

*Training in child and adolescent
psychotherapy and counselling*



Terapia's Accrediting Route onto the UKCP Child Register

Prospectus 2023

Introduction

Terapia's Accrediting Route onto the UKCP Child Register has been created to meet the growing demand for qualified child and adolescent psychotherapists and in response to the establishment of Child Psychotherapy Register by the United Kingdom Council for Psychotherapy (UKCP).

Terapia is a training organisation which provides in-depth training in therapeutic work with children and adolescents. The Accrediting Route onto the UKCP Child Register is the process of recognising the skills and knowledge of the Applicant who has not completed a UKCP accredited training programme in Child Psychotherapy, but who nevertheless meets the standards set by Terapia, by virtue of their considerable proven, relevant, professional experience ranging over a long period of time. The Applicant will have trained and/or developed his/her expertise in the field of child psychotherapy before the current custom and practice of course recognition of Child Psychotherapy. While they may have had minimal sustained formal training in this field, their long professional experience and professional development will be such that they will have achieved Terapia's learning outcomes.

Based in Finchley Central, North London, Terapia offers training from a Certificate in Adult Counselling through to an MA in Child and Adolescent Psychotherapy and Counselling. We also offer a Diploma in Child, Adolescent and Adult Counselling and Psychotherapy Supervision; MA Pathway 2 (for qualified adult practitioners who wish to obtain a registration as Child Psychotherapist) and a Continuous Professional Development (CPD) Programme. For more information about our courses please visit our website: www.terapia.co.uk.

Terapia is a Member Organisation of the Humanistic and Integrative College (HIPC) of the United Kingdom Council for Psychotherapy (UKCP), and the College for Children and Young People (CCYP). Our MA graduates are eligible for registration as a UKCP Child Psychotherapist.

Terapia's courses are validated by Middlesex University. Terapia is also an Organisational Member of British Association for Counselling and Psychotherapy. Our graduates are eligible for BACP Individual Accreditation.

Information about Terapia

Terapia offers an Integrative approach to psychotherapy. We recognize the growing demand for child and adolescent psychotherapists within our society. We also recognize that to respond to this demand child psychotherapy needs to develop in order to reflect society's myriad needs. We believe our psychotherapists must be prepared and trained to work with children from diverse social and cultural backgrounds of differing ages and developmental stages and abilities, who may present with a wide range of emotional, developmental, social and behavioural issues. To meet this demanding task we believe students need to be equipped with knowledge and skills gleaned from a spectrum of appropriate theoretical models.

At the foundation of our course is an understanding of core counselling values, a theory of mind derived from psychodynamic psychotherapy, and an awareness of interpersonal relationship, power dynamics and social awareness of humanistic psychotherapy values. We view relationship as absolutely paramount to any healing process and we train our students to hold the therapeutic space and appreciate the ethical and complex dynamics of relationship. Alongside this we work throughout the course on student self- knowledge, awareness of who they are, and what they represent in our society. We support them to question the assumptions and judgements they bring from their own social context and personal history, which both impact on the therapeutic relationship.

Consistent with much research on psychotherapeutic work with children and young people we hold attachment theory and the latest findings of neuroscience at the theoretical core of understanding of child development and the development of the mind.

We devote considerable time within our training to the study and practice of Creative Therapy, Play Therapy, Art Therapy, Music Therapy and Drama and Movement Therapy. We believe it is vitally important that students have a toolbox of skills to help them find appropriate means to communicate with children, in order to help children express, explore and work with their feelings. We work towards our students having a sound understanding of the use of metaphor and projective techniques to bring to their work.

We also recognize that at times our work will be very task-centred, especially when dealing with young people with debilitating or negative self-images, world views and destructive or self-harming behaviours and thought patterns. In order to help young people gain more control over their thoughts, behaviour and lives we would turn to the models and techniques offered by Cognitive-Behavioural Therapy.

In today's society we appreciate that our role can also demand that we help children make some sense of what has happened to them and find meaning in their lives and for their future. To help address this we draw on the theory and practice of Existential and Transpersonal Psychotherapies.

Through embarking on the practical tasks of Mother-and-Baby and the Toddler Observation our students are learning all the skills of observation, self-reflection, the art of being still, understanding personal boundaries and issues of transference and counter-transference. We are proud of our pioneering work in developing an integrative theory of Observational Studies which derives from up-to-date psychoanalytical research in observation and integrates the latest findings of neuroscience and theories of attachment. Within the practical aspects of observation, we have developed a phenomenological way of conducting the studies which holds humanistic values at its core and relies on the above theoretical stances. In introducing the work in this way, we encourage students to analyze their learning, and compare and contrast the theories they are encountering in the light of their knowledge of child development and practical applications with their observations.

Lastly, to enable our students to work effectively and confidently with families and carers, and to promote the partnership work with families and other related professionals we teach Systemic Family Therapy.

We believe that working with a synergy of these orientations will best equip today's child and adolescent psychotherapist. This range of theories and skills, coupled with students' training in child development, child mental health, child psychiatry, child safeguarding, working with a range of disabilities, anti-discriminatory practice and the current thinking from neuroscience will give our students the necessary skills to both identify the core issues at assessment, and devise a package of care with the most appropriate models to meet the individual child's age, ability and socio-cultural context. This way our work is truly child-led and can be informed by many, and not led by any one theoretical model.

Terapia's approach to integrative psychotherapy also requires each student to develop their own model of integration within the agreed framework which, apart from the taught modules at Terapia, will embrace their previous trainings, life experiences and personal philosophies. The experiential and the theoretical modules of the course as well as the self-development aspects of the training are designed to support the student to explore their own understanding of theories and how they correlate, students' own style of relating, their own pace, and their individual ways of integrating therapeutic tools into their clinical practice. We do our best to provide a forum which can facilitate the students' individual discovery of their personal philosophy of psychotherapy.

Ethos of the organisation

At Terapia we are committed to the belief that as child psychotherapists we are in a unique position of responsibility. We recognize that children are the most vulnerable part of our society. They are also the least powerful of humankind. Their emotional, spiritual, cognitive and physical wellbeing will depend on the adults around them. The inequality of power and lesser transparency of the work require that a child psychotherapist has the utmost professional and personal integrity.

At Terapia we propose a teaching model that takes the perspective of the child as an individual. We therefore define a child's healthy wellbeing as that which fulfills the child's potential within the context of his/her life within their cultural and spiritual community. The theoretical approach applied will be one to suit the child in context and their level of development and not the theoretical perspective of the observer or therapist.

At Terapia we take the view that the most important aspect of the therapeutic work is the relationship. Therefore, the ability of our students to form ethical, engaging and meaningful relationships with children and young people is of paramount importance. This can only be achieved through intense personal development with the understanding that a child psychotherapist is himself/herself the most important and powerful therapeutic tool. Any student has to be acutely aware of who they are and what they represent and to acknowledge the presence of their own prejudices, assumptions and judgments.

We believe that to do our work ethically and effectively we must start from a position of keeping the whole child and their well-being and safety in mind, not concentrate solely on their inner worlds. To help us view the needs of the whole child we use Maslow's Hierarchy of Human Needs as a reference map. Therefore we bring awareness to:

- their physical safety
- their sense of belonging and identity
- their relationships
- their ability to achieve and
- their sense of meaning and spirituality

Our aim is to help children and young people live to their fullest potential with as optimum health emotionally, cognitively and physically as is possible within their social and cultural context. It has been our experience that the child's needs are best met by drawing on a range of perspectives, rather than holding to a single approach that might limit our students' flexibility of thought or action. In this way we draw out students into a child-centred approach from the beginning of their training.

The values we seek to embody in our therapeutic work are the core values of therapeutic relationship and we integrate them with the upmost professionalism, underpinned by the theoretical models taught on the course and guided by the code of ethics and self-knowledge. In the way we designed the training we also made sure that these values are coupled with accountability and transparency in all activities Terapia undertakes. We see it as our responsibility to teach these values to our students through modelling to make sure that these qualities are coherently and consistently embodied in Terapia as a training organisation as well as an employer.

We believe that the Maslow's Hierarchy of Needs is applicable to the responsibilities we have towards our students.

