciplinary teamwork. Short but detailed answers will be required and these should demonstrate your working knowledge, ability to synthesise complex information and thinking in practice situations. Your written examination paper must be legible.

Candidates will be required to answer one question from Section A, one question from Section B, and any two questions from Section C.

It is assessed at D-level and should demonstrate a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of counselling psychology practice. Candidates submitting work at this level are expected to show an ability to make informed judgements on complex issues in specialist fields, often in the absence of complete data, and to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. These attributes should influence how you present your examination answers.

These assessment criteria provide a framework for you to demonstrate the following competences (see Section 4 and the Competence Logbook for further details):

- 3.6 Evaluate, use and interpret psychometric tests; this includes the selection, administering, scoring and interpretation of performance based psychometric tests, e.g. neuropsychological tests, tests of cognition and development, self-other report, and other standardised assessment procedures. Use of such tests would be in close collaboration with clients and identified as one, amongst other, possible means for understanding and interpreting clients' psychological distress.
- 3.7 A knowledge of psychopharmacology and have the ability to critically evaluate its effects from research and practice.
- 5.1 A commitment to best practice in the interests of their clients.
- 5.2 That they strive to do no harm by recognising boundaries and the dynamics of power.
- 5.4 They have the ability to apply ethical principles in reasoning and decision making.
- 5.5 They hold themselves accountable to the public and the profession for their personal integrity.
- 6.5 An understanding of the dynamics present in therapeutic and other relationships.
- 7.4 The ability to present and communicate professional knowledge and information.
- 7.5: Demonstrate qualities such as being aware of and working with interpersonal processes, an ability to manage professional relationships, proactivity, and contributing to and fostering collaborative working practices within teams.
- 8.3 Conduct psychological assessments (depending on the therapeutic modality used) aiming at increasing clients' self-awareness and shared understanding of their predicament, nature of distress, needs, expectations, and desired outcomes.
- 8.4 The ability to develop a personal, coherent, and ethical way of working with clients.

AU8 Research Dissertation

This unit requires you to complete one of the following:

Option 1

A research dissertation on a single piece of research which is relevant to counselling psychology of between 12000 and 15000 words (excluding references and appendices) carried out by yourself,

or

Option 2

Evidence of research competence demonstrated by the award of a postgraduate degree in an appropriate discipline, together with a reflective essay of 5000 words on the research process, learning outcomes and application to counselling psychology. The original research dissertation must be submitted with the reflective essay.

This unit is assessed at M-level.

Candidates submitting work at M-level are expected to have a comprehensive understanding of techniques applicable to their own research or advanced scholarship and to demonstrate originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline. You will also have a conceptual understanding that enables you to evaluate critically current research and advanced scholarship in the discipline; to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses. These attributes should influence how you approach your learning and the preparation of your research or reflective essay.

The following is a technical description of what each option must include and a list of the competences which it must demonstrate. Part of the expectation of a candidate submitting work at this level is that they will be able to integrate these factors into their submission in a coherent way

The research dissertation or reflective essay if Option 2 is chosen, will be assessed in relation to your ability to demonstrate (or, in the case of Option 2, reflect upon):

- Style and expression;
- Title and abstract;
- Literature review;
- Rationale for the study;
- Sampling;
- Methodological rigour;
- Analysis;
- Results;
- Reflexivity;
- Relevance to counselling psychology;
- Discussion.

These assessment criteria provide a framework for you to demonstrate the following competences (see Section 4 and the Competence Logbook for further details):

- 4.1 A knowledge of the research evidence on process and outcomes of psychological therapy relevant to counselling psychology.
- 4.2 A knowledge of quantitative and qualitative approaches to research and inquiry.
- 4.3 The ability to critically analyse and evaluate published research relevant to counselling psychology.
- 4.4 An understanding of a variety of research designs.
- 4.5 The ability to devise and evaluate research questions and select and appropriate methodology.
- 4.6 The ability to design, conduct, critically evaluate and report on a research project.
- 4.7 An understanding of research ethics and the ability to apply them.
- 4.8 The ability to reflect on their experience of being a researcher.
- 5.4 They have the ability to apply ethical principles in reasoning and decision making.
- 5.5 They hold themselves accountable to the public and the profession for their personal integrity.
- 7.4 The ability to present and communicate professional knowledge and information.

