

# TA TRAINING ORGANISATION HANDBOOK

*- The Essential Guide for All*

## Academic Year 2019/20

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## Introduction to the Handbook

Welcome to **The Handbook** for **TA Training Organisation**. This is a document for all, and forms part of our learning contract. We encourage you to have a look in the handbook first for guidance; and then seek additional help and clarification from the training team. Information includes:

- the learning stance of being a student at TA Training Organisation
- the course content
- assignments
- assessment and examination processes
- policies and procedures.

We hope it will help guide you and provide most of the information you need during your time as a student with us. The handbook is a living document and formally updated once a year in response to feedback from students and external requirements of the relevant registration bodies. If you have any comments or feedback on the document please let us know by emailing **Jane Williams – [contact@tatraining.org](mailto:contact@tatraining.org)**

We have discovered through experience that not eventuality can be covered by the handbook, so do work with us as the shared learning environment emerges.

### A Brief History and Background to Psychotherapy

The modern practice of psychotherapy is now approaching its 150<sup>th</sup> anniversary as a separate activity to the psychiatrists, many would mark its beginning with the psychoanalytic work of Freud being applied to working with patients as a “talking therapy”. Alfred Adler and Carl Jung then took this work and further developed what became known as the psychodynamic tradition.

Following the First World War and into the 1920’s saw the development of behaviourism. Technicians such as Joseph Wolpe, Hans Eysenck and B.F. Skinner introduced terms such as operant and classical conditioning – and the theory of social learning. Behaviourism was significantly different from the intrapsychic work of the psychodynamic as it demanded empirical, external evidence of change. The 1930’s saw the emergence of body and somatic work by Wilhelm Reich and the 1950’s saw the emergence of cognitivism and the more humanistic, existential modalities of therapy such as Person Centred Therapy and Gestalt. Existential work developed from Rollo May and Viktor Frankl whilst Carl Rogers began to define the parameters of Person-Centred Psychotherapy. Albert Ellis and separately Aaron Beck with his focus on the treatment of depression introduced Cognitive Therapy. It was not until the 1970’s that the cognitive and the behavioural were to meet and form Cognitive Behaviour Therapy.

Eric Berne was born in 1910 with his death in 1970 so the development of early Transactional Analysis straddles powerfully much of the development of psychotherapy in the 20<sup>th</sup> century. Berne’s first book *The Mind in Action* was published in 1947 but perhaps the late 50’s and the 60’s can be seen as Berne’s major territory. His articles on intuition were published in 1957; *Transactional Analysis in Psychotherapy* in 1961. 1964 saw the

establishment of the International Transactional Analysis Association (ITAA) and the publishing of Games People Play.

### Philosophy of Humanistic Psychotherapies including TA

The Humanistic tradition of psychotherapy was seen as the “third way” at its time of development; in contrast to the psychodynamic/analytical and behaviourism. The Humanistic tradition sees and treats the whole person – with a recognition of the inherent value of the individual. Transpersonal dimensions are recognised; a tendency towards self-actualisation, a sense of creative energy and physis is witnessed.

It is our intention that TA Training Organisation will be congruent with this philosophy of seeing psychotherapy and psychotherapeutic change. Much of the Humanistic stance is based upon the five postulates, first articulated in an article by James Bugental (1964).

1. Human beings, as human, supersede the sum of their parts. They cannot be reduced to components.
2. Human beings have their existence in a uniquely human context, as well as in a cosmic ecology.
3. Human beings are aware and are aware of being aware - i.e., they are conscious. Human consciousness always includes an awareness of oneself in the context of other people.
4. Human beings have some choice and, with that, responsibility.
5. Human beings are intentional, aim at goals, are aware that they cause future events, and seek meaning, value, and creativity.

These postulates can be seen, in part, to be congruent with the philosophical stance of Transactional Analysis – that all are capable of thinking, changing and taking responsibility for self – and that we all inherently have value as a human being and should seek the value in the other. We strongly believe in these values and would want them to be evident in the training relationship.

What this means is that training to be a psychotherapist is as much about your personal development as the acquiring of any theory content!

### What is Transactional Analysis?

Transactional Analysis (TA) is a theory of personality and a systematic psychotherapy for personal growth and personal change. TA was founded by Eric Berne in the 1950s and 1960s and has been evolving ever since. A well-established approach, it is now used widely in psychotherapy, counselling, education and organisational development.

It offers a range of models and ideas to understand both the intrapsychic, our structures around thinking, feeling and our relationship with ourselves; and interpersonal our relationships with others. Hence TA can not only help identify what goes wrong in communication and how to interact for a better outcome it is a therapy that can be used for deep personal psychological change.

The early clinical application of Transactional Analysis focused on providing opportunity for individuals to change repetitive patterns. These patterns, the result of early childhood decisions which in TA are referred to as 'script' limit an individual's potential. TA focused on how script manifested itself in day-to-day life and how people could move beyond it to improve the quality of their lives.

Since then Transactional Analysis has responded to the post-modern and there have been numerous developments and growth in the theory in response to wider movements in psychotherapy, including for example relational psychoanalysis, existentialism, constructivism and body psychotherapy. **New streams, themes and theoretical ways of thinking are emerging all the time across all the fields of TA!**

The course at TA Training Organisation aims to provide a thorough grounding in the original theories of Transactional analysis along with an in-depth understanding of some of the recent theoretical developments particularly those in the relational field. Unique in the depth of its theory, this process allows for the individuality of both therapist and client. It is this psychotherapeutic focus that will be the content of this course at TA Training Organisation. Our job as trainers is to support you in becoming the best psychotherapist you can possibly be, with your own professional philosophy and identity – in your own boots!

## About Us – TA Training Organisation

**TA Training Organisation** offers a range of training including counselling and psychotherapy and continuing professional development programmes in Transactional Analysis.

<b>Transactional Analysis Training Programme</b>	<b>Open Courses for General Access</b>		
<b>Internal Programme:</b>	<b>External Programme</b>		
<b>TA101</b>	TA101		
<b>TA Foundation Year (Year 1) – 10 weekends</b>	Introductory Courses E.g. Counselling Skills	Intermediate Courses	Advanced Courses
<b>Psychotherapy Clinical Training Group (Years 2,3 &amp; 4) – 30 weekends</b>			
<b>Attachment Programme – bespoke attendance following 4 year programme</b>			
<b>Exam Preparation Group (access subject to meeting requirements)</b>			

Our business and administrative office address is:

TA Training Organisation c/o  
The Horsforth Centre for Psychotherapy  
138 Low Lane, Horsforth, Leeds, LS18 5PX  
Email: [contact@TATraining.org](mailto:contact@TATraining.org)  
Telephone: 0113 258 3399

**We are currently exploring opportunities to move to bigger trainer premises. This move will be reasonably close to our current training venue - +/- 5 miles.**



## Background

**TA Training Organisation** was established in 2014. TA Training Organisation is a registered training institute under UKATA who are a member of HIPs (Humanistic and Integrative Psychotherapies) and a member organisation of UKCP. (UK Council for Psychotherapy)

## Background of the directors

### **Andy Williams – TSTA(P)**

Andy is a UKCP registered psychotherapist and an endorsed supervisor and trainer in TA. Andy is a senior accredited member of BACP (British Association of Counselling and Psychotherapy) and an accredited CBT Psychotherapist with BABCP (British Association of Behavioural and Cognitive Psychotherapies). Andy has worked for many years in the NHS as a Psychotherapist, Group Psychotherapist and Clinical Supervisor with a strong interest in mental health. Andy has been the Co-Chair of the UKATA Conference Committee and has been a member of the UKATA CBT working party.

### **Jane Williams**

Jane has a background in Human Resources, training and business systems across a range of organisations including large commercial companies and charities. She has been the Centre Manager for The Horsforth Centre for the last 4 years looking after facilities, administration, finance and marketing.

## The training team

### **Lin Cheung – currently PTSTA(P) with TSTA exam in March 2020**

Lin is a UKCP registered psychotherapist and endorsed supervisor and trainer in TA. She has a private psychotherapy and supervision practice. Prior to training as a Transactional Analyst Lin's experience includes national and regional business management and marketing, teaching in further education and mental health training. In the wider TA community she has been Chair of Conference, a member of Training Standards Council and the UKATA CTA Written Exam Coordinator. Lin has a particular interest in the education and assessment of psychotherapists.

### **Beren Aldridge, PTSTA(P)**

Beren (UKCP Reg, PTSTA(P) MSc) is a psychotherapist in private practice in Kendal, alongside which he works as a mental health trainer and consultant in local authorities, the NHS and businesses. Previously Beren was involved with Growing Well, a farm-based mental health charity he founded in 2004, managed until 2014, and until recently managed and worked in their therapeutic community for people with diagnoses of personality disorders.

**Bev Gibbons, PTSTA(P)**

Bev has a BA in Integrative Counselling, and an MA in TA psychotherapy and has many years of training experience. Bev has worked as a youth work trainer and policy developer, has worked for many years with survivors of abuse, including young survivors, worked for 11 years as the clinical and operational lead of a large counselling and psychotherapy service in the not for profit sector. Additionally Bev is director of BGCP her counselling and psychotherapy practice, which provides therapy, clinical and non-clinical supervision and training.

**Michelle Hyams Ssekasi, PTSTA(P)**

Michelle is a UKATA registered Certified Transactional Analyst and Provisional Teaching and Supervising Transactional Analyst. She is an experienced psychotherapist and trainer and is also a social worker with a wealth of experience in working with children and young people. Michelle has an interest in and served in safeguarding.

### Philosophy and Ethos

TA Training Organisation offers a training experience that is exciting, lively, liberating and well structured. At the heart of our philosophy are autonomy, ethics, creativity and critical thinking, which are the qualities we think make a competent and effective psychotherapists.

Learning is facilitated through attention to clear learning contracts and boundaries, the dynamics of the group and an atmosphere of self-discovery and exploration.

Our learning philosophy is based on the core idea in TA that people can think for themselves. This translates into the idea that adults learn most effectively in an environment of mutual curiosity, exploration, open communication and transparency, where the whole group attends to group dynamics, process and relationship and these are central to learning. Relationships are a key part of our learning and philosophy and are based on co-creative learning offering contracted availability and choice with collegiate, supportive relationships that are generous and equitable.

Learning is seen as both professional and personal and there is a mutual responsibility for goals and process. We believe in:

- The importance of the therapeutic relationship as the medium for change
- A spiritual dimension to an individual's life and problems, the self-healing capacity of the individual and the individual's sovereignty and responsibility
- The importance of political awareness and an understanding of the individual's experience, personal beliefs and values in the problems of living.

Our training programme is fresh, up to date, ethical and outward looking. We offer a course that is socially and politically aware and attentive to difference and diversity. We pay attention to the developing context of practicing therapy within the UK including an emphasis on psychotherapy research.

We hope you will enjoy the differing and contrasting styles of the trainers and have fun attempting to integrate these differing experiences!

# The Training Programme

## Course Description and Overview

Training to work as a psychotherapist or counsellor involves a programme of development that includes the discovery of a personal philosophy and values, the acquisition of academic and theoretical knowledge, the development of therapy skills and then the “tuning up” of personal awareness. Because of the requirement to develop a personal philosophy and awareness the training is a subjective and individual process and each person’s journey will be unique. Training involves a multitude of different experiences to facilitate this learning, including theory teaching, skills practices, group process, your own personal therapy, supervision and clinical and mental health placements.

TA Training Organisation offers two routes to qualification using transactional analysis:

**A UKATA Diploma in Transactional Analysis** which can successfully lead to BACP registration as a counsellor/psychotherapist and eventual accreditation. The Diploma requires the trainee to be in clinical practice, receiving supervision, having personal therapy and having undertaken certain hours of training. The minimum time this could be achieved is three academic years if the trainee is early into clinical practice, supervision and therapy. Sometime in the Fourth Year or beyond seems more realistic.

**A Certificate in Transactional Analysis** conferred by EATA the European Association for Transactional Analysis which leads to UKCP registration. This includes a four year taught programme plus time in an exam preparation group. **Please see the list of hours requirements for eventual CTA.**

We also offer an internal certificate:

**TA Training Organisation Certificate in TA Practice.** This is an award that is especially aimed at counsellors and psychotherapist who are in early practice. If the practitioner is in receipt of TA supervision, appropriate therapy, clinical practice and training this award is achieved in around 24 months on the course.

## The Official TA101 Course

Stage of Training:
<b>Pre-training or completed in your first year.</b>
Name of Course or Qualification:
<b>The Official TA101 Course.</b>
Entry Requirements:
<b>None</b>
Duration:
<b>12 hours – usually undertaken over two days.</b>
Completion Requirements:
<b>Attending full 12 hours</b>
Brief Assessment Information:
<b>Participation only.</b>

What can I do with this Qualification:
<b>Have awareness of basic TA concepts – for example ego states, transactions, Games etc</b>
Accredited nature of the course:
<b>The course has official set content and results in the award of the official TA 101 Certificate.</b>
Additional Notes:
<b>The TA101 Certificate may also be gained through independent study and open book exam</b>

## Year 1 – The Foundation Year – Complete in itself / A pre-year before Clinical Training

Stage of Training:
<b>Year 1 – Foundation Year</b>
Name of Course or Qualification:
<b>Year 1 – Foundation Year</b>
Entry Requirements:
<b>Double Interview, Application Form and References</b>
Duration:
<b>10 Weekends across the one year.</b>
Completion Requirements:
<b>120 Hours of TA Training by a qualified trainer (TSTA, PTSTA, CTATS) 3 Assignments described below.</b>
Brief Assessment Information: - Three Assessments:
<b>One Short Calibrating Theory Essay. 1500 words. Own choice of topic</b>
<b>One Theory Essay. 2500 words. List of Theory Topics</b>
<b>A Reflective Journal. Minimum 10 pages. Peer Assessed only leading to minimum of one page Personal Development Summary peer assessed.</b>
What can I do with this Qualification:
<b>Exit from the course having gained one year of introductory concepts. Continue into the Psychotherapy Clinical Training Group (Years 2,3 &amp; 4)</b>
Accredited nature of the course:
<b>Internal - Foundation Year Completion Certificate. External – UKATA TA Award – External Criteria need to be satisfied.</b>
Additional Notes:
<b>Trainees by the end of Foundation Year, if they have completed at least one essay assignment and attended 120 hours will be entitled to apply for EXTERNAL award – the UKATA TA Award. (see page )</b>

## Years 2,3 &4 – Psychotherapy Clinical Training Programme

Stage of Training:
<b>Years 2,3 &amp; 4 and perhaps beyond depending on developmental stage.</b>
Name of Course or Qualification:
<b>Psychotherapy Clinical Training Programme</b>
Entry Requirements:
<b>Original Year 1 Interview</b> <b>Subsequent end of Year 1 tutorial. Entry to the Psychotherapy Clinical Training Programme is not automatic after Year 1 but readiness is assessed with trainers.</b>
Duration:
<b>10 Weekends per year across a minimum of three years = 30 weekends in total</b>
Completion Requirements:
<b>Successful completion of Year 1.</b> <b>Successful completion of 360 hours of TA training delivered by qualified personnel.</b> <b>Successful completion of assignments – two per year, six in total across three years</b>
Brief Assessment Information: - Six Assignments in total across three years of PCTG.
<b>Research Presentation and Research Project = 2 Assignments</b> <b>Case Study or Recording with Transcript = 1 Assignment</b> <b>Personal Development or Personal Identity Essay = 1 Assignment</b> <b>A further two assignments – free choice = 2 Assignments</b>
What can I do with this Qualification:
<b>Exit from the course having gained one year foundation plus three years of Psychotherapy Clinical Training.</b> <b>Remain in the full training programme for additional Year 5 development.</b> <b>Remain attached to the Supervision Days in Year 5 to aid development</b> <b>Enter Exam Preparation Group if meeting the requirements.</b>
Accredited nature of the course:
<b>Internal – Completion of four years of training.</b> <b>Internal – Completion of Certificate in TA Practice (internal certificate)</b> <b>External – UKATA TA Diploma Exam – External Criteria need to be satisfied.</b>
Additional Notes:
<b>Trainees by the end of Psychotherapy Clinical Training Group may have accrued sufficient hours of practice, therapy and supervision to apply to take the official UKATA Diploma Exam.</b>
<b>Trainees by the middle or end of the PCTG may be entitled to apply for the internal Certificate in TA Practice from the TA Training Organisation.</b>

## Beyond Years 2,3 & 4 – Remain Attached to the Programme / Exam Preparation

Stage of Training:
<b>Year 5 and beyond</b>
Name of Course or Qualification:
<b>Exam Preparation for CTA Exam. Exam Preparation for Diploma Exam. Staying attached.</b>
Entry Requirements:
<b>Exam Preparation has certain requirements in terms of practice hours etc. Remaining attached or in additional training years requires a tutorial and mutual agreement of a bespoke, personalised programme.</b>
Duration:
<b>For as long as the trainee is valuing the support.</b>
Completion Requirements:
<b>This is a self-driven programme so no formal requirements.</b>
<b><u>UKATA Diploma</u></b> The completion of an extended case study (4000 words). Session Recording and Transcript brought to oral exam. Completion of requirement hours – see UKATA Diploma Information Page.
<b><u>CTA – Certified Transactional Analyst / UKCP Accredited Psychotherapy.</u></b> Written Exam – see details on UKATA website Oral Exam – see details on UKATA website
Brief Assessment Information:
<b>Please see the specific information pages for the detailed information about: UKATA Diploma (exam taken here at our centre) UKATA CTA Exam (written component sent for mark, oral exam at various locations)</b>
What can I do with this Qualification:
<b>CTA – Certified Transactional Analyst = an accredited UKCP Psychotherapist – available for private or employed practice. UKATA Diploma = may lead to entering the BACP register and eventual accreditation.</b>
Accredited nature of the course:
<b>CTA – accredited by EATA – European Association of Transactional Analysis or ITAA – and leads immediately to accreditation by UKCP.</b>
<b>UKATA Diploma – accredited by UKATA.</b>
Additional Notes:
<b>These are the two main outcomes from the course: UKATA Diploma and then Certified Transactional Analyst.</b>

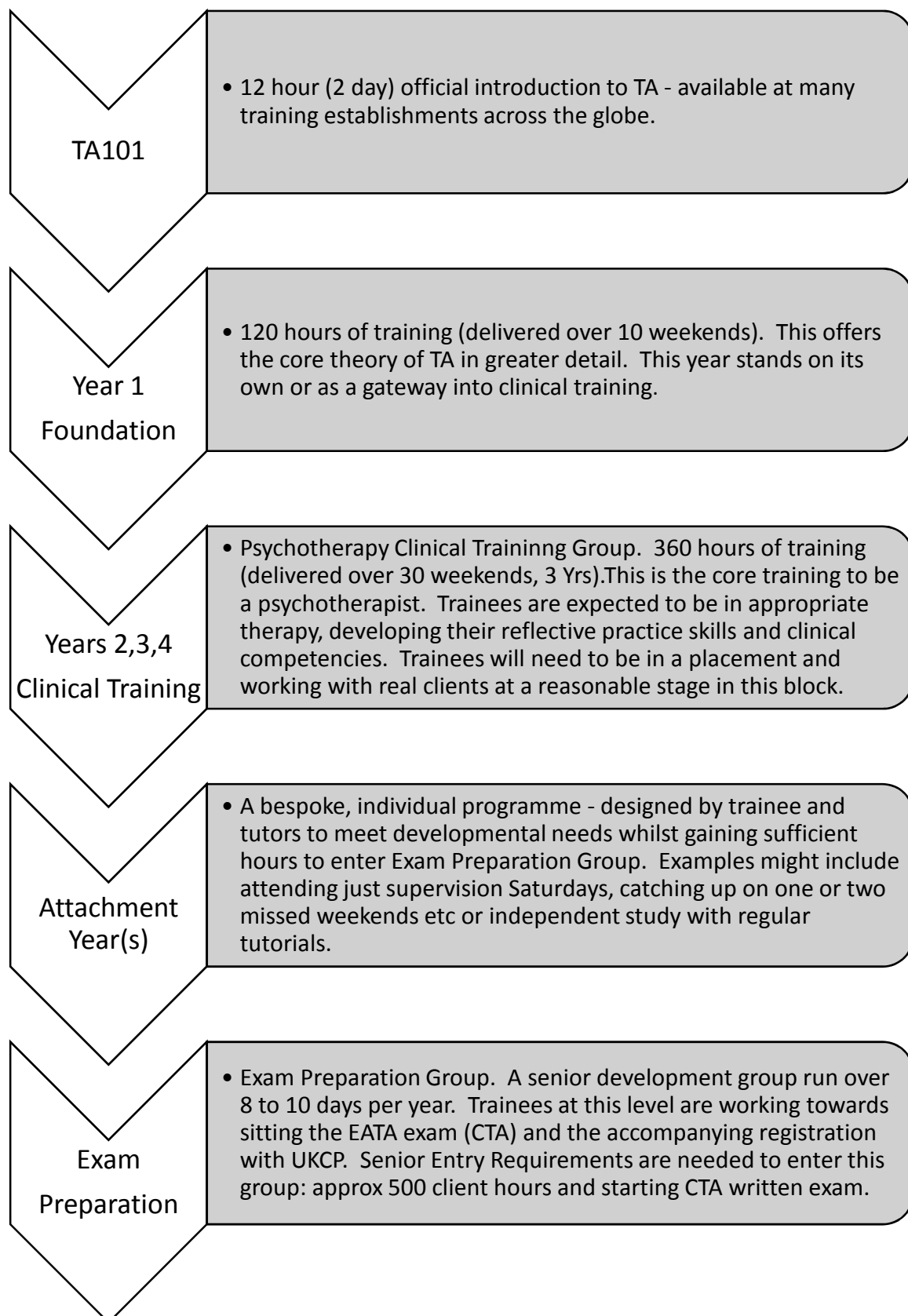
Comparison Table for Interim Qualifications

<b>Name of Certificate</b>	<b>UKATA TA Award</b>	<b>TATO Cert. TA Practice</b>	<b>UKATA TA Diploma</b>
<b>Who awards?</b>	UKATA – student applies	TA Training Org Internal Cert.	UKATA
<b>Approx Cost</b>	£30 award UKATA membership	Included	£50 to UKATA £
<b>TA Training Hours</b>	120 Hrs	240 (two years)	360 Hrs by an RTE
<b>Therapy Hours</b>	-	40 in 12 months UKATA Accred. Therapist	120 Hours of UKCP therapy
<b>Supervision Hours</b>	-	25 Hrs	34 Hrs
<b>Practice Client Hours</b>	-	100 Hrs	200 Hrs
<b>How assessed?</b>	Portfolio	Skills Demo Portfolio	Endorsements Oral Exam
<b>Assignments</b>	One	4 including 2500 case study / transcript 5 mins	6 Assignments - Including the exam itself - Including the 4000 word case study.
<b>Estimated time</b>	After one year	Two to three years	Maybe 3 to 4 years Depends on meeting hours requirements.

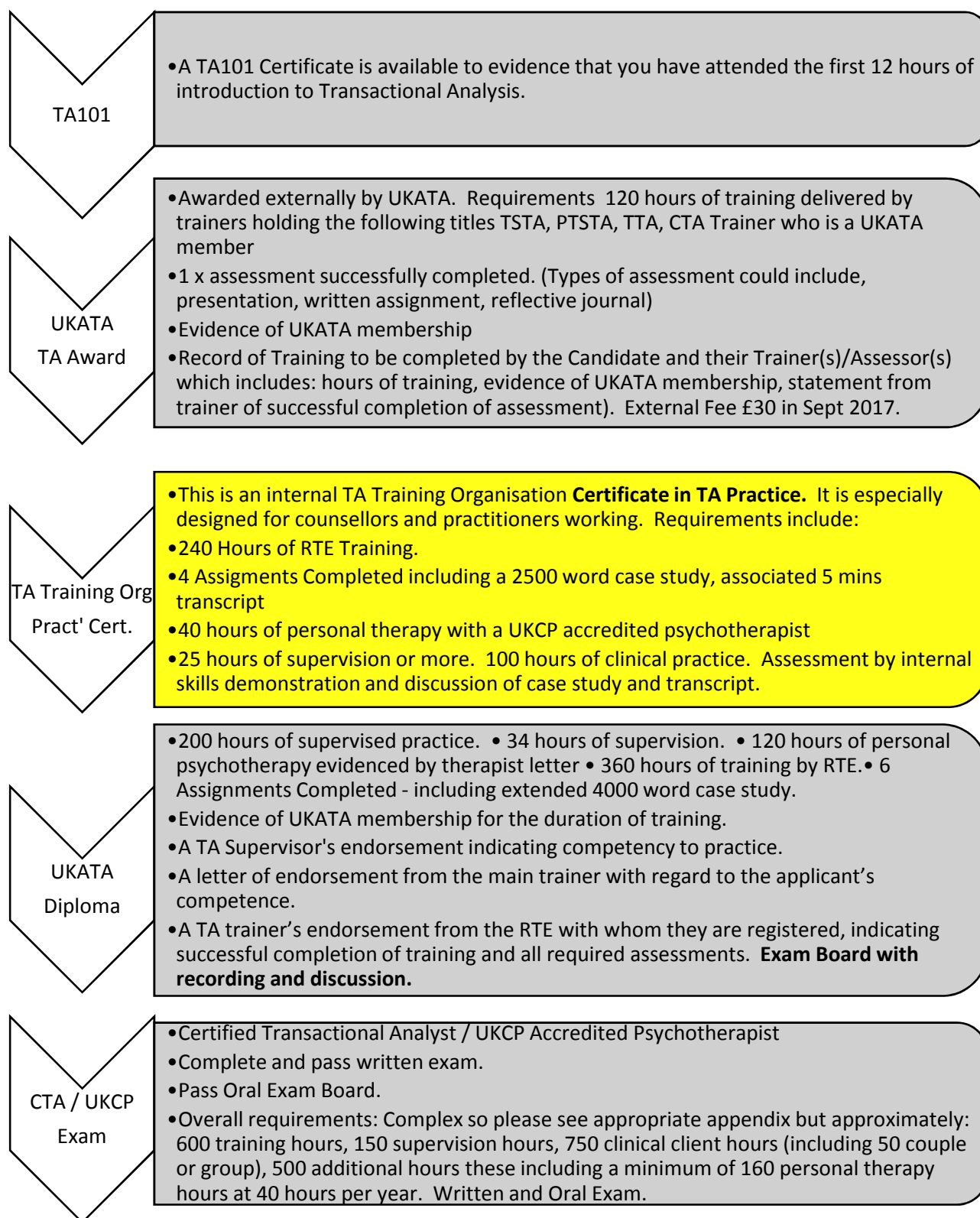
**An evidence certificate of relevant hours is also produced when trainees have completed each of the one year units.**



## Course Structure – The content of the Learning Programme



## What certificates and awards are available as my learning progresses?



## UKATA Diploma in Transactional Analysis – EXTERNAL UKATA Diploma

The Diploma is intended as a UKATA endorsement to practice as a therapeutic practitioner. (see UKATA website for how to advertise and describe self).

The requirements are:

- 360 hours of TA Training delivered by an RTE
- 6 x assessments – including 4000 word case study, and the exam itself.
- 200 hours of supervised practice working in the field of specialisation.
- 34 hours of supervision with a TA supervisor
- 120 hours of personal therapy
- Evidence of UKATA membership for the duration of training.
- A TA Supervisor's endorsement indicating competency to practice.
- A TA trainer's endorsement from the RTE with whom they are registered, indicating successful completion of training and all required assessments

Final assessment is by written and oral examination. For further information on the written and oral exams see Appendices:

O: UKATA Diploma in Transactional Analysis Procedures,

P: UKATA Diploma in Transactional Analysis Application Form,

Q: UKATA Diploma in Transactional Analysis Written Exam,

R: UKATA Diploma in Transactional Analysis Oral Exam – Guidelines,

S: UKATA Diploma in Transactional Analysis Oral Exam – Marking Sheet,

## The CTA Exam: The Certificate in Transactional Analysis

This is taught and studied at Level 7. ( Masters equivalent )

Level 7 qualifications recognise highly developed, advanced and complex levels of knowledge which enable the development of in-depth and original responses to complicated and unpredictable problems and situations. Learning at this level involves the demonstration of high level specialist professional knowledge and research skill. Level 7 qualifications are at a level equivalent to Master's degrees.

For those candidates who wish to take the CTA written examination the requirements are:

- A TA 101 Certificate, either by attending a course or by taking an exam
- A current EATA or ITAA training contract endorsed by EATA or ITAA a minimum of one year prior to the intended oral examination
- Fulfilled the relevant national requirements for certification in the field of specialisation – see below for UKCP requirements
- Been recommended as ready by their Principal Supervisor
- Fulfilled the minimum requirement of 2,000 hours made up as follows:
  - 750 hours of client contact, of which 500 must be in TA
  - 600 hours of professional training, of which 300 must be in TA
  - 150 hours of supervision, of which 75 must be by a PTSTA or TSTA who is a member of EATA, ITAA or WPATA, 40 of which must be with the Principal Supervisor
  - 500 additional professional development hours (to be designated by the Principal Supervisor in accordance with national requirements)

The number of hours of training and practical experience in the candidate's field of specialisation are laid down and standardised. Their purpose is to guarantee the trainee a broad practical experience and a comprehensive theoretical knowledge. Experience gained in practice or training received in the candidate's field of specialisation both before and during their TA training can be counted towards the appropriate category of training hours. Final assessment is by written and oral examination. See Appendix V for the EATA Psychotherapy Core Competencies.

### **UKCP Requirements:**

Candidates for the CTA examination are also required to complete the following:

1. Candidate has completed not less than 900 hours of appropriate advanced training/supervision over a period of not less than 4 years.
2. Candidate has met all the learning outcomes for the Mental Health Familiarisation Placements as published by the HIPS Section, UKCP, dated May 20<sup>th</sup> 2003 and amended by the Assessment Board July 2<sup>nd</sup> 2003. *NB This is to be included into the training hours.*
3. Candidate has completed not less than 450 hours of supervised clinical practice.
4. Candidate has practised psychotherapy for minimum of 2 years under supervision.
5. Candidate has received supervision at a ratio of 1 hour per 6 hours of client contact on no fewer than 450 client contact hours.
6. Candidate has established a regular caseload including at least two long term clients and has demonstrated successful closure of at least one case. The candidate must have experience of working with **both** short and long term contracts.
7. Candidate has had an experience of psychotherapy congruent with the psychotherapy they have trained in. Has done a minimum of 40 hours therapy per year for 4 years with a UKCP Registered psychotherapist or equivalent.
8. Candidate has successfully completed written psychotherapy dissertation/case study. The CTA written examination fulfils this requirement.

A comparison chart of UKCP and EATA requirements can be found at Appendix T.