We strive to provide our trainees with the best learning facilities we can afford and to ensure that we create a sense of belonging by creating a learning community for students, trainees and employers alike.

At the core of our activities is relationship with our students and the kind of relationships they establish between themselves. These relationships are based on our core values of the training as core values of therapeutic relationship as well as qualities of professionalism, self-knowledge and adherence to code of practice. We therefore ensure that our training groups are small and that there is ample opportunity for relatedness between our training staff and the trainees as well as amongst members of staff. As a group of teaching staff we demand the highest professionalism from each other as well as continuous modelling of our core values to the students. We require of ourselves to be open empathic, congruent and professional and to have the full commitment to our personal and professional development.

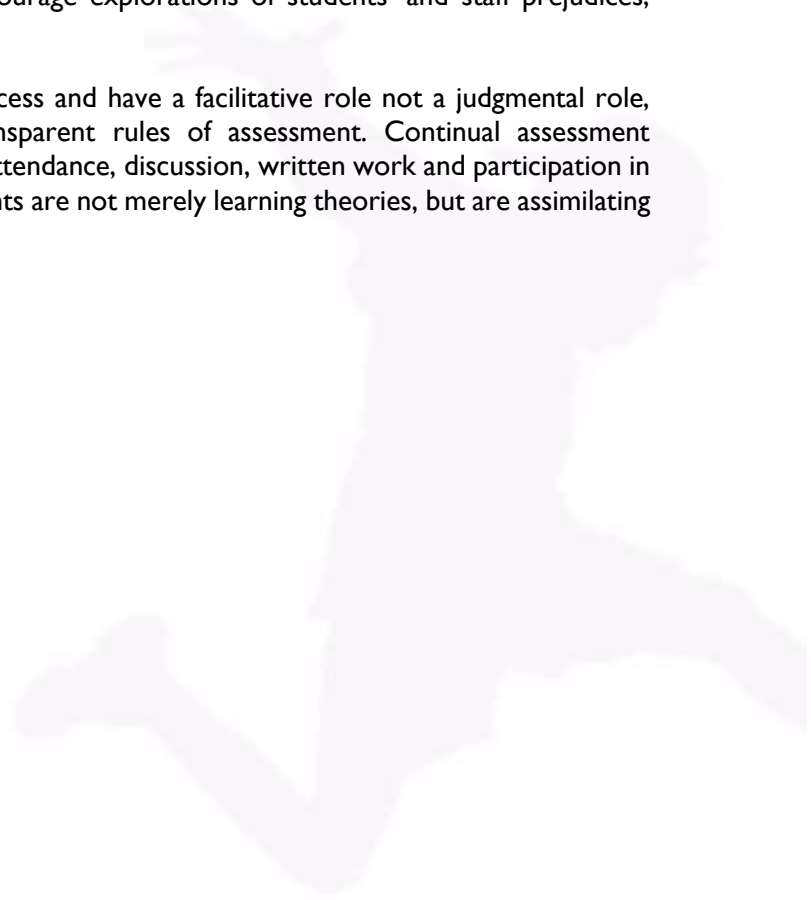
Our Policies and Codes of Practice for students, teaching staff, supervisors and all employees provide a framework for good practice and the highest level of professionalism.

We do our best to ensure that we provide the best environment and the best training for our students to achieve. We ask our students at the point of entry about their dreams and aspirations, and we strive to provide them with the holding space for these aspirations so they can be achieved by every individual trainee before the end of their journey with Terapia.

We are also mindful of providing a vessel for students' process of finding the sense of meaning of their learning and a possibility of their spiritual enfoldment as part of their personal and professional development on the course.

We translate our model of working with children and young people into our teaching and facilitation of the students' process at Terapia. We therefore define a student's learning and wellbeing as that which fulfils his/her potential within the context of his/her life within their cultural and spiritual community. We therefore embrace and welcome the difference in terms of race, culture, age, gender, class and sexual orientation and actively encourage explorations of students' and staff prejudices, assumptions and judgements.

We want to be fair with our assessment process and have a facilitative role not a judgmental role, whilst applying the most stringent and transparent rules of assessment. Continual assessment throughout the course via Personal Journals, attendance, discussion, written work and participation in counselling skills exercises, ensures that students are not merely learning theories, but are assimilating the values inherent in becoming a therapist.



Terapia's Accrediting Route onto the UKCP Child Register

Qualifying Criteria

- A minimum of five years practice in psychotherapy with children which includes work with a range of ages and in more than one setting (e.g. education, NHS, Social Services, private practice, etc.). This experience should normally have been achieved immediately preceding the submission of the application. Any gaps in practice should be accounted for.
- A current clear DBS Check (Disclosure and Barring Service)
- Work experience with or within the context of mental health (e.g. CAHMS teams etc.)
- Consultative support or supervision during the five-year period (or more)
- Professional competency and ethical practice
- Achievement of the Specified Learning Outcomes (see below)
- Evidence of Continuous Professional Development.
- Relevant courses and related reading.
- Expertise related to the field; for example, teaching, presentation, publication, case-studies, research, developmental work in the field.
- Commitment to UKCP and Terapia's ethical codes of practice for working with children and young people.
- Awareness of diversity and equality considerations in psychotherapeutic work with children, young people and parents.
- Minimum of 160 hours of personal therapy

Terapia's Accrediting Route onto the UKCP Child Register

Learning Outcomes:

1. Child and Young Person Development

Knowledge base and critical evaluation of:

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

Practical skill and competence in:

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

2. Theories and Modalities

Knowledge base and critical evaluation of:

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

Practical skill and competence in:

- A range of age-appropriate practical techniques & processes appropriate to own modality.

3. Context Specific Competencies

Knowledge base and critical evaluation of:

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

Practical skill and competence in:

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

4. Therapeutic Communication, Relationship and Process

Knowledge base and critical evaluation of:

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

Practical skill and competence in:

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

5. Information Sharing

Knowledge base and critical evaluation of:

- The range of confidentiality procedures that apply in different contexts;
- The process whereby the relevance, status and any gaps in information is determined;

- The implication of the differences between different types of data (e.g. confidential information, personal data and sensitive personal data);
- When it is and when it is not necessary to have consent prior to sharing information.

Practical skill and competence in:

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

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

Knowledge base and critical evaluation of:

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

Practical skill and competence in:

- Supporting client self-determination where appropriate, taking account of health and safety and child protection issues;

- Formal and informal risk assessment ;
- Making considered judgements about how to act to safeguard and promote a child or young person's welfare;
- Practical data recording, including the security and the legal requirements and guidance relating to the length of time for which records must be kept.

7. Multi-Agency Working

Knowledge base and critical evaluation of:

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

Practical skill and competence in:

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

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

Knowledge base and critical evaluation of:

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

Practical skill and competence in:

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

9. Supporting Transitions

Knowledge base and critical evaluation of:

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

Practical skill and competence in:

- Working with the full range of transition situations, in terms of managing information, providing support and undertaking a therapeutic process.

10. Research and Monitoring

Knowledge base and critical evaluation of:

- Recent and current developments in the therapeutic work with children and families.

Practical skill and competence in:

- Monitoring & evaluation of therapeutic intervention through the use of appropriate methodologies.

11. Personal Skills & Qualities

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

Procedure for Applying:

First Stage

Applicant receives Terapia's Accrediting Route onto the UKCP Child Register Prospectus.

It is strongly advised that the candidate familiarises himself/herself with the Criteria for the Route. If there are any doubts to any aspect of the criteria, please contact the Clinical Director to clarify all the outstanding issues. The candidate is encouraged to arrange a meeting with the Clinical Director to discuss the issues.

In circumstance when the candidate is not meeting the requirement of the Route, we advise that the Terapia's two-year part-time MA in Child and Adolescent Psychotherapy and Counselling (Conversion Course) is considered as an alternative route to UKCP Registration and the professional qualification in Child Psychotherapy.

Second Stage

Application for the Route

We advise that the candidate proceeds to this stage of the application once there is an established certainty that the candidate qualifies for the route. The non-refundable, full payment for the accreditation procedure is required at this stage.