IMPORTANT NOTE

Your dissertation must be free from typographical and spelling errors and you should endeavour to write clearly and concisely throughout.

Work which does not conform to these standards *will be judged to have failed* (with the exception of dissertations which are otherwise judged to be of a high standard but contain a *small* number of minor typographical and/or spelling errors – see the *Regulations*, Section 6).

AU9 Final assessment of overall competence

This unit comprises:

- A completed Competence Logbook:
 - All candidates need to have their competence logbook entries completed and witnessed by suitable individuals qualified and recognised by a regulatory or professional body such as the HCPC, BACP, UKCP, or BCP.
 - The witness will usually be a trainer, a practice supervisor, a personal therapist or a research supervisor, as appropriate to the particular competence. Entries in the competence logbook cannot be completed and witnessed by another QCoP candidate.
 - All Competence Logbook entries must be verified by your CS and in some cases supported by documentary evidence such as certificates of attendance.
 - For further details please refer to the Competence Logbook. It is your responsibility to complete and have signed off all the Competence Standards identified in your Competence Logbook as you proceed through your training.
- A final practice report from your approved practice supervisor (this applies to **all** candidates).
- An essay (of no more than 5000 words) which is a personal reflection on your learning experience, personal development and way of practicing counselling psychology which illustrates how you have integrated your personal philosophy and approach, learning and practice. You may find it helpful to draw on your personal journals for this essay.
- An oral examination (*viva voce*) of approximately 1 hour. This will be conducted by two assessors and will review with you your overall competences, your perceived strengths and weaknesses and your developmental needs and professional identity as a counselling psychologist. Please see Section 6.4 for further details.

When preparing your essay and approaching your *viva voce* you should keep in mind the D-level descriptors as the assessors will be looking for evidence that you are operating at this level in your understanding of, and approach to, your counselling psychology practice and in the application of the skills you have developed.

The purpose of the *viva voce* is to provide you with the opportunity to meet face-to-face with two assessors to review your overall competence and professional presentation as a counselling psychologist. The overall focus of the interview will be on how you have integrated your learning into your personal professional identity as a counselling psychologist, how you perceive this identity and how it is manifested in your practice.

The starting point of the interview will be, therefore, your personal overall account as presented in the final essay; however, any aspect of your professional development and portfolio of work may be discussed during the course of the examination. While your own assessment of your strengths and weaknesses will be of particular interest, the interview is also the opportunity for the assessors to discuss, with you, any specific or persistent issues identified by assessors in your complete portfolio.

In preparing for the oral examination you are advised to review your overall development, your perceived strengths and weaknesses and further developmental needs in the light of all the submitted work and the feedback received. You are also advised to reflect in some depth about your identity as a counselling psychologist, the major influences shaping this identity (e.g. philosophy and values, particular psychological and therapeutic theories, personal and professional experiences) and how this is reflected in your work with clients and in professional relationships with colleagues.

These assessment criteria provide a framework for your overall competence as a counselling psychologist and will, in addition, specifically address:

- 5.3 undertake to maintain your fitness to practise and your continuing professional development.
- 7.2 accept responsibility for your continuing professional development by developing greater powers of awareness, and the courage to pursue deeper personal knowledge and understanding relevant to working well.
- 7.3 have awareness of the value of maintaining external consultation in the form of clinical supervision with experienced members of this and related professions, as well as continuing professional

development, and personal psychological therapy so as to maintain and enhance ethical and clinical sensitivity.

- 7.6 impart psychological knowledge in a professional capacity with a view towards influencing the psychological mindedness of teams and organisations.
- 7.7 demonstrate a commitment to continuing to abide by the Society's ethical framework and professional codes of conduct and practice guidelines and those of the Health and Care Professions Council.
- 7.9 contribute to the management and auditing processes of the organisation at a stage-appropriate level.
- 7.10 understand ways to contribute to the development and leadership of the counselling psychology profession.
- 8.7 be able to monitor and evaluate their therapeutic practice through clinical supervision, qualitative feedback, quantitative outcome measures, feedback provided by service users, and their own personal therapy.

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