## Registration and Certification

### **Practicing Counselling and Psychotherapy in the UK**

Unlike some mental health professions there is currently no legal requirement for registration or accreditation in the UK. There are a number of voluntary bodies that accredit or register training organisations and therapists those relevant to this course are:

### **Transactional Analysis Certification Bodies**

**EATA:** was founded on July 16th 1976 as the European TA Association with the aim to bring together the numerous training activities in TA in Europe. The association currently has 34 membership associations with more than 7550 members in 27 European countries. Part of the remit of EATA is: (from the mission statement)

- To promote knowledge and research on Transactional Analysis, to develop its theory, and to ensure agreed standards of practice.
- To promote cooperation in Europe in the field of Transactional Analysis.

- Work to ensure conformity to agreed standards of training, certification and practice of Transactional Analysis in Europe.

**UKATA** is the professional body that sets standards of competence and ethical practice for qualified and training Transactional Analysts in all TA fields in the UK.

UKATA is affiliated to the European Association for Transactional Analysis (EATA) and is a member organisation of the United Kingdom Council for Psychotherapy (UKCP).

UKATA's objective is to educate the public about the study, theory and practice of TA in accordance with recognised standards of professional competence.

UKATA provides benefits to its members in the following ways:

- Supports and promotes TA research to gain wider recognition for TA as an effective psychotherapy thus
- improving the employment prospects of TA psychotherapists.
- Works with UKCP to ensure that standard of training and competence meet UKCP standards so that members maintain their registration.
- Administers the CTA examination process on behalf of EATA.
- Runs regional and national conferences for CPD, networking and social purposes.
- Produces an in-house magazine.

**UKCP** (From the website)

The UK Council for Psychotherapy (UKCP) is the UK's leading professional body for the education, training and accreditation of psychotherapists and psychotherapeutic counsellors. The membership includes over 7,800 individual therapists and more than 70 training and accrediting organisations.

UKCP is the quality mark for high standards in psychotherapy. UKCP holds the national register of psychotherapists and psychotherapeutic counsellors, listing those practitioner members who meet exacting standards and training requirements.

**BACP:** The British Association for Counselling and Psychotherapy (BACP). BACP is the largest and broadest body within the sector.

The Learning Experience – Our Philosophy translated into Practice.

Our philosophy underpins our approach to the learning experience:

We will make clear learning contracts with each person at the beginning of each year which will support your development throughout the academic year. We offer a four year taught programme along with preparation for exams. We look to facilitate your autonomy and choice in seeking out other training and supervision experiences to meet your individual learning needs.

**Personal Development.** A renewed sense of self; and self-awareness is a central component of development as a psychotherapist. Personal therapy from Year 2 onwards is a requirement of the programme (see below) and along with this there are number of different experiences to facilitate this learning about self. Specifically:

**Group Process:** takes place each weekend where the group takes time to reflect on their experiences in the group, the impact of the group and the impact of training. The purpose of Group Process is to process unconscious material in the group; to understand

the impact of self upon other, and others' impact on self. To understand re-enactments, games, and transference phenomena taking place in the group.

**Learning Contracts:** Trainees set their own learning goals for each year and contract with the trainer and training group.

**Reflective Learning Journal:** A reflective journal to be completed after each learning weekend which will lead to the Peer Review.

**Peer Review:** Self and peer feedback on how others have experienced the person in the training group.

**Acquisition of Theoretical Knowledge** is structured to include a mixture of didactic teaching, triad, small and large group work, discussions, experiential exercises and study groups. Some of the activities will include lectures, handouts, using video, role play, case study, group discussion, supervision of skills and skills practice. We invite your critique of the material and look to offer stimulating and challenging training experiences that are also boundaried and psychologically safe.

**Skills Practice** takes place during the first year on each weekend. Trainees work in small groups with each other practicing developing their therapy skills using TA and integrated counselling models. There is a formal assessment of skills Clinical Competencies Assessment (Ready to Practise) before trainees begin their clinical placement. (See below)

**Supervision Days** take place one day of each weekend from year 2 onwards for the duration of clinical training. Trainees are invited to bring aspects of their work and practice for supervision. This can include client case work, ethics and legal issues, assignments, mini teaches, observed practice, tapes etc. Critique of research work is also encouraged.

## Assessment

Part of our philosophy is to account the autonomy of trainees in their learning experience whilst still meeting the requirements of offering a training programme that meets UKCP/HIPC and Level 7. Assessment is against the Learning Outcomes for the course at different stages, before finally meeting UKCP/HIPC final learning outcomes (Appendix HH) and the EATA Psychotherapy Core Competencies. (See Appendix U)

Our approach to assessment is to offer choice and flexibility so that working with the Trainers, trainees are expected to take ownership of meeting the learning outcomes, can identify their own learning needs and decide on the most appropriate assignment for this development.

**Trainees must complete three assignments in Year 1:**

- **Short Essay**
- **Long Essay**
- **Reflective Journal leading to Reflective Journal Statement and Peer Assessment.**

**Trainees must complete two assignments per year in Years 2, 3 and 4**

### ***Formative Assessments – Skills Practices, Participation, Reflection in the Group.***

Throughout the programme, there are a number of formative assessments. These are an integral part of the programme and although not necessarily assessed on a pass or fail basis, it is a requirement of the programme that they are successfully engaged with and completed for progression through the course.

Formative assessment monitors the development of the practitioner and ensures the student has successfully completed the required developmental tasks. In accordance with professional standards, formative assessment also incorporates 'fitness to practise' and endorsement of continuation of training.

Formative Assessment is at Post Graduate Level (Level 7) throughout the course and as such trainees will be invited to employ higher-order, critical thinking when reflecting on their own processes and development as well as that of other trainees in appropriate reflective tasks and settings.

### ***Summative Assessments – Essays, Written Case Studies, Commentaries***

These consist of assignments such as essays, case studies, transcript analyses.

Progression from one year to the next is not automatic. This will depend on the trainee engaging sufficiently with the learning process, being able to evidence learning and change, to be able to demonstrate appropriate personal development and to have completed their assignments. Progression decisions are communicated in the **Learning Review Meeting** at the penultimate weekend of each academic year.

At all times the trainers reserve the right to appropriately, mindfully, soberly and with care to terminate the learning programme of a trainee. The reasons for this would broadly fall into areas around

- Ethical Breaches – examples might include sexually inappropriate behaviour within or externally to the training programme, acts of racism or prejudice, criminal activity, persistent incongruity and acute dishonesty within the training programme.
- Issues of harm to self, including mental strength and resilience and wellness.
- Issues of harm to other including the learning group, clients or colleagues.

Such a serious decision would always involve the trainers seeking appropriate professional consultation prior to any action being taken. There is no internal appeals process to the decision of terminating training. The excluded trainee would need to contact the UKATA Ethics Committee to raise issues of fairness.

### **Academic Support**

Academic support is available for students in the form of a support meeting at the mid year. There is also an annual Learning and Development Review Meeting held with the directors on an annual basis as described above. This time is available for feedback to the trainee on strengths and learning edges, ways of meeting learning outcomes, discussing options available to them in continuing training. Tutorials have a supportive and developmental function. The Learning and Development Review will include a review of the Trainee

Development Portfolio. Where a trainee is in a clinical placement the directors will review the learning outcomes with them

### **Resources Available**

TA Training Organisation has a library with text books and periodicals. There is internet access throughout the training building and free use of wifi.

### **On-going requirements**

Outside of the taught programme there are ongoing requirements that form part of the self-study, self-support and personal development part of the training. As part of this trainees are required to complete a UKATA TA Psychotherapy Trainee Annual Summary Form which is returned to TA Training Organisation and is part of the Learning and Development Review at the end of the year. This form now allows for the trainee to provide an annual learning and development plan to and subsequently reflect on this plan using this form. (See Appendix G

### **Clinical Placement Hours**

Once trainees have been assessed as competent to undertake client work, TA Training Organisation encourages them to take up a voluntary placement.

Once the trainee has passed the Clinical Competencies Assessment, the trainee is provided with a Readiness for Placement letter (Appendix J) for prospective placement providers.

Placements benefit trainees in that they can begin to practice within a setting where clients are usually previously assessed prior to being assigned to them. It offers them practical experience which informs their learning at TA Training Organisation, as well as an opportunity to gain hours towards Counselling and Psychotherapy qualifications

### **Clinical Placement Policy**

TA Training Organisation has a Clinical Placement Policy which provide a four way agreement between the trainee, the training establishment, the placement provider and the clinical supervisor. Whilst it is the responsibility of the trainee to find their own placement and TA Training Organisation does not hold a formal register of potential placements, the Directors are aware of, and can provide some information on organisations that may be suitable for placements. DBS checks are required for trainees in placements, where the placement provider does not provide one, the trainee can obtain one via TA Training Organisation (please see DBS Disclosure and Recruitment of Ex-Offenders policy for details).

Once the trainee has identified a potentially suitable placement TA Training organisation will provide them with a Placement Checklist and Risk Assessment Form which the trainee asks the placement provider to complete. This document allows TA Training Organisation to assess the placement with regard to:

- Protection, safety and suitability for the trainee and client group.
- Supervision arrangements
- Nature of the work to be done.
- Assessments of clients
- Does the placement offer an appropriate learning opportunity?

This assessment is completed via a short questionnaire by manager of the service offering the placement. See Appendix K

The learning outcomes for placement will be reviewed in the trainees individual tutorial with the training director and in the Supervision report. See Appendix H



## **Personal Therapy – with a UKCP Registered Therapist.**

Personal Therapy is a requirement for anyone wishing to take the UKATA Diploma in Transactional Analysis or the Certificate in Transactional Analysis leading to UKCP Registration.

Our recommendation is that any trainees who are working with clients be in personal therapy. Once a trainee has decided they intend to continue in training beyond the first year then they begin their personal therapy.

The UKCP requirement for personal therapy is that candidates must have an experience of psychotherapy congruent with the psychotherapy in which they are in training for a minimum of 40 hours per year for four years, and normally be in psychotherapy throughout their training. This psychotherapy must normally be undergone with a UKCP registered psychotherapist, or equivalent.

Personal Therapy is completely confidential between the therapist and trainee.

## **Supervision**

Definition of Supervised Practice:

*“It is important for both the psychotherapist and the client that the professional regularly takes his or her work to supervision and this is a requirement for students preparing for UKCP registration and/or CTA examination. This will be with a more experienced colleague. Peer supervision cannot be counted towards student’s supervision requirements. Supervision involves discussion of the therapist’s work, possibly illustrated by tapes, to monitor professional and ethical issues as well as personal issues affecting the therapist, which may be influencing the process. The supervisor will also be concerned with the effectiveness of the therapist’s work, use of theory and specific difficulties he or she has encountered, as well as his or her professional development. The process provides protection for the client and also for the professional position of the therapist.”*

(Tilney, 1998)<sup>1</sup> Tilney, T. (1998) Dictionary of Transactional Analysis, London: Whurr.

The arrangements for supervision at TA Training Organisation are as follows:

Trainees are required to be in supervision with a transactional analyst UKCP registered supervisor. The UKCP and UKATA requirement for supervision is at a ratio of one hour for every 6 client hours. (See Appendix T. The UKATA and UKCP Requirements Comparison Chart for the hours requirements for CTA). Early on in your training you may wish to access supervision more frequently than this, and TA Training Organisation recommends that you do so.

As the relationship with your Clinical or Principle supervisor is an important one we encourage you to find someone that meets your learning needs. TA Training Organisation keeps a register of supervisors which is updated on an annual basis. Trainees are encouraged to find their own external supervisors in addition to this support from the time they begin seeing clients. The directors are available for discussion to assist them in this decision and process.

## **How to Count Supervision Hours**

There are a variety of ways for trainees to meet the requirement for supervision. Trainees may:

1. Access supervision as part of their training weekend from year 2. A full day with the trainer is allocated to supervision each training weekend, unless otherwise specified. Trainees may count one hour of supervision for each 20 minute piece of work they bring, the remaining hours of each day count as training. The trainee can count any hour with a supervisor in which they actively present work for supervision as one hour of supervision. The trainee cannot count supervision hours where they have been present during the supervision of other trainees but have not presented work themselves. So, in groups of four or more trainees, each trainee who makes a meaningful presentation of their work can claim supervision credit, and for each such presentation that trainee receives one hour of supervision credit.
2. Access individual supervision with a TA clinical supervisor. The person will need to be a UKCP Registered Transactional Analyst supervisor – so a PTSTA, CTAT or TSTA. In individual supervision each hour counts as an hour of supervision.
3. Access small group supervision, where two or three trainees receive supervision together in a group for the corresponding number of hours, and provided that each trainee makes a presentation of their work, each trainee may count all the hours of supervision with the supervisor. For example: if three trainees spend three hours in supervision, and each of them presents some of their work for supervision, they may each count a total of three hours of supervision.

## **Mental Health Familiarisation Placement**

As part of training each trainee is required to meet the learning outcomes from UKCP, Humanistic and Integrative College (HIPC) for a mental health familiarisation placement. Although the term placement is used the focus is on understanding how mental health is managed in the UK. See Appendix W for full details as well as the fuller section at Assessment.

## **UKATA Membership**

It is a requirement of training that all trainees and associate trainers have current membership of UKATA the UK certification body for transactional analysis. Trainees are required to complete the UKATA Psychotherapy Trainee Annual Summary Form.

If you are in Years 1,2,3 and 4 your UKATA membership fee is included in your course fee. In Year 1 we offer a bulk enrolment. In Years 2,3 and 4 please carry out your own renewal, pay and then reclaim your fee from us through the office.

UKATA is held in the highest regard by the TA Training Org and trainees are encouraged to fully understand this relationship, its benefits, and to volunteer for committee memberships and roles at conference if at all possible.

## Quality Assurance

### **Trainee Feedback**

TA Training Organisation has a small student body so all students can have direct access to the Directors of Training and Administration and the Associate Trainers through the feedback mechanisms listed below:

A minuted business meeting is held on each weekend. These meetings are an opportunity to give feedback within the training group and to raise any issues for discussion.

Annual Learning and Development Review: Held once a year with one of the training directors.

Ad Hoc access to any Trainer to clarify a position or question or query prior to access to the Director of Training by appointment.

### Strategic Review

Once a year the directors and associate trainers review all aspects of the organisation including:

- The course and training programme
- Policies procedures and administration
- Quality Assurance feedback from trainees, external trainers and external examiners.
- Requirements from UKCP and UKATA.
- External developments in the context of practicing as a psychotherapist in the UK.

The purpose of this meeting is to ensure our business and course is responsive to our trainees, colleagues and any internal and external requirements.

### **Ongoing Feedback**

Following each training weekend an anonymous online feedback form is sent to all trainees to enable them to feedback on the training and trainers. This information is analysed and provided to the trainers for them to use in further developing their training.

Each trainer who delivers a weekend is asked to prepare a short written report on the weekend. This is circulated to all the trainers responsible for delivering the programme that academic year so that all the team is aware of any administrative, process or group development issues. A monthly trainers meeting takes place online by Zoom.

A more detailed annual questionnaire is issued to trainees for feedback on the programme, trainers and any other aspect of the course. This is reviewed by the directors at the annual strategy meeting.

### **Training of External Markers and Examiners**

External markers are given a half day's training on the marking schemes and learning outcomes for TA Training Organisation.

## **External Moderation**

A representative sample of assignments is sent to external moderation annually for the moderator to prepare a written report on the consistency of marking and any other issues relevant to maintaining quality and parity of assessment of assignments.

UKATA Diploma exams are all held with a range of internal and if at all possible external examiners. The process is observed every other year by our external moderator.

### **Philosophy, Theory and Research**

1. Has integration and mastery of a coherent personal philosophy of psychotherapy and behaves consistently with this philosophy. Can critically evaluate this and compare with TA.
2. Can critically evaluate how personal philosophy influences an understanding of human development, consciousness, experience and personal development.
3. Critically evaluate Transactional Analysis with other humanistic and psychodynamic modalities.
4. Critically evaluate theories of child and adult development, attachment and memory and assess and compare with Transactional Analysis.
5. Can critically evaluate a broad and competent range of relevant literature, available information and conceptual issues.
6. Evaluate, synthesise and develop independent thought and ideas regarding the theoretical, critical and methodological literature in TA.
7. Can critically evaluate and appraise the theoretical and philosophical differences between the three schools and the relational approaches to TA.
8. Can critically evaluate psychotherapy research projects and their impact on Transactional Analysis and can assess research methodologies.
9. Can develop and design a research project applying research methodologies to their practice and critically evaluate the methodology and outcomes.
10. The presentation of work is according to academic standards at post graduate level (citation, bibliography)

### **Practice**

11. Can analyse and critically evaluate the effectiveness of TA models of psycho pathology and psycho-social development and compare with other non TA models.
12. Can critically evaluate TA models of assessing, diagnosing and treatment planning and has mastered the skill of application.
13. Can critically evaluate and synthesise a range of therapeutic interventions and the therapeutic relationship in treatment direction.
14. Critically evaluates the effectiveness of own work and adjusts treatment and approach accordingly.
15. Has integration and mastery of the capacity, skills and resources to work with complex clients, couples and groups on a long and short term basis.
16. Can critically evaluate the significance of aspects relating to practice. For example, assessment, transference, ethics and professional practice issues.
17. Can critically evaluate complexity and meta-perspective, and synthesise this analysis with regard to practice.
18. Can critically evaluate psychiatric and medical models of mental illness in the UK and their application in a TA setting.

19. Has integration and mastery of managing and communicating effectively with other professionals (Doctors, social workers etc.)
20. Can critically evaluate issues of ethics, inclusive practice and complexity in professional practice.
21. Has integration and mastery of the skills of reflective practice and of supervision.
22. Autonomous and integrated in their professional practice and can evaluate personal limitations and CPD requirements.

### **Personal Development**

23. Can critically evaluate and effectively manage own personal history and script and has integration of the qualities of transparency and openness in an appropriate way.
24. Has integration and mastery of a clear and coherent vision of self in role of TA psychotherapist.
25. Has integration and mastery of autonomy and collaboration in working practices
26. Can critically evaluate and synthesise from reflecting on
  - . the therapeutic process:
    - a. the impact of self in the therapeutic process
    - b. the impact on self of the therapeutic process
27. Has integration and mastery of the skill and practice of self-monitoring.
28. Effective in critically evaluating own work.

Please also see 8 specific outcomes in Mental Health Familiarisation Placements

Weekend Number	Foundation Year One Year Syllabus		Psychotherapy Clinical Training Group Three Year Rotating Syllabus				
	Topics in 2017 / 2018 Single Year Core Competencies		Topic in 2017/2018 Cycle C		Topics in 2018 / 2019 Cycle A		Topics in 2019 / 2020 Cycle B – Dates TBC
1	23/24 September 2017 Intro to TA/Contracting	1	16/17 September 2017 Groups	11	15/16 Sept 2018 Diagnosis & Assessment	21	Treatment Planning
2	14/15 October Ego States/Transactions	2	7/8 October TA Research	12	6/7 Oct Modalities: Gestalt	22	Re-Decision School / Technique
3	4/5 November Script	3	25/26 November Culture, Politics & Power	13	3/ 4 November Existential, Endings & Bereavement	23	Anxiety Workshop
4	16/17 December 2017 Games	4	9/10 December What's Current? Topic Day.	14	8/9 December Sex, Sexuality & Being Sexual	24	Personality Adaptations
5	20/21 January 2018 Rackets/Script system	5	13/14 January Schizoid Defence	15	12/13 January 2019 Couples	25	Risk Assessment / Suicidality
6	17/18 February Attachment and Child Development	6	10/11 February Therapeutic Relationship, Ruptures & Re-enactment	16	9/10 February Depression	26	Psychiatric Problems & Mental Health. Psychosis. Dissociation.
7	17/18 March Diff, Diversity & Power	7	10/11 March Modalities: Psychodynamic	17	9/10 March Schools of TA: Integrative	27	Working with Child Ego State
8	12/13 May History of Madness	8	21/11 April Ego States & Cure:	18	13/14 April Schools of TA: Relational	28	Trauma / Sexual Abuse. PTSTA
9	9/10 June Cathexis School	9	19/20 May Borderline and Narcissistic	19	18/19 May Human Development	29	Working with Parent E/State
10	7/8 July Classical TA: Working with the Adult Ego State	10	16/17 June Neuroscience	20	24/25 <sup>th</sup> June Transference/ Countertransference	30	Big Topic Day. Embodiment: New Thinking

## Course Content

### Core Content and Themes for Year 1 – Core Competency/Foundation Year

#### **Theory**

- a. Understand core theoretical concepts in TA theory
- b. Understand key ideas/concepts in using counselling skills.

#### **Practice**

- c. Demonstrate competence in basic counselling skills
- d. Introduction to practice
- e. Introduction to reflective practice
- f. Learn and use the skills of giving and receiving constructive feedback.
- g. To introduce the ethics, privileges and responsibilities of becoming a psychotherapist/counsellor.

#### **Personal Development**

- h. Apply transactional analysis to understand own script.

The course will be delivered over 10 weekends which includes a one day theory teach and one day skills practice unless otherwise indicated.

### First two years of the Psychotherapy Clinical Training Group – Years 2 & 3

These years of the training programme are about building knowledge and skills in developing as a practitioner and working with common mental health problems. The content and themes for these years concern such topics as making assessments and managing risk, making a TA assessment and looking at different TA approaches through the different schools. We also begin to look at the therapeutic relationship and transference more during supervision on Sundays.

#### **Theory**

- a. A basic understanding of relevant literature, available information and conceptual issues.
- b. Basic synthesis of available information and able to critically evaluate it.
- c. Some evidence of independent thought regarding theory.
- d. The presentation of work is according to academic standards at post graduate level (citation, bibliography)
- e. An adequate understanding of the place of research in counselling and therapy.

#### **Practice**

- a. Some ability to conceptualise and assess, plan for counselling interventions using TA.
- b. Has a basic level of understanding of some of the key issues in working with common mental health problems.
- c. Developing an understanding of Ethical and inclusive practice
- d. Development of reflective practice and use of supervision.
- e. Meets the Clinical Competencies developed by TA Training Org for their endorsement as Competent to Practice.



### **Personal Development**

- a. An ability to relate TA theory to own personal development.
- b. Basic skill in reflecting on therapeutic/counselling process and impact both of and on self.
- c. Some capacity for self-monitoring and self-evaluation.
- d. Further development of skill in giving and receiving constructive feedback.

### **Year 4 of the Psychotherapy Clinical Training Group**

Year four is where the focus is on deepening learning and understanding of working at psychotherapeutic depth using the therapeutic relationship. Themes are looking at working with complex clients, psychotherapy research and looking outwards to critique TA with other modalities.

The course will be delivered over 10 weekends which includes a one theory teach and one day skills practice unless otherwise indicated. Trainees will be using the Sundays to deepen their independent learning in the topics above

### **Philosophy, Theory and Research**

- a. Can give a basic description of personal values and philosophy of TA.
- b. Has some ideas on how personal philosophy influences understanding of human development, consciousness, experience and personal development.
- c. Has a basic understanding of the key ideas and central philosophy of one other humanistic and psychodynamic psychotherapy.
- d. Has a competent understanding of child and adult models of development.
- e. Has a competent understanding of the three schools of TA and relational approaches and can begin to critically evaluate them.
- f. A competent understanding of relevant literature, available information and conceptual issues.
- g. A competent synthesis of available information and able to critically evaluate it.
- h. Adequate evidence of independent thought regarding theory.
- i. The presentation of work is according to academic standards at post graduate level (citation, bibliography)
- j. A good understanding of the place of research in counselling and therapy and the capacity to evaluate psychotherapy/counselling research.
- k. Can apply simple research methodologies to their practice.

### **Practice**

- 1. Has a competent understanding of psycho pathology and factors involved in psycho-social development.
- 2. Is competent in assessing, diagnosing and treatment planning using TA models.
- 3. Is able to use a limited range of therapeutic interventions and the therapeutic relationship in treatment direction
- 4. Some monitoring of effectiveness of interventions and some adjustment of treatment and approach.
- 5. Has some capacity and resources to work with complex clients and groups.

6. Has some recognition of the significance of aspects relating to practice. For example, assessment, transference, ethics, professional practice issues.
7. Takes some meta-perspective and complexity into account with regard to practice.
8. Has some understanding of the psychiatric and medical models of mental illness in the UK and their application in a TA setting.
9. Has a competent understanding of the key issues in working with common mental health problems.
10. A competent understanding of ethical and inclusive practice.
11. Effective use of reflective practice and of supervision.
12. Some autonomy in their professional practice with a competent understanding of own limitations.

### **Personal Development**

- a. Development of insight into own personal history script.
- b. Beginning to develop a sense of self in the role of TA psychotherapist.
- c. Competent skill in reflecting on therapeutic/counselling process and impact both of and on self.
- d. Good capacity for self-monitoring.
- e. Developing skill in self-evaluation of own work.
- f. Further development of skill in giving and receiving constructive feedback.

## Learning Outcomes – TA Training Organisation Handbook – Induction and Contracts Weekend.

Developmental Indicators			Learning Outcome from Handbook
Theory and Philosophy			
End of Foundation year	UKATA Diploma <sup>1</sup>	Entry to Exam Group	CTA <sup>2</sup>
Understands the majority of the key theoretical concepts and philosophy of TA (Ego states, script, contracting, TA defences)	Articulates a coherent professional vision as a competent practising counsellor/ta practitioner	Articulates a coherent professional vision as a competent practising ta psychotherapist.	23. Has integration and mastery of a coherent personal philosophy of psychotherapy and behaves consistently with this philosophy. Can critically evaluate this and compare with TA.
Has some understanding of TA as a model of human development.	Can describe key concepts and influences in terms of human and personal development.	Can describe how personal philosophy influences an understanding of human development, consciousness, experience and personal development	24. Can critically evaluate how personal philosophy influences an understanding of human development, consciousness, experience and personal development.
Understands key theoretical concepts and key ideas in the philosophy of TA.	Demonstrates understanding and application of a range of transactional analysis theory. Can select appropriate concepts/models for context and discuss their use. Demonstrates basic understanding of one non TA	Demonstrates an in depth understanding and application of a range of transactional analysis theory. Can select appropriate concepts/models for context and discuss their use. Demonstrates an understanding	25. Critically evaluate Transactional Analysis with other humanistic and psychodynamic modalities.

<sup>1</sup> See Diploma criteria and requirements.

<sup>2</sup> See CTA criteria and requirements.

	modality.	of humanistic and psychodynamic modalities and can compare with TA.	
Understands key theoretical concepts in and key ideas in the philosophy of TA. Has knowledge of a TA model of child and adult development	Describes how theories of attachment and child and adult development are present in work.	Can describe and analyse theories of child and adult development, attachment and memory and assess and compare with Transactional Analysis	26. Critically evaluate theories of child and adult development, attachment and memory and assess and compare with Transactional Analysis.
Demonstrates understands and can access core texts from reading lists.	Demonstrates can apply and analyse a broad, competent range of relevant literature.	Can analyse and evaluate a broad and competent range of relevant literature, available information and conceptual issues	27. Can critically evaluate a broad and competent range of relevant literature, available information and conceptual issues.
Demonstrate can accurately describe theoretical concepts and ideas in relevant literature.	Through analysis demonstrates some independent ideas and thinking regarding theoretical literature.	Analyse and develop some independent thought and ideas regarding the theoretical, critical and methodological literature in TA.	28. Evaluate, synthesise and develop independent thought and ideas regarding the theoretical, critical and methodological literature in TA.
Has an understanding of the main philosophical basis and some theoretical concepts in more than one school.	Can describe and analyse the theoretical and philosophical differences between the three schools of TA. Can describe and analyse the main philosophical and theoretical concepts in a relational approach.	Analyse the theoretical and philosophical differences between the three schools and the relational approaches to TA.	29. Can critically evaluate and appraise the theoretical and philosophical differences between the three schools and the relational approaches to TA.
TA research exists.	Demonstrates can apply and analyse research methodologies to research projects.	Can critically evaluate psychotherapy research projects and their impact on Transactional Analysis and can assess research methodologies.	30. Can critically evaluate psychotherapy research projects and their impact on Transactional Analysis and can

			assess research methodologies.
TA research exists.	n/a	Can develop and design a research project applying research methodologies to their practice and critically evaluate the methodology and outcomes.	31. Can develop and design a research project applying research methodologies to their practice and critically evaluate the methodology and outcomes.
The presentation of work is according to academic standards at post graduate level (citation, bibliography)	The presentation of work is according to academic standards at post graduate level (citation, bibliography)	The presentation of work is according to academic standards at post graduate level (citation, bibliography)	32. The presentation of work is according to academic standards at post graduate level (citation, bibliography)
Practice			
Has an understanding of some TA models of psycho pathology and psychosocial development.	Can select appropriate concepts/models of psycho pathology for context and discuss their use.	Can analyse TA models of psycho pathology and psycho-social development and compare with other non TA models.	33. Can analyse and critically evaluate the effectiveness of TA models of psycho pathology and psycho-social development and compare with other non TA models.
Demonstrates simple problem solving using counselling skills in triad work with peers.	High level of competent and effective counselling relationship. Demonstration of appropriate protection, permission and potency	Can analyse TA models of assessing, diagnosing and treatment planning and is competent in their application	34. Can critically evaluate TA models of assessing, diagnosing and treatment planning and has mastered the skill of application.
Demonstrates can establish an I'm ok you're ok relationship using counselling skills.	Flexible, in depth discussion of creative options of counselling practice in relation to theory that promote problem management and personal development	Can analyse a range of therapeutic interventions and the therapeutic relationship in treatment direction	35. Can critically evaluate and synthesise a range of therapeutic interventions and the therapeutic relationship in treatment direction
Demonstrates can effectively give	Assesses the specific counselling	Analyses the effectiveness of own	36. Critically evaluates the

self feedback on triad work with peers.	situations realistically and issues accurately. Is aware of possibilities and limitations of counselling.	work and adjusts treatment and approach accordingly.	effectiveness of own work and adjusts treatment and approach accordingly.
Demonstrates simple problem solving using counselling skills in triad work with peers.	Most interventions accomplish what they are designed to achieve. Counsellor monitors the effect of his/her interventions and responds appropriately	Is competent in the capacity, skills and resources to work with complex clients, couples and groups on a long and short term basis.	37. Has integration and mastery of the capacity, skills and resources to work with complex clients, couples and groups on a long and short term basis.
Basic understanding of ethical principles in psychotherapy and counselling work.	Makes an appropriate shared business and counselling contract clearly related to effective counselling planning and interventions and to the evaluation of the counselling process.	Can analyse the significance of some aspects relating to practice. For example, assessment, transference, ethics and professional practice issues	38. Can critically evaluate the significance of aspects relating to practice. For example, assessment, transference, ethics and professional practice issues
Can describe the “problem” using TA language.	Has ability to utilize and build on client’s strengths and existing resources in the client and client system.	Can analyse some complexity and meta-perspective with regard to practice	39. Can critically evaluate complexity and meta-perspective, and synthesise this analysis with regard to practice.
Understanding of what a medical model of mental illness is.	Can select appropriate concepts/models for context and discuss their use.	Can analyse the psychiatric and medical models of mental illness in the UK and their application in a TA setting.	40. Can critically evaluate psychiatric and medical models of mental illness in the UK and their application in a TA setting.
Manages triad work safely and effectively.	Has working knowledge of other resources for client’s support or referral when necessary.	Is competent in managing and communicating effectively with other professionals (Doctors, social workers etc.)	41. Has integration and mastery of managing and communicating effectively with other professionals (Doctors, social workers etc.)