The candidate needs to provide the following:

1. Candidate's CV;
2. A portfolio of full account of all work placements with children and adolescents for the last eight years or more;
3. Breakdown of clinical hours conducted with children under 5, children 6- 11 years old, adolescents 12 -18, adult clients and parents;
4. Copies of six written communications between the candidate and apparent, member of the client's family or a professional written in the candidate's professional capacity. Please remove all identifiable data from the documents. Copies of Assessment reports, Referrals Forms, letters to parents and emails are all acceptable. For the guidelines on this aspect of the application please see the Appendices "Guidelines for writing a portfolio";
5. 8000 word clinical case study. Suggested format is included in this prospectus;
6. 2000 word personal statement which includes theoretical underpinning of clinical work and personal philosophy of the candidate's therapeutic work with children. The candidate is expected to articulate their theoretical and philosophical practice base, and where relevant to trace their development of this base through the course of their development as Child Psychotherapists;
7. Account of personal therapy. Please include the dates when therapy took place and the names and registration details of the psychotherapists;
8. Account of clinical supervision. Please include the dates when supervision took place and the names and registration details of the supervisors;
9. Statement from the current supervisor;
10. Evidence of recent DBS (less than 12 months old);
11. The names of two referees who know the candidates in a professional capacity.

The submitted information will be presented in front of the Assessment Panel which consists of the Clinical Director and two Core Tutors at Terapia.

The panel will consider all aspect of the submission. The decision will be made within six weeks of the submission and decision will be sent to the candidate in writing. The Assessment Panel reserves the right to invite the candidate for a meeting if there are any outstanding issues to be clarified with regards to the submitted documents.

The panel will ensure that the process is congruent with Terapia's ethos and practice and with the standards espoused by UKCP. The procedure ensures equality and supports diversity at all levels.

In circumstances where the candidate was turned down and he/she wishes to appeal against the Panel's decision they must write to the Panel outlining their reasons for the appeal and submit supporting evidence.

Third Stage

Once the Panel approves the candidate the date will be given to the candidate for the Clinical Competence Viva examination. This examination takes place on several occasions throughout the year. The Clinical Competence Viva Procedures are included in Appendices of the prospectus.

The candidates are given an option of attending the Viva Preparation session at Terapia which is provided to the Final Year students. The dates of the training can be obtained from Terapia's office.

In case the candidate is unsuccessful in passing the Clinical Competence Viva, there will be three more opportunities to take the examination again. On successful completion of the third stage, candidates may then proceed to the fourth stage.

Fourth Stage

Having successfully passed the Clinical Competence Viva, the candidate is then given the dates available for the Advanced Clinical Competence Viva which is the fourth and final stage in Terapia's Accrediting Route onto the UKCP Child Register. Again the procedures for this examination are included in the Appendices of this prospectus and in the event that the candidate is unsuccessful in passing the Advanced Clinical Competence Viva, there will be three more opportunities to take the examination again.

Fees for Terapia's Accrediting Route onto the UKCP Child Register

Fees for 2023:

Initial Stage – meeting with the Clinical Director (optional)	£110*
First and Second Stage of the Application:	£1250
Third Stage – Clinical Competence Viva	£350
Fourth Stage – Advanced Clinical Competence Viva	£440
Viva Preparation Meeting (optional):	£150*

Please note: First and second Stage Fee is payable at the time of Application. This fee is non-refundable.

Third stage fee (viva) is payable for each Viva taken. The above fee applies for the Viva in 2023 only and may be increased in later years.

*we believe that this process is self-explanatory and the above are not necessary but can be provided for addition reassurance.



Appendices

1. Clinical Competency Viva guidelines
2. Advance Clinical Competency Viva Procedure
3. Terapia's Grading Scheme
4. Terapia's Case Study Guidelines
5. Assessment Criteria for Case Studies
6. Assessment Criteria for Portfolios

Appendix I

Clinical Competency Viva Guidelines

The Clinical Competency viva consists of a 20-minute recording of a session with a child or young person, a 3-column submission of the recording (to include a transcript of the recording, your reflections and theoretical linking) and the viva itself (a meeting with a viva panel to discuss your recording).

The candidate needs to provide:

The Recording

The length of the recording is 20 minutes **this must be 20 minutes from the same session, but can be from two (and no more than two) different parts of the session e.g. 10 minutes plus 10 minutes, 16 minutes plus 4 minutes.**

The child in the recording can be of any age. You can use a recording of work with an adopted child assuming that you are working within UK law and working with that child under an OFSTED registered umbrella e.g. a school.

Background Information & Transcript

- **Clients background information: Two sides of A4 (no more), double-spaced, font 12.**

This includes a description of the child's background information: age, reasons for referral, brief description of the family, cultural background, any relevant family events or trauma, the child's initial presentation and themes which have arisen in therapy. Also include any context that is relevant to the recording e.g. what had happened in the session before the recording started and at what point in the child's therapy this recording takes place. All names and places referred to must be anonymised.

The viva panel will read the background information before your viva.

- **Transcript of recording**

This is a double-spaced, typed transcript of the recorded excerpt of 20 minutes, or two chosen excerpts totalling 20 minutes, which will be played to the panel. Please include at the start of the transcript the session number and the total number of sessions undertaken with the child so far.

The transcript should be provided in the format of a **three-column submission** as follows:

1: (Left hand column): Heading: Transcript

This is the transcript of the recording; using C for client and T for therapist; C1, C2, C3 etc for client's first and subsequent speech; T1, T2, T3 etc for your first and subsequent speech. Actions, gestures or expressions and movements such as placement of toys etc should be included in *italics*.

2: (Middle column): Heading: Thoughts & Feelings

Your reflections on what the child or young person has said or done, on your process and on the process between you. Also include your countertransference and your input from supervision. The middle column should include a balance of these factors.

3: (Right hand column): Heading: Theory

Your theoretical linking to the session content and/or to your reflections/countertransference experience. Academic referencing is required, in the Harvard style, with an accompanying reference list at the end.

The viva panel will be looking to see that you have a comprehensive grasp of the subject matter and that the client's material and your process have been clinically 'digested.'

Please keep points you are making succinct. Do not write reams on one point!

The panel will look at the transcript after the mini-viva discussion with you.

Recording Equipment

You need to test your recording equipment ahead of your viva to ensure it plays audibly and bring the recording equipment with you to Terapia on the day of your viva, to play your recording to the viva panel.

The mini-viva experience – duration 45 minutes

Your mini viva will be assessed in 3 areas as follows:

- 1) The therapeutic qualities demonstrated in the recorded session;

- 2) The reflective capacity and theoretical understanding demonstrated in your 3-column submission;
- 3) The discussion with the mini-viva panel.

Qualities to be demonstrated:

Therapeutic Quality of The Recorded Session

- Capacity for therapeutic engagement (to make contact and engage with client using appropriate skills);
- Therapeutic presence, congruence and empathy;
- Capacity to stay with and acknowledge the child's process, including feelings, expressions and body process;
- Holding of the therapeutic frame (ability to challenge and hold boundaries, where appropriate);
- Capacity to play and adopt creative interventions;
- Facilitative style and appropriateness of interventions – (how well you draw out the client's process, selecting the right creative medium and intervention for the therapeutic task, e.g. if a client is struggling to verbalise you may suggest using another medium like art or play, or equally if the client is too verbal/cognitive you may also encourage them to be creative in order to access their feeling);
- Ability to acknowledge and contain child's painful and/or disturbing emotions;
- Ability to work with transference in the therapeutic relationship (if present);
- Appropriate pacing of session – attuning to the client's pace primarily but if that is very fast, slow it down and if very slow, upregulate. Attention to the musicality of the session, the rhythm of your attuned interactions.

The Quality of Processing in the 3-Column Submission

- Understanding of the child or young person's internal world;
- Understanding non-verbal means of expression;
- Awareness of countertransference experiences (ability to recognise what is happening for you as a therapist: tracking of your feelings and body sensations);
- Awareness of visible and invisible differences in the therapeutic relationship - race, class, religion, culture, gender, sexuality, ability;
- Understanding of discrimination and trauma (including transgenerational) on a child or young person's mental health;
- Awareness of wider systemic influences (e.g. family, culture, religion, peers, institutions, social media, world events etc.) for the child or young person';
- Awareness of transference and transferential issues in the therapeutic relationship (if present) with an understanding of how you are working with it in your way of being and/or interventions;
- Theoretical & clinical coherence – congruence between your therapeutic stance and clinical/theoretical thinking, with evidence of reflection from supervision;

- Psychotherapeutic thinking and linking. Understanding of a broad range of theories and how to integrate them, with the ability to link theory to the session content and reference concepts accurately;
- Evidence of an integration (or emerging integration if early in clinical training) of different psychotherapeutic approaches.

Discussion with the Mini-Viva Panel

No matter how strong your recording or 3-column submission, it is important that you are able to **respond to the viva panel in a non-defensive way and to reflect on your work together with the panel.**

Appendix 2

Advanced Clinical Competency Viva Procedure

Viva Examination

You can attend the final viva providing you have fully met the requirements of the Stage One and Stage Two.

Viva Procedure

The viva will be examined by a panel composed of the three independent Examiners. One could be a staff member or supervisor who has not been one of your core tutors.

The viva consists of:

1. Vignette
2. Sand Tray / Art Work
3. Presentation

Vignette:

The first part of the viva will involve assessment of a case vignette. You will choose a vignette and then be able to study it in a quiet place for 45 minutes. Books and notes can be consulted while studying the vignette. You are required to put together an assessment and treatment plan of the case and to consider risk issues, concerns and possible referral on.

You will have 20 minutes to explain the case to the examining panel. The panel have 10 minutes questions and feedback.

Sand Tray / Art Work

There will be a sand tray in the room ready. You will need to bring your own objects and re-create the sand tray from one of the sessions you would like to talk to the panel about.

Alternatively, if the student does not work with sand tray, he/she should bring samples of the art work done with a client they would like to present to the panel.

Presentation:

In the final 15 minutes of the viva examination you will present your philosophy of Integrative Child Psychotherapy.

In total each you will need to attend for two hours (1 hour and 15 minutes of this will be the examination).

The Panel will consider the following:

In the vignette have you demonstrated:

- Diagnostic skills sufficient to the case
- The ability to draw up a treatment plan
- Awareness of risk, legal, and ethical issues
- A theoretical underpinning for their proposed treatment
- An awareness of all the issues within the vignette
- Flexibility and tolerance in their approach

In the Sand Tray/Art Work discussion have you demonstrated:

- Ability to understand the internal world of a child

Terapia Accrediting Route onto the UKCP Child Register Prospectus 2023

- Understanding non-verbal means of expression
- Capacity to play and adopt creative interventions
- Ability to work with metaphor
- Ability to stay with and work in depth with a broad range of feelings
- Ability to contain client's expression of painful and/or disturbing emotions. Ability to contain own emotions:
- Psychotherapeutic thinking and linking. Understanding and ability to reflect on the etiology of the client's underlying difficulties with reference to theories of child development. Ability to articulate tentative hypothesis
- Ability to understand transference and using it to inform therapeutic intervention:
- Awareness of own countertransference:

After the viva, the panel reaches their decision and awards a grade according to the 20 points Grading Scheme.

You will be informed in writing of the panel's decision.

Appendix 3

Grading Scheme

The 1 – 20 system is used by Middlesex University. Work receiving a grade of 17 or 18 may be resubmitted. Resubmitted work cannot achieve a grade higher than 16 but may be graded 19 or 20 which will result in the resit of the module on payment of module fees.

1 – 4	DISTINCTION	Work which convinces as excellent, meeting all assessment criteria. No weaknesses lower the high standards throughout. The depth of thinking and analysis demonstrate an original, creative approach.
5 – 8	MERIT	Assessment criteria are met and the work is of a high standard throughout. Any weaknesses are minor, not undermining the general high quality. May be original or creative, showing a comprehensive grasp of the subject, achieving standards higher than normally expected.
9 – 11	GOOD PASS	Work of a generally high standard, meeting most assessment criteria well and any weaknesses do not undermine the good standards delivered throughout.
12 – 14	PASS	Most assessment criteria are met satisfactorily. There may be some weaknesses, but these are offset by the demonstration of a sound grasp of the key tasks of the assignment.
15 and 16	LOW PASS	Work which shows that the basic tasks of the assignment have been achieved through meeting a majority of the assessment criteria. The work contains some weaknesses, but an adequate grasp of the subject has been demonstrated.
17 and 18	REFER	Work which fails to meet enough of the assessment criteria, or has such serious weaknesses that it cannot be awarded a pass. The intention of the assignment has not been met. Resubmission of work to a satisfactory standard will result in a low pass or grade 16.
19	FAIL	Failure to demonstrate adequate grasp of subject outcomes
20		Failure to demonstrate any grasp of subject outcomes requiring the module to be retaken

Appendix 4

Terapia Case Study Guidelines

The following are guidelines for the writing up of case studies on work with children and young people. The headings are intended as guidelines to help you think about different areas in your work. Please remember to ensure that your cases are anonymous, do not give unnecessary personal details and if the family are likely to be recognised then change minor details that do not affect the case clinically.

The setting

In order to understand the nature of the work it is important that you give an outline of the setting in which the work is taking place and the boundaries around it. For instance, outlining your role, your lines of reporting, supervision, the supportive and challenging aspects of the setting (e.g. are you able to have adequate privacy, do you work with other children in the same school, are you supported by a member of staff, was there any interference to your work within your setting which had a bearing on the case).

Referral

- State the referral source
- Outline the reason for the referral and the information that was passed to you at this time.

It might be worth thinking about the reason for referral in two categories; the external 'symptoms' such as school exclusion, eating difficulties, defiance, etc. and the internal reasons or what it is you know about the reasons for the behaviour. Children are usually referred for support when their behaviour has reached a level that has triggered alarm bells in the adults around them. For this reason they are often referred for their external behaviour and the reasons that they upset others rather than what is affecting the child themselves. For the purpose of case studies (and clinical work) it is useful to be aware of both of these perspectives.

Please describe any past or co-current involvement of other agencies, multidisciplinary liaisons or interventions.

The Client

Give a description of the client, impression, how they look, mannerism, and their personality. Make sure that the reader of your case study gets a real feel of the person they are reading about.

The Client's Mental State

What is the mental state of the client, were they relatively balanced and or were there signs of difficulties such as:

- mood swings
- aggression
- withdrawn, silent behaviour
- talking in an out-of-touch or bizarre way, or do they have strange ideas that are not in touch with reality.
- what is their attention and concentration like, is it age appropriate

Family History

A case study should include a synopsis of the child's family history. It is useful to include a family tree of the immediate family or even further if there are wider family members who are directly relevant. The family history should include all important details such as their origin, ethnicity, sociological and

cultural background, religion, the family's experiences so far, births, deaths, major family traumas, moves or disruptions, parental mental health.

Personal History

Even with a young child there exists a personal history, separate from that of the family. This can include any information that you have about the child's early experiences, childhood difficulties, feeding difficulties, reactions to the birth of siblings, etc. In older children it would include their relationships with peers and school, their academic progress etc. You would also include here if there was any clinical history, i.e. if they had been referred for help before or been in previous therapeutic treatment, or if there are any physical health difficulties.

The Assessment

Give an outline of your assessment along with any further information obtained from school/parents/outside agencies; your clinical thinking and recommendations at the end of the assessment; what frequency of contact you recommended and for what reasons; any onward referrals, for example to a psychiatrist or for family work. You should also include here your risk assessment, were there any worries that you needed to act upon such as a risk of suicide, signs that safeguarding may be an issue, etc. Include a brief summary of the results of any assessment tests you used such as SDQ's. Please describe any therapeutic plan which you decided on: what were your client's therapeutic needs and what therapeutic skills and theories might you draw on to support your work. Include any goals of therapy, *if* these were set with your client.

The Narrative of the Therapeutic Intervention

The main body of any case study is the narrative of the therapy, the story of what happened during the child's treatment. Bear in mind that you want the reader to have enough information that they can work alongside you in coming to conclusions and understandings about the client.