Understanding of basic issues relating ethics and inclusive practice and can discuss ideas relating to diversity and power.	Clearly relates to ethical principles. Has awareness of own social, ethnic and cultural identity and that of the client and its possible implication in the counselling process.	Can analyse issues of ethics, inclusive practice and complexity in professional practice	42. Can critically evaluate issues of ethics, inclusive practice and complexity in professional practice
Demonstrates development of reflective skills through journal.	Demonstrates appropriate use of reflection and supervision for context of counselling work.	Is competent in the skill of reflective practice and of supervision.	43. Has integration and mastery of the skills of reflective practice and of supervision.
Demonstrates development of self reflection and evaluation/feedback.	Demonstrates understanding of limitations of counselling and self evaluates.	Is competent in professional practice and can evaluate personal limitations and CPD requirements.	44. Autonomous and integrated in their professional practice and can evaluate personal limitations and CPD requirements.
Personal Development			
Developing an understanding of own script in relation to self, self in group, learning script. Developing qualities of openness and transparency and how to express self appropriately.	Demonstrates high level of self-, social-, technical- and specific counselling competencies using transactional analysis	Is competent in managing own personal history and script and demonstrates qualities of transparency and openness in an appropriate way.	45. Can critically evaluate and effectively manage own personal history and script and has integration of the qualities of transparency and openness in an appropriate way.
Developing understanding of self.	Articulates a coherent professional vision as a competent practising counsellor/ta practitioner	Articulates a coherent professional vision as a competent practising TA psychotherapist.	46. Has integration and mastery of a clear and coherent vision of self in role of TA psychotherapist.
Developing skills in collaboration.	Articulates a coherent professional vision as a competent practising	Articulates a coherent professional vision as a competent practising	47. Has integration and mastery of autonomy and collaboration in

	counsellor/ta practitioner in relation to other.	counsellor/ta practitioner in relation to other.	working practices
Developing an awareness of own process.	High awareness and understanding of own process and its impact on counselling intervention	Is competent in reflecting on <ul style="list-style-type: none"> <li>a. the therapeutic process:</li> <li>b. the impact of self in the therapeutic process</li> <li>c. the impact on self of the therapeutic process</li> </ul>	48. Can critically evaluate and synthesise from reflecting on <ul style="list-style-type: none"> <li>a. the therapeutic process:</li> <li>b. the impact of self in the therapeutic process</li> <li>c. the impact on self of the therapeutic process</li> </ul>
Developing an awareness of own process.	Demonstrates competent understanding of strengths and personal resources.	Is competent in the skill and practice of self-monitoring.	49. Has integration and mastery of the skill and practice of self-monitoring.
Developing skills in effective self feedback.	Demonstrates some competence in self evaluation	Is competent in self evaluating.	50. Effective in critically evaluating own work



### Foundation Year – Year 1 – Training Year 2019 / 2020

Month	No.	Dates	Topic	Saturday Trainer	Sunday Trainer
Sept 2019	1	21 & 22 Sept <b>2019</b>	Introduction to TA Contracting	Andy Michelle Beren Bev	Andy Michelle Beren Bev
October	2	12 & 13 Oct	Ego States Transactions	Beren	Beren
November	3	23 & 24 Nov	Script – Two Day Teach	Andy	Andy
December	4	14 & 15 Dec	Rackets	Bev	Bev
			<b>Holiday Season / Xmas</b>		
January 2020	5	18 & 19 Jan <b>2020</b>	Attachment and Child development	Michelle	Michelle
February	6	15 & 16 Feb	Games	Michelle	Michelle
March	7	14 & 15 March	Difference, Diversity	Lin	Lin
April			<b>Easter</b>		
May	8	9 & 10 May	Discounting, symbiosis and passive behaviours	Andy	Andy Bev <b>Tutorials</b> Michelle
June	9	13 & 14 June	History of Psych & mental illness	Beren	Beren
July	10	4 & 5 July <b>2020</b>	Clinical Skills Intensive	Andy Beren Michelle Bev	Andy Beren Michelle Bev

### Clinical Training Group – Years 2,3 & 4 Combined and Year 5+ - Year 2019/2020

Month	No.	Dates	Saturday Facilitators	Sunday Trainer	Sunday Topics
Sept 2019	1	14 & 15 Sept <b>2019</b>	Andy Bev Michelle	Andy	Treatment planning
October	2	5 & 6 Oct	Andy Bev Michelle	Bev	Redecision school
November	3	2 & 3 Nov	Lin Michelle Beren	Lin	Anxiety workshop
December	4	7 & 8 Dec	Andy Lin Michelle	Lin	Personality Adaptations
					<b>Holiday Season</b>
January 2020	5	11 & 12 Jan <b>2020</b>	Andy Beren Michelle	Andy	Risk assessment/suicidality
February	6	8 & 9 Feb	Andy Michelle Beren	Andy	Psychiatric problems & mental health, psychosis, <i>dissociation</i>
March	7	28 & 29 March	Andy Bev Beren	Andy	Working with child ego state
May	8	2 & 3 May	Andy Lin Beren	Bev	Trauma/sexual abuse
June	9	6 & 7 June	Lin Andy Beren	Lin	Working with parent ego state
July	10	11 & 12 July <b>2020</b>	Andy	Andy Half day	Guest speaker Embodiment. New thinking. External speaker 1.5 days

## Weekend 1: An introduction to Transactional Analysis and Contracting – Year 1

### Indicative Content for weekend

- To review the background and history of TA
- To investigate the underlying philosophical assumptions of TA and their implications regarding practice.
- To establish a clear understanding of contracting
- To assess different areas and approaches to contracting
- Key aspects of contracting – theory practice and philosophy.
- Steiner Four conditions
- Sills Contracting Matrix
- Three Cornered Contracts.

### Reading

Berne, E. (1966). *Principles of Group Treatment* (Vol. 315). New York: Oxford University Press.  
 Clarkson, P. (2013) Transactional analysis psychotherapy: An integrated approach. Routledge.  
 English, F. (1975). The three-cornered contract. *Transactional Analysis Journal*. Vol 5(4), Oct, p 383-384.  
 Sills, Charlotte, (ed).(2006). *Contracts in Counselling & Psychotherapy*. Pine Forge Press.  
 Steiner, C. (1974). *Scripts People Live: Transactional Analysis of Life Scripts*. Grove Press.  
 Stewart, I. & Joines, V. (1987). *TA Today: A new introduction to transactional analysis*. Lifespace Pub.  
 Stewart, Ian. (2003) *Transactional analysis counselling in action*. Sage.

## Weekend 2: Ego states and Transactions – Year 1

### Indicative Content

- Ego state theory – Classical School
- TA theory of interpersonal communication
- The historical and philosophical background to the theory of ego states.
- Structural and functional models of egos states
- Methods of diagnosis
- Ego state pathology & diagnosis
- Transactions and rules of communication.

#### Reading

Berne, Eric. (1961) Transactional analysis in psychotherapy: A systematic individual and social psychiatry. Grove Press.

Berne, Eric. (2010) *What do you say after you say hello*. Random House.

Cox, Mary. (1999) The relationship between ego state structure and function: a diagrammatic formulation. *Transactional Analysis Journal* Vol 29.1 P 49-58.

Dusay, John M.(1972) Egograms and the “constancy hypothesis”. *Transactional Analysis Journal* Vol 2.3 p 37-41.

Lapworth, P., & Sills, C. (2011) An Introduction to Transactional Analysis: Helping People Change. Sage.

Schiff, S. (1977) Personality development and symbiosis. *Transactional Analysis Journal*. Vol 7(4), Oct p 310-316

Stewart, I. & Joines, V. (1987). TA Today: A new introduction to transactional analysis. Lifespace Pub.

Trautmann, R.L., & Erskine. R.G., (1981) Ego state analysis: A comparative view. *Transactional Analysis Journal* Vol 11.2 p178-185.

Tudor, K. (2010). The state of the ego: Then and now. *Transactional Analysis Journal*. Vol 40 (3-4), p261-277.

### Weekend 3: Script – Year 1

#### Indicative Content

- The concept of life script
- To identify and evaluate the different models for understanding the script apparatus
- Demonstrate an understanding of the intrapsychic and interpersonal theories underpinning the script system.
- To understand and evaluate TA theories of motivation.
- Script origins, script protocol and life position.
- Script as a decisional model
- The formation and transmission of script – the script matrix
- Script maintenance
- Winning, losing and harmartic scripts.
- TA Drive theory – hungers.

## Reading

- Allen, J.R., & Allen, B.A., (1972) Scripts: The role of permission. *Transactional Analysis Journal* Vol 2.2 p72-74.
- Berne, Eric. (1961) Transactional analysis in psychotherapy: A systematic individual and social psychiatry. Grove Press.
- Berne, Eric. (2010) *What do you say after you say hello*. Random House.
- Berne, E. (1966). *Principles of Group Treatment* (Vol. 315). New York: Oxford University Press.
- Cornell, W. F. (1988) Life script theory: A critical review from a developmental perspective. *Transactional Analysis Journal* Vol 18.4 p270-282.
- Erskine, R. G. (1980) Script cure: Behavioral, intrapsychic and physiological. *Transactional Analysis Journal* Vol 10.2 p102-106.
- Erskine, R.G., (ed.) (2010) Life scripts: A transactional analysis of unconscious relational patterns. Karnac Books.
- Erskine, R. G. (1998). The therapeutic relationship: Integrating motivation and personality theories. *Transactional Analysis Journal*. Vol 28(2), 132-141.
- Goulding, R, & Goulding, M. (1976) Injunctions, decisions, and redecisions. *Transactional Analysis Journal*. Vol 6.1 41-48.
- Lapworth, P., & Sills, C. (2011) *An Introduction to Transactional Analysis: Helping People Change*. Sage.
- Stewart, I. & Joines, V. (1987). *TA Today: A new introduction to transactional analysis*. Lifespace Pub.
- Steiner, C. (1974). *Scripts People Live: Transactional Analysis of Life Scripts*. Grove Press.

## Weekend 4: Games – Year 1

### Indicative Content

- Strokes and Time structuring
- Game theory formula G
- The Drama Triangle/Winners Triangle
- Common games.
- Intrapsychic processes and re-enactments, and psychological defence
- The relationship between Script and Games

### Reading

Allen, J.R., & Allen, B.A., (1981) Stroking: Biological underpinnings and direct observations. *Transactional Analysis Journal*. Vol 19.1 p26-31.

Bary, B.B., & Hufford, F.M., (1990) The six advantages to games and their use in treatment. *Transactional Analysis Journal*. Vol 20.4 p214-220.

Berne, E. (1966). *Principles of Group Treatment* (Vol. 315). New York: Oxford University Press.

Berne, E. (1964) Games people play: The psychology of human relationships. Vol. 2768. Penguin UK.

Berne, Eric. (2010) *What do you say after you say hello*. Random House.

James, M. (1996) Born to Win: Transactional analysis with gestalt experiments. Da Capo Press.

Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*. Vol 7 (26), p39-43.

Lapworth, P., & Sills, C. (2011) *An Introduction to Transactional Analysis: Helping People Change*. Sage.

McKenna, J. (1974) Stroking profile: Application to script analysis. *Transactional Analysis Journal*. Vol 4 4 p20-24.

Steiner, C. M. (1971) The stroke economy. *Transactional Analysis Journal*. Vol 1.3 p9-15.

Steiner, C. (1974). *Scripts People Live: Transactional Analysis of Life Scripts*. Grove Press.

Stewart, I. & Joines, V. (1987). *TA Today: A new introduction to transactional analysis*. Lifespace Pub.

Zalcman, M.J. (1990) Game analysis and racket analysis: overview, critique, and future developments. *Transactional Analysis Journal*. Vol 20.1 p4-19.

## Weekend 5: Rackets and the racket/script system – Year 1

### Indicative Content

- What is a psychological defence
- Rackets, Racketeering and Racket Feelings
- The feelings loop and authentic feelings
- The Script System and Script maintenance
- Intrapsychic processes
- Relationship between Rackets, Games and Script.

### Reading

Berne, E. (1966). *Principles of Group Treatment* (Vol. 315). New York: Oxford University Press.

Berne, E. (1964) Games people play: The psychology of human relationships. Vol. 2768. Penguin UK.

Berne, Eric. (2010) *What do you say after you say hello*. Random House.

English, F. (1971) The substitution factor: Rackets and real feelings part I. *Transactional Analysis Journal*. Vol 1.4 p27-32.

English, F. (1972) Rackets and real feelings part II. *Transactional Analysis Journal*. Vol 2.1 p23-25.

English, F. (1976) Racketeering. *Transactional Analysis Journal*. Vol 6(1), p78-81.

Erskine, R.G., & Zalcman, M.J. (1979) The racket system: A model for racket analysis. *Transactional Analysis Journal*. Vol 9.1 p51-59.

Erskine, R. G. (1988). Ego structure, intrapsychic function, and defense mechanisms: A commentary on Eric Berne's original theoretical concepts. *Transactional Analysis Journal*. Vol 18(1), p15-19.

Lapworth, P., & Sills, C. (2011) *An Introduction to Transactional Analysis: Helping People Change*. Sage.

O'Reilly-Knapp, M., & Erskine, R. G. (2010). The script system: An unconscious organization of experience. *Life scripts: A transactional analysis of unconscious relational patterns*. p291-308. Karnac.

Stewart, I. & Joines, V. (1987). *TA Today: A new introduction to transactional analysis*. Lifespace Pub.

Zalcman, M.J. (1990) Game analysis and racket analysis: overview, critique, and future developments. *Transactional Analysis Journal*. Vol 20.1 p4-19.

## Weekend 6. Attachment & Child Development – Year 1

### Indicative Content

- TA models of child development
- Cycles of Development.
- Define Attachment Theory and Models of attachment.
- To apply Ainsworth and Main attachment styles to client diagnosis
- Up-to-date Attachment Research

### Reading

Bowlby, J. (2005) A Secure Base: Clinical applications of attachment theory. Vol. 393. Taylor & Francis.

Erskine, R. G. (2009). Life scripts and attachment patterns: Theoretical integration and therapeutic involvement. *Transactional Analysis Journal*. Vol 39(3), p207-218.

Illsley Clarke, J & Dawson, C. 2013 Growing up again: Parenting ourselves, parenting our children. Hazelden Publishing.

Levin-Landheer, P. (1982) The cycle of development. *Transactional Analysis Journal*. Vol 12.2, p129-139.

## Weekend 7: Difference, Diversity and Power – Year 1

### Indicative Content

- Have an awareness of the significance and implications of cultural and social diversity and difference within and outside the consulting room
- To understand the significance of power in the therapeutic relationship.
- Societal and other influences on diversity
- Cultural scripting
- Difference and inclusive practice.

### Reading

Drego, P. (1983) The Cultural Parent. *Transactional Analysis Journal*. Vol 13.4, p224-227.

Mazzetti, M. (2010) Eric Berne and cultural script. *Transactional Analysis Journal*. Vol 40.3-4, p187-195.

Naughton, M. & Tudor, K. (2006) Being White. *Transactional Analysis Journal*. Vol 36.2, p159-171.

Shivanath, S., & Hiremath, M. ((2003) The psychodynamics of race and culture. *Ego States*. London: Worth Publishing. p169-84.

Ryde, J. (2011) 8 Issues for white therapists. *The Handbook Of Transcultural Counselling And Psychotherapy*. p94.



## Weekend 8: History of Madness & Mental Health Familiarisation. – Year 1

### Indicative Content

- Have an awareness of the significance and implications of the history of mental illness
- To recall the history of the large asylums in order to identify some key learning points
- Awareness of diagnosis and treatment history
- Awareness of a range of models of assessment
- The history of social responsibility and mental illness
- Working within a wider system of care
- A critique of the above

UKCP Guidelines for Mental Health Familiarisation, 2017

Read, John. "A history of madness." *Models of madness: Psychological, social and biological approaches to schizophrenia* (2004): 9-20.

Dominick, L. (2016). Foucault, history, and madness. *History of the Human Sciences*.

Porter, R. (2002). *Madness: A brief history*.

Foucault, Michel. *History of madness*. Routledge, 2013.

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders (DSM-5®)*.

American Psychiatric Pub, 2013.

## Weekend 9: The Cathexis School – Year 1

### Indicative Content

- Discounting and the discount matrix
- Passive behaviours
- Redefining
- Reactivity
- Reparenting
- Ethical stance and the Cathexis School

### Reading

Garcia, F.N. (1982) Reactivity *Transactional Analysis Journal*. Vol 12.2, p123-126.

Lapworth, P., & Sills, C. (2011) *An Introduction to Transactional Analysis: Helping People Change*. Sage.

Mellor, K, & Schiff, E. (1975) Discounting *Transactional Analysis Journal*. Vol 5.3 p295-302.

Mellor, K, & Schiff, E. (1975) Redefining *Transactional Analysis Journal*. Vol 5.3 p303-311.

Schiff, A.W., & Schiff, J.L.(1971) Passivity *Transactional Analysis Journal*. Vol 1.1, p71-78.

Schiff, J.L. (1975) *Cathexis Reader* Transactional analysis treatment of psychosis. HarperCollins Publishers.

Stewart, I. & Joines, V. (1987). *TA Today: A new introduction to transactional analysis*. Lifespace Pub.

Woollams, S.J., & Huige, K.A., (1977) Normal dependency and symbiosis. *Transactional Analysis Journal*. Vol 7.3 p217-220.

## Weekend 10: Classical TA: Working with the Adult Ego State – Year 1

### Indicative Content

- What do we mean by classical transactional analysis?
- History of classical theory
- Key individuals & theory – Karpman, Crossman, Dusay, English, McKenna etc.
- Methods – Therapeutic Operation, Contractual Method, Decontamination.
- Berne's Original Treatment Sequence
- Stages of Cure.

### Reading

Berne, Eric. (1961) *Transactional analysis in psychotherapy: A systematic individual and social psychiatry*. Grove Press.

Berne, E. (1966). *Principles of Group Treatment* (Vol. 315). New York: Oxford University Press.

Berne, Eric. (2010) *What do you say after you say hello*. Random House.

Dusay, John M. (1972) Egograms and the "constancy hypothesis". *Transactional Analysis Journal*. Vol 2.3 p 37-41.

Ernst, F.H. (1971) The OK corral: The grid for get-on-with, *Transactional Analysis Journal*. Vol 1.4 p33-42.

Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*. Vol 7 (26), p39-43.

Karpman, S. (1971) Options, *Transactional Analysis Journal*. Vol 1.1, p79-87.

McKenna, J. (1974) Stroking profile: Application to script analysis. *Transactional Analysis Journal*. Vol 4 4 p20-24.

Widdowson, M. (2009) *Transactional analysis: 100 key points and techniques*. Routledge.

Woollams, S. & Brown, M. (1979) *TA, the total handbook of transactional analysis*. Prentice Hall.

## The Psychotherapy Clinical Training Group – Years 2, 3 and 4

These 30 weekends will be delivered as a three year rolling programme, delivered over 30 weekends. Each weekend includes a one day theory teach and one day of group supervision unless otherwise indicated.

### Psychotherapy Clinical Training Group – Weekend Topics, Year 2017-18

Weekend 1 C – Group Theory Years 2, 3 & 4
<p>Indicative Content</p> <ul style="list-style-type: none"> <li>• The Early Group - The Group as Re-enactment</li> <li>• Origins of group behaviour</li> <li>• Stages of group development</li> <li>• Berne's therapeutic operations</li> <li>• Practical arrangements, group contract and rules.</li> <li>• Beginnings, middles and ends.</li> <li>• Group processes: Dominance, democracy, sub-groups and pairs, hidden agendas, scapegoats, silence.</li> <li>• Group interventions and safety.</li> </ul>
<p>Reading</p> <p>Benson, J. (2013). <i>Working More Creatively With Groups 3/e</i>. Routledge</p> <p>Berne, E. (1966). <i>Principles of group treatment</i> (Vol. 315). New York: Oxford University Press.</p> <p>Brown, R. (1988). <i>Group processes: Dynamics within and between groups</i>. Basil Blackwell.</p> <p>Douglas, T. (2002). <i>Basic groupwork</i>. Routledge.</p> <p>Erskine, R. G. (2013). Relational Group Process Developments in a Transactional Analysis Model of Group Psychotherapy. <i>Transactional Analysis Journal</i>. Vol 43(4), p262-275.</p> <p>Hargaden, H. (2013). Building Resilience The Role of Firm Boundaries and the Third in Relational Group Therapy. <i>Transactional Analysis Journal</i>. Vol 43(4), p284-290.</p> <p>Houston, G. (1993). <i>The red book of groups</i>. Rochester Foundation.</p> <p>Hunter, D., Bailey, A., &amp; Taylor, B. (1998). <i>The facilitation of groups</i>. Gower Publishing, Ltd..</p> <p>Kindred, Maggie &amp; Michael. (2011) <i>Once Upon a Group. A guide to running and participating in successful groups</i>. Philadelphia. Kingsley.</p> <p>Klein, M. (1980). <i>Lives People Live: a textbook of transactional analysis</i>. Wiley.</p> <p>Lee, A. (2014). The Development of a Process Group. <i>Transactional Analysis Journal</i>. Vol 44(1), p41-52.</p> <p>Philippson, P., &amp; Harris, J. B. (1992). <i>Gestalt: Working with Groups</i>. Manchester Gestalt Centre.</p> <p>Tudor, K. (1999). <i>Group counselling</i>. Sage.</p> <p>Yalom, I. D. (1995). <i>The theory and practice of group psychotherapy</i>. Basic Books.</p>

## Weekend 2 C: TA Research – Years 2,3 & 4

### Indicative Content

- Components of a research paper
- Research Question & Proposal
- Ethical responsibilities in research
- Research methodologies – qualitative interviews
- Research methodologies – quantitative – evaluation of outcomes
- Research methodology – case study
- First steps as a researcher – trainees planning their own research project.
- Introduction to Assignment 4.6 – the 4<sup>th</sup> Year Research Project.

### Reading & Resources

Bond, T. (2004). Ethical guidelines for researching counselling and psychotherapy. *Counselling and Psychotherapy Research*, 4(2), 10-19.

Cooper, M. (2008). The facts are friendly. *Therapy Today*. 19(7), 8-13.

McLeod, J. (2011). Qualitative research in counselling and psychotherapy. Sage.

McLeod, J. (2013). An Introduction to Research in Counselling and Psychotherapy. SAGE.

Vossler, A., & Moller, N. (Eds.). (2014). The Counselling and Psychotherapy Research Handbook. SAGE.

Youtube Video: (2013), Mick Cooper in conversation with Pete Sanders about research in counselling and psychotherapy Strathclyde University PCCS Books [Online] <http://youtu.be/SPdqho7zeQY>

Accessed March 2015

Youtube Video: (2015), *The importance & purpose of research in counselling* Rory Lees Oakes.

Counselling Resource. [Online] <https://www.youtube.com/watch?v=OwfyYe0H9hQ>

Accessed March 2015.

Website for CORE materials: <http://www.coreims.co.uk/>

## Weekend 3 C: Culture, Politics & Power – Years 2,3 & 4

### Indicative Content

The content of this weekend is to be confirmed

### Reading:

The content of this weekend is to be confirmed

## Weekend 4 C: Topic Day – Years 2,3 & 4 – RELEVANT TOPIC

### Indicative Content

The content of this weekend is to be confirmed

### Reading:

The content of this weekend is to be confirmed

## Weekend 5 C: Schizoid Defence – Years 2,3 & 4

### Indicative Content

- Schizoid structure and defense
- Model by Kohut
- Model by Masterson
- Treatment considerations using a model of personality adaptation
- Diagnostic criteria employing DSM-V.

### Reading

Erskine, R. G. (2001). The schizoid process. *Transactional Analysis Journal*, 31(1), 4-6.

Erskine, R. G., Hargaden, H., Jacobs, L., Little, R., O'Reilly-Knapp, M., Sills, C., ... & Yontef, G. (2001). Withdrawal, connection, and therapeutic touch: A roundtable on the schizoid process. *Transactional Analysis Journal*, 31(1), 24-32.

Little, R. (2001). Schizoid processes: Working with the defences of the withdrawn child ego state. *Transactional Analysis Journal*. Vol 31(1), 33-43.

Masterson, J. F., & Masterson, J. F. (2013). The real self: A developmental, self and object relations approach. Routledge.

Masterson, J. F. (1988). The search for the real self: Unmasking the personality disorders of our age. Taylor & Francis.

Žvelc, G. (2002). From withdrawal to relational contact: the psychotherapy of self-destructiveness. *Transactional Analysis Journal*. Vol 32(4), 243-255.

Yontef, G. (2001). Psychotherapy of schizoid process. *Transactional Analysis Journal*, 31(1), 7-23.

## Weekend 6 C: Therapeutic Relationship, Ruptures and Re-enactment – Years 2,3 & 4

### Indicative Content

- Relational methodologies
  - Cornell
  - Erskine
  - Tudor and Summers
- Transference
- Relational ruptures and re enactments
- Critique of relational models and the relational approach

### Reading

Bond, T., 2006. Intimacy, risk, and reciprocity in psychotherapy: Intricate ethical challenges.

*Transactional Analysis Journal*, 36(2), pp.77-89.

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Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (2010). *The heart and soul of change: Delivering what works in therapy*. American Psychological Association.

Erskine, R., Moursund, J., & Trautmann, R. (2013). *Beyond Empathy: A Therapy of Contact-in Relationships*. Routledge.

Eusden, S., 2011. Minding the gap: Ethical considerations for therapeutic engagement. *Transactional Analysis Journal*, 41(2), pp.101-113.

Hargaden, H., & Sills, C. (2014). Transactional analysis: A relational perspective. Routledge.

Hargaden, H. (2001). Reflections on Erskine, Sills, and Cornell. *Transactional Analysis Journal*. Vol 31(4), p240-242.

Levenson, H. (1995). Time-limited dynamic psychotherapy: A guide to clinical practice. Basic Books.

Moiso, C. M. (1985). Ego states and transference. *Transactional Analysis Journal*. Vol 15(3), p194-201.

Novellino, M. (1984). Self-analysis of countertransference in integrative transactional analysis. *Transactional Analysis Journal*. Vol 14(1), p63-67.

Paul, S., & Charura, D. (2014). *An Introduction to the Therapeutic Relationship in Counselling and Psychotherapy*. SAGE.

Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. Guilford Press.

Shadbolt, C., 2012. The place of failure and rupture in psychotherapy. *Transactional Analysis Journal*, 42(1), pp.5-16.

## Weekend 7 C: Modalities: Psychodynamic – Years 2,3 & 4

### Indicative Content

- Development of psychodynamic theory – a theory of its time
- Theory and basic concepts
  - Development through relationship with other
  - Regression and memory recovery
- Practice
  - Assessment
  - Boundaries and limits
  - Transference and Countertransference.

### Reading

Bauer, G. P., & Kobos, J. C. (1987). *Brief therapy: Short-term psychodynamic intervention*. Jason Aronson.

Davanloo, H. (1994). Basic principles and techniques in short term dynamic psychotherapy. London: Jason Aronson, 1994.

Jacobs, M., (2004). Psychodynamic counselling in action. Sage

Kohut, H., & Stepansky, P. E. (1984). *How does analysis cure?* (Vol. 52). A. Goldberg (Ed.). Chicago: University of Chicago Press.

McLoughlin, B. (1995). *Developing psychodynamic counselling* (Vol. 4). Sage.

Novellino, M. (2005). Transactional psychoanalysis: Epistemological foundations. *Transactional Analysis Journal*. Vol 35(2), p157-172.

Moiso, C., & Novellino, M. (2000). An overview of the psychodynamic school of transactional analysis and its epistemological foundations. *Transactional Analysis Journal*. Vol 30(3), p182-187..

Novellino, M. (2010). The demon and sloppiness: From Berne to transactional psychoanalysis. *Transactional Analysis Journal*. Vol 40(3-4), p288-294.

Quatman, T. (2015). Essential Psychodynamic Psychotherapy: An Acquired Art. Routledge.

Warren, C. S. (1998). Models of brief psychodynamic therapy: A comparative approach. Guilford Press.

## Weekend 8 C: Ego States and Cure – Years 2,3 & 4

### Indicative Content

#### Models of ego states

- Classical theory
- Integrative theory
- Relational Theory
- Co- Creative theory

#### Development of script theory

#### Development of ideas of “cure”

### Reading

Cornell, W.F., 2000. If Berne met Winnicott: Transactional analysis and relational analysis.

*Transactional Analysis Journal*, 30(4), pp.270-275.

Cornell, W.F., 2015. Ego states in the social realm: Reflections on the theories of Pio Scilligo and Eric Berne. *Transactional Analysis Journal*, 45(3), pp.191-199.

Cornell, W.F., 1988. Life script theory: A critical review from a developmental perspective.

*Transactional Analysis Journal*, 18(4), pp.270-282.

Erskine, R.G., 1988. Ego structure, intrapsychic function, and defense mechanisms: A commentary on Eric Berne's original theoretical concepts. *Transactional Analysis Journal*, 18(1), pp.15-19.

Erskine, R.G., 1991. Transference and transactions: Critique from an intrapsychic and integrative perspective. *Transactional Analysis Journal*, 21(2), pp.63-76.

Erskine, R.G. ed., 2010. *Life scripts: A transactional analysis of unconscious relational patterns*. Karnac books.

Trautmann, R.L. and Erskine, R.G., 1981. Ego state analysis: A comparative view. *Transactional Analysis Journal*, 11(2), pp.178-185.

Sills, C. and Hargaden, H., 2003. Ego states (Key concepts in transactional analysis: Contemporary views).

Summers, G., & Tudor, K. (2000). Cocreative transactional analysis. *Transactional Analysis Journal*. Vol 30(1), p23-40.

Tudor, K., & Summers, G. (2014). *Co-Creative Transactional Analysis: Papers, Responses, Dialogues, and Developments*. Karnac Books



## Weekend 9 C: Borderline and Narcissistic – Years 2,3 & 4

### Indicative Content

- Models of personality structure
- Models of child development linked to personality traits.
- DSM-V diagnostic criteria
- Practical working methodologies and treatment plans designed for clinical practice
- Risk Assessment and Statistics
- Worksheets and handouts for clinical practice – skills based work and DBT

### Reading

Bateman, A., & Fonagy, P. (2006). *Mentalization-based treatment for borderline personality disorder: A practical guide*. Oxford University Press.