Start with the beginning. It is amazing how much information is in the first session, how the child arrived in the room, his/her presentation in the very first session. What was the content of the play? What may the child have been conveying unconsciously through this play? Each case study will have different areas of relevance but you can include elements from the relationship they made with you as the therapist, their relationships with others, and their own accounts of their difficulties.

You then want to go on to give the story of the whole therapy and this will be different for every child. Hopefully you will be able to show the deepening of the relationship between you and the child and, with this, a deepening of your understanding of the issues that the child is facing and the reasons for the presenting disturbance. It is important to show yourself as a therapist: how you responded to the child and the type of interventions you used. Ensure that the skills and techniques you describe are appropriate and relevant to the client, his/her issues, personality and socio-cultural context. You can also show how the child affected your own thinking and understanding, how you were affected by being in touch with the child's internal world and what was evoked in you. Please include the input of your own clinical supervision and how it supported your clinical understanding and work with the client.

Whilst the case study describes the child's therapeutic journey, it will also describe your progress as a therapist. You are encouraged to describe with integrity the struggles inherent in the work.

This section should include all of the following:

- A description of how you worked with the client, i.e. what techniques you used if you used a sandplay, drawings, mainly talking, etc.;
- Material from significant sessions including an analysis of them, why they were important;
- What the turning points in therapy were, how these came about and what was the result of them;

- The relationship between you and the client and how this affected the therapeutic process in both positive and challenging ways as relevant, outlining any transference issues;
- Your countertransference and how you used this to understand your client and scaffold any interventions;
- The use of supervision (as above).

Please note: Through the body of your narrative, you will be expected to weave in your theoretical understanding of your interventions and your client's way of being and relating - drawing on diverse bodies of theory which inform integrative practice and showing how you are developing as an integrative practitioner.

Please use Terapia's style of academic referencing, where appropriate.

Conclusion

It is unusual that therapeutic work with a child comes to a completely satisfactory finishing point. Work may be interrupted in some way or another, or time and finances come to an end. Added to this is the fact that a child will continue to grow and face challenges such as puberty. You may even be writing a case on a piece of work which is still ongoing. Therefore a conclusion is not so much a finishing point of the whole story but more of a finishing point to the work that has been done. Whilst you will be bringing the strands of your case study together, beware of trying to 'wrap things up' or make them more certain than they are. You need to be aware of your limits, the limits of the work, and outline these to show that you understand them.

Possibilities for the future

What would be your recommendations as to future work or support? How do you see the client developing into adulthood?

Please follow all the requirements above and include a literature review.

Literature Review

The literature review is to be placed either after your assessment section or at the end of the case study. You will make the judgement on where it sits best.

In the literature review, you will be expected to show your mastery of the literature related to their case. For example, you may write about a client with a clinical diagnosis of Oppositional Defiant Disorder (ODD). As part of the case study you could present evidence collected during the review, of for example, the existing treatment strategies for ODD and how they incorporated this evidence into their treatment plan / psychotherapeutic approach for the young person and/or how the literature review will influence their future clinical practice.

Guidelines for the Literature Review section

The Literature Review connects your ideas to the milieu in your chosen field of exploration.

As an academic writer, you are expected to provide critical analysis/overview of the significant literature published on your chosen topic. The space allocated for a literature review will be 1000 words (+/- 10%). The review will meet quality and presentational thresholds expected of a research dissertation.

The selection of the case study is your decision in conjunction with advice from their clinical supervisor. It is expected that you will select a case that is both clinically interesting and one that also offers the opportunity to be examined more intensively using a literature review. The review can comprise the exploration of the evidence applicable to the case and what has influenced your understanding of the case and the type of clinical interventions that have been used.

You are expected to do the following:

- Place your original work (long term case study) in the context of the existing literature base relating to your chosen case.
- Describe the major issues surrounding your chosen topic.
- Select an element/topic for your case study which interests you and search the published literature, establishing what contributions have been made around your chosen area of interest.
- Give a critical overview of the different ways your chosen topic has been researched and evaluated.
- Clearly identify the strategies you have used to find and analyse the literature you are using i.e. the quality & reliability of the sources you chose. If you can demonstrate gaps in the literature please state these in your work.
- Resolve, if possible, conflicts among seemingly contradictory previous studies.
- Determine which literature makes a significant contribution to the understanding of your topic.
- Develop your scholarly voice and take ownership of your integrative model.
- Point the way to further research on your topic.

Content of the Literature Review

- The literature review must be well structured and your ideas must flow logically from one point to the next. Ensure sources and references are relevant to your chosen area of research and all references are cited appropriately. Present terminology and viewpoints on the topic in an unbiased and comprehensive manner.

Include the following content in your Literature Review:

- Provide an overview of the subject/issue under consideration.
- Provide a summary and synthesis of the evidence and reasons for the conclusions you draw from your review. Comment on which evidence has made the greatest contribution to your understanding of the area reviewed and how this has helped your development as an integrative child and adolescent psychotherapist.

Consider the following when assessing what publications to include in your review of the literature:

- Qualifications: What are the author's credentials to make the judgments he or she has made?
- Neutrality: Is the author's perspective even-handed or biased?
- Credibility: Which of the author's theses are convincing and why?
- Worth: Do the author's conclusions add to the value of your own?
- Select and quote from the most relevant material for your subject and argument
- Quote from a source when you perceive that the author makes a point in an insightful, original and concise way. Determine if it is important to capture the author's words directly
- Make sense of the quotation within the context of your argument.

Appendix 5

Assessment Criteria for Case Studies

- a) Demonstrate your mastery of the required advanced skills in presenting professional case studies in the required format, complying with the Data Protection Act, Child Protection legislation, and the BACP and Terapia Ethical guidelines.
- b) Understanding of the following complex issues shall be assessed:
 - personal, family, cultural and societal factors
 - past and current involvement of other agencies
 - the legal and ethical issues
 - risk, and any actions required
- c) Demonstrate advanced understanding and skills in the following areas:
 - Reason for the referral
 - Multidisciplinary liaisons or interventions
 - Presenting Issues
 - Relevant medical and physical conditions
 - Client's mental state
 - An overview of the client's hierarchy of needs, and how these are to be met, both from the therapeutic angle, and from other resources
 - Arguments for short or long term intervention
 - A prognosis of likely outcomes
 - A clearly argued treatment plan
 - The therapeutic interventions used, and their effectiveness
 - The establishment of the therapeutic alliance, the work done, and the final stages
 - Issues of transference and how they were worked with
 - Issues of countertransference and any personal process relevant to the work.
 - Any supervisory intervention and personal reflection on use of supervision
 - The conclusion of the therapy including referral options needed and given

Appendix 6

Assessment Criteria for Portfolios

The Portfolio of Multidisciplinary Work requires submission of a minimum of six written documents relating to clinical work. These may include letters to other professionals, court reports, minutes taken at meetings, or other similar professional records.

The panel will assess portfolios on the following criteria.

1. An understanding of the roles of the different professionals involved
2. Written in a clear and professional manner
3. Written in an accurate and articulate style
4. Upholding the boundaries of confidentiality
5. Successfully achieved the goal within the document
6. Demonstrated professionalism as a student psychotherapist
7. Acted within theoretical, ethical and legal frameworks

Terapia's Policies

1. Terapia's Ethical Guidelines for Working with Children
2. Terapia's Equality, Diversity and Inclusion Policy
3. Terapia's Complaint Resolution Policy
4. Terapia's Code of Ethics and Practice for Trainers and Tutors
5. Terapia's Code of Ethics and Practice for Supervisors
6. Continuing Professional Development Policy
7. Health and Safety Policy
8. BACP Code of Ethics (Terapia is a BACP member and as such adheres to this code)

Policy I

Ethical Guidelines for Working with Children

This document is addressed to all Terapia's students, graduates and Terapia's employees who work with children and adolescents in a psychotherapeutic capacity.

This document needs to be read in conjunction with the Children Act (1989), UKCP Code of Ethics and Code of Practice, and BACP Ethical Framework for Good Practice in Counselling and Psychotherapy.