Kohut, H. (2009). *The restoration of the self*. University of Chicago Press.

Kohut, H., & Stepansky, P. E. (1984). *How does analysis cure?* (Vol. 52). A. Goldberg (Ed.). Chicago: University of Chicago Press.

Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. Guilford Press. Brand New 2014 editions now published.

Masterson, J. F. (2013). *The narcissistic and borderline disorders: An integrated developmental approach*. Routledge.

Masterson, J. F. (2013). *Treatment of the borderline adolescent: A developmental approach*. Routledge.

Masterson, J. F., & Klein, R. (Eds.). (2013). *Psychotherapy of the disorders of the self*. Routledge.

Masterson, J. F. (1993). *The emerging self: A developmental, self, and object relations approach to the treatment of the closet narcissistic disorder of the self*. Psychology Press.

Masterson, J. F. (2013). *Psychotherapy of the borderline adult: A developmental approach*. Routledge.

Linehan, M. M. (2014). *DBT® skills training manual*. Guilford Publications.

## Weekend 10 C: Neuroscience – Years 2,3 & 4

Indicative Content – THIS CONTENT IS TO BE CONFIRMED BY GUEST SPEAKER

- Mindfulness and Mentalisation as processes
- Theories of the Cathecting Adult Ego State (Tudor)
- TA Theory of Memory
- Neuroscience and its current developments
- Models of Trauma.

### Reading

Cozzolino, L. J. (2002). *The neuroscience of psychotherapy*. NY: Norton.

Erskine, R. G. (1993). Inquiry, attunement, and involvement in the psychotherapy of dissociation. *Transactional Analysis Journal*. Vol 23(4), 184-190.

Gerhardt, S. (2006). Why love matters: How affection shapes a baby's brain. *Infant Observation*, 9(3), 305-309.

Messina, I., & Sambin, M. (2015). Berne's Theory of Cathexis and Its Links to Modern Neuroscience. *Transactional Analysis Journal*. Vol 45, 1: pp. 48-58.

Novak, E. T. (2008). Integrating Neurological Findings with Transactional Analysis in Trauma Work: Linking "There and Then" Self States with "Here and Now" Ego States. *Transactional Analysis Journal*. Vol 38(4), p303-319.

Olio, K. A. (1989). Memory retrieval in the treatment of adult survivors of sexual abuse. *Transactional Analysis Journal*. Vol 19(2), 93-100.

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. WW Norton & Company.

Rothschild, B. (2003). *The body remembers casebook: Unifying methods and models in the treatment of trauma and PTSD*. WW Norton & Company.

Stuthridge, J. (2006). Inside out: A transactional analysis model of trauma. *Transactional Analysis Journal*. Vol 36(4), 270-283.

Swaab, D. F. (2014). *We are Our Brains: A Neurobiography of the Brain, from the Womb to Alzheimer's*. Spiegel & Grau.

Tudor, K. (2003). The neopsyche: The integrating adult ego state In Sills, C., & Hargaden, H. *Ego States: Key Concepts in Transactional Analysis: Contemporary Views*. Worth Publishing Ltd

Williams, M., & Penman, D. (2011). *Mindfulness: a practical guide to finding peace in a frantic world* (Vol. 360). London: Piatkus.

Wilson, R. Z. (2014). *Neuroscience for Counsellors: Practical Applications for Counsellors, Therapists and Mental Health Practitioners*. Jessica Kingsley Publishers.

## Weekend 11 A: Diagnosis and Assessment – Years 2,3 & 4

### Indicative Content

- Making a TA diagnosis or conceptualisation
- Mental health assessment tools
- Working with medication
- Introduction to DSM V.
- To evaluate and critique the advantages, disadvantages and limitations of diagnosis.

### Reading:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, (DSM-5®)*. American Psychiatric Pub.

Clarkson, P. (1989). Metaperspectives on diagnosis. *Transactional Analysis Journal*. Vol 19(1), p45-50.

Clarkson, P. (2013) Transactional analysis psychotherapy: An integrated approach. Routledge.

James, M. (1986). Diagnosis and treatment of ego state boundary problems. *Transactional Analysis Journal*. Vol 16(3), p188-196.

Joines, V. (1988). Diagnosis and treatment planning using a transactional analysis framework. *Transactional Analysis Journal*. Vol 18(3), p185-190.

Widdowson, M. (2009) Transactional analysis: 100 key points and techniques. Routledge.

## Weekend 12 A: Modalities: Gestalt Therapy – Years 2,3 & 4

### Indicative Content

- Philosophical underpinning of Gestalt therapy
- Key concepts in gestalt therapy including:
- Field theory
- I thou relationship
- Phenomenology
- View of the self

### Reading

Gestalt therapy: An Introduction. <http://www.gestalt.org/yontef.htm>

Mann, D., 2010. *Gestalt therapy: 100 key points and techniques*. Routledge.

Sills, C., Lapworth, P. and Desmond, B., 2012. *An introduction to gestalt*. Sage.

Evans, K.R., 1994. Healing shame: A Gestalt perspective. *Transactional Analysis Journal*, 24(2), pp.103-108.

Tudor, K., 1991. Children's groups: Integrating TA and gestalt perspectives. *Transactional Analysis Journal*, 21(1), pp.12-20.

## Weekend 13 A: Existential, Endings and Bereavement

### Indicative Content

- Existential perspectives on loss, death and dying
- How to differentiate bereavement from spiritual crisis or severe mental illness.
- To understand the grieving and mourning process and work with clients.
- To recognise and work with complex grief in clients.
- Role of the counsellor/therapist

### Reading

Barrow, G., 2014. Natality: An Alternative Existential Possibility. *Transactional Analysis Journal*, 44(4), pp.311-319.

Grof, Stanislav, and Christina Grof, eds. *Spiritual emergency: When personal transformation becomes a crisis*. JP Tarcher, 1989.

Cornell, W. F. (2014). Grief, Mourning, and Meaning In a Personal Voice. *Transactional Analysis Journal*. Vol 44(4), p302-310.

Erskine, R. G. (2014). What Do You Say Before You Say Good-Bye? The Psychotherapy of Grief. *Transactional Analysis Journal*. Vol 44(4), p279-290.

Kübler-Ross, E. 2011. *On death and dying*. Simon and Schuster,

Worden, W.H. (2008) *Grief Counselling and grief therapy: A handbook for the mental health practitioner*. Springer Publishing Company.

May, R., 2015. *The discovery of being*. WW Norton & Company.

Yalom, I. (2008) *Staring at the Sun*. Britain: Piatkus Books.

Yalom, I.D., 1980. *Existential psychotherapy*. Basic Books.

## Weekend 14 A: Sex, Sexuality and Being Sexual

### Indicative Content

- To identify the vast scope of sexual work and evaluate competence to work with some/all of these issues
- To question the cultural sexual environment and explore personal prejudices around sex, particularly with a view to examining blindspots around sexual harm
- To apply TA theory to understanding the predisposing psychological/environmental factors of sexual problems

### Reading

Cornell, W. F. (2009). Why Have Sex?: A Case Study in Character, Perversion, and Free Choice. *Transactional Analysis Journal*. Vol 39(2), p136-148.

Kellett, P. (2004). Queer constructions: The making of gay men and the role of the homoerotic in therapy. *Transactional Analysis Journal*. Vol 34(2), p180-190.

Parkin, F. (2009). Sex Therapy is Relational: Keep the Baby, Change the Bathwater. *Transactional Analysis Journal*. Vol 39(2), p84-94.

Shadbolt, C. (2004). Homophobia and gay affirmative transactional analysis. *Transactional Analysis Journal*. Vol 34(2), p113-125.

Shadbolt, C. (2009). Sexuality and shame. *Transactional Analysis Journal*. Vol 39(2), p163-172.

## Weekend 15 A – Couples – Years 2,3 & 4

### Indicative Content

- Theory relating to couples work:
  - Stages of couple development
  - Interlocking rackets
- The shame loop
- Application of core concepts in TA to working with couples
- Techniques for working with couples.
- The psychodynamics and relational approach to couples' therapy

### Reading:

Berne, Eric. (1961) Transactional analysis in psychotherapy: A systematic individual and social psychiatry. Grove Press.

Bader, E., & Pearson, P. (1983). The developmental stages of couplehood. *Transactional Analysis Journal*. Vol13 (1), p28-32.

Boyd, L. W., & Boyd, H. S. (1981). A transactional model for relationship counseling. *Transactional Analysis Journal*. Vol 11(2), p142-146.

Dusay, J. M., & Dusay, K. (1989). *Couples therapy*. SanFrancisco, Script Free Pub.

Erskine, R. G., & Zalcman, M. J. (1979). The racket system: A model for racket analysis. *Transactional Analysis Journal*. Vol 9(1), p51-59.

Gobes, L. (1985). Abandonment and engulfment issues in relationship therapy. *Transactional Analysis Journal*. Vol 15(3), p216-219.

Gobes, L. (1981). Stroke Strategy with Couples. *Transactional Analysis Journal*. Vol 11(4), p312-312.

Hendrix, H. (2007). Getting the love you want: A guide for couples. Macmillan.

Holtby, M. E. (1979). Interlocking racket systems. *Transactional Analysis Journal*. Vol 9(2), p131-135.

Little, R. (1999). The Shame Loop: A Method for Working with Couples. *Transactional Analysis Journal*. Vol 29(2), p141-148.

Massey, R. F. (1989). Integrating systems theory and TA in couples therapy. *Transactional Analysis Journal*. Vol 19(3), p128-136.

<b>Weekend 16 A –Depression – Years 2,3 &amp; 4</b>
<p>Indicative Content</p> <ul style="list-style-type: none"> <li>• What do mean by depression?</li> <li>• Assessment and diagnosis using TA</li> <li>• Treatment planning and evaluation</li> <li>• Medication</li> <li>• Research trial by Mark Widdowson and treatment materials</li> </ul>
<p>Reading</p> <p>Lester, D. (1991). Depression and fears of individuation and attachment. <i>Transactional Analysis Journal</i>. Vol 21(4), p218-219.</p> <p>van Rijn, B., &amp; Wild, C. (2013). Humanistic and Integrative Therapies for Anxiety and Depression Practice-Based Evaluation of Transactional Analysis, Gestalt, and Integrative Psychotherapies and Person-Centered Counseling. <i>Transactional Analysis Journal</i>. Vol 43(2), p150-163.</p> <p>Widdowson, M. (2011). Depression: A literature review on diagnosis, subtypes, patterns of recovery, and psychotherapeutic models. <i>Transactional Analysis Journal</i>. Vol 41(4), p351-364.</p> <p>Widdowson, M. (2013). The process and outcome of transactional analysis psychotherapy for the treatment of depression: An adjudicated case series (Doctoral dissertation, University of Leicester).</p> <p>Widdowson, M. (2014). Avoidance, Vicious Cycles, and Experiential Disconfirmation of Script Two New Theoretical Concepts and One Mechanism of Change in the Psychotherapy of Depression and Anxiety. <i>Transactional Analysis Journal</i>. Vol 44(3), p194-207.</p>

<b>Weekend 17 A: Schools of TA: Integrative – Years 2,3 &amp; 4</b>
<p>Indicative Content</p> <ul style="list-style-type: none"> <li>• Material and work by Richard Erskine</li> </ul>
<p>Reading</p> <p>Erskine, R. G., &amp; Moursund, J. P. (2011). <i>Integrative psychotherapy in action</i>. Karnac Books.</p> <p>Erskine, R. G., &amp; Trautmann, R. L. (1996). Methods of an integrative psychotherapy. <i>Transactional Analysis Journal</i>, Vol 26(4), p316-328.</p> <p>Erskine, R. G. (1993). Inquiry, attunement, and involvement in the psychotherapy of dissociation. <i>Transactional Analysis Journal</i>. Vol 23(4), p184-190.</p> <p>Erskine, R. G. (1997). Theories and methods of an integrative transactional analysis: A volume of selected articles. TA Press.</p> <p>Erskine, R. G. (1991). Transference and transactions: Critique from an intrapsychic and integrative perspective. <i>Transactional Analysis Journal</i>. Vol 21(2), p63-76.</p> <p>Erskine, R. G. (1998). Attunement and involvement: Therapeutic responses to relational needs. <i>International Journal of Psychotherapy</i>. Vol 3(3), p235-244.</p>

## Weekend 18 A – Schools of TA: Relational – Years 2,3 & 4

### Indicative Content

- What do we mean by relational transactional analysis?
- Development of relational theory and the influence of psychoanalytic and object relations ideas.
- Key theoretical concepts – the therapeutic relationship, transference, co creativity.
- Methods – Therapeutic Operations and empathy.
- Critical evaluation of the school
- Hargaden & Sills, Tudor & Summers

### Reading

Clark. B.D. (1991) Empathic Transactions in the Deconfusion of Child Ego States. *Transactional Analysis Journal*. Vol 21 (2)

Cornell M. F. (2000) If Berne Met Winnicott: Transactional Analysis and Relational Analysis . *Transactional Analysis Journal*. Vol 30 (4)

Cornell, W.F. Hargaden, H.(Eds.) (2005). From transactions to relations: The emergence of a relational tradition in transactional analysis. Haddon Press.

Hargaden, H., & Sills, C. (2014). Transactional analysis: A relational perspective. Routledge.

Fowlie, H., & Sills, C. (Eds.). (2011). Relational transactional analysis: Principles in practice. Karnac Books.

Little, R. (2013). The New Emerges Out of the Old An Integrated Relational Perspective on Psychological Development, Psychopathology, and Therapeutic Action. *Transactional Analysis Journal*. Vol 43(2), p106-121.

Little, R. (2005). Integrating psychoanalytic understandings in the deconfusion of primitive child ego states. *Transactional Analysis Journal*. Vol 35(2), p132-146.

## Weekend 19 A – Human Development – Years 2,3 & 4

### Indicative Content

- Core ideas on child and human development from object relations
- Core ideas on child and human development from self-psychology
- Work of Daniel Stern

### Reading

Clair, M. S., & Wigren, J. (2004). *Object relations and self-psychology: An introduction*. Thomson/Brooks/Cole.

Cornell, W. F., & Landaiche, N. M. (2008). Nonconscious processes and self-development: Key concepts from Eric Berne and Christopher Bollas. *Transactional Analysis Journal*. Vol 38(3), p200-217.

Stern, D. N. (2000). The Interpersonal World Of The Infant A View From Psychoanalysis And Developmental Psychology: A View from Psychoanalysis and Developmental Psychology. Basic books.

## Weekend 20 A – Transference / Countertransference – Years 2,3 & 4

### Indicative Content

- Brief history of the development of ideas about transference.
- TA constructs and theory about transference
- Projective identification
- Parallel Process
- Transference and the therapeutic relationship – differing approaches within TA

### Reading

Allen, J. R., & Allen, B. A. (1991). Concepts of transference: A critique, a typology, an alternative hypothesis and some proposals. *Transactional Analysis Journal*. Vol 21(2), p77-91.

Berne, Eric. (1961) Transactional analysis in psychotherapy: A systematic individual and social psychiatry. Grove Press.

Erskine, R. G. (1991). Transference and transactions: Critique from an intrapsychic and integrative perspective. *Transactional Analysis Journal*. Vol 21(2), p63-76.

Hargaden, H., & Sills, C. (2014). Transactional analysis: A relational perspective. Routledge.

Joines, V. (1991). Transference and transactions: Some additional comments. *Transactional Analysis Journal*. Vol 21(3), p170-173.

Moiso, C. M. (1985). Ego states and transference. *Transactional Analysis Journal*. Vol 15(3), p194-201.

Massey, R. F. (1991). The evolution of perspectives on transference in relation to transactional analysis. *Transactional Analysis Journal*. Vol 21(3), p155-169.

Novellino, M. (1984). Self-analysis of countertransference in integrative transactional analysis. *Transactional Analysis Journal*. Vol 14(1), p63-67.

Novellino, M., & Moiso, C. (1990). The psychodynamic approach to transactional analysis. *Transactional Analysis Journal*. Vol 20(3), p187-192.

Shmukler, D. (1991). Transference and transactions: Perspectives from developmental theory, object relations, and transformational processes. *Transactional Analysis Journal*. Vol 21(3), p127-135.



**Weekend 21 B: Personality Adaptations. (2 day teach) – Years 2,3 & 4**

**Indicative Content**

**Personality Adaptations including:**

- Process communication
- Communication Channels
- Doors to contact
- Process Script
- Assessment and treatment planning.
- Critique of the theory

**Reading**

Joines, V.(1986) Using redecision therapy with different personality adaptations. *Transactional Analysis Journal*. Vol 16.p152-160.

Joines, V, & Stewart, I. (2002) *Personality Adaptations*. Kegworth: Lifespace.

Stewart, Ian. (2003) *Transactional analysis counselling in action*. Sage.

Tudor, K. (2008). "Take It": A Sixth Driver. *Transactional Analysis Journal*. Vol 38(1), p 43-57.

Tudor, K., & Widdowson, M. (2008). From client process to therapeutic relating: a critique of the process model and personality adaptations. *Transactional Analysis Journal*. Vol 38(3), p218-232.

Ware, P. (1983) Personality Adaptations Doors to Therapy. *Transactional Analysis Journal*. Vol 13.1, p11-19.

## Weekend 22 B: Redecision School of TA – Years 2,3 & 4

### Indicative Content

- To describe the development and history of the Redecision School in TA
- To explain and define impasses as an intrapsychic process
- To identify theoretical models for understanding impasses
- To assess ways of working with impasses and redeisions to inform clinical practice.
- Conceptualising therapeutic change
- Techniques in Redecision work – Two Chair work and the Parent Interview

### Reading

Allen, J. R., & Allen, B. A. (2001). Redecision Therapy as Brief Therapy. *Transactional Analysis Approaches to Brief Therapy: What do you say between saying hello and goodbye?*, 83.

Erskine, R. G. (1997). Theories and methods of an integrative transactional analysis: A volume of selected articles. TA Press

Goulding, R. L., Goulding, M. M., & MacCormick, P. (1978). *The Power is in the Patient*. 1978, San Francisco. TA Press.

Goulding, M. M. (1997). Changing lives through redecision therapy. Grove Press.

Joines, V. (1986). Using redecision therapy with different personality adaptations. *Transactional Analysis Journal*. Vol 16(3), p152-160.

Mastromarino, R. (2004). The use of microteaching in learning the redecision model: A proposal for an observation grid. *Transactional Analysis Journal*. Vol 34(1), p37-45.

McNeel, J. R. (1976). The parent interview. *Transactional Analysis Journal*. Vol 6(1), p61-68.

Mellor, K. (1980). Impasses: A developmental and structural understanding. *Transactional Analysis Journal*. Vol 10(3), p213-220.

Mellor, K., & Andrewartha, G. (1980). Reparenting the parent in support of redeisions. *Transactional Analysis Journal*. Vol 10(3), p197-203.

Summers, G., & Tudor, K. (2000). Co-creative transactional analysis. *Transactional Analysis Journal*. Vol 30(1), p23-40.

Stewart, Ian. (2003) Transactional analysis counselling in action. Sage.

## Weekend 23 B: Anxiety – Years 2,3 & 4

### Indicative Content

- Understanding a range of Anxiety Disorders in terms of diagnostic criteria; accessing DSM-V
- Anxiety as a racket process / contamination process / discounting process.
- Anxiety as a cognitive belief structure.
- CBT approach to the treatment of anxiety.
- Self-Assessment Questionnaire for Anxiety – GAD7.
- Psycho-education and anxiety
- The existential

### Reading

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Washington, DC:

English, F. (1971) The Substitution Factor: Rackets and Real Feelings Part 1, *Transactional Analysis Journal*. Vol 1:4

English, F. (1972) Rackets and Real Feelings Part 2; *Transactional Analysis Journal*. Vol 2:1

Erskine, R. & Zalcman, J. (1979) The Racket System: A Model for Racket Analysis, *Transactional Analysis Journal*. Vol 9:1

Schiff, J. L., Schiff, A. W., Mellor, K., Schiff, E., & Schiff, S. (1975). *Cathexis Reader: Transactional Analysis Treatment of Psychosis*. New York: Harper & Row.

Westbrook, D., Kennerley, H., & Kirk, J. (2011). *An introduction to cognitive behaviour therapy: Skills and applications*. Sage Publications.

Widdowson, M. (2014). Avoidance, Vicious Cycles, and Experiential Disconfirmation of Script Two: New Theoretical Concepts and One Mechanism of Change in the Psychotherapy of Depression and Anxiety. *Transactional Analysis Journal*. Vol 44(3), p194-207.

## Weekend 24 B – Treatment Planning – Years 2,3 & 4

### Indicative Content

- Broad Range of Treatment Plans – awareness:
  - Berne Treatment Plan 1966
  - Boyd Structure and Sequence of Psychotherapy 1976
  - Woolams and Brown 1978
  - Erskine Six Stages 1973
  - Petruska Clarkson Treatment Plan 1992
  - Ian Stewart Flow Chart 1989
  - Berne Therapeutic Operations 1966
  - Hargaden and Sills Additions 2002.
- Specific Treatment Plan in Detail:
  - Erskine 6 Stages
  - Petruska Clarkson
  - Berne's Levels of Cure.
- Video material of the difficulties and advantages of mental health diagnosis.

### Reading

Berne, Eric. (1961) Transactional analysis in psychotherapy: A systematic individual and social psychiatry. Grove Press.

Berne, E. (1966). *Principles of Group Treatment* (Vol. 315). New York: Oxford University Press.

Clarkson, P. (2013) Transactional analysis psychotherapy: An integrated approach. Routledge.

Hargaden, Helena & Sills, Charlotte. (2002). *Transactional Analysis: A Relational Perspective*. Hove: Brunner-Routledge.

Stewart, I. (2014). *Transactional Analysis Counselling in Action* (4th ed.). London: Sage.

Widdowson, M. (2013). *Transactional Analysis Psychotherapy for the Treatment of Depression - Stage One Manual*. Workshop Publication Treating Depression using Transactional Analysis (p. 53). Leeds: North East TA Conference NETAC.

Woollams, S. & Brown, M., (1978). Transactional Analysis. A Modern and Comprehensive Text of TA Theory and Practice. Ann Arbor, Michigan: Stan Woollams.

## Weekend 25 B: Risk assessment and Suicidality – Years 2,3 & 4

### Indicative Content

- The suicide decision - statistics and definitions
- Assessing suicidal risk – three models of risk assessment: clinical judgement, actuarial and structured clinical judgement.
- The psychodynamics of the suicidal decision – and how this might inform practice
- Escape Hatch Closure – development of TA theory over time.
- Ray Little
- Practical Risk Assessment in the clinical setting.

### Reading

Bouch, J., & Marshall, J. J. (2005). Suicide risk: structured professional judgement. *Advances in Psychiatric Treatment*, 11(2), 84-91.

Boyd, L. (1986). Closing Escape Hatches: decisions for healthy living. *Transactional Analysis Journal*. Vol 16(4), p247-249.

Boyd, H. S., Cowles-Boyd, L. (1980) Blocking Tragic Scripts, *Transactional Analysis Journal*. Vol. 10, p227-229.

Boyd, H.S., (1972) Suicidal Decisions. *Transactional Analysis Journal*. Vol. 2: pp. 87-88.

Cowles-Boyd, L., (1980) Psychosomatic Disturbances and Tragic Script Payoffs. *Transactional Analysis Journal*. Vol. 10, p30-231.

Little, R. (2009). Understanding the Psychodynamics of Suicidal Clients: Exploring Suicidal and Presuicidal States. *Transactional Analysis Journal*. Vol 39(3), p219-228.

Mellor, K. (1979) Suicide: Being Killed, Killing, and Dying. *Transactional Analysis Journal*. Vol 9: p182-188.

Mothersole, Geoff. (1996) Existential Realities and No-Suicide Contracts, *Transactional Analysis Journal*. Vol. 26: p151-159

Stewart, I. (2013). *Transactional analysis counselling in action*. Sage. (Chapter 7. "Forestalling Tragic Outcomes".)

White, T. (2010). Working with Suicidal Individuals: A Guide to Providing Understanding, Assessment and Support. Jessica Kingsley Publishers.

["THE BRIDGE \(1\)"](#). ICA Films Ltd. (2007) Directed by Retamero, C., Walsh, L., & Otero-Perez, G. *Academic Psychiatry*, 38(5), 605-610.

## Weekend 26 B: Psychosis, Dissociation, Psychiatric Problems – Years 2,3 & 4

### Indicative Content

- DSM-V content and layout
- Personal Development Experiences linked to mental health diagnosis
- Mental Health symptomatology
- The structure of psychiatric assessment.
- Discussion re The Mental Health Familiarisation Placement

### Reading

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, (DSM-5®)*. American Psychiatric Pub.

Benjamin, L. S. (1996). *Interpersonal diagnosis and treatment of personality disorders*. Guilford Press.

Erskine, R. G. (1994). Shame and self-righteousness: Transactional analysis perspectives and clinical interventions. *Transactional Analysis Journal*. Vol 24(2), p86-102.

Hoyt, M. F. (1989). Psychodiagnosis of personality disorders. *Transactional Analysis Journal*. Vol 19(2), p101-113.

Joines, V. (1988). Diagnosis and treatment planning using a transactional analysis framework. *Transactional Analysis Journal*. Vol 18(3), p185-190.

McCormick, P. (1995). Redecisions Required for Mental Health. *Transactional Analysis Journal*. Vol 25(4), p321-326.

Nussbaum, A. M. (2013). *The Pocket Guide to the DSM-5® Diagnostic Exam*. American Psychiatric Pub.

Widdowson, M. (2009). *Transactional analysis: 100 key points and techniques*. Routledge.

Widdowson, M. (2011). Depression: A literature review on diagnosis, subtypes, patterns of recovery, and psychotherapeutic models. *Transactional Analysis Journal*. Vol 41(4), p351-364.

## Weekend No 27 B: Trauma/Sexual Abuse - 2 day teach. – Years 2,3 & 4

### Indicative Content

- Legal requirements and safeguarding issues for working with people who have experienced abuse.
- Assessing and responding to shock and trauma.
- How to differentiate trauma from Spiritual Crisis and Severe Mental Illness.
- Definitions of Child and Adult sexual abuse.
- Impact of abuse on emotional/psychological and somatic processes.
- How to work therapeutically.
- Legal definitions of abuse.
- Introduction to the neuroscience of trauma
- Models of memory
- Diagnostic criteria of PTSD
- Clinical Interventions and differing treatment methods
- To formulate a holistic treatment plan.

### Reading

Bragdon, E. (2012). The call of spiritual emergency: From personal crisis to personal transformation.

Allen, J. R. (2000). Biology and transactional analysis II: A status report on neurodevelopment. *Transactional Analysis Journal*. Vol 30(4), p260-269.

Caizzi, C. (2012). Embodied trauma: Using the subsymbolic mode to access and change script protocol in traumatized adults. *Transactional Analysis Journal*. Vol 42(3), p165-175.

Caizzi, C., & Ciambellini, S. (2008). An Ethnopsychiatric Approach to Healing Trauma in Involuntary Immigrants and Torture Victims: A Clinical Case. *Transactional Analysis Journal*. Vol 38(4), p272-284.

Cornell, W. F., & Olio, K. A. (1992). Consequences of childhood bodily abuse: A clinical model for affective interventions. *Transactional Analysis Journal*. Vol 22(3), p131-143.

Erskine, R. G. (1993). Inquiry, attunement, and involvement in the psychotherapy of dissociation. *Transactional Analysis Journal*. Vol 23(4), p184-190.

Gerhard, S. (2004). *Why love matters. How affection shapes a baby's brain*. Hove, East Sussex, NY: Brunner-Routledge.

Levine, P. A. (1997). *Waking the tiger: Healing trauma: The innate capacity to transform overwhelming experiences*. North Atlantic Books.

Lodrick, Z. (2007). Psychological trauma—what every trauma worker should know. *The British Journal of Psychotherapy Integration*, 4(2), 1-19.

McNamara, J., & Lister-Ford, C. (1995). Ego states and the psychology of memory. *Transactional Analysis Journal*, Vol 25(2), p141-149.

Novak, E. T. (2013). Combining traditional ego state theory and relational approaches to transactional analysis in working with trauma and dissociation. *Transactional Analysis Journal*. Vol 43(3), p186-196.

## Weekend 28 B: Working Creatively with the Child Ego State – Years 2,3 & 4

### Indicative Content

- Erskine's work on relational needs and treatment of the Child Ego State
- Decontamination
- Deconfusion
- Impasse resolution and the process of redecision
- Daniel Stern 1985 Child Development Model.
- Child Ego State work from several TA Schools

### Reading

Clarkson, P., & Gilbert, M. (1988). Berne's original model of ego states: Some theoretical considerations. *Transactional Analysis Journal*. Vol 18(1), p20-29.

Erskine, R., Moursund, J., & Trautmann, R. (2013). *Beyond Empathy: A Therapy of Contact-in Relationships*. Routledge.

Hargaden, H., & Sills, C. (2001). Deconfusion of the child ego state: A relational perspective. *Transactional analysis journal*. Vol 31(1), p55-70.

Little, R. (2006). Ego state relational units and resistance to change. *Transactional Analysis Journal*. Vol 36(1), p7-19.

Little, R. (2001). Schizoid processes: Working with the defenses of the withdrawn child ego state. *Transactional Analysis Journal*. Vol 31(1), p33-43.

McNeel, J. (1979) A Rebuttal to the Pig Parent, *Transactional Analysis Journal*. Vol 9:1

Steiner, P. (1979) The Pig Parent, *Transactional Analysis Journal*. Vol 9:1

Thunnissen, M. (1998). The structural development of the child ego state. *Transactional Analysis Journal*. Vol 28(2), p143-151.

Tudor, K. (2010). The state of the ego: Then and now. *Transactional Analysis Journal*. Vol 40(3-4), p261-277.

Richard Erskine Video Channel on YouTube. Selection of videos

[https://www.youtube.com/channel/UC7elHwpMRSi\\_rW1RGFsUnmg/videos](https://www.youtube.com/channel/UC7elHwpMRSi_rW1RGFsUnmg/videos)

Bob Cooke Video Channel on YouTube. <http://youtu.be/3ecgE6QvGxU>

Published on Nov 16, 2013. The Child Ego State, and the methods he uses to contact, and work with the Child Ego State from a Transactional Analysis Stance



## Weekend 29 B: Working with Parent Ego State – Years 2,3 & 4

### Indicative Content

- Introjection and object relations perspective.
- Spot Reparenting
- Parent Process
- Transgenerational Scripts.

### Reading

Karpman, S. (1971) Options, *Transactional Analysis Journal*. Vol 1:1

Mastromarino, R. (2004). The use of microteaching in learning the rededication model: A proposal for an observation grid. *Transactional Analysis Journal*. Vol 34(1), p37-45.

McNeel, J. R. (1976). The parent interview. *Transactional Analysis Journal*. Vol 6(1), p61-68.

McQuillin, J., & Welford, E. (2013). How Many People Are Gathered Here? Group Work and Family Constellation Theory. *Transactional Analysis Journal*. Vol 43(4), p352-365.

Mellor, K., & Andrewartha, G. (1980). Reparenting the parent in support of redeductions. *Transactional Analysis Journal*. Vol 10(3), p197-203.

Moiso, C. M. (1985). Ego states and transference. *Transactional Analysis Journal*. Vol 15(3), p194-201.

Osnes, R.E., (1974) Spot Reparenting. *Transactional Analysis Journal*. Vol. 4, 3: pp. 40-46.

Salters, D. (2013). Sandplay and Family Constellation An Integration with Transactional Analysis Theory and Practice. *Transactional Analysis Journal*. Vol 43(3), p224-239.

## Weekend 30 B – Embodiment- Years 2,3 & 4

### Indicative Content

- The ethics of body work and touch in therapy.
- Body work v touch
- Materials by Bill Cornell
- Materials by Nick Totton
- Reichian theory
- Primal theory
- Trauma theory
- Process theory
- Expressive theory
- Integrative body theory.

### Reading

Cornell, W. F., & Landaiche, N. M. (2007). Why Body Psychotherapy?: A Conversation. *Transactional Analysis Journal*, 37(4), 256-262.

Corrigall, J., Payne, H., & Wilkinson, H. (Eds.). (2014). *About a body: Working with the embodied mind in psychotherapy*. Routledge.

Totton, N. (2003). *Body psychotherapy: An introduction*. McGraw-Hill International.

Totton, N. (2005). *New dimensions in body psychotherapy*. McGraw-Hill International.

Young, C. (2010). The history and development of Body-Psychotherapy: European diversity. *Body, Movement and Dance in Psychotherapy*, 5(1), 5-19.

White, K. (Ed.). (2014). *Talking Bodies: How do we Integrate Working with the Body in Psychotherapy from an Attachment and Relational Perspective?*. Karnac Books.

Mental Health Familiarisation – Please see the UKCP website for most recent guidance

### **Guidelines for Mental Health Familiarisation 2017**

Mental Health Familiarisation is a required component of UKCP accredited trainings, this document must be read in conjunction with UKCP Standards of Education and Training.

Accreditation with UKCP is at Masters level or equivalent and the title of ‘Psychotherapist’ assumes some generic knowledge and understanding about how differing models of personhood and community understand mental wellbeing and mental illness. Whilst College-level SETs will have specific guidelines on how to approach curriculum content in this area, we expect that *all UKCP accredited Psychotherapy trainings will embrace the following:*

#### **Awareness of diagnosis and treatment**

This should include a working awareness of diagnosis and treatment in the context of UK mental health care services.

This should also include an understanding of:

- how mental illnesses are classified
- how to recognise more complex, significant or enduring mental health issues
- the reflexive awareness of context in diagnosis e.g. socio-economics, class, gender, disability, body type, age, culture, religion, race and sexuality
- how and when to refer on to appropriate professional agencies
- how to work in a client-centered way which safeguards the wellbeing of the client (and their dependents) and ensures that the psychotherapy a client receives forms part of an appropriate package of care

#### **A Range of Models of Assessment**

Training Organisations should ensure that students and trainees are introduced to a range of appropriate models of assessment. Models of assessment should include (but not be restricted to) learning about how the medical model understands mental wellbeing and mental illness.

A medical model of assessment should include (as a minimum) awareness of the following in its curriculum:

Assessment;

- The place of safeguarding in assessment
- Diagnosis and classification of mental illness
- Collaborative care: access to appropriate services
- Recognising complex, significant and enduring mental illness
- Awareness of current debates around evidence based research, practice, and treatment
- How and when to refer

### **Working within a social responsibility framework**

Psychotherapists will require an understanding of their role within a system of restoring balance and justice towards better treatment of people with exceptional needs and prevention of additional mental health distress caused by normative social expectation and exclusion.

Opportunity for trainees to develop reflexivity in the social responsibility framework should include (as a minimum) relevant coverage of the following:

- Historically and culturally sited models of mental health, mental illness and mental health care.
- The influence of socio-economics, class, gender, disability, age, culture, religion, race and sexuality on the incidence, definition, diagnosis and treatment of mental illness and mental health.
- The intensifying impact of intersectionality (where a person belongs to more than one marginalised group).
- Familiarity with the role of minority community organisations and mental health advocacy organisations and how to engage with them.
- Practices for non-discriminatory service provision.

### **Working within a wider system of care**

Psychotherapists will also require knowledge and understanding that equips them to work within or alongside other mental health services, with clients who have extraordinary needs and with family members of mental health service users.

Trainees and students should therefore be introduced to the wider contexts and considerations of mental health provision, in order to develop sensitive and reflexive practice of psychotherapy appropriate to the needs of people who experience greater mental and emotional distress.

This would include understanding and appreciation of:

- the impact on mental health service users and their families of diagnosis, stigma, normativity and minority experience
- the different professional and personal roles in mental health care
- the psychotherapist's role in provision of collaborative care
- the psychotherapist's role in provision of non-discriminatory service
- the role of medication (prescribed and non-prescribed), and its impact
- ethical and legal considerations pertaining to the above, including appropriate familiarity with the Mental Health Act 2007 and the Equality Act 2010.

There is no one way of meeting these standards. Colleges and training organisations may choose how to fulfil these standards which may be via lectures, videos, a formal placement, or other methods.

## **Hints and Tips about The Mental Health Familiarisation Placement in the Leeds area.**

- Start early – and perhaps choose individual days with individual professionals rather than booking great blocks of time.
- Attempt to get a portable DBS certificate – the TA Training Organisation can help you with this (there is a cost) – this allows easier access to some organisations and will result in honorary contracts being easier to access.
- The Andrew Simms Virtual Training Centre in Leeds offers courses that cover some of the learning outcomes especially legislation, medication etc.
- Look for voluntary opportunities. MIND is a large organisation in Leeds. Talking Spaces in Harrogate is always looking for befrienders to visit and go on walks with those diagnosed with psychosis and schizophrenia.
- The Retreat Hospital in York holds some open days during the year allowing access to professionals.
- Bradford District NHS Care Trust does offer some voluntary placements.
- Leeds & York NHS Trust again takes on volunteers in some services and roles.
- DIAL house in Leeds offers some voluntary placements.
- Ask friends and neighbours as to who knows any psychiatrists or mental health workers or nurses for communication, contact or even shadowing.
- MIND is known to accept volunteers
- The Scarborough Counselling Centre runs an annual course to meet this learning outcome.
- Trainees are encouraged to discuss the Mental Health Placement on Sunday Slots – and to access support from colleagues and trainers.
- In some cases, some experienced trainees may use accreditation by prior experience and be exempt from the Mental Health Placement. Again these trainees will need to discuss this on a Sunday slot and ensure they can fully evidence the eight learning outcomes in a written summary reflective statement.

## Assessment

Assessment is against the Overall Learning Outcomes for the course (Appendix HH) and the EATA Psychotherapy Core Competencies. (Appendix U.)

A helpful set of **Developmental Indicators** are offered to help you track your progress at the following way-marks in your learning: (Page 40)

- End of Year 1 – Core Competencies Year
- At UKATA Diploma Level
- At Entry to Exam Prep
- Ready for CTA Exam (Overall Learning Outcomes)

A key part of our philosophy is to account the autonomy of trainees in their learning experience. This sits alongside the requirements of offering a training programme that meets UKCP/HIPC and Level 7. Our approach to assessment is to offer choice and flexibility and to invite personal responsibility for learning.

We invite trainees to work with the Training Directors and take ownership for meeting the learning outcomes. We invite trainees to work with us in identifying their learning needs and decide on the most appropriate assignments for this development.

There is a requirement to complete three assignments in Year 1 – Core Concepts Year and to then complete and pass two assignments each academic year in Years 2,3 and 4. By the time you reach your oral exam for CTA you will have achieved all the advanced learning outcomes for the course. In the meantime you can track your own progress with the Developmental Indicators in Appendix LL.

## Guidance Notes for all Assignments

- All assignments will be assessed at Post-Graduate Level 7 and marking criteria are provided in subsequent marking grids.
- Word Count for written assignments is generally 2500 exactly
- The Diploma Case Study is 4000 words exactly.
- All work should be submitted by email electronically to Jane Williams – [contact@tatraining.org](mailto:contact@tatraining.org)
- All work should be single sided and double spaced.
- References should be included and to a recognised post-graduate academic standard eg Harvard or APA etc.
- Every assignment **must** contain at least one diagram, illustration or table.
- You are strongly encouraged to include some very brief verbatim transcript material and how the use of supervision has influenced your work – if relevant to the piece.
- Every assignment should make reference to the ethical code – and how it might be applied in the context of this particular essay or topic – in the broadest sense. This could include issues of harm to the writer, reader or in the context of the writing and work.
- Every assignment should make reference to issues of power, difference and diversity and how this particular topic may link to these key issues.
- Every assignment should make reference to your own personal development – either within the content of the essay itself or the impact of writing the piece.
- Every assignment should carry a very brief appendix in which you identify which core competencies are being address from the list of EATA's Core Competencies for Psychotherapists – Appendix U.

In summary:

Areas for inclusion in each assignment are as follows:

- Critical evaluation and analysis of ethical considerations
- Critical evaluation and analysis regarding difference and diversity.
- Critical evaluation and analysis of your own personal development.

## Formative Assessments – **Being assessed as you participate and “as you go along”.**

### Examples of Formative Assessment on the programme

- Peer Support Group
- Clinical Supervision and Practical Client Work
- Self-Directed Study
- Reflective Learning Journal
- Participation in Group Process
  - Learning themes are:
    - To develop the skill of reflective practice
    - To develop the skill of giving and receiving feedback
    - To develop observation skill
    - To understand and reflect on own script
    - Use the group to support professional development.
    - To explore transference and counter transference.
- Self-Peer Assessment
- Personal Readiness and Professional Attitude

### Typical Level 7 Reflective Questions and Tasks might be:

Summarise – but then critique a theory, your practice, your development.

Consider – think about and then recommend alternatives; and then appraise these options

Compare – compare and contrast your differing approaches and recommend others.

Evaluate – your practice, draw conclusions, integrate with theory, evaluate and justify.

## Summative Assessments – **Essays, Case Studies etc**

These consist of assignments such as essays, case studies, transcript analysis.

Successful completion of all assignments, together with demonstration of appropriate personal development, is required for progression into the following year. Students will either be endorsed to continue or be deferred with reasons by the penultimate training weekend of each year.

Summative Assessment will also take place at Post-Graduate Level 7. Please see assignments themselves and the marking grids for the criteria expected to be met at this post graduate level.

## Examination

For both the UKATA Diploma and the CTA, final assessment takes place through a written and oral exam.

The UKATA Diploma Final Assessment is a two part exam comprising a 4000 word written client case study and an oral exam with a requirement to play one piece of taped client work and answer questions.

The Certificate in Transactional Analysis final assessment is a 24000 word written exam comprising a personal and professional profile, a client case study and answers to theory questions and an oral exam with a requirement to play three tape one of which must be with a couple or group.

## Assessments and Assignments

### Year 1 – Three Formal Assignments – 3 compulsory components

- Short Essay.
- Long Essay. Critique of Theory Essay.
- Reflective Journal – Peer Assessed leading to Reflective Journal Statement and Peer Feedback Exercise.

### Understanding and Critiquing Key Theoretical Concepts

Code	Short Essay
Name	Short Essay. Purpose to help you calibrate your writing.
Requirement	Mandatory
Learning Outcomes	1.5.6.7.10
Word Count	1500 Maximum

#### What am I being invited to do?

You are being invited to write a short, academic, referenced piece – demonstrating

- Knowledge and Understanding of Theory
- Application of Theory
- Critique of Theory

#### Detailed Instructions:

Choose any key topic from TA Theory – either a Year 1 weekend topic – or from any part of the TA canon of literature.

Accurately describe your knowledge and understanding of this theory.

Provide at least one accurate diagram or table to demonstrate your understanding

Apply this theory to an example. Choose an example from work, from home, from clinical work, from a TV drama etc.

Finally offer a critique of this theory. Describe the strength of this theory and its weakness. Perhaps compare or contrast it with another piece of theory you are aware of. Describe how you would change or alter the theory to make it yours. Do you like this theory or not? Give good, well evidenced and thought out reasons.

How are issues of difference and diversity relevant to this essay?

Have any ethical issues been raised?

Have any personal development issues been raised in this essay or in its writing?

Finally list in an understandable way which Core Competencies of Psychotherapy have been met in a brief appendix after your essay.



Code	Longer Critique of Theory Essay.
Name	Critique of Theory Essay
Requirement	Mandatory
Learning Outcomes	1.5.6.7.10
Word Count	2500 Maximum

Follow guidelines for writing all assignments on page 77.

	<b>A choice of one of the following essay titles, or a Level 7 topic, agreed with tutor, of your own choice.</b>
1	Critically evaluate more than one TA concept of contracting. Describe how you might apply contracting in your personal or professional setting. Using examples evaluate effectiveness in the application of contracting.
2	Using examples initially describe how models of ego states or transactions might apply to your personal or professional setting (family, work). Critically evaluate TA models of ego states.
3	Describe the key components of the TA concept of Life Script. Using a personal, professional or clinical example apply this TA concept to a live example. Integrate into your work how the TA concept of hungers fits within Life Script theory and analysis. Critically evaluate TA models of Life Script.
4	Using TA models describe the concepts of psychological games. Using a personal, professional or clinical example, apply these TA concepts. Integrate the concepts of strokes and Life Script and evaluate how these fit with Games theory. Critically evaluate the models that you describe
5	Using TA models describe the concepts and differences between racket behaviours and racket feelings. Using a personal, professional or clinical example apply the model of the racket system. Evaluate the application of this model and critically evaluate the theory
6	Describe the importance of how and why a psychotherapist may want to attend to difference, diversity and power in the therapy room and beyond. Link your ideas to a code or framework of ethics. Link your ideas to some TA theories and critically evaluate TA models and/or models of difference, diversity and power.
7	Use concepts from the Cathexis School to describe and conceptualise a personal, professional or clinical example. Evaluate opportunities for change or intervention in the example you describe. Critically evaluate the history of the Cathexis School, its philosophy and historic practice. Critically evaluate the elements of theory you have described.
8	Critically evaluate a model of child development and compare and contrast it with TA and your personal, professional or clinical experiences.
9	Critically evaluate attachment theory and assess and compare it with TA, using personal, professional or clinical examples. Consider your own attachment within the space.
10	Design a critical evaluation essay of your own making – ensuring it adheres to guidelines on page 95 and is aimed at Level 7

## Reflective Journal – Leading to a Reflective Journal Statement and then Peer Review

Name	Reflective Journal
Learning Outcomes	1.2.6.7.16.20.23.24.25.27.28

### Writing a Reflective Journal

A Reflective Journal allows you to consider the content of training and perhaps more importantly, the process and experience of your training journey, as one of the key aspects of training to be a psychotherapist is the developmental journey of understanding oneself better. Taking time after each training weekend and significant learning experience to reflect in writing can be a useful part of your integration. Some areas likely to be of significance in this journey are:

- Experiences of being in the training group.
- Experiences of relating with others
- Experiences of engaging in learning
- Content of learning new theory.
- Supported reflections – being asked to consider experiences and theory and integrate them.
- Application to my real life and experiences out there in the world, or to my client work.
- Planning experiments and changes in how I do things and then re-entering new experiences.

Here are some questions to think about when engaging in a Reflective Journal process.

### Content Questions

- What theory did I like or attach to this weekend – and why?
- What theory did I dislike or “push away” this weekend – and why?
- What did I learn this weekend?
- What do I want to learn about on the next session?
- What content of my Script did I discover this weekend?
- How are my values and philosophy revealing themselves to me
- How is this influencing what I emphasise and make important in my training.

### Process Questions

- What was my impact on others this weekend?
- What was their impact on me?
- Who or what don't I like in the group? What does that tell me about me?
- Who or what do I attach to, or warm to in the group – what does that tell me about me?
- How is my Script Process manifest as I write this journal – quick enough? Perfect enough?
- How did the material taught become relevant or live in the group process? Parallel process?
- What do I see myself doing in the group? Do I want to do more or less of that or change it?
- How might I behave differently in the training group?
- How is my script about learning itself manifesting?

### Looking to the Future

- What am I learning about becoming a therapist?
- What will this mean for me as a therapist and for my clients?
- What do I need to take to supervision or therapy to discuss or explore further?
- Am I holding onto my sense of OK-ness – even though group process can be difficult?
- Am I holding others ok – even though the group process can be difficult.

### Information about the Annual Summary of your Reflective Journal

At weekend 9 of 10 you will need to be able to present all or an extract of your Reflective Journal to a learning colleague. We would encourage you to complete a **summary** as described below:

- A self-evaluation of your personal development during the year – your strengths and areas for development; considering your personal history and script.
- A critical assessment of your development in the role as a TA Psychotherapist
- A comparison of your personal philosophy as it is developing with that of TA. Support with evidence how you may concur or depart from “thinking TA”.
- A critical evaluation of your membership of the group – then tension between perhaps autonomy and collaboration.
- An appraisal of your skills, resilience and robustness – evidence that you can evaluate your own performance and self-monitor
- A consideration of the impact of ethical practice and difference and diversity as it has appeared to you during the year’s development.

With your peer you will complete an evidence statement:

- “I have witnessed and discussed xxxxxx’s Reflective Learning Journal.
- The strengths of reflection they are showing are....
- Areas for development we have agreed are.....
- Signature and Date.

This statement will form the basis of a whole group peer discussion and need to be handed in as evidence of completing this third assignment.

Ongoing ways to monitor your development in Year 1
<ul style="list-style-type: none"><li>• Observation of Skills Session by tutor (one at least in the year)</li><li>• Annual Learning Contract – discussed with peer</li><li>• Annual Peer Review – discussed with peer</li><li>• UKATA Student Summary Form – including developmental plan</li></ul>

### Observation of Skills Practice in Group – A1.3

Name	Observation of Skill Practice in Group (A1.3)
Requirement	One Observation of Skills Practice in Yr1
Learning Outcomes	1.6.7.12.13.14.16.17.20.21.22.23.24.25.26.27.28

During the year trainees will request an observation of their use of counselling and therapeutic skills. These sessions will be observed by a tutor as well as by fellow trainees. Written feedback by the tutor will be given using the Skills Observation Sheet below. It is a requirement that trainees are observed once a year. Once trainees are seeing clients this can be in the form of a piece of recorded clinical work.

**The user of skills (the observed)** – will be observed and then receive feedback from all parties. They will be invited to complete self-reflection of their use of skills and the experience of using skills and being observed. Form below.

**The observers** – will observe the skills session, record their observations and then reflect on the whole experience. Form below.

**The “client”** – will participate in a contracted piece of skills work and then reflect upon the experience. Form below.

Self-Reflection Following Skills Session. This is an assessment where all parties involved are invited to reflect on their role and personal development in this exercise. Use the following questions as a framework to reflect on your use of skills and observation session. Ensure these three pages are copied and stored in your own portfolio and trainer’s file.

Your reflection should be no more than 1000 words – typed or written by hand following the session. You may want to use the group to support you in your reflections.

Possible questions for the user of skills (the observed) to ask themselves

- Reflect on any ethical considerations that arose during this skills observation – issues of confidentiality, protection, harm, - and evaluate how you did or didn’t attend to them.
- Judge your demonstration of skills in light of TA philosophy and practice – mutuality (ok-ness), autonomy and the use of contracting and a process of open communication.
- Consider the piece in terms developmentally – evaluate what was the developmental age of your client during your piece?
- Appraise your use of interventions. Critique which were more successful than others and how the therapeutic relationship affected the work in a positive or negative way.
- Consider and evaluate how your own personal history and script may have appeared either before starting or during the observed piece.

Possible questions for the observer and the “client” to ask themselves

- How did this exercise reveal to me my own personal history and script issues? Does anything that happened today inform my personal therapy?
- Did I like what I saw or experienced? Appraise how this might inform your own vision of self in the role as therapist? Judge how this might inform your practice.
- Weigh how you managed in terms of autonomy and collaboration in the group process.

- d. How might today's exercise inform my own personal philosophy and development as a TA practitioner?
- e. Appraise and evaluate the interventions used. Would I do the same or take the same course of action? If not – how would I do it differently?

Reflections should be at Level 7 (Higher-order thinking and critique) and added to your Personal Development Portfolio.

### Skills Observation Year One Assessment 1.3

**Trainee Name**

**Date:**

Skill Area	Was it seen? ✓	How demonstrated?	Personal evaluation comment
Protection and Confidentiality. Did the trainee establish a safe, confidential space.			
Established a contract for the piece.			
Counselling Relationship: Maintenance of I'm ok you're ok stance			
Frame of Reference – stayed with the helpee.			
Demonstration of the Core conditions for Counselling			
Use the following active listening skills appropriately and to further empathic understanding: 1. Paraphrasing 2. Reflecting 3. Restating 4. Checking			
Questions – open, appropriate. Questions for clarification. Questions for information.			
Identify and Prioritise Focusing Clarifying Prioritising			
The use of summaries.			

The use of silence			
Non Verbal Communication.			
Specific Skill to be demonstrated.			
Questions:			
What do they think was the most important transaction in the piece of work?			
Can they provide an example of a transaction and name what ego state they think the client might have been cathecting.			
What would they change/do differently and why.			
Feedback on successes and how-to's.			

Name of Observer and role: .....

## Annual Learning Contract

Name	Annual Learning Contract (A1.4)
Learning Outcomes	21.22.23.24.25.26.27.28

### What is it?

The Annual Learning Contract is essentially a process of agreement with self as an individual trainee in order to move forward developmentally, towards your learning goals and values. You will also be using colleagues on the course as appropriate support.

### Why do it?

Research has shown that if something is planned, with goals set then the chances of it being achieved are enhanced. This process is also one of self-reflection about personal development with a particular focus on moving towards personal values. The Annual Learning Contract can be seen as a vehicle to enhance a sense of personal integrity – moving towards a sense of greater integration, congruity and becoming closer to one's own values

### How do I do it?

We would suggest that you select different types of goals – some may be more linked to personal development and how you are managing in the group – these could be about levels of contribution, taking risks, goals around levels of contact with self and other, therapeutic shifts in self that you would like to see. The other types of goal might be more technical and concrete – involving skills you would like to develop, areas of reading and experience, course progress. Above all, goals should be seen as moving self closer, towards one's values and a sense of being more integrated. Goals can be divided into personal, professional and learning goals

## Annual Learning Contract – Making My Contract

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### My Goals for this year in the Training Group:

(Use additional sheets if necessary.)

1. Please list between 1 -5 professional, learning or personal goals that you will achieve by the end of the academic year.
  - a. Is your goal positively worded?
  - b. Is your goal written in language an eight-year-old could understand?
  - c. Is it verifiable? How will you know if you've achieved it or not?
2. How will this enhance my life or practice?
3. What will I be moving away from in achieving the goal/s?
4. What personal value will I be moving towards in attaining this goal?
5. What am I willing to do to effect this change?
6. What do I need from others to help and support me? (be specific here)
7. What is the common value served in making this change?

**Annual Learning Contract – Reviewing My Contract –**

**Date:**

1. Which of my goals did I achieve?
2. What did I do to achieve them?
3. What did I get from achieving them?
4. Which of my goals did I not achieve?
5. What did I get from not achieving them?
6. Did I make any changes to my goals if so what were those changes.
7. Which goals will I carry forward to next year?



## Annual Peer Review (A1.5)

Name	Annual Peer Review
Learning Outcomes	21.22.23.24.25.26.27.28

### What is it?

The Annual Peer Review is a more formalised process for discovering more about impact of self on other. Within a safe framework, you are given the opportunity to discover parts of self that are important and significant to others – both positive and those aspects of self that others have found harder to be in contact with.

### Why do it?

It could be argued that the biggest thing that is brought into the therapeutic space is the therapist and their material – both historic and here-and-now (what's going on for them in their current life). Self-reflection and self-awareness can be seen as the essential components of being a psychotherapist – and it is essential that we all grown in awareness of our impact of self on other.

### How do I do it?

- Stay I+U+
- Give lots of strokes.
- Be open and honest in your feedback.
- If you have a negative stroke then preface it with a positive one.
- Consider your motivation before giving negative strokes – will it facilitate learning in the other person?
- Really notice how the feedback that you give has qualities of you and “your stuff” rather than always being about the receiver – so notice your own process when giving feedback.
- Respond and thank the giver of the feedback, and consider how you will apply it, park it, or even reject it.

## Annual Peer Review

Name: \_\_\_\_\_ Date: \_\_\_\_\_

From:

(Use additional sheets if necessary.)

1. What have you most enjoyed about me and my contribution to the training group this year?
2. What have you least enjoyed or found least useful?
3. How do you experience my relating to others? Is there anything you would like more or less of in the group?
4. Is there any aspect of my script that you have noticed in the way you experience me? Is there any personal work you think I might focus on next year?
5. Have you experience me changing or developing in any particular way?
6. Have you noticed any strengths or weaknesses in my knowledge or application of TA theory?
7. Do you have any recommendations for me?
8. Further comments and strokes.

## Assignments Summary Grid – What I need to do!

Year No.	Assignments
<b>Year 1</b> <b>Core Concepts Yr.</b> Must do three assignments in total this year.	Short Essay – 1500 words Theory Critique Essay – Long Essay – 2500 words Reflective Journal – Peer Reviewed
<b>Year 2,3 &amp; 4</b> <b><u>Psychotherapy</u></b> <b><u>Clinical Training</u></b> <b><u>Group</u></b> Must do 6 assignments across these 3 years	<b>Research Presentation and Research Project = 2 Assignments</b> <b>Case Study or Recording with Transcript = 1 Assignment</b> <b>Personal Development or Personal Identity Essay = 1 Assignment</b> <b>A further two assignments (see menu below) = 2 Assignments</b>

<b><u>Assignments Menu – for the additional two assignments in Years 2,3,4.</u></b>
<ul style="list-style-type: none"> <li>• <b>A further case study</b></li> <li>• <b>A further recording with transcript</b></li> <li>• <b>A further essay</b></li> <li>• <b>A presentation on a piece of research – with a written summary of whole experience</b></li> <li>• <b>A presentation on a relevant topic of interest – with a written summary following</b></li> <li>• <b>A Vlog or Blog of interest to you</b></li> <li>• <b>Presenting a supervision piece on a Sunday – with a written summary following</b></li> <li>• <b>Reporting back on a workshop or conference – with a written summary following</b></li> <li>• <b>Placement Report – 2500 - 3000 words if to be an assignment</b></li> <li>• <b>Any project or essay title of interest – agreed with a tutor</b></li> </ul>

When do I hand my work in?

Work should be submitted electronically to Jane Williams. [contact@tatraining.org](mailto:contact@tatraining.org)

We will mark any assignments we are holding at the marking point date:

<b>Marking Points</b>
1 <sup>st</sup> November
1 <sup>st</sup> February
1 <sup>st</sup> May

Marking is undertaken by a combination of internal and external markers with an annual moderation process undertaken by the external examiner.

## Clinical Placement Report - A1.6

Name	Clinical Placement Report
Requirement	Annually whilst on placement.
Learning Outcomes	12.13.14.15.16.17.19.20.21.22.23.24.25.26.27.28

The aim of the Clinical Placement Report is to facilitate the trainee in reflecting on their placement and integrating the learning from this experience.

The trainee will work in collaboration with the placement to complete this formative assessment. **This process should be repeated annually across the course at the end of Years 2, 3 & 4.** Should the trainee's context not suit this form of assessment then an alternative method of assessment should be agreed in writing with a tutor on a Sunday agenda day that will satisfy similar learning outcomes.

The Placement and Student should agree a joint learning statement signed and dated by both parties and submitted by weekend 9 of each academic year. This statement should be initiated and primarily driven by the trainee – and endorsed by the placement with the addition of any further comments.

The length of this joint learning statement should be approximately 1000 words long, **excluding** any feedback offered by the placement itself or 2500 – 3000 as an assignment.

The Trainee is invited to self-evaluate and judge the following:

1. Consider their ability to assess and diagnose and treatment plan using TA models in the clinical setting.
2. Appraise their ability to use a range of therapeutic interventions.
3. Critique the quality of the therapeutic relationship and to evaluate their ability to be flexible as a practitioner
4. The trainee should summarise and critique the effectiveness of their own work
5. To summarise and appraise the significant aspects of their work – assessment, transference, ethics, professional practice issues, and the use of supervision.
6. Evaluates their own competency within the setting.
7. Description of personal philosophy in context and movements in personal development.

The Placement is invited to add positive strokes and areas for developmental focus.

## Client Recordings – A1.7

Name	Year 3 Recorded Material being brought regularly to Sunday Slots
Requirement	
Learning Outcomes	1.2.6.7.11.12.13.14.15.16.17.20.21.22.23.24.25.26.27.28.

Trainees are expected to make use of Sundays to access supervision for client recording. These pieces of supervision are not formally assessed. Notes may be provided from the supervisor to the supervisee.

We suggest that these notes are retained by the trainee and added to their personal development portfolio as evidence of progress and for discussion at end of year tutorial.

Trainer (supervisor in this case) to offer written feedback to trainee on the following headings. This feedback will involve the trainer having access to the transcript for review.

- Feedback on skills observed.
- Feedback on strength of trainee's commentary and evaluation of their own work.
- Feedback on trainee's management of the process of bringing recorded material to group.

Trainee is then invited to complete a reflection of their process in writing. This reflection to be stored in the trainee's professional development portfolio.

- Technical Learning. What skills have I developed or learnt about through this experience?
- What are my clinical and personal development strengths?
- What are my clinical and personal development areas of development?
- How does this experience inform me as a practitioner? How does it impact my philosophy?  
What do I like and not like as a practitioner in this experience?
- What have I learnt about ethical practice in this exercise overall?

## Working at Level 7 – Post-Graduate Level - Guidance Notes

### Post Graduate Level 7 – Higher Order Thinking

Describing theory and your understanding and subsequent application to practice are vital components of these essays however to attain Level 7 the markers are seeking analysis, synthesis and evaluation

Analysis Clues
Comparing and contrasting ideas Analysing material Classifying and categorising Pointing out and distinguishing Making inferences Selecting and prioritising
Synthesis Clues
Composing and constructing Hypothesising ....what if? How about? Developing the ideas further into your own material and ideas Combining differing ideas Constructing and producing....new ideas, new theory, new application Joining up one piece of theory with another. How does this piece of TA link with another? Plan, create and invent.
Evaluation
Judging the theory and relating it to other theories – and their strengths and weaknesses Weighing up and describing which direction you would take Critical analyse of the theory including <b>your personal thoughts and reactions with good evidence</b> of what you think Supporting for, judging against and why? Evaluation. Recommending, summarising, Appraisal Comparing differing approaches.