1. Introduction

1.1. Terapia recognises that therapeutic work with children requires the most stringent code of practice. This is in recognition of this client group being particularly vulnerable and as such has specific and different needs from adult clients. Terapia defines the general principles for professional standards of conduct to protect this group of clients as well as inform them and their parents/carers.

1.2. Terapia's Ethical Guidelines are also used to guide Terapia's practitioners towards achieving the highest standards of practice and competence.

1.3. Terapia's Ethical Guidelines also inform Terapia's Complaints Policy.

1.4. Terapia's Ethical Guidelines do not endeavour to cover every aspect of a psychotherapist's behaviour. Terapia's students, tutors and supervisors are required to accept their responsibility for their clinical work and exercise their professional judgment.

1.5. For the simplicity of this document, we define as child any young person under the age of 18 and we understand that this includes adolescents, which can be "Gillick" competent.

2. General issues

2.1. Child psychotherapists need to have commitment towards maintaining the highest level of competence, training, supervision, and continuous professional development and keeping abreast with current research.

2.2. All psychotherapists are required to receive regular, on-going supervision, which is appropriate to the type of work they provide. This should be independent of their managerial relationship in their workplace. Such supervision needs to be provided by a suitably qualified and experienced child psychotherapist and it should be adequate to maintaining their level of competency and good practice.

2.3. Child psychotherapists are considered unsuitable for work with children if they have been convicted under the Sexual Offences Act or are List 99 offenders. Psychotherapists should have a clear and up-to-date Enhanced Police check, which can be produced upon request.

2.4. A psychotherapist should refrain from providing a service when unfit to do so due to personal circumstances, personal impairment, including illness or intoxication. When a psychotherapist is aware that they are unable to perform their practice at an appropriate level of competence they should seek professional advice and guidance in order to determine whether they should increase their personal therapy and supervision, or limit, suspend or terminate their practice.

2.5. Psychotherapists are required to refrain from any behaviour that may be detrimental to the profession, to colleagues or to trainees.

2.6. Psychotherapists are required to take appropriate action in accordance with Terapia's Complaints Procedure with regard to the behaviour of a colleague which may be detrimental to the profession, to colleagues or to trainees.

2.7. Psychotherapists are required to ensure that their professional work is adequately covered by appropriate indemnity insurance.

2.8. Psychotherapists provide suitable facilities age-appropriate to their clients and suitable for the type of service provided. A practitioner needs to ensure that the facilities allow for parents/carer to stay on the premises if required.

3. Relationship with clients

3.1 All psychotherapists are expected to approach their work with the aim of alleviating suffering and promoting the well-being of their clients. Psychotherapists protect clients' welfare, rights and dignity.

3.2 All clients, regardless of their age and type of needs, must participate in psychotherapy voluntarily.

3.3. Psychotherapists inform their clients about terms and conditions of the service and the boundaries of confidentiality using language and other means of communication, which is age-appropriate and reasonably understandable to that person.

3.4. Psychotherapists carefully assess clients' needs and select only those suitable for the type of therapy she/he is offering. A practitioner must not undertake work which she/he is not qualified, trained, or has sufficient therapeutic skills for and which is beyond their level of competence.

3.5. Psychotherapists are acting in loco parentis of their clients during the sessions and will do their utmost to ensure their clients' welfare and safety. When required the practitioner will ensure that the person legally responsible for the child stays on the premises for the duration of the session, to allow the client to leave the session part way through if circumstances arise.

3.6. Psychotherapists make sure that their client, regardless of their age is, in advance, fully informed, in an age-appropriate way, of any changes in the session, therapist's holidays or termination.

3.7. It is the responsibility of the psychotherapist to maintain professional boundaries within the session.

3.8. Any form of exploitation of clients, current or past, whether financial, emotional or sexual is considered unethical.

3.9. Psychotherapists must not discriminate against their clients' race, ethnicity, cultural and religious background and sexual orientation.

3.10. Psychotherapists are responsible for informing themselves about the cultural and religious background of their clients and its implication for the psychotherapeutic work.

4. Relationship with parents/carers

4.1. Psychotherapists approach a child's parents, carers and families without prejudice and with respect for the dignity of a child's family, their values and cultural and ethnic background.

4.2. Psychotherapists liaise with parents/carers according to the client's age and maintain the confidentiality of their clients.

4.3. Psychotherapists are required to disclose, on demand, their methods of practice and terms and conditions of the service they provide at the onset of therapeutic work. Psychotherapists are open, and inform parents, on request, about their methods of working and techniques used.

4.4. Psychotherapists ensure that the parents or carers are clear about how to contact the therapists during and out of office hours.

4.5. Psychotherapists do not engage in intimate relationships with their clients' parents, carers, siblings and significant others. Practitioners should not terminate their work with clients with the view of circumventing such circumstances.

5. Professional relationships

5.1. Psychotherapists should be aware of their own limitations and make referrals when appropriate. The clients' best interests are considered when making contact with health professionals, social services or any other agencies.

5.2. A psychotherapist must act to protect members of the public if she/he has reasons to believe that they are threatened by their colleague's professional misconduct.

6. Qualifications

6.1. Psychotherapists are required to disclose their qualifications when requested. No practitioner should claim or imply qualifications they do not have nor should they claim membership to organisations they don't have.

7. Confidentiality

7.1. On the onset of psychotherapy, the practitioner will make clear to the client the limits of confidentiality offered in the sessions. This needs to be done in an age-appropriate way and it is the practitioner's responsibility to ensure that the client has understood these limits as far as possible.

7.2. A psychotherapist has to ensure that a client's confidentiality is maintained as much as possible, and a client's personal details and the details of other professionals involved is maintained when discussing a client's issues in client's notes, supervision, training presentations etc.

7.3. Parents, carers and professionals working with a client may be given general feedback on the work undertaken as well as the guidelines and recommendations where age-appropriate. Psychotherapists need to ensure that the client is informed of such communications and his/her best interest is taken into account.

7.4. A psychotherapist is responsible for keeping all the notes relevant to the therapeutic work in a safe and locked place.

8. Disclosure

8.1. A psychotherapist is ethically bound to disclose information which indicates whether his/her client, or any other child, is in danger from another person, is a danger to themselves, or to others.

8.2. Such disclosure is made only to the appropriate body, which is authorised to deal with such information.

8.3. In case of a need for disclosure, the client is informed of the steps the practitioner needs to take. A practitioner will do his/her utmost to make sure that he/she talks to the client prior to such steps being undertaken. A client's best interest needs to be taken into consideration when informing the client of any liaison with relevant professionals i.e. submitting reports.

8.4. It is the psychotherapist's responsibility to ensure that he/she is familiar with their work place's policy on disclosure.

8.5. A psychotherapist ensures that all contacts with the child, family and agencies are recorded contemporaneously. Records should accurately reflect the content of contacts and, where possible, the child's actual words.

9. Touch

9.1. Terapia follows the extensive neurobiological research on the paramount importance of touch in all human relationships, and therefore also in a psychotherapeutic relationship.

9.2. Psychotherapists need to ensure they use touch appropriately. This is achieved through extensive gathering of their knowledge, appropriate supervision and extensive work on understanding a child's transference and their own countertransference.

9.3. When using touch as a therapeutic intervention, practitioners need to be aware of and sensitive to cultural issues related to touch.

9.4. Touch should be used only as a therapeutic intervention or in extreme situations – as a way of preventing a child from hurting himself/herself (restraint)

10. Restraint

10.1 It is understood that in exceptional circumstances there can be an instance of a child becoming aroused and in danger of hurting themselves. In such an instance the psychotherapist needs to ensure that the child's welfare is paramount. Psychotherapists need to ensure that they are fully aware through their training and CPD about the best ways of preventing a child from hurting themselves in the session. Gentle holding of the child can be used when all verbal attempts to engage him/her or practical ways of distracting him/her have failed.

10.2 Psychotherapists need to ensure that a child's parents/carer or other responsible adults are present in the building, and available if requested.

10.3. In case of the client displaying uncontrollable behaviour thereby putting himself or others at risk, the therapist may consider ending the session with an appropriate explanation to the client and his/her parent/carer and offer a next appointment to the client.