## Critique of Theory Essays – G2.1

Name	Critique of Theory
Learning Outcomes	3.4.5.6.7.10.11.12

Trainees are invited to write an essay evaluating an aspect of theory. There is a list of titles below

Word Count: 2500 excluding bibliography and diagrams. Follow Essay Guidance on Page 77

### Guidance Notes:

- Essays should demonstrate a clear introduction with signposting as to the following content and a clear conclusion.
- The Essay should demonstrate a knowledge of the theory, with your understanding and how it's applied in a clinical or personal life situation.
- Essays should be explicit, where relevant, as to the steps taken to anonymise client information.
- You are encouraged to use diagrams where relevant. These should be clear, relevant and referenced to the original source.
- Clear definitions are helpful which are referenced.
- You should refer to the learning outcomes and marking grid for essays to assist you.
- You are encouraged to include reflection on ethical issues for self, other or the profession as a whole in all essays where relevant.
- You are encouraged to reflect on issues of difference and diversity and power in all essays where relevant.
- You are encouraged in all work with TA Training Organisation to reflect and evaluate your personal development as a result of taking part in an activity or subject area.

### ***Essay Titles and Topics***

<b>A: Child Development, Attachment and Memory</b>
Critically evaluate a model of child development and compare and contrast it with to TA and your practice.
Critically evaluate attachment theory and assess and compare it with Transactional Analysis.
Critically evaluate theories about memory and assess and compare it with relevant theory in Transactional Analysis

<b>B: Cross Modality</b>
Choose an article on a humanistic or psychodynamic modality. Evaluate the approach as described and compare and contrast it with TA.
Choose two key theoretical concepts from another modality than transactional analysis. Compare, contrast and evaluate the differing approaches with TA.
Critically evaluate the core philosophy of transactional analysis with another humanistic or psychodynamic psychotherapy.
Own Choice – some examples are included in the table on the next page

<b>Further Essay Titles that may interest you</b>
Describe some concepts of working with groups or couples. Compare and contrast a TA and non TA model. Apply these concepts to your practice or experience and evaluate.
What TA concepts do you use to diagnose or assess your clients, and how does this influence the way you work with different types of client presentation? Evaluate the concept of diagnosis and its usefulness or otherwise with your client group or in your personal experience.
Describe how you understand the psychotherapeutic relationship? Show how this relates to TA concepts, and how it influences the way you work?
How do you use contracting to enhance the psychotherapeutic process? Evaluate the value of different types of approach to contracting and relate to your preferences and practice or client experience.
Choose a topic or issue in psychotherapy you would like to deal with theoretically using TA concepts and show how this influences your work. Critique the model or theory presented and describe developments that would interest you.
What treatment plan do you favour and why? Evaluate the benefits and drawbacks of formulating an overall treatment plan of the psychotherapeutic process. Describe your application of a treatment plan in your clinical work or in your experience as a client.
What TA concepts do you use to understand the origin of psychological problems? Show how this relates to your ideas on psychological well-being or cure?
Evaluate what model or concepts do you use to understand either the intrapsychic process or interpersonal relationships and communication? How does this influence the way you work?
Choose one of the following clinical presentations – Depression, Anxiety, Bereavement, Abuse and using case examples identify what TA concepts you find useful in working with this issue. Critically evaluate a TA approach to working with this presentation and describe some therapeutic alternatives.
Choose a concept and then explore how TA approaches this concept across more than one theoretical school. Using clinical examples then relate this to your practice and evaluate your preference of approach.
Own Choice. In discussion with one of the Training Directors, devise your own essay title to meet the learning outcomes for this assignment.

## Case Study – G2.3

Name	Case Study
Requirement	Either one case study or one client case recording and transcript.
Learning Outcomes	5.6.7.10.11.12.13.14.15.16.17.20.21.26.27.28

### Case Study

Identify a client that you have worked with for at least 10 sessions. Using TA as your core theoretical model describe your work with this client. You may like to begin with some basic information about your client along with the context of the work and the presenting problem. Then you should tell the story of your journey with your client.

In your writing you also need to consider your observations of what happened and what you thought this meant using TA theory as your guide. What actions you decided to take, which is your treatment plan, the actions you took and your observations of what resulted.

Do include a section where you give you TA assessment of the client. Models you could use are the Script Matrix or Script system, Personality Adaptations, the client's Games and Rackets. You are not required to comment on all of these topics and some of the areas you might like to explore alongside are:

Risk Assessment	Use of the Supervisory Cycle
Goals and Contract	Ethical issues
Treatment Plan	Issues of difference, diversity and power
Interventions	The therapeutic relationship
Successes and Failures	Impact on own personal development
Alternative diagnosis	Endings and prognosis

Word Count: 2500

**This case study may be used as the one required for UKATA Diploma Exam. If that is the case the word count needs to be extended to no less than 4000 words for Diploma.**

Trainees are reminded to attend to anonymization of the client.

This assignment is at PG Level 7 and requires you to demonstrate higher-order reflections and evaluations of your work and its impact on self and other.

Developing this Assignment to meet further learning outcomes – Additional 1000 words

One of the ways to develop this assignment is to choose a specific and relevant piece of theory to evaluate in the light of the work with the client and then to compare and contrast it with TA theory. For example attachment theory or theory about memory.



## Client Recording & Transcript – G2.4

Name	Client Recording & Transcript
Requirement	One Case Study or Client Recording and Transcript by Yr4
Learning Outcomes	1.2.5.6.10.11.12.13.14.15.16.17.25.26.27.28

There are four components to this assignment.

- The recording
- The transcript of the work
- The Front Sheet and Analysis
- The Reflection and Learning.

The trainee will select a 10 minute piece of their clinical or skills work that they experience has components of interest for development and discussion.

This piece of clinical work should be transcribed according to the example below landscape.

The trainee writes up a Front Sheet for the client giving basic information on the client along with a TA diagnosis, contract and the nature of the work on the tape.

The Commentary and Evaluation of the piece might attend to some of the following components:

- A description of the intervention used in TA terms or other modality terms
- Evaluation and critique of the success or otherwise of the intervention.
- An offering of an alternative intervention – considering alternatives and likely impacts
- Suggesting which schools of TA the interventions or piece might congruently fit.
- Reflections on potential assessment, diagnosis and treatment planning
- Alternative diagnosis
- Considers transference and counter-transference in the piece
- Issues of ethics – protection, permission, potency.
- Issues around difference and diversity.
- Issues around own script and the impact of this client on self and other.

No.	Person	Dialogue	Commentary & Evaluation	Feedback from colleagues
1	Therapist	I notice your head is down this morning ...and you look..sad?	I am about to attempt some behavioural ego state diagnosis and offer a tentative empathic intervention	
2	Client	No I am just angry at the world.	I notice this script theme re-emerging early in the work, and my counter-transference irritation	

The trainee will opt to bring the taped work and transcript to a Sunday for accessing supervision and group discussion. A clear supervisory contract will be established as to the nature of the input that would be useful for the trainee from the trainer and group.

Recording to be played. Trainee to offer their thoughts on the strengths and growing edges of the piece. Feedback will be offered by group members and trainer. This feedback recorded in writing by the trainee in the right hand column of the transcript.

Documentation will then take place in the following way:

Trainee is invited to complete a reflection of their process in writing, which might include:

- Technical Learning. What skills have I developed or learnt about through this experience?
- What are my clinical and personal development strengths?
- What are my clinical and personal development areas of development?
- How does this experience inform me as a practitioner? How does it impact my philosophy? What do I like and not like as a practitioner in this experience?
- What have I learnt about ethical practice in this exercise overall?

All the written elements are then handed in for marking.

Developing this Assignment to meet further learning outcomes – Additional 1000 words

One of the ways to develop this assignment is to choose a specific and relevant piece of theory to evaluate in the light of the work with the client and then to compare and contrast it with TA theory. For example attachment theory or theory about memory.

Formative Elements: Trainer (supervisor in this case) to offer written feedback to trainee on the following headings. This feedback to be stored by trainee in their personal development portfolio. This feedback will involve the trainer having access to the transcript for review.

- Feedback on skills observed.
- Feedback on strength of trainee's commentary and evaluation of their own work.
- Feedback on trainee's management of the process of bringing recorded material to group.

This reflection to be stored in the trainee's professional development portfolio.

## Personal Development Essay – G2.5

Assessment Name	Personal Development Essay
Requirement	Either 1 Personal Development Essay or Professional Identity and Philosophy Essay
Learning Outcomes –	1.2.5.6.10.22.23.24.25.26.27.28

This assignment is at Post Graduate Level 7 and should demonstrate higher order thinking with evaluation and critique of theory being evidenced throughout. Referencing must be accurate to an accepted academic standard eg Harvard.

Word Count: 2500 (10%)

This assignment is a reflective piece on your personal development using TA theory. Choose from the following:

**Using TA theory, compare and evaluate two of your annual Learning Contracts.**

**Using TA theory compare and evaluate two of your Peer Reviews.**

## Professional Identity and Philosophy Essay – G2.6

Name	Professional Identity and Philosophy Essay
Requirement	Either 1 Personal Development Essay or Professional Identity and Philosophy Essay
Learning Outcomes –	1.2.5.6.10.22.23.24.25.26.27.28

This assignment is at Post Graduate Level 7 and should demonstrate higher order thinking with evaluation and critique of theory being evidenced throughout. Referencing must be accurate to an accepted academic standard eg Harvard.

Word Count: 2500

Complete the whole of section B from the written exam below:

Section B from the CTA Psychotherapy Written Exam UKATA Psychotherapy Written Examination Handbook
<p>Your training and personal development – and identity as an emerging psychotherapist</p> <p>Describe the importance of TA in your professional development</p> <p>When and why did you choose TA and what influence did this decision have on your professional development from then on?</p> <p>What challenging experiences have you had while using TA? How have they affected your personal development?</p> <p>How have these learning experiences influenced you in finding your identity as a psychotherapist?</p>

## Making Research Live – Research Presentation – G2.7

Assessment Code	G2.7
Assessment Name	Making Research Live – Research Presentation
Requirement	Minimum 1 by yr 4
Learning Outcomes	5.8.10.11.16.20

Trainees are invited to make “Research Live” in everyone’s professional development.

Trainees are invited to select a piece of research that has been published in the last 5 years that is salient to the practice of counselling and psychotherapy. Resources for this might include the BACP Research Journal (available in the library) TAJ, Transactional Analyst UK, or other psychotherapy or counselling journal hard copy or online.

Trainees will book a Sunday slot and with the support of a tutor, present that research to the group in any suitable format following the guidance below.

Trainee to provide a one sheet summary of the research with accurate reference and as an aide-memoire for the group discussion.

Trainee to give a presentation of 20 minutes to the group. Possible content may include:

- Why this piece of research interested them.
- The research methodology
- Outcome and results
- Implications for practice / ethics / issues of difference and diversity

The group will then enter into a discussion about the research facilitated by the trainee. 20 mins.

Following the discussion – all will annotate the handout with reflections on self, other, personal development experience of the task and implications for practice. These notes will be added to personal development portfolio.

Developing this Assignment to meet further learning outcomes – Additional 1500 words

One of the ways to develop this assignment is to choose a piece of research that is relevant to the learning outcome you wish to meet. In the light of the research you could then evaluate the theory and compare and contrast it with TA theory.

## Making Research Live – Research Project

Name	Making Research Live – Research Project
Requirement	Mandatory by Yr 4
Learning Outcomes	5.8.9.10.16.20

Stage of Research Assignment	Activity	Work Count
Stage 1	Completion of Literature Search and Research Proposal (one document)	1000 – 2500 words
Stage 2	Presentation of Research Proposal to small group supervision – Sundays <ul style="list-style-type: none"> <li>- Focus on research question</li> <li>- Focus on ethical stance</li> </ul>	One page handout extracted from above – for fellow trainees to use in discussion
Stage 3	Carry out the investigation	
Stage 4	Write up and present the findings in an appropriate format.	2500 – 3500 words

### Stage 1 – Research Proposal (including Literature Search)

Trainees are asked to formulate a research question, write a research proposal and undertake a brief literature search. This research proposal may follow the following format:

1. **A research proposal** is a concise and coherent summary of your proposed research. It sets out the central issues or questions that you intend to address. It outlines the general area of study within which your research falls, referring to the current state of knowledge and any recent debates on the topic. It also demonstrates the originality of your proposed research.
2. **Title** - this is just a tentative title for your intended research. You will be able to revise your title during the course of your research.
3. **Abstract** - the proposal should include a concise statement of your intended research of no more than 100 words. This may be a couple of sentences setting out the problem that you want to examine or the central question that you wish to address.
4. **Research Context** - you should explain the broad background against which you will conduct your research; for example private practice or perhaps within a placement or agency or other context.
5. **Research Question** - the proposal should set out the central aims and question that will guide your research. Before writing your proposal, you should take time to reflect on the key questions that you are seeking to answer and use the resources of the course to support you – for example Sunday supervision and small group sessions.
6. **Research Methods** - the proposal should outline your research methods, explaining how you are going to conduct your research. For example your project may use *thematic analysis of qualitative data*.
7. **Significance of Research** - you should explain the importance of your research and consider which populations may benefit – therapists, clients, UKATA, UKCP etc.

8. **Bibliography – Literature Search** - the proposal should include a short bibliography identifying the most relevant works for your topic. Trainees should provide the reference for a minimum of three relevant articles, books, papers, videos etc or more.
9. **Ethical Issues** - your research proposal should discuss areas of ethical concern, risk or attention.

## **Stage 2 – Research Proposal presentation to a group**

The trainee should request a slot in a training weekend to then discuss their research proposal. This activity should be seen as a useful, practical supportive event – seeking suggestions and “tweaks” from the group and supervisor. The trainee should provide a one page summary of their research proposal with a focus on their research question, methodology and ethically concerns.

**Stage 2a** – Research Proposal submitted for marking – PASS / DEFER only.

## **Stage 3 – Investigation and Data Gathering**

The purpose of this assignment is to support trainees through all stages of a research project. We would strongly advise trainees to not over-extend themselves – for example keeping data sets reasonable and not attempting to conduct too many interviews.

Stage 4 – Submission of a paper or article

Trainees should adopt a formal format to present their research findings. One such format might be:

- Abstract
- Introduction
- Method
- Results
- Discussion
- Conclusion
- References

## Marking and Marking Schemes

All assignments are double marked by internal and/or external markers. Both sets of written feedback from the markers along with a primary mark will be returned to the trainee 6 weeks after the essay has been received.

Each year a random selection of essays across the marking points will be sent to our external moderator for evaluation of the consistency of the marking.

There are 4 marking schemes.

1. Case Study and Theory Essay Marking Scheme
2. Year 1 Short Essay
3. Research Project
4. Clinical Recording

These schemes are used across all years at a level appropriate to the year of training and in conjunction with the learning outcomes for that year.

### **Marking Scheme: Case Study and Theory Essay Marking Schemes**

<b>Grade</b>	<b>Writing to Academic standard</b>	<b>Understanding of Theory</b>	<b>Integration of theory into practice</b>	<b>Critical Evaluation</b>	<b>Reading and Research</b>
A+ Exceptional	The work is exceptionally well organised and clear. Presentation is exceptional. All referencing is accurate and consistent within a recognised system.	Demonstrates an exceptional understanding of a wide range of TA theory, different trends and approaches as well as most recent developments.	Demonstrates excellent capacity to take metaperspective and complexity into account. Demonstrates an awareness of a broad range of aspects in discussion/writing. Supports discussion well with evidence and examples of clinical work.	There is evidence of originality and independent thinking in all aspects.	Ample evidence that the trainee has read widely with in-depth knowledge and can make comparisons outside the field drawing on other relevant information.
A. Excellent	The work is well organised and clear. Presentation is excellent. Referencing is accurate and consistent within a recognised system.	Demonstrates an excellent understanding of a range of TA theory, different trends and approaches as well as some recent developments.	Demonstrates capacity to take metaperspective and complexity into account. Demonstrates an awareness of a range of aspects in discussion/writing. Generally supports discussion with evidence and examples of clinical work.	There is evidence of originality and independent thinking.	Good evidence that the trainee has read widely with good knowledge and can make some comparisons drawing on other relevant information
B. Good Pass	The work is generally well organised and clear. Presentation is good. Referencing is mostly accurate and consistent within a recognised system.	Demonstrates a good understanding of a range of TA theory with some limited knowledge of either different approaches or recent developments.	Demonstrates some capacity to take metaperspective and complexity into account. Demonstrates a limited awareness of range of aspects in discussion/writing. Supports discussion with some evidence	There some evidence of originality and independent thinking.	Sufficient evidence of wide reading within the field reading with good knowledge.



			and examples of clinical work.		
C. Competent Pass	The work shows some attention to organisation and is reasonably clear. Presentation is competent Referencing consistent within a recognised system and is mostly accurate.	Demonstrates a competent understanding of a range of TA theory.	Little demonstration of metaperspective and complexity. Demonstrates a competent level of awareness of aspects in discussion/writing. Some limited support of discussion with evidence and examples of clinical work.	There is limited evidence of originality and independent thinking.	Evidence of competent reading within the field with sufficient knowledge.
D. Fail/Defer	Work is not coherent and poorly structured and presented. Referencing inaccurate or does not follow a recognised system.	Key concepts in TA theory generally not understood.	Little evidence of acquisition of skills and support for discussion and writing	No evidence of independent thought, discussion is purely descriptive conclusions do not follow logically from work undertaken.	Limited attempt in reading and research of relevant source material to support discussion.

### **Marking Scheme: Year 1 – The Short Essay**

<b>Grade</b>	<b>Writing with clarity</b>	<b>Theory and Practice</b>	<b>Critical Evaluation</b>
A+ Exceptional	The work is exceptionally well organised and clear. Presentation is exceptional.	Demonstrates an exceptional understanding of the theory and is then able to describe an exceptional example.	There is evidence of originality and independent thinking in critiquing the final concept.
A. Excellent	The work is well organised and clear. Presentation is excellent.	Demonstrates an excellent understanding of theory and is then able to describe an excellent example of theory into practice	There is evidence of originality and independent thinking in critiquing the final concept
B. Good Pass	The work is generally well organised and clear. Presentation is good.	Demonstrates a good understanding theory and then is able to describes a good solid example of theory being applied to practice	There some evidence of originality and independent thinking in critiquing.
C. Competent Pass	The work shows some attention to organisation and is reasonably clear. Presentation is competent	Demonstrates a competent understanding of theory and a competent application of theory to practice with some errors and misunderstandings.	There is limited evidence of originality and independent thinking in critiquing
D. Fail/Defer	Work is not coherent and poorly structured and presented.	Clear misunderstanding of theory with clear inappropriate or inaccurate application to practice. The candidate has not grasped the theory or practice.	No evidence of independent thought, discussion is purely descriptive conclusions do not follow logically from work undertaken.

### **Marking Scheme: Research Project**

<b>Grade</b>	<b>Writing to Academic Standard</b>	<b>Abstract &amp; Introduction</b>	<b>Methodology</b>	<b>Results</b>	<b>Discussion Conclusion</b>	<b>References</b>
A+ Exceptional Ready to Publish standard	The work is exceptionally well organised and clear. Presentation is exceptional. All referencing is accurate and consistent within a recognised system.	The abstract is of exceptional quality and ready to publish. The introduction places the research in context with exceptional clarity of research question.	Exceptional description of methodology employed. Exceptional clarity of why this methodology has been employed with compelling evidence for this to be true.	Exceptional presentation of results. Exceptional use of visual means eg graphs, tables, schematics. Evidence of application of statistical analysis if appropriate.	There is evidence of originality and independent thinking in all aspects. Higher order and critical thinking evidenced. Future application fully considered at exceptional level.	Ample evidence that the trainee has read widely with in-depth knowledge and can make comparisons outside the field drawing on other relevant information.
A Excellent	The work is well organised and clear. Presentation is excellent. Referencing is accurate and consistent within a recognised system.	The abstract is of excellent clarity. The introduction contains a research question of excellent clarity. The research is placed into context.	Excellent description of methodology employed. Excellent clarity of why this methodology has been employed with compelling evidence for this to be true.	Excellent presentation of results. Excellent use of visual presentation of data. Some evidence of statistical analysis	There is evidence of originality and independent thinking at an excellent level. Future application considered	Good evidence that the trainee has read widely with good knowledge and can make some comparisons drawing on other relevant information

B Good Pass	The work is generally well organised and clear. Presentation is good. Referencing is mostly accurate and consistent within a recognised system.	The abstract has clarity in summarising the following paper. The clarity of the research question is good. There is a good attempt at placing the research in context.	Good description of methodology employed.  Good attempt at demonstrating why this methodology has been employed	Good presentation of results in acceptable format. Good use of visual presentation of data. Good statistical analysis	There is some evidence of originality and independent thinking. Some future application of the research considered.	Sufficient evidence of wide reading within the field reading with good knowledge.
C Competent Pass	The work shows some attention to organisation and is reasonably clear. Presentation is competent Referencing consistent within a recognised system and is mostly accurate.	A reasonably clear abstract is present. An acceptable research question is posed. There is some attempt at placing the research into context.	Description of methodology presented.  Reasons provided for why this methodology was employed.	Results are presented in an acceptable and understandable format. Visuals may or may not be used.	There is limited evidence of originality and independent thinking. There is limited consideration of future application.	Evidence of competent reading within the field with sufficient knowledge.
D Fail/Defer	Work is not coherent and poorly structured and presented. Referencing inaccurate or does not follow a recognised system.	Poor or unclear abstract with little relevance to research. No or unclear research question. Absent or very poor context of research.	No clarity of research methodology.  No clarity as to why this methodology has been chosen.	Presentation of results is unclear and confusing to reader. Lack of visuals employed. No attempt to manage data or information effectively	Absent evidence of independent thought. Discussion is purely descriptive. Absent consideration of future application of research	Limited attempt in reading and research of relevant source material to support discussion.

Indicators for excellence include – paper ready to be published; originality of thought, immediate or potential application to practice, higher order thinking present, discussion and conclusion containing high levels of critical thinking

## Clinical Recordings & Tape Observation

Trainee Name

Date:

<b>Competency</b>	<b>Was it seen?</b> ✓	<b>How demonstrated?</b>	<b>Personal evaluation comment</b>
Demonstrates Permission, Potency and Protection:			
Establishes a clear bi lateral contract for the piece.			
Therapeutic Relationship Maintenance of I'm ok you're ok stance			
Can describe what is happening on the tape using TA theory.			
Clarity of client assessment			
Treatment Direction can link what is happening on the tape to the contract goals.			
Does the candidate monitor the effect of his/her interventions on the clients and respond to this?			
Capacity for self-reflection			
Discussion			

Name of Observer and role: .....

## Fitness to Practice

### Beginning Clinical Practice

Working with clients as a therapist is clearly the goal of this course – but this process needs to be handled with consideration and care by all parties for the protection of all parties. Therefore please find Guidance Notes along with a series of Requirements, Recommendations and the Readiness for Placement Process. Our Placement Policy which is a four way agreement between the trainee, placement provider, TA clinical supervisor and TA Training Organisation can be found in the section on Policies, Procedures and Administration.

### Guidance Notes

There is no set date by which trainees are required to begin on a placement. At some point when trainees have completed all the requirements listed below and feel personally ready to begin client work they may make their application for placement.

### Developing Skills

Year 1 Trainees: are encouraged to build up their basic use of counselling and listening skills by accessing a voluntary placement. Their role in this placement should be as a listener or befriender. Year 1 Trainees should look for other opportunities to access practice opportunities to grow their listening and empathic skills.

Year 2 Trainees and beyond: Year 2 trainees are strongly encouraged to be accessing a clinical voluntary placement in this year – employing Transactional Analysis and accessing the appropriate amount of Transactional Analysis supervision **for their individual requirements**.

### Requirements

1. Trainees on the course are required to adhere to the **Fitness to Practice** policy which includes a **Readiness for Placement** process and letter.
1. Pass the Clinical Competencies Assessment. This is held three times a year, dates given out at the beginning of the year.
2. Have all passed all assignments to date with no outstanding work
2. Book a tutorial with one of the clinical directors and agree readiness to see clients.
3. Have current membership if UKATA
4. Be in personal therapy
5. Have a TA clinical supervisor.
6. Ensure your placement meets the minimum standards in TA Training Organisation policy regarding clinical placements and complete the four-way agreement.

### Recommendations

1. Discuss and agree increased supervision with your TA supervisors
2. Undertake your first 100 hours of client work in a voluntary placement
3. Choose a placement with a client group that you are interested in.

## Increased Supervision Ratios for Trainees

UKCP Training Standards of Humanistic and Integrative Psychotherapy Section of UKCP May 2006 Training Standards, (Revised May 2007 and amended January 2011) states the ratio of supervision:

The ratio of individual supervision hours to overall client hours should be a minimum of 1:6  
Group supervision should reflect this ratio (minimum 10 mins supervision per client hour)

However...the TA Training Organisation wants to make it very clear that these are minimum requirements for supervision. Early practitioners, trainees and experienced, qualified practitioners may all need far greater input of supervision at specific times – and especially early on in their training and careers. For example fortnightly supervision is not uncommon of an hour or more duration.

It is strongly recommended that trainees spend at least their first 100 hours of practice within a voluntary organisation or placement. The reason for this is that voluntary placements provide local, at-hand policy, procedure and line management which is far more holding for a trainee than being isolated in private practice.

### Readiness for Placement process

A trainee wanting to commence clinical placement as a counsellor or therapist must access a **Readiness for Placement** request form. This form is used to track their progress through the **Readiness for Placement** process.

1. Access Readiness for Placement form.
2. Request a formal skills observation session on a Sunday of training for placement endorsement.
3. Tutor and Group will observe a skills session and complete an observation sheet. Tutor will make specific reference to endorsement or non-endorsement of trainee being ready for clinical placement in terms of skills.
4. Trainee to arrange a tutorial to discuss other components of readiness per form.
5. Trainee must provide evidence of current membership of UKATA at this stage.
6. Trainee accesses signature from TA supervisor at this stage (PTSTA, CTAT, TSTA).
7. Trainee returns Readiness for Placement form to administrator who arranges issue of Readiness for Placement letter.

When a trainee has possession of a **Readiness for Placement** endorsement letter they are then in a position to access a placement and enter into the four-way agreement process:

1. Placement
2. Supervisor – TA (PTSTA, CTAT, TSTA)
3. Trainee
4. TA Training Organisation



## Engaging with a Voluntary Placement

It is essential that the trainee engages with a proper induction process with the placement. As part of this process the trainee will complete a **Placement Checklist** and discuss this checklist with their TA supervisor and obtain their signature.

They will also gain the signature of their placement line manager on the four-way agreement form.

## TA Training Organisation – Monitoring of Clinical Placements

The TA Training Organisation monitors clinical placements on an annual basis. They do this through sending a placement a **Placement Information Form**. Placements will be monitored on an annual basis through a research telephone call and through any student feedback gathered. **Students** are invited to feedback **either** annually or **immediately** if an incident at placement occurs that requires attention.

## Checklist for minimum standards of a placement

Transactional Analysis Training Programme is aware that clinical placements differ in nature and context but a minimum standard of placement process and procedure is expected:

- The trainee is given a clear initial induction and/or training programme.
- The trainee is given clear information about their role in the form of an agreement letter, terms and conditions or contract
- The trainee has been through a DBS process – facilitated either by placement or by TA Training Organisation – with DBS certificate or portable DBS Certificate copy passed to TA Training Organisation.
- The trainee is supplied with an internal supervisor or alternative, clear supervisory arrangements.
- The trainee is supplied with a clear line of management.
- The trainee is able to witness insurance arrangements that will cover their practice of counselling and psychotherapy. It is important that students, before commencement of practice, witness evidence of adequate professional indemnity insurance or seek out their own cover. Their personal professional indemnity insurance policy should be specifically designed to cover the practice of psychotherapy. It should cover civil liabilities including Professional Indemnity (Malpractice) and Professional Indemnity (Errors and Omissions), Public Liability, Product Liability and Liability for Libel/Slander.
- The trainee will not initially be screening or assessing their own clients – rather these will be allocated to them through a screening process carried out by a suitably qualified person.
- The placement employs a written business contract (terms and conditions) with all clients.
- The placement has the minimum following policies in place:
  - Child safeguarding policy
  - Vulnerable adult safeguarding policy
  - Fire policy

- Health & Safety policy
- Confidentiality and Data Protection policy
- Complaints policy – internal and external
- Policies to protect – anti-discriminatory, anti-violence, lone worker – context specific
- The placement commits to signing the four-way agreement.
- The placement commits to providing an annual trainee report and annual supervisors report.

## **The Trainee and Fitness to Practice**

### ***Assessment for Fitness to Practice:***

Trainees will be assessed for their “Fitness to Practice” – this is seen as an ongoing process. Part of TA culture is the recognition that circumstances change. To that end, Fitness to Practice will not be seen by TA Training Organisation as a one-off hoop to be jumped through – rather this is a dynamic, responsive process that will be monitored by all signatories to the four-way agreement.

Part of the assessment for fitness to practice is in meeting the requirements covered earlier.

Trainees will need to demonstrate their commitment to the contractual process by ensuring TA Training organisation is supplied with a fully completed four way agreement. (Trainee, Supervisor, Placement, TA Training Organisation)

Trainees will need to demonstrate their up-to-date membership of UKATA and their commitment to UKATA’s Code of Ethics and the Requirements and Recommendations for Professional Practice (all four sections).

Trainees will need to demonstrate the following skills, abilities and qualities:

- a) The ability to build a rapport with another person.
- b) The ability to develop a relationship of trust with another person.
- c) The ability to be open and transparent within the therapeutic relationship.
- d) The ability to shown warmth, compassion and understanding for another human being.
- e) Commitment to anti-discriminatory practice, valuing issues of difference and diversity.
- f) An understanding of the extent and limitations of confidentiality; an awareness of boundary issues and effective use of supervision.
- g) Commitment to continuing professional development.
- h) At least one meeting with a Supervisor (PTSTA, CTAT, TSTA) and a signed contract of supervision prior to accessing any placement.
- i) Ongoing sufficient robustness and resilience to maintain a sound ethical practice with sufficient capacity to manage placement, course and current life circumstances.

The evidence for this will be gathered in the following ways:

1. Skills practice sessions, group discussions, group process and peer and self assessment forming an ongoing portfolio of evidence – to be viewed at endorsement tutorial below.
2. Self reflections contained in the Reflective Practice journal – to be discussed at endorsement tutorial below.
3. A formal endorsement observation as part of the process to be issued with a **Readiness to Practice Endorsement Letter**. This observation will result in an endorsement or not of the trainee's readiness to practice in terms of skills.
4. A formal endorsement tutorial consolidating these various forms of evidence as part of the process to issue a **Readiness to Practice Endorsement Letter**– and the tutor's observation of the trainee in the training group to date. This tutorial will result in an endorsement or not of the trainee's readiness to practice.
5. A **Readiness to Practice Form** – assessed at the endorsement tutorial – that will confirm supervisory arrangements and supply evidence of UKATA membership.
6. **Ongoing Observation** of the trainee in the training group by tutorial team – with awareness of ongoing robustness and trainee's capacity to manage the demands of course, placement and current life circumstances.

The **Endorsement to Practice Letter** verifies that the trainee has the skills to begin seeing clients in an appropriate setting agreed with their supervisor. Trainees are given their **Endorsement to Practice Letter** for them to use with a clinical placement provider.

Trainees will be assessed in their acquisition of clinical competences by one of the directors observing and assessing a therapy practice with a fellow trainee. The therapeutic piece will be for up to 20 minutes with 10 to 15 minutes of questions afterwards.

Clinical competency assessments take place three times a year from year 2 onwards. Dates are during October, January and April.

Trainees will be assessed on their demonstration of skills in establishing an effective and protective counselling relationship for the piece, contracting, use of counselling skills, effective use of transactional analysis interventions and their capacity to reflect on the work in discussion.

See the Clinical Competencies Assessment Sheet which follows.

## Clinical Competencies Assessment – Readiness to move into Clinical Practice.

Trainee Name

Date:

Competency	Was it seen?	How demonstrated?	Personal evaluation comment
Demonstrates: <b>Permission:</b> <b>Potency :</b> <b>Protection:</b>			
Establishes a clear bi-lateral contract for the piece.			
Counselling Relationship: Maintenance of I'm ok you're ok stance			
Frame of Reference – stayed with the helpee. Some evidence of attunement.			
Demonstration of the Core conditions for Counselling.			
Effective use of Counselling Skills to develop the direction of the work.			
Made 1 – 2 effective interventions using transactional analysis.			
Discussion: Can describe at least two clinical interventions made with the client using TA theory. Can make accurate observations on the counselling process and reflect on this.			

Name of Observer and role: .....

## Readiness for Placement Form

This form should only be completed when you are committed to commencing a clinical placement.

Full Name:	
Which training year are you in?	

Stage No.	Action and evidence required	✓
1	Record the date you have commenced this process here:	
2	Please email the course administrator with your intention to start placement.	
3	Discuss your intention with a course tutor and book your skills observation. Record the date of your skills observation here:  Tutor name: _____ Date of endorsement: _____ Attach copy of skills endorsement to this form.	
4	Discuss your intention with a course tutor and book your endorsement tutorial: Record the date of your endorsement tutorial here:  Tutor name: _____ Date of endorsement: _____ Attach copy of tutorial endorsement to this form.	
5	Evidence of UKATA membership today  Please attach to this form. Membership Number: _____	
6	Supervision with a TA Supervisor (TSTA, CTAT, PTSTA)  Name your supervisor here: _____  Record the date of at least one pre-placement supervision session : _____  Record the date of your supervision signed contract here: _____	
7	Trainees are strongly advised to be accessing regular therapy at this point with an appropriately qualified therapist.	
8	Please sign in this box that all stages above are complete to the best of your knowledge:	
9	Return form and evidence to the course administrator and await your <b>Readiness for Practice Endorsement Letter – Date of submission:</b>	

## Final Exams

### ***UKATA Diploma in Transactional Analysis***

UKATA Diploma in Transactional Analysis has a two part exam.

A written exam of 4000 words and an oral exam.

#### The Written Exam

The written exam is a Case Study where the purpose is to demonstrate that the candidate can work effectively using transactional analysis in providing therapeutic counselling. An outline of the UKATA Diploma Written Exam or Case Study is at Appendix R.

#### The Oral Exam

The oral exam is taken before a board of two examiners, at least one of whom will be external. The candidate is required to prepare a five minute tape for presentation and be prepared to answer questions. Further guidance on the oral exam is at Appendix S and T.

### ***Certified Transactional Analyst***

The CTA exam is a two part exam. A written exam of 24000 words and an oral exam.

The Written Examination, which used to be called the Case Study, consists of four sections:

- A. Self portrayal of the candidate and his or her work as a Transactional Analyst
- B. A report on the learning experience gained during TA training
- C. The client case or project study
- D. Theory and literature. The candidate is required to answer six questions on transactional analysis theory and practice.

The purpose of the Written Examination is to demonstrate that the candidate has integrated the core competencies of his chosen field of application and how she/he works effectively and ethically as a theoretically based Transactional Analyst.

#### The CTA Written Exam

Evaluation is initially carried out by the candidate's own Principal Supervisor, in the form of a general appraisal of the Written Examination and then by two independent markers selected by the UKATA CTA Written Exam Coordinator. Written markers are then excluded from being involved in the candidate's oral examination.

The CTA Oral Examination is taken before a board of four advanced members of EATA and/or ITAA one of whom will act as Chairperson. Candidates are required to prepare to present three recordings of their work with clients for the exam, one of which needs to be with a couple or group. Candidates are asked to play the tapes and then answer questions on the work. Marking is done according to the scoring sheet for the different fields of application. If the candidate passes the Oral Examination, they are certified as a Transactional Analyst. The examination is not public. An Observer may be present at the examination if the Examination Supervisor so decides. Candidates and examiners should be committed to a high examination standard. The Oral Examination examines, amongst other things, whether the candidate:

- Presents as personally and professionally competent and ethically responsible.
- Demonstrates knowledge and competent TA application within their field of specialisation.
- Is able to evaluate human behaviour appropriately in practice; relate this to TA theory and make an assessment.
- Shows sufficient competence as a Transactional Analyst.

- Demonstrates during the examination process that he or she has assimilated certain ideas that are compatible with TA such as respect, autonomy, acceptance, and positive confrontation

## Procedures, Policies and Administration

This section contains our policies and procedures. Where TA Training Organisation is mentioned this means anyone offering training for TA Training Organisation and staff employed by the organisation.

### Course Staffing

#### **Staff Roles**

The following are descriptions of the roles and responsibilities of TA Training Organisation Directors and staff.

#### **Directors**

TA Training Organisation's Directors are Andy Williams and Jane Williams. Their roles and responsibilities include, but are not limited to: -

- Taking a strategic overview and providing a business direction for TA Training Organisation.
- Compliance with UKATA and UKCP requirements.
- Interviewing and appointment of TA Training Organisation. staff
- Interviewing, assessment and appointment of potential trainers
- Interviewing of, and offering places to people wishing to train as counsellors or psychotherapists
- Ensuring that TA Training Organisation staff, trainers and employees, adhere to TA Training Organisation policies and procedures
- Producing TA Training Organisation yearly accounts.

#### **Business Director and Course Administrator**

Is Jane Williams

Her responsibilities include:

- Course administration
- Point of contact for any Trainees e.g. essay submission, attendance, finance etc.
- Co-ordinating marketing and publication of TA Training Organisation
- Producing management reports for Directors
- Finance officer for TA Training Organisation
- Providing HR guidance on relevant issues
- Compliance with UKATA and UKCP requirements.

Both TA Training Organisation and its trainers adhere to the UKATA Policy for Trainers and Training Establishments. (Appendix Z)

All external trainers working with TA Training Organisation undergo an interview process to ensure that they will meet the required standards of TA Training Organisation and UKATA as well as an annual review. (Please see Appendix L for External Trainer/Supervisor Application and Review and Appendix M for External Trainer's Contract)



To ensure that all training hours are delivered by qualified trainers and thus eligible to be counted towards examination TATO monitors the standards of trainers to ensure we meet UKCP, EATA and UKATA requirements, specifically:

- Teaching Experience
- Experience working in the counselling or psychotherapy field
- Relevant additional experience
- Qualification as a psychotherapist, counsellor and teacher
- That they receive regular supervision on their practice
- Details of any outstanding complaints or sanctions from any governing body of which they are a member, and criminal convictions - both current process and forensic history.
- Whether there are any dual relationships with students they will be training, or other members of TA Training Organisation staff or trainers. **See dual relationship policy below:**

## Dual relationships policy

The UKATA Code of Ethics and the Requirements and Recommendations for Professional Practice states in Section 4 (Requirements and Recommendations for Professional Practice) that:

“Members will avoid a duality of professional relationship in the following areas:

- Therapist/counsellor and supervisor to one person.
- Therapist and examiner to one person.

Practitioners are also expected to consider the appropriateness and ethicality of other types of dual relationships e.g. when a therapist is being supervised by their client’s trainer”

The TA Training Organisation is located in a metropolitan area with a strong selection of therapists and practitioners available. To this end, dual relationships would be seen as the absolute exception rather than any norm. This exceptional circumstance would require the TA Training Organisation to be informed of the circumstance and to be in receipt of a copy of any exceptions consent as issued by the UKATA Professional Practice Committee under these circumstances.

Even in these exceptional circumstances, the impact of the dual relationship on the trainee, the training group and other populations would be considered and the dual relationship might still be interpreted as being prohibitive to good training at the local level.

We would strongly encourage all parties to seek out alternative solutions prior to any move towards a dual relationship. Any dual relationships must be declared and discussed as above with written consent sought from UKATA Professional Practice Committee.

### **Trainer review**

We take feedback from trainees electronically following each weekend and undertake an annual review in addition to this. We are able to respond quickly to any questions raised in the feedback and external Trainers compliance and quality will be reviewed at the annual strategy meeting.

## Application and Entry Criteria

Entry Criteria for the UKATA Diploma and Psychotherapy training are as follows:

### **Qualifications/ experience**

First Degree or equivalent Further Education or Higher Education qualification

Or

Completion of an Accreditation of Prior Learning / Accreditation of Prior Experience process.

For those with no first degree (or equivalent qualification) an initial assessment is made based on the experience and study detailed on their application form and their CV. Should these be relevant to the training, and other eligibility criteria be met a conditional place will be offered. Relevant work or life experiences may include but is not limited to: working with people, caring, parenting, and management and personal development.

With a conditional place, the first year of study will be used to assess whether the applicant can manage a post graduate standard of training. This will be assessed in the following ways; within their tutorial, completion of assignments and personal development in their interaction in the training session and process groups. At the end of the first year a decision will be made concerning the trainee continuing onto the Clinical Training Years. At the time when applicants for the Clinical Training years confirm their places they will be made aware of the expected learning requirements for future years.

*Note: In the event of a trainee who has undertaken the APL/APE process wishing to achieve UKCP Registration and qualify as a CTA, it will be mandatory for them to complete an exam preparation year of study, in order for them to meet the 4 years of post-graduate training requirement of UKCP. For those with a first degree, the exam preparation year is optional.*  
*Prior experience*

Relevant prior experience in caring professions / mental health field, working with people or equivalent including personal life.

Personal attributes and considerations include:

- Respect for others
- Reliability and honouring of commitments
- Persistence to achievement or resolution
- Respect for difference
- Empathic towards the experience of others
- Willingness to be open and share appropriately of self
- Ability to think rationally and be challenged in a caring fashion
- Ability to maintain the relationship and or contact
- Honouring of all business contracts and agreements
- Management of boundaries
- Appropriate presentation of self.

Completion of a TA101 – a 2 day introduction to TA.

## Accreditation of Prior Learning. (APL)

The following outlines the Accreditation of Prior Learning (APL) process for TA Training Organisations entry onto our psychotherapy and counselling training programme. Within this it is TA Training Organisation's intention to maintain the integrity of the training process whilst at the same time offering trainees an opportunity to join the programme at some point following the normal start of the process.

For trainees with prior training in transactional analysis with an RTE, the admissions criteria as described apply along with a letter of reference from the previous training establishment confirming the following:

- Training hours completed
- Syllabus covered
- Assignments completed with marks.

For applicants without prior training in transactional analysis, the admissions criteria as described apply plus a portfolio of work which would include:

- Experience in counselling and/or psychotherapy in a volunteer or other capacity.
- Formal and informal education and CPD
- Independent study which relates to counselling and psychotherapy.
- Other experiences which are relevant. Eg receiving counselling/psychotherapy.

A portfolio and evidence will be required for example including certificates of formal education, CPD certificates, letters from supervisors and employers.

In addition to the above the applicant will be required to write a 3000 word essay on a counselling/psychotherapy related topic.

The criteria against which the essay will be assessed are:

- The work is generally well organised and clear, with a good level of presentation. Referencing is accurate and consistent within a recognised system.
- There is a good understanding of the themes/issues presented for discussion and implications and significance of themes are explored.
- The discussion makes use of personal experience and views along with evidence and examples of clinical work
- Clear use is made of appropriate concepts to analyse own and other's experience and critique and explore issues. There some evidence of originality and independent thinking.
- There is sufficient evidence of wide reading within the relevant field.

If the candidate satisfies the above requirements that he/she may be admitted to the programme at Year 2,3 or 4 dependant on the discretion of the directors.

### Costs of APL

The cost of the APL process encompass additional marking fees and administration costs and this is currently £200.

## Application Process

The application process for the TA Certificate, Diploma or Psychotherapy Training is as follows:

- Interested candidates complete an Application Form (See Appendix A)
- A first informal interview with one of the Training Directors
- Second formal interview with another Director.
- The Directors review and discuss the application and make a decision.
- Applicant is informed and two References are taken up.

As a candidate completes each stage, they will be kept informed of progress. If a formal offer of a place on the course is made, the candidate will be informed by telephone and then confirmed in writing with a copy of the learning contract for them to sign and return. See Appendix C Learning Agreement/Training Contract.

## Open Days

TA Training Organisation holds an Open Day once a year in late Spring. This is an opportunity for potential trainees to come along and see the training venue, meet the team ask questions about training and generally find out more about the experience of training. Where possible existing trainees will be present for some of the day so that potential applicants can find out about their experiences too.

## Deferred or Refused Entry

In some circumstances, the interviewers may feel that it is not quite the right time for a candidate to take the course because of the demands placed on trainees in terms of time commitment and additional work required, such as assignments and reading, to complete the course. In this case, the candidate will be advised that they should defer the study for a future time.

Deferred entry will be offered where the entry criteria for the course have not been met. TA Training will offer support and advice to the applicant including, if the applicant wishes an action plan aimed at helping the student develop him or herself in such a way that s/he can enter training at a later date. The applicant will need to meet all the requirements of the Action Plan before being reconsidered for entry to the programme.

The interviewers may also feel that the course is not the right course for a particular individual for whatever reason (e.g. conflict of interest, existing relationships with trainers). In this case, applicants will be advised of other options that may meet their needs better.

## Interview Checklist

The interview process for the Counselling and Psychotherapy is in order to assess a candidate's suitability to train as a Counsellor or Psychotherapist. It also provides a forum in which applicants can ask any question that they have about the training. In addition to academic ability, the personal qualities looked for in candidates are as follows:

- a lively and enquiring mind
- a capacity for critical reflection and self-directed learning
- an ability to listen and respond with compassion and respect
- awareness of prejudice and the ability to respond openly to issues of race, gender, age, sexual preference, class, disability, ethnic, spiritual / religious and cultural difference, and diversity

- awareness and sensitivity in relation to the political, socio-cultural and religious / spiritual contexts of people's lives
- in-depth self-reflection
- self-awareness and commitment to self-development. Applicants should have sufficient emotional competence and the internal resources necessary to engage with the demands of the training and the work of psychotherapy” ( HIPC )

These personal qualities will be assessed during the interview process (see Appendix B Interview Checklist). In addition, the following outlines those areas that will also be covered in the interview process, as well as a starting point suggested areas for exploration with the applicant. The Interview Checklist is used during interview to ensure all the areas are covered.

#### Suggested areas for explorations

- Why the applicant wants to train as a counsellor/psychotherapist?
- What previous experience have they had of counselling/psychotherapy itself or training?
- How did they find TA training Organisation?
- Why train in Transactional Analysis?
- Where are they looking for this training to take them?
- What do they think will be the challenges in this training?
- How do they find group training situations?
- What sort of support network do they have?
- Do they have the resources (e.g. time commitment, money etc) to do this training?
- What sort of people do they find difficult? How do they manage conflict or people they don't get on with?
- Give an example of a situation that has challenged their values (an ethical issue). How did they manage it?
- Have there been any significant life events in the last 10 years that may impact during training?

#### Information required from the interview

- Do they have a first degree?
- Do they have a criminal record?

#### Information we need to give the applicant

- Cost information of training, therapy (estimated), supervision (estimated), memberships (particularly UKATA).
- Additional training requirements if they do not have a first degree

## Termination of Training Immediately or Non Progression to next year.

### Summary

TA Training Organisation reserves the right to terminate a student's training. This may happen in the follow events or other circumstances:

- There is a serious breach in acceptable behaviour or ethics either within or external to the training. Examples might include sexually inappropriate behaviour, theft, illegal activities not congruent with being a psychotherapist, racism, sexism, acute dishonesty.
- The student not meeting the required completion criteria standards for continuing on to the next year of training
- Issues of harm to self - where the training and psychological processes in the training are appearing harmful to the learner. The learner's resilience is compromised.
- Issues of harm to other – where the trainee through their process, disturbances, non-attachments, failure to protect the integrity of the learning environment, disregard for others, selfishness, acute disrespect, acute dishonesty, persecution of others or lack of integrity – causes harm to one or more individuals in the learning group, or the group as a whole or the learning culture or TA Training Org.

TA Training Organisation will do their best to ensure that cases covered by the areas above are dealt with fairly and consistently by ensuring that all students are fully aware of the standards and behaviours expected for them through the induction process. Should it become necessary, TA Training Organisation will seek to give the student in question full opportunity to discuss issues this with a view to finding some resolution. The process to be followed is set out below. TA Training Organisation will give the student as much support as is reasonably practicable.

### Process

Circumstances which will lead to the process being followed include, and are not restricted to, the following:

- a. Persistent non-attendance without reason
- b. Persistently not meeting academic requirements for the year.
- c. Acting contrary to any of the policies and codes of practice of TA Training Organisation or UKATA
- d. Not engaging in personal development by not taking part in peer groups or by not engaging in personal counselling or therapy.
- e. Being shown to have made a false statement in compliance with the conditions of registration in the current or previous years
- f. Non-payment of fees.
- g. Serious breaches of ethics or the law
- h. Harm to self in the broadest sense
- i. Harm to others, individuals, group, learning culture or TA Training Org.

In some circumstances where there is a serious breach which requires swift resolution, the process may go straight to Stage 2.

### *Stage 1: Informal Stage*

Where the issue is a matter of a student not being able to complete the standards for continuing to the next year of training, the tutor will arrange an informal meeting with the student to discuss their concerns and agree an action plan to address the issue.

Where the issue is one of behaviour, either within the group's training or towards the Organisation, the tutor will again arrange an informal meeting with the student to discuss their concerns and agree an action plan to address the issue.

### *Stage 2: Formal stages*

In the event of the situation not being resolved during Stage 1, or there not being sufficient progress made against the action plan, the process will continue to Stage 2. An investigation will take place and the trainee will be invited to engage in this process through formal meetings between the Directors and the student.

The Directors will then take time to consider their decision at which point, a further meeting will be held to discuss the implications of the decision. Following this meeting the directors will inform the trainee in writing of their final decision. In the case of a decision to terminate training then no refund will be made and the balance of fees are payable.

Should the student wish to take this matter further they may use the complaints procedure. Should the situation be found in the student's favour TA Training Organisation will change the decision as required.

### *Support for Students*

Support is available for trainees if there are concerns for whatever reason regarding their fitness to continue the training program.

Once the Directors have concerns about a trainee meeting the outcomes for a training year then they will give the trainee notice of those concerns. If it is their intention to defer or refuse entry at any point during the training year then the student will be informed immediately verbally confirmed in writing and no later than the penultimate weekend.

A tutorial will be arranged between the director and student with the aim of developing an agreed action plan to facilitate the trainees re-joining the training programme at a future date. The trainee will be given all reasonable opportunity to discuss the implications of the decision and any options with the Directors of Training before the final decision and action plan is confirmed in writing.

The student will be given the time to access their own support in the form of supervision and/or personal therapy.

### *Course Administration*

The Course Administrator is Jane Williams and is the first point of contact for Trainees. Her contact details are:

Address: 138 Low Lane, Horsforth, Leeds LS18 5PX

Email: [contact@tatraining.org](mailto:contact@tatraining.org)

Telephone: 0113 2583399



## Course Discontinuing

In the event of TA Training Organisation ceasing to operate, every effort will be made to secure places on alternative training programmes for students who wish to continue their training.

For the protection of students in February 2014 all Registered Training Establishments, agreed in, that in the event of unexpected discontinuation of any RTE, that all RTEs, with the help of UKATA, will offer to support individual students with the completion of their training. This is a mutually supportive agreement between all RTEs and TA Training Organisation subscribes to this agreement.

## Insurance

TA Training Organisation is currently insured as a partnership – with flexible arrangements present in the insurance to allow for the move from a partnership to a limited company should this need occur.

The current insurance policy commenced in May 2015 and allows for £5 Million of cover for eventualities that might occur linked to training practice – for example breaches of confidentiality and other legal issues. This insurance policy also includes £10 Million of public liability insurance.

The current insurance certificate is contained in the Appendix EE as well as displayed on the notice board at the location of training.

Arrangements are also in place for the unforeseen discontinuation of training. The training administrator holds records of all trainees and agreements are in place with local TSTA qualified practitioners to hold impromptu interviews with trainees should the unforeseen happen; to identify their immediate training needs and to offer flexible solutions.

## Training & Learning Contract

The training and learning contract is sent to the applicant on receipt of their acceptance of a place on the course. See Appendix C

## Payment and fees

### Psychotherapy Training

Fees for courses are as publicised in the current brochures and publicity. Payment is accepted by a one off payment before the start of the course or, if the trainee prefers to pay in instalments, a deposit of 10% of the course fees should be paid up front and the remainder paid by standing order in 9 payments.

All course fees must be paid for each course year before the completion certificate can be released to the trainee. If paying in full fees can be paid via cheque, direct payment (BACS) or standing order. For instalments by direct payment (BACS) or standing order.

## Cancellation Policy

TA Training Organisation cancellation policy covers a variety of different courses and types of courses.

Should TA Training Organisation need to cancel a course, they will initially look to make alternative arrangements for the course to be run at another time. If this is not practical for an applicant then a full refund will be made available.

In the event of an applicant cancelling their attendance the following criteria apply:-

### 1 and 2 day courses

For 1 and 2 day courses (e.g. TA101s or Counselling Skills) and any other workshops where the full fee has been paid up front. Should the applicant wish to cancel, their entitlement to a refund will depend on the timescale of the cancellation. If cancelling prior to a month before the course, the applicant will be refunded in full minus a 10% admin charge. If cancelling between a month and up to a week prior the applicant will be entitled to a refund of 50% of the course fee. After this point they will be not be entitled to any refund.

Carrying forward course fees will be at the discretion of the Course Administrator. Fees may only be carried forward once.

### Psychotherapy Training

For the Foundation Certificate and the Counselling and Psychotherapy training trainees are asked to sign a contract committing them to the years fees which includes a 10% non returnable deposit. The deposit secures a place on the course and the trainee is then liable to the remainder of the fees on commencement of the course. No refunds are available following the end of Day two of the training course. See Appendix C Learning Agreement and Training Contract.

TA Training Organisation directors may be willing to discuss options concerning fee payment or deferment under exceptional circumstances, however any alterations to this policy is at the sole discretion of TA Training Organisation.

### Bursaries

Bursaries offering a reduction in fees by up to 50% are available for students on application by letter to the Directors and at their discretion. Please contact the Course Administrator for further information.

<b>Timescale</b>	<b>Fees paid</b>	<b>Refund available</b>
<b>Up to a month prior to the start of the course</b>	No fees payable	N/a
<b>4 weeks to 1 day prior to the start of the course</b>	10% deposit paid and/or fees paid in full or first instalment	Fees refunded less the 10% deposit
<b>At first training weekend of the Foundation Course</b>	10% deposit paid and/or fees paid in full or first instalment	Fees refunded less £250
<b>After the initial training weekend</b>	Fees paid in full or instalments	No refund available.

## Training and Assessment Appeals Policy and Procedure

TA Training Organisation Training and Assessment Appeals Policy and Procedure is concerned with appeals made against decisions concerning the formative and summative assessments or the UKATA Diploma Exam.

TA Training Organisation is willing to review decisions made with the student in question at a personal level, and seek a position that is acceptable to all parties.

### **Grounds on which an appeal can be made**

Students may appeal against a decision concerning an assessment if it is believed that procedural irregularity has occurred or that the assessment was conducted unfairly or improperly, or if, for good reason, relevant mitigating circumstances can be shown which could not reasonably have been brought to the attention of the assessors before a decision on a student's academic performance was reached.

### **Grounds on which an appeal cannot be made**

Students may not appeal against the academic judgment of the markers, trainers, assessor of the assignments or diploma examiners.

### **How to appeal**

Students should complete the Application to Appeal Form (Appendix II) and submit it to the administrator, no more than two weeks following the receipt of the marks and/or feedback together with supporting evidence (e.g. medical certificates, statements from other parties). Where possible, the appeal should contain new evidence or information that supports the appeal.

The Appeal will be considered by an Appeals panel - a TA Training Organisation Director, or appointed third party where appropriate. Further information/clarification may be sought from the candidate and/or the relevant assessors.

Applicants will receive written notification on whether the Appeal is considered to be valid within one month of receipt of the application.

Reasons why an appeal would normally be rejected

1. The Appeal is against the academic/professional judgment of the evaluators.
2. There is no valid reason for the candidate not to have brought the circumstances described in the Appeal to the attention of the Directors or administrator before the assessment process/evaluation took place.
3. The student was not aware of or did not understand the regulations for the process complained about.
4. The Appeal concerns a long-standing health problem of which the student was aware at enrolment for the assessment.
5. The Appeal was out of time.

Should the situation be found in the student's favour TA Training Organisation will make necessary adjustments.

Possible outcomes of an appeal

- The Appeal is denied. This decision is final and no further Appeal is possible.
- The Appeal is upheld. One of the following recommendations may be made:
  - The pass/defer evaluation of the assessment markers is revised;
  - The candidate may re-take elements of the assessment process at no cost;

- The candidate may re-take the whole assignment process at no cost;
- The Appeal Panel may suggest other options for evaluation.

Should the student be unhappy with the outcome of an appeal, they may use the complaints procedure to take this matter further. Should the situation be found in the students favour TA Training Organisation will change the decision as required.

This policy and procedure complies with EATA and UKCP HIPS requirements (Appendix Z and Appendix AA). Full details can be found at (<http://www.eatanews.org/training-manuals-and-supplements> and <http://www.ukcphipc.co.uk/public/index.php/training/6-training-standards>).

## Clinical Placement Policy

### **The Four Way Agreement**

Guidelines for Supervisors, Trainees, Placement Manager and Trainers involved in trainee practice placements

This document includes a clear, written statement of confidentiality in relation to supervised practice that all parties should adhere to.

### ***Section 1: Readiness to Begin Clinical Practice***

Trainees entering into the Four - Way Agreement are considered ready for practice by the TA Training Organisation. Readiness for practice is assessed on:

- Academic ability/critical thinking
- Fundamental counselling skills, primarily the ability to work in a empathic way
- Personal development and awareness of self, others and impact on others
- Successful completion of a formal endorsement of therapeutic skills
- Successful completion of a formal endorsement trainerial
- Membership of the TA professional body UKATA and attention to its Code of Ethics and the Requirement and Recommendations for Professional Practice.

Trainees are typically in their second or third year of study when applying for placement and to date will have taken part in observed skills sessions as well as accessed basic theory on Transactional Analysis including contracting and essential therapeutic skills.

### ***Section 2: Course Requirements***

- 1) All trainees are required to abide by the UKATA Code of Ethics and the Requirements and Recommendations for Professional Practice.
- 2) Trainees will be working to specific therapy contracts of 60/50 min. hour in a constant setting within an agency.
- 3) They will normally see a maximum of 3 clients per week at the beginning of their placement, which may increase to 4 to 6 by the end of the second academic year. This increase is with the agreement of their supervisor, trainers and subject to the policies of the placement. Each trainee will have a TA supervisor with whom they can discuss their progress as well as a placement supervisor.

- 4) Trainees will need to eventually complete 750 clinical practice hours (50 minimum with an individual and 50 minimum with a group or couple)
- 5) Trainees should have the experience of making, maintaining and terminating contracts with clients
- 6) Trainees will work with clients primarily in a way that reflects components of Transactional Analysis, though specific approaches of the agency can be used if compatible with this.
- 7) Trainees are required to audio or video record counselling sessions for transcripts and for group supervision. Client material will be shared with a small number of peers and with course trainers. It may also be shared with external examiners. Permission should always be negotiated, and anonymity safeguarded, in relation to the presentation of agency work to a training course including the writing of case histories, research and in respect of any subsequent publication. It is the agency's responsibility to ensure that trainees obtain the necessary consent from clients.
- 8) The needs of the clients are paramount. Should there, for example, arise a conflict of interest in relation to more narrowly defined training needs, such as the number of counselling hours required, or that the client work should demonstrate a particular area of theory, this needs to be borne in mind.
- 9) It is important that the particular needs of trainees, in relation to case load, kind of client and appropriate managerial and other support are fully recognised and taken into account by the agency and supervisor. Pre-assessment of clients as being suitable for trainees is desirable whenever possible, though this may present difficulties in respect of some theoretical orientations. Some placements, such as those in medical settings, may not be suitable for inexperienced trainees.
- 10) Trainees must pass all assignments before progressing into the subsequent year.
- 11) Trainees must achieve 80% attendance on each year of the course.