11. Dual relationships

11.1. Any dual relationships within the therapeutic context are considered inappropriate.

11.2. Psychotherapists should avoid taking on clients who are children of their close friends, relatives or partners.

11.3. Psychotherapists should avoid meeting their clients in social circumstances. If, due to unforeseeable circumstances, the dual relationship has been formed, such therapy should be considered for termination.

11.4. If the contact with a client took place in an unforeseeable situation, the psychotherapist should consider bringing this occurrence to therapy. In all those circumstances the clinical supervisor's advice needs to be sought.

11.5. A situation where the individual therapy progresses into i.e. family therapy or to joint sessions with the child and child's carer or sibling etc. those circumstances are not considered as a "dual relationship".

11.6. When working for an organisation the psychotherapist will endeavour to ensure that their role is delineated from other responsibilities and roles within the organisation and service provision.

12. Publications & Research

12.1. Psychotherapists are required to safeguard the welfare and anonymity of clients when any form of publication of clinical material is considered. The anonymity of the child and the child's family needs to be disguised as far as possible. Even when anonymity is protected, the consent of the clients should be obtained whenever possible. In case of a client being young of age the consent should be obtained from the parents or carers.

12.2. Anonymity of the professionals involved with the particular case should also be preserved.

12.3. Any research conducted by a Terapia student or member of staff must be approved by the Ethics Committee prior to commencement. No part of the research may be amended without Ethics Committee's approval.

12.4. Psychotherapists should not pressure or coerce their clients to take part in research studies.

13. Recording of the sessions on tape, CD or videotape

13.1. Any recording of the sessions must not take place unless an informed consent is obtained from the child and the parents/carers, if the child is underage.

13.2. Psychotherapists should not put pressure or coerce the clients and/or parents/carers to obtain their permission to record.

13.3. Both the client and the parents/carers need to be informed, prior to obtaining such consent, about the purpose of the recording, their right to access the recording, their right to refuse, of who will see or hear the tape and when and how the tape will be destroyed.

Policy 2 Equality, Diversity and Inclusion Policy

Initial Approved Date: 30/09/20 Approved By: BM CEO	Reviewed: 26/04/2022 Reviewed By: SR CST
Revised: 21/03/2022 Revised By: PB CST	Next Review Due: 26/04/2023

TERAPIA EQUALITY, DIVERSITY AND INCLUSION POLICY



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*Training in child and adolescent
psychotherapy and counselling*



1. POLICY STATEMENT

Terapia is committed to equality and valuing diversity, and actively supports practices that promote genuine equality of opportunity for all members of the 'Terapia Community' – staff, volunteers, tutors, supervisors, students, trainee therapists and service users of all ages.

1.1. Terapia is committed to promoting a positive and diverse culture in which all members of the 'Terapia Community' and service users can thrive. In particular we will strive to ensure that no-one suffers discrimination on the grounds of the 'protected characteristics':

- a) Age
- b) Disability
- c) Gender Reassignment
- d) Marriage & Civil Partnership
- e) Pregnancy and Maternity
- f) Race (which includes colour, nationality and ethnic or national origins)
- g) Sexual orientation
- h) Sex
- i) Religion or belief

We recognise our obligations under the Equality Act 2010 and are committed to promoting the equality, diversity, and the inclusion, of all those we work with. We oppose all forms of unlawful and unfair discrimination, bullying and harassment and will make every effort to comply with the requirements of the Act and its subsequent provisions.

1.2. We also undertake not to discriminate unfairly on the grounds of trade union membership and activity, political belief and unrelated criminal convictions.

2. COMPLIANCE

Compliance with the Equality Act 2010 is the responsibility of all members of 'Terapia Community', including staff, volunteers, tutors, supervisors, students, and trainee therapists. It applies in any setting, in which someone is working or volunteering on behalf of Terapia, for instance, on a placement, at The Bothy, in a supervision session, in a therapy session, or online or by phone. Terapia does not condone any act of direct discrimination, indirect discrimination, harassment or victimisation. Any breach of this policy may lead to disciplinary action.

3. ROLES AND RESPONSIBILITIES

The designated senior member of staff with overall responsibility for all equality and diversity matters at Terapia is the Chief Executive Officer, Bozena Merrick.

It is the responsibility of all staff, volunteers, tutors, supervisors, students, and trainee therapists to:

- Treat each other, service users, partners, and visitors with dignity and respect; and avoid behaving in any manner that may give rise to claims of discrimination, harassment, or victimisation.
- Support and participate in any measures introduced to promote equality, diversity, and inclusion.
- Actively challenge discrimination and disadvantage in accordance with their responsibilities.
- Report any issues associated with equality and diversity in accordance with this policy.

It is important to appreciate that any individual is personally responsible for their own acts of discrimination, harassment or victimisation carried out during their employment or when representing Terapia, whether Terapia itself is also liable or not. Any attempt to instruct, cause or induce another person to discriminate, harass or victimise a third person will also amount to unlawful discrimination and any staff member, tutor, supervisor, student, trainee therapist, or volunteer doing so will be subject to investigation and potentially disciplinary action.

4. DUTY TO MAKE REASONABLE ADJUSTMENTS

We recognise that disability may take many forms, and strive to make sure that all areas of Terapia's work including employment, training and services are inclusive and accessible.

We will actively seek to make reasonable adjustments, where there is a need to ensure that a disabled person has the same access to everything as a non-disabled person, as far as is reasonable. We will take positive and proactive steps to remove, reduce or prevent the obstacles faced by a disabled individual, as far as is reasonable.

5. DISCRIMINATION

There are two types of discrimination that are unlawful: direct and indirect discrimination.

5.1. Direct discrimination is where a person is treated less favourably as a result of belonging to one or more groups identified above (protected characteristics – section 1.1).

5.2. Indirect discrimination is where Terapia staff, a volunteer, student, trainee therapist, tutor or supervisor applies a practice, requirement or condition which applies equally to all individuals, but which:

- a) Has an adverse disproportionate impact on a group of people because of their race, sex, disability, sexual orientation, religion or belief, or age, and;
- b) The employer cannot show it to be justified, and;
- c) It causes detriment to the individual.

5.3. Victimisation – when an individual is singled out for unfair treatment by another person or persons as a result of claiming direct or indirect discrimination.

6. HARASSMENT

Harassment may take the form of action, behaviour, comment, or physical contact, which is considered objectionable or offensive to the recipient even if the offence is not intended. The essential aspect of harassment is that it is unwanted and causes offence and/or embarrassment to the recipient.

Personal harassment will be regarded as a serious matter, which could result in disciplinary action being taken against the harasser.

6.1. Racial harassment is directed against easily identified and targeted groups. Racism involves implication (direct or indirect) of inferiority on ground of race, colour, religion ethnic origin or nationality.

Actions considered to be unacceptable include:

- a) Verbal racist comments or innuendo including comments made in the course of lectures, tutorials and meetings.
- b) Derogatory name-calling, insults and racist jokes.
- c) Bringing racist materials, such as leaflets to the organisation.
- d) Provocative behaviour, such as wearing racist badges.

6.2. Sexual harassment is unwanted conduct or behaviour of a sexual nature and which has the purpose of violating an individuals' dignity or creating an intimidating, hostile, degrading or offensive environment whether it was intended or not.

Actions considered to be unacceptable include:

- a) Unwanted physical conduct such as touching or staring in a sexually suggestive manner.
- b) Sexually assaulting or making sexual advances towards another person.
- c) Sharing or displaying sexually inappropriate images.
- d) Making sexual comments about appearance, clothing or body parts.

7. IMPLEMENTATION

All staff, volunteers, tutors, supervisors, students, and trainee therapists are required to conduct themselves in accordance with our Equality, Diversity, and Inclusion Policy. They are required to take personal responsibility in this area and work towards promoting respect for individuals. This will entail identifying and removing inappropriate behaviour and changing practices that perpetuate inequality and taking necessary action to challenge unfair, discriminatory, or racist practices.