### ***Section 3: The Agency***

- 1) The agency provides the trainee with the opportunity to work as a trainee therapist and to offer therapy to suitable clients.
- 2) The placement should not commence without confirmation of the agency's DBS check requirement of trainees. The TA Training Organisation can also complete a DBS check if required. The trainee should be warned they will bear the cost of this.
- 3) The placement should not commence before the Four Way Agreement is signed by all parties and supervision contracts signed.
- 4) The agency is working to relevant UKATA Code of Ethics or similar Ethical Framework or comparable practice eg BACP.
- 5) The agency supports trainees working in a way that allows some TA methodologies to be applied to clinical work.
- 6) The agency will provide the trainee with clients who are suitable for trainee therapists Pre-assessment of clients as being suitable for trainees is desirable whenever possible.
- 7) The agency will not require trainees to work more than three consecutive client sessions

- 8) The agency will allow trainees to use audio recordings and transcripts from their client sessions and to use these for their course. Responsibility for gaining permission to audio record clients and to use client material for training purposes lies with the agency. Excerpts from audio recordings will be used for transcript assignments and also in group supervision. Trainees will ensure that they safeguard the anonymity of clients.
- 9) The agency has a complaints procedure for clients.
- 10) The agency ensures that necessary insurance (public liability and professional indemnity) is in place.
- 11) The trainee should be given an induction into the Health and Safety procedures of the agency upon their arrival. This should cover procedures to be followed during an emergency, first aid facilities, location of emergency exits and toilets, and any particular hazards to be aware of within the agency.
- 12) Whilst the course will equip trainees to work with a diverse range of clients with a variety of presenting difficulties it remains the responsibility of the agency to provide trainees with any knowledge and skills which are specific to their particular client group.
- 13) The trainee will abide by the procedures and act in accordance with the ethos of the agency.
- 14) The agency has ultimate clinical responsibility for the counselling under its auspices.
- 15) It is essential that trainees have a 'named person' who takes responsibility for their management within the agency. This person will be the point of contact between the agency and the course and can offer managerial and other supervisory support, for example what may be called ethical dilemmas, such as the limits of confidentiality that arise in respect of the reporting of abuse, medical and/or psychiatric consultation, work in multidisciplinary management and with clients who may present material which is suggestive of a danger to themselves and others. They will also ensure that the clients seen by a trainee are assessed as suitable.
- 16) Towards the end of each year the Placement Manager will complete a trainee evaluation questionnaire based on the trainee's performance in the agency during that year. This will be shared with the trainee and with course trainers.
- 17) The Placement Manager should sign off a client log provided by the trainee recording hours of counselling undertaken with clients and cancelled client sessions. This log forms an essential part of the assessed work linked to learning outcomes for the trainee.

#### ***Section 4: The Supervisor***

- 1) Supervision will be in accordance with the UKATA Code of Ethics and the Requirements and Recommendations for professional practice as well as attentive to EATA and UKCP HIPS requirements.
- 2) The supervision relationship will be confidential, with the usual exceptions (see sections 5b and 5c)
- 3) The trainee must be supervised by someone who is suitably qualified TSTA PTSTA CTAT and formally linked to the TA Training Organisation.

- 4) The trainee will have supervision which meets UKCP requirements – Ratio 1:6 – one hour for up to six hours therapy or greater as developmental need requires. **Many early practitioners will need more supervision than 1:6**
- 5) All cases must be supervised.
- 6) Trainees should discuss all new clients with their supervisor and it is ultimately the supervisor's decision as to whether or not it is safe for the trainee to begin or continue working with any particular client.
- 7) The supervisor should arrange the provision of access to alternative consultative resources (locum) during breaks.
- 8) The supervision must be clinical/training supervision, not managerial supervision, and the two roles must not be shared by the same person.
- 9) At the end of each year the supervisor and trainee will write a collaborative learning statement identifying the trainee's strengths and areas for future development. Agencies could request to see this statement if agreed with the trainee.
- 10) The trainee and supervisor will negotiate an agreed fee for supervision, which will be paid directly to the supervisor by the trainee or trainee's sponsor.
- 11) It is the responsibility of the supervisor to keep professional accreditations and insurance updated annually
- 12) It is the responsibility of the supervisor to inform all parties if they becomes the subject of any complaints procedure.

## ***Section 5: Managing Difficulties***

### **5.a Between Placement, Trainee and Course Trainer**

- 1) If a trainee shares with trainers discontents/concerns about the agency, trainers will discuss the matter with the trainee with the intention of clarifying the issue and inviting the trainee to discuss her/his concern with the Placement Manager.
- 2) If the trainee shares with the Placement Manager concerns about the course the Placement Manager will discuss the matter with the trainee with the intention of clarifying the issue and inviting the trainee to discuss her/his concerns with trainers.
- 3) If the agency has concerns about a Course Trainer and/or the course they should raise the matter with the TA Training Organisation.
- 4) If the agency has concerns about anything related to the course itself they should raise the matter with the Course Trainer. If it is an issue that does not concern a particular trainee (e.g. course assessment or client guidelines) then trainee(s) need not be informed (though the agency may decide to tell the trainee of their intention).
- 5) If the agency has concerns about a trainee that cannot be adequately addressed through discussion with the trainee (e.g. concern about the trainee's development, competence, unprofessional conduct or non-compliance with these guidelines) then these concerns should be communicated to trainers and the trainee's supervisor. Whenever possible, the trainee should be informed of the intention to discuss the matter with trainers and supervisors. A trainee does not have the right to veto such communication.

- 6) If course trainers have a concern about the agency they should raise the matter with the agency. If the issue does not directly concern a particular trainee (e.g. about how client records are stored) then the trainee need not be informed, though trainers may tell the trainee of their intention. If the issue does involve a particular trainee (e.g. the belief that a trainee is being asked to work with inappropriate clients) then, whenever possible, the trainee will be informed of the intention to discuss the matter.
- 7) If after discussion with the agency the course trainers believe that the agency is not meeting the requirements for training placements for the course, then trainees may be removed from that agency. Trainees must comply with that request to exit.
- 8) If trainers have concerns about a trainee that are relevant to the agency (e.g. failing all or some of the assignments at the end of year, or concern over clinical practice) then the trainers will inform the agency and the supervisor of the situation. Whenever possible the trainee will be informed first.

#### **5.b Between Agency, Supervisor and Course Trainer**

- 1) If the agency has concerns about the supervisor, the issue(s) may first be raised via the trainee with the supervisor. If this course of action seems inappropriate or unacceptable, or if the initial discussion between trainee and supervisor does not resolve the matter, the agency should contact the supervisor directly. If this second course of action seems inappropriate or unacceptable, or if the initial discussion between agency and supervisor does not resolve the matter, the agency should contact the course trainers, who will seek to arrange a meeting between the relevant parties (normally a representatives from the agency and the course and the supervisor) Whenever possible, the trainee (s) involved would be informed of the agency's intention to contact the supervisor and/or course trainers.
- 2) If the supervisor has concerns about the agency, the issues(s) may first be raised via the trainee with the agency. If this course of action seems inappropriate or unacceptable, or if the initial discussion between trainee and agency does not resolve the matter, the supervisor should contact the agency directly. If this second course of action seems inappropriate or unacceptable, or if the initial discussion between agency and supervisor does not resolve the matter, the agency should contact the course trainers, who will seek to arrange a meeting between the relevant parties (normally the agency, supervisor and course trainers). Whenever possible, the trainee(s) will be informed of the agency's intention to contact the supervisor and/or course trainers.
- 3) If course trainers have a concern about the supervisor they should raise the matter with the supervisor.



### **5.c Between Supervisor, Trainee and Course Trainer**

- 1) If the supervisor has concerns about a trainee that cannot be adequately addressed through discussion with the trainee (e.g. concern about the trainee's competence, or unprofessional conduct) then these concerns should be communicated to trainers who may seek to arrange a three way meeting between the trainee, supervisor and course trainers. The supervisor may charge the trainee a fee for attending this three way meeting. If the supervisor believes that these concerns are such that clients may be placed at risk then s/he may also communicate these concerns to the agency. Whenever possible the trainee should be informed of the intention to discuss the matter with trainers and agency. A trainee does not have the right to veto such communication between the supervisor, course and agency.
- 2) If the trainee has serious concerns about the supervisor the trainee should raise these concerns with trainers and the agency. Whenever possible the trainee should discuss the concerns first with the supervisor. Supervisors do not have the right to veto such communication.

## **Section 6: Notes**

### **Note 1: Clinical Responsibility**

The expression clinical responsibility can have many different meanings. For the purpose of this agreement clinical responsibility involves defining and implementing good professional practice in therapy. This includes, for example, written procedures and clear lines of communication that are to be followed on a day-to-day basis (e.g. keeping of records, confidentiality, security for counsellor and clients etc.) and in emergency situations (e.g. procedures to be followed if the counsellor has serious concerns for the client or others). Clinical responsibility would also include appropriate and adequate arrangements for psychiatric and medical consultation and referral. The trainee should be introduced to the elements of good practice by the agency before s/he begins offering therapy or counselling.

### **Note 2: Assessment of Suitability of Clients for Trainee Counsellors**

The responsibility for assessing the suitability of clients for trainees is shared between agency and supervisor.

Agency pre-assessment of clients as being suitable for trainees is desirable whenever possible. We acknowledge however that in some agencies this is not possible and that the first meeting the trainee has with the client may also serve as an assessment of the suitability of the client for counselling/ psychotherapy.

Trainees should discuss all new clients with their supervisor and it is ultimately the supervisor's decision as to whether or not it is safe for the trainee to begin or continue working with any particular client.

We are not seeking to be prescriptive about which clients the trainee can work with but suggest the following clients are likely to be unsuitable for trainees:

- Clients who are actively suicidal or who have tried to kill themselves recently
- Clients at serious risk of other kinds of self- harm

- Clients who are out of touch with reality or have acute or long term mental illness
- Clients who are addicted to alcohol or non-prescribed drugs
- Clients who are struggling to contain/ unable to contain powerful feelings (especially violence to self or other)

We also suggest that agency and supervisor bear the following questions in mind when assessing the suitability of clients for trainees:

- What issues is the trainee not yet in a position to work with? Either because of personal issues or experience/competency
- Does the presenting issue fit the time the trainee has available?

It is useful to recognise that trainees may require a great deal of support/help starting with clients during the first term or for their first 20 sessions.

It is the trainees' responsibility to ensure that this agreement is completed and signed by themselves, their Supervisor, Placement Manager and Course Trainer and that all parties have a copy for their own records.

### Confidentiality Policy in Supervised Practice

Confidentiality is at the heart of good, professional relationships and as such is central to clinical practice. Confidentiality must also be kept in tension with a good, safe and ethical learning environment where protection is paramount to all parties including the client, the trainee, the placement and placement management, the supervisor and Transactional Analysis Training Organisation and its trainers.

It is assumed that material discussed between professionals is confidential unless extraordinary circumstances apply – it is at that point that the procedures described above should be followed.

Trainees must follow the confidentiality policies and procedures of their placement which are likely to include: A clear and express confidentiality agreement between therapist and client including limitations of this to include areas of risk of harm to self and other, breaches of the law such as money laundering, prevention of terrorism and issues around child and adult safeguarding.

If a trainee therapist is to audio or video record a client their consent must be obtained in writing with clarity as to the intention of the use of the recording, the length that it will be retained, who specifically will hear or see the material and the method of final disposal or destruction of that material.

The trainee therapist must disclose to the client that they access supervision and that – in an anonymised way – they will be seeking supervisory input on their clinical cases. Client consent must be obtained if their material is to be used in any way for seminar presentation, case work etc.

All clinical material must be anonymised – both in written and verbal communication. Pseudonyms, simple first names or client codes may be used to keep clients protected and anonymised when seeking supervision both externally and internally at TA Training Organisation sessions.

Relationships between trainee and supervisor, trainee and trainer, trainee and placement manager, trainer and supervisor and trainer and placement manager are assumed to be confidential – but this does not include secrecy or a process of splitting. All parties must be mindful that the trainee therapist lacks experience and is likely to make errors congruent with an early developing practitioner.

Confidentiality may be broken:

- If a client is considered to be at risk or in imminent danger.
- If the law demands it.
- If the policies and procedures of an organisation, especially the placement demand it.
- If the conduct or practice of the trainee therapist is causing concern to one of the members of the four way agreement. If confidentiality is to be broken, it is courteous to let the trainee know that this is to take place, and supervision or professional consultation sought if at all possible before this breach.
- Breaches in confidentiality, or communication between parties in the four-way agreement will follow the processes as described above within the four-way agreement.
- The intent of breaches of confidentiality should be in the spirit of remedy, with a strong ethical stance and the intention to repair or rectify a situation rather than to be punitive.
- Should a breach of confidentiality be required by anyone in the four way agreement over a trainee therapist's conduct or practice then the TA Training Organisation will also revisit their ongoing Fitness to Practice Policy and review the trainee under this structure.
- A professional's decision to breach confidentiality is an ethical dilemma and as such demands strong professional reasoning and judgement. The EATA Code of Ethics (Updated 2012) offers a grid that should be adopted when decision making in terms of breaking confidentiality. It is expected that all parties involved in the four way agreement will attend with care.

TARGET GROUP TO ADDRESS					
	<b>Self</b>	<b>Clients</b>	<b>Trainees</b>	<b>Colleagues</b>	<b>Community</b>
Respect					
Empowerment					
Protection					
Responsibility					
Commitment in relationship					

Trainee Name	
Trainee Email	
Name of Placement Organisation	
Name of Placement Manager	
Placement Address	
Manager Telephone Number	
Manager Email	
Placement Start Date	
Agreed Working Hours	
Name of Supervisor	
Name of Therapist	

Signatures
1. Trainee
<ul style="list-style-type: none"> <li>I agree to undertake a practice placement with the afore named organisation and to abide by the terms of the Four Way Agreement including the clear written statement of confidentiality in relation to supervised practice above.</li> <li>I understand that the course may be required to share my personal study information (for example attendance or completion details) with my Placement Manager</li> </ul> <p>Name ..... Signature ..... Date .....</p>
2. Placement Manager
Please tick the statement that applies to your placement offer and sign below.

<ul style="list-style-type: none"> <li>I agree to provide a practice placement to the forenamed trainee and to abide by the terms of the Four Way Agreement including the clear written statement of confidentiality contained above.</li> </ul>	
<ul style="list-style-type: none"> <li>The trainee placement offer is subject to a DBS check which will be Undertaken by the this placement organisation</li> </ul>	<input style="width: 40px; height: 20px;" type="checkbox"/>
<ul style="list-style-type: none"> <li>The trainee placement offer is not subject to the trainee completing a DBS check – student to access through TA Training Org. at their cost</li> </ul>	<input style="width: 40px; height: 20px;" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <span>Name _____</span> <span>Signature _____</span> <span>Date _____</span> </div>	

<b>3. Supervisor</b>
<ul style="list-style-type: none"> <li>I agree to provide clinical supervision to the aforenamed trainee during their practice placement and to abide by the terms of the Four Way Agreement including the clear written statement of confidentiality contained above</li> </ul>
<div style="display: flex; justify-content: space-between;"> <span>Name _____</span> <span>Signature _____</span> <span>Date _____</span> </div>

<b>4. TA Training Organisation – Administrator</b>
<ul style="list-style-type: none"> <li>I agree to facilitate the aforenamed trainee’s practice placement and to abide by the terms of the Four Way Agreement including the clear written statement of confidentiality contained above.</li> </ul>
<div style="display: flex; justify-content: space-between;"> <span>Name _____</span> <span>Signature _____</span> <span>Date _____</span> </div>

To be submitted prior to commencing placement:

The Transactional Training Organisation, 138 Low Lane, Horsforth, Leeds, LS18 5PX  
 Tel: 0113 258 3399, Administrator: [contact@tatraining.org](mailto:contact@tatraining.org)

## Transactional Analysis Training Organisation Placement Checklist & Risk Assessment

Organisational Name	
Address of Organisation	
Contact Telephone	
E Mail	
Web Address	
Contact Name Position held	

This document is to be completed by trainee on placement and placement manager with additional support from TA Training Org. administrator

	NOTES	INITIAL TRAINEE	INITIAL PLACEMENT
Typically, where will the trainee be working?			
How will the trainee be managed in the placement? What are the line management arrangements?			
How will the trainee be clinically supervised in placement? What are the local clinical supervision arrangements?			
Does the organisation arrange DBS? Yes – copy to be returned to TA Training Org. No – arrangements made by TA Training Org.			
Does the organisation have a clear and accessible complaints policy and procedure?			
Child Safeguarding Policy seen and understood			
Vulnerable Adult Safeguarding Policy seen and understood			
Does the organisation have a clear and accessible health & safety policy?			
Does the organisation have a clear and accessible equal opportunities			

policy?			
Does the organisation have a clear and accessible fire policy?			
Does the organisation have a clear and accessible policy on violence and personal safety?			
Will the trainee be lone working? YES NO			
If yes – is there a Lone Worker policy and does the trainee full understand how risk is to be mitigated?			
Does the trainee have access to a clear induction process? How many hours is the duration?			
Please give details of any pre-placement or in-placement training.			
Will the trainee have knowledge and access to:	<input type="checkbox"/> First Aid Kit <input type="checkbox"/> First Aid Arrangements <input type="checkbox"/> Defibrillator <input type="checkbox"/> Fire break-points <input type="checkbox"/> Fire safety equipment <input type="checkbox"/> Fire assembly point <input type="checkbox"/> How to telephone for help.		
Will the trainee be given local information on how to handle clinical risk? (local policy)			

Trainee Name and Signature

Date:

Placement Manager Name and Signature

Date:

Discussed in supervision with TA Supervisor

Date:

TA Training Org. Name and Signature

Date:

Please use this continuation space for further information as required above. Attach service leaflet.



## Student Placement Feedback Form / Incident Report Form

CONFIDENTIAL. The purpose of this form is to alert the TA Training Organisation to significant incidents that are a cause of concern to trainee in terms of safety to trainee, client, colleague or profession as a whole – or as a simple annual review.

Name of placement		
Your name		
Standard Annual Return? – go to box 1	Incident being reported – go to box 2	

Box 1 – please continue overleaf if more space is required.

Date of report	
Positive elements of the placement	
Areas of concern or development	
Would you recommend this placement to another student?	
Student name and signature	

Box 2 – please continue overleaf if more space is required

Date of report	
Period of concern	
Please describe the incident or concern.	
Have you raised this concern internally at the placement?	
Have you discussed this concern in external TA supervision?	
Student name and signature	

I am aware by submitting this information that TA Training Organisation will access advice and take appropriate ethical action(s) to protect all parties.

## Equal Opportunities

At TA Training Organisation we recognise and value difference and diversity and aim for all our services to be non-discriminatory in nature.

We recognise that direct and indirect discrimination, harassment and victimisation against difference exists in our society, and that this can disadvantage individuals and groups as a result. We are committed to equal opportunities for all and this includes an undertaking not to discriminate on grounds of race, gender, disability, sexuality, family responsibility, social class, religious beliefs, or lifestyle choice. Our commitment to equal opportunities includes employees, trainers, trainees and practitioners.

TA Training Organisation is committed, within the resources available, to support the needs of particular groups of people and to encourage good practice amongst its students and to confront any discriminatory behaviour. The organisation recognises its position with regards to these issues and seeks to offer a positive contribution to stopping discrimination. In order to combat discrimination and oppression the organisation is facilitating an increased awareness of the needs of oppressed and disadvantaged groups within its training.

We comply with UKATA Code of Ethics and Requirements and Recommendations for Professional Practice (Appendix BB) and UKATA Equality of Opportunity Policy (See Appendix FF). We adhere with UKCP Diversity and Equalities Statement (appendix GG) and current legal requirements with regard to discrimination and equal opportunity (specifically the Equality Act 2010).

We have disabled access at the Horsforth centre, our training venue.

## Criminal Records Checks and Recruiting Ex-Offenders

TA Training Organisation may use the Disclosure and Barring Service to assess an applicants' suitability for a position of trust. We comply with the Disclosure and Barring Service Code of Practice for Recipients of Disclosure Information and undertake not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed. Our written policy on the recruitment of ex-offenders is made available to all Disclosure applicants. (See Appendix X Disclosure Policy.)

## Ethics

It is the undertaking of TA Training Organisation that all trainers, staff and employees maintain an ethical stance in all their dealing with trainees, clients, supervisees and the general public. This stance is promoted amongst trainees and supervisees within the services offered by TA Training Organisation.

With this in mind TA Training Organisation use the following guidelines, in line with the humanistic philosophy of TA:-

- all people are treated with respect
- our aim is to promote autonomy
- our professional dealings are bounded by a clear, explicit contract
- as far as practical we maintain an open and transparent stance in our business dealings.
- It is our understanding that these guidelines meet with the UKATA Code of Ethics and Requirements and Recommendations for Professional Practice (see Appendix BB) and the National Counselling Society Code of Ethics (see Appendix CC) which provide a more detailed account of the values to which TA Training Organisation

adheres. We also follow the UKATA Code of Ethics and Requirements and Recommendations for Professional Practice with regard to the use of social media.

### Professional Practice

It is the undertaking of TA Training Organisation that all trainers, staff and employees operate within a professional practice framework. This framework is promoted amongst trainees and supervisees within the services offered by TA Training Organisation. With this in mind TA Training Organisation operates in accord with UKATA Code of Ethics and Requirements and Recommendations for Professional Practice (see Appendix BB). These documents include, but are not limited to requirements concerning:-

- Insurance cover
- Professional Etiquette
- Supervision requirements
- Advertising (including qualifications and registered status)
- Duality of Roles
- Continuing Professional Development
- Referrals and medical backup.

### Training Practice

As well as operating within the bounds of Ethics and Professional Practice codes, it is the intention of TA Training Organisation to offer a high quality training that fits within the requirements of UKATA, European Association of Transactional Analysis (EATA), UKCP, and the National Counselling Society.

Therefore, TA Training Organisation operates with the UKATA's Code of Practice for Psychotherapy Trainers and Training Establishments (see Appendix Z). Adherence to this code provides TA Training Organisation. with a focus for maintaining quality standards within the services that are offered.

### Registration

It is recognised by TA Training Organisation that the professions of Counselling and Psychotherapy are currently going through a process of regulation. As a consequence of on-going work regarding regulation there is an increasing emphasis on the registration of individual practitioners and organisations.

It is TA Training Organisations undertaking to keep abreast of any UKATA guidelines and adhere to the UKATA Registration Policy in order that the Centre, its trainers, staff, and trainees are all aware of what is required of them in order to achieve registration.

At this time registration forms and requirements can be obtained from the UKATA website at [www.uktransactionalanalysis.co.uk](http://www.uktransactionalanalysis.co.uk).

## Student Complaints Procedure

Although we aim to provide the best service possible, there may be a time when you feel unhappy about an aspect of your training experience at TATO. We do want to learn from our mistakes and we will treat any complaint confidentially, seriously and quickly.

Complaints raised under the formal procedure can only be about your educational experience at TATO, including relationships with administration or discrimination on the grounds of gender, race, faith, disability or sexual orientation.

For example, issues with your educational experience may include mistakes, unreasonable delay or failure to take action, unprofessional behaviour or conduct of TATO staff, bias or unfair treatment or failure to follow our published policies or procedures without a reasonable explanation.

The complaints procedure does not cover any other type of grievance.

The complaints procedure is underpinned with some of the core philosophy of Transactional Analysis in that:

1. We seek a win-win outcome, valuing all parties and the ok-ness of all parties.
2. Everyone can be invited to maintain their thinking and use their Adult ego state.
3. Everyone can be reflective and be invited to change their position.
4. The ethical principles of UKATA over-arch the complaints process.

### **Making a complaint**

#### **Stage 1: Personal Resolution**

A complaint should initially be made to the person about which the complaint is concerned. We recommend that the complaint is made as soon as possible so that the matter can be resolved as quickly as possible. It may be appropriate to ask a third party to be present when the complaint is raised. The outcome of the complaint will depend on the individual circumstances but may include putting things right, an apology for a breach or a change in policy.

If the student is not satisfied with the outcome, they can choose to move to the formal complaints process.

#### **Stage 2: Making a formal complaint**

The complaint should be submitted in writing to TATO and include the following information:

- Time and Date of when complaint occurred
- Parties involved
- Nature of the alleged breach of policy
- Efforts made to resolve the issue
- Subsequent results.

On receipt of the complaint, an assessing officer will be allocated who will review the complaint thoroughly and decide whether the complaint or an aspect of the complaint is upheld or not.

The assessing officer will be a TSTA, not have involvement in the complaint made and may be from outside TATO if this is appropriate. Parties will be notified of the decision within 6

weeks of the complaint and include any resulting actions to be taken. See Upheld Complaints and Sanctions below.

A mediated meeting may be held in order to seek resolution between the parties. The assessing officer will assign costs to the parties involved where required. All parties will pay costs immediately.

Should the assessing officer decide there has been a serious breach of UKATA Code of Ethics and Requirements and Recommendations for Professional Practice, the complaint may be passed to a member of the UKATA Ethics Committee.

### **Upheld Complaints and Sanctions**

In the event of a complaint being upheld the outcome may include, but is not limited to, the following courses of action. TATO reserves the right to enter the sanction hierarchy at any level it deems fair, reasonable and ethical bearing in mind all parties: trainee, trainer, TATO's reputation, client, placement and the profession of psychotherapy as a whole. The advice of the assessing officer will be sought if they have been involved as well as UKATA Ethics Committee if appropriate.

- An apology may be requested from the person concerned to the complainant.
- The party concerned is required to give an undertaking that they cease to practice in a particular manner and or cease to work with particular students or supervisees.
- The party concerned is required to undertake therapy – a letter of confirmation from supervisor or therapist whichever is most appropriate that the issue is satisfactorily resolved – at the third party's cost.
- The party concerned is required to undertake supervision – a letter of confirmation from supervisor or therapist whichever is most appropriate that the issue is satisfactorily resolved – at the third party's cost.
- The party concerned is required to undertake training – a letter of confirmation from supervisor or therapist whichever is most appropriate that the issue is satisfactorily resolved – at the third party's cost.
- The party concerned is required to seek out and access additional academic support – a letter of confirmation from supervisor or therapist whichever is most appropriate that the issue is satisfactorily resolved – at the third parties' cost.
- An informal warning may be given.
- A formal warning may be given (independent to above). This will indicate that further breaches of policy, procedure or ethical or professional behaviour will warrant dismissal or termination of contract.
- Termination of employment or contract. No refunds of course fees will be payable in this case unless deemed unfair by assessing officer.
- Termination of contract and legal action taken against party.
- Any other reasonable or ethical sanction against the party.
- Referral to UKATA or UK Law Agencies.

If the complainant wishes to appeal the decision of the assessing officer, they should use the Appeals Process.

This policy and procedure complies with EATA and UKCP HIPS requirements (Appendix Z and Appendix AA). Full details can be found at (<http://www.eatanews.org/training-manuals-and-supplements>) and <http://www.ukcphipc.co.uk/public/index.php/training/6-training-standards>.

## Appeals Process

This process does not cover appeals regarding assessments or assessment marking. In this instance, please see the Training and Assessment Appeals Policy and Procedure.

### Reasons for appeal

If you are unhappy with the way a complaint or grievance has been handled you may be able to appeal. Grounds for appeal may be:

- Appealing against the outcome of the decision
- Appealing because of new evidence regarding the complaint or grievance
- Appealing against a failure to follow the Complaints Procedure or Grievance Procedure
- Appealing because of a breach of ethics or policy during the process

### Process

The appeal should be submitted in writing to the training directors of TATO within 4 weeks of the complaint outcome decision. The appeal must contain new evidence that supports the appeal application – not just a repeat of previously submitted evidence.

On receipt of an appeal application, a new assessing officer will be allocated who will review the evidence and decide on whether there are adequate grounds for appeal. Parties will be notified of the decision within 6 weeks of the appeal submission. The outcome may include mediation. Costs will be met by the appealing party.

The appeal is the final stage in TATO's processes and procedures. If the appealing party remains dissatisfied with the result of the appeal, they can approach UKATA Ethics Committee or Professional Practice Committee. Contact details can be found on UKATA website [www.uktransactionalanalysis.co.uk](http://www.uktransactionalanalysis.co.uk).

This procedure complies with EATA and UKCP HIPS requirements (Appendix Z and Appendix AA). Full details can be found at (<http://www.eatanews.org/training-manuals-and-supplements>) and <http://www.ukcphipc.co.uk/public/index.php/training/6-training-standards>.

## Grievance Procedure

TA Training Organisation's grievance procedure offers a way of managing any grievance made against TATO by a member of its staff, a trainer or employee. It covers grievances with respect to breaches to the Organisation's policies concerning Ethics, Professional Practice, trainers and training structure.

TA Training Organisation distinguishes between a complaint and a grievance in that a complaint is made by someone using the services of TATO, whereas a grievance is made by someone that is employed by TATO either on a formal or a casual basis.

## Registering a Grievance

### Stage 1: Personal Resolution

In line with the UKATA Code of Ethics and Requirements and Recommendations for Professional Practice, a grievance should initially be made in person to the aggrieved party. TA Training Organisation recommends the grievance is registered as near as possible to the time of origin that the perceived event occurred, so all parties can be clear in remembering

the event in question. It may be appropriate to ask a third party to be present when the complaint is raised.

### **Stage 2: Formal Grievance Process**

In the instance that a satisfactory resolution cannot be found between all parties, the aggrieved will be advised to make the complaint in writing to the Directors of TA Training Organisation. The grievance should detail the time and date when the event occurred, the parties involved, the nature of the grievance and efforts made to resolve the issue and their subsequent results.

On receipt of the grievance the Directors will initially confirm receipt and agree with the aggrieved a mediating officer to facilitate a resolution between all parties. This will be within two weeks of the date of receipt of the grievance (subject to TA Training Organisation being open for business at the time). The mediating officer will be an appropriate third party with no vested interest in TA Training Organisation.

A mediation session will then be arranged between the mediating officer and parties concerned, with the intention of resolution between all parties.

The mediating officer will then write to all parties involved detailing whether the grievance has been upheld or not and the resulting actions that will be taken by TA Training Organisation within 7 days of the conclusion of mediation sessions.

Please Note:

Should it be deemed necessary TA Training Organisation may seek legal advice concerning a grievance.

TA Training Organisation will not be held responsible for any expenses incurred by any party involved in a grievance.

Should either party be unhappy with the findings from the grievance procedure, if they wish to seek further recourse, they are at liberty to appeal the decision using TA Training Organisation's Appeals Process.

This policy and procedure complies with EATA and UKCP HIPS requirements (Appendix Z and Appendix AA). Full details can be found at (<http://www.eatanews.org/training-manuals-and-supplements>) and <http://www.ukcphipc.co.uk/public/index.php/training/6-training-standards>.

## Confidentiality and Data Protection

It is the undertaking of TA Training Organisation that information concerning trainees, shall be kept in a confidential manner by trainers, staff and employees of TA Training Organisation. This means that information on trainees will not be shared outside the auspices of TA Training Organisation.

Confidentiality is covered on two levels:

a) Within training sessions and workshops - any personal or case-based material or issues discussed or disclosed during training sessions will not be shared outside of the training sessions except with the prior consent of the person involved or at supervision or tutorials meetings.

b) Trainee information held by the organisation including tutorial notes, essay comments, meeting notes etc. will not be shared outside of the organisation. A copy of each students work is kept on the students' file in a locked cabinet owned by the administrator. The file for each student is retained for a period of 5 years following their leaving the course whether by completing the course or leaving the programme. Access to student files is confined to the administrator and directors

Exceptions to this are when either a trainer or member of staff require supervision relating to particular trainees or where there is concern over a harm issue. Where a harm issue has arisen, the person in question will be informed of the course of action prior to any action being taken.

c) Personal Therapy is completely confidential between the therapist and trainee.

TA Training Organisation's policy on confidentiality complies with the Data Protection Act 1998. This means that any material stored on computer or hard copy can be made available to the person about which it concerns. See Appendix Y, Data Protection and Confidentiality Policy.