7.1. We believe much can be achieved by developing policies, practices and procedures to eliminate unlawful and unfair discrimination and realise that real progress toward equality of opportunity requires a programme of action, which involves the commitment and participation of all staff.

7.2. Every member of the 'Terapia Community' and service user is entitled to have access to an environment which promotes dignity and respect to all. No form of intimidation, bullying, harassment, or victimisation will be tolerated.

7.3. We are committed to the development of effective policy, strategy and standards and to the introduction of monitoring and information systems to review and evaluate progress towards the achievement of equality of opportunity.

7.4. We recognise the effects of historical disadvantage and past discrimination, and will, where appropriate and within the law, take positive action to achieve equality of opportunity.

7.5. We believe that equal opportunities require a genuine commitment to this policy from everyone. For us this includes a duty to adhere to the key guidance in establishing, monitoring and evaluating our responses to the Equality Act 2010 and Disability Discrimination Act [DDA] and all Amendments related to those Acts.

7.6. Selection for employment, promotion, training, or any other benefit will be on the basis of aptitude and ability.

7.7. Members of the 'Terapia Community' may be held personally liable, as well as or instead of Terapia, for any act of unlawful discrimination. Members of the 'Terapia Community' who commit serious acts of harassment may be guilty of a criminal offence under the Protection from Harassment Act 1997. Acts of discrimination, harassment, bullying or victimisation against staff, volunteers, tutors, supervisors, students, and trainee therapists or service users are disciplinary offences and will be dealt with under Terapia's disciplinary procedure.

8. RACE EQUALITY

Rationale - Terapia acknowledges that the society within which we live is enriched by the ethnic diversity, culture and faith of its citizens.

8.1. We believe staff, volunteers, tutors, supervisors, students, and trainee therapists should be committed to ensuring that we know how to make effective personalised provision for each other and service users, including those for whom English is an additional language or who have special educational needs or disabilities, and how to take practical account of diversity and promote equality and inclusion in our training and services.

8.2. Terapia strives to ensure that the culture and ethos of our organisation is such that, whatever the heritage and origin of anyone, everyone is equally valued and treats one another with respect.

8.3. All members of the 'Terapia Community' will be provided with the opportunity to experience, understand and celebrate diversity.

8.4. The definition of institutional racism is 'the collective failure of an organisation to provide an appropriate and professional service to individuals because of their culture, colour or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people.' Terapia strives to create an environment free from institutional racism.

8.5. Our Aims for promoting racial equality and challenging racial discrimination include:

- a) Ensuring that staff from all racial groups are encouraged to achieve their full potential.
- b) Maintaining an inclusive ethos.
- c) Acknowledging the existence of racism and being proactive in tackling and eliminating racial discrimination.

- d) Promoting at every opportunity Terapia's ethos of welcoming and valuing everyone, irrespective of their race, colour, religion, ethnic or national origin, age or sexual orientation.
- e) Ensuring that intersubjectivity is an integral part of all our training.

8.6. Terapia's actions to ensure race equality include:

- a) Monitoring race equality, and where monitoring demonstrates disadvantages or under-representation, Terapia will undertake positive action measures allowed by law to rectify this, such as to;
 - Provide facilities or develop services to meet the particular needs of people from under-represented groups.
 - Target recruitment and adapt training to meet the particular needs of people from under-represented groups.
 - Encourage applications from groups that are under-represented.
- b) The review of Terapia's Equality, Diversity and Inclusion policy annually; conducted by the Clinical Services Team.
- c) Ensuring that our quality assurance processes identify and allow for sharing of good practice.
- d) Terapia will endeavour to ensure that our staff team reflects the diverse society in which we live.
- e) All racist incidents will be recorded and reported to the Senior Administrator - Executive PA to the CEO. All incidents will be resolved sensitively, in a manner which supports the victim and both sanctions and educates the perpetrator.

8.7. All members of the 'Terapia Community' and service users of all ages will:

- a) Be made to feel valued members of Terapia.
- b) Be encouraged to reach their full potential.
- c) Be supported in their development.
- d) Have their views, backgrounds and beliefs respected by colleagues and peers.
- e) Act as role models through the positive relationships they foster with colleagues and peers.

9. LEGISLATIVE FRAMEWORK

9.1. Equality Act 2010 (This act replaces the Equality Act 2006, the Race Relations Act 1976 and the Disability Discrimination Act 1995 and seeks to harmonise a number of previous pieces of equal opportunity legislation) - The purpose of the Equality Act 2010 is to simplify discrimination legislation and create a more consistent and effective framework, while at the same time extending discrimination protection. The Act defines discrimination as less favourable treatment because of a '**protected characteristic**'. The protected characteristics under the Equality Act are: disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. Indirect discrimination against individuals because they have a relevant protected characteristic is also covered (with the exclusion of pregnancy & maternity).

9.2. Human Rights Act 1998 – In the UK human rights are protected by the Human Rights Act. This Act incorporates rights under the European Convention of Human Rights into domestic law. Individuals can bring claims under the Human Rights Act against public authorities for breaches of Convention rights. UK courts and tribunals are required to interpret domestic law, as far as possible, in accordance with Convention rights. Previous case law may be overturned if there is a breach of Convention Rights and the relevant law can be re-interpreted in a way which is compatible with Convention Rights. Convention rights include: a right to respect for private and family life; and the right to freedom of religion and belief.

10. GRIEVANCE

10.1. If an individual feels this policy does not support them, or that it is being implemented inadequately, they should report their grievance to the Senior Administrator - Executive PA.

12.2. If an individual regards any matter as requiring formal resolution under this policy, then such matters should be referred to Terapia’s Complaint Resolution procedures.

11. RESPONSIBILITIES

Aspect	Overall Responsibility	Operational Responsibility
Equality, diversity and inclusion training and standards	Board of Trustees	Director of Training
Equality, diversity and inclusion monitoring and policy review	Board of Trustees	Clinical Services Team (Head of School Services and Development and Clinical Lead)
Recruitment and selection management and processes	Board of Trustees	Chief Executive Officer

Appendix 1

CHECKLIST

Aspect	Requirement	Checked and Present Y/N
Recruitment	<p>Monitoring (where carried out) is entirely separate, and confidential from the selection process.</p> <p>Conduct equality, diversity and inclusion training.</p>	
Existing staff	<p>Conduct equality, diversity, and inclusion training; revisited bi-annually or upon revision of the Equality, Diversity, and Inclusion Policy.</p> <p>Matters of equality, diversity, and inclusion included as discussion topic at staff team meetings.</p>	
Review	<p>Complete annual review of Equality, Diversity, and Inclusion Policy and training programme; identify follow up actions, plan and implement an improvement strategy.</p>	

Appendix 2

MONITORING TOOL

Terapia Equal Opportunities Monitoring Form

Terapia is committed to promoting equal opportunities as a training organisation, employer and service provider. To ensure transparency, fairness and equal access we ask all applicants to complete this Equal Opportunities form as part of our recruitment process.

The completion of this form is optional. Entries on this form will be treated as strictly confidential and will not affect your application in any way.

Position applied for:	Core Staff		Tutor	Supervisor
	Student		Services Placement	Volunteer
Age:	20 – 29	30 – 39	40 – 49	50 – 59
	60 – 69	70+	Prefer not to say	
Disability: Do you consider yourself to have a disability or long-term health condition?		Yes	No	Prefer not to say
		<i>If yes, please specify:</i>		
Gender:	Female	Male	Transgender	Non-binary
	Gender Neutral		Gender Fluid	Prefer not to say
Ethnicity:	A	B	C	
	D	E	Prefer not to say	
A - White: British, Irish, Scottish, English, Welsh, any other White background. B - Mixed Heritage: White and Black Caribbean, White and Black African, White and Asian, any other Mixed Heritage background. C - Asian or Asian British: Indian, Pakistani, Bangladeshi, any other Asian background. D - Black or Black British: Caribbean, African, any other Black background. E - Chinese or any other ethnic group: Chinese, any other.				
Sexual Orientation:	Bisexual	Gay/Lesbian	Heterosexual	Prefer not to say
Religion or Faith:	<i>Please specify:</i>			
	No religion		Prefer not to say	

Thank you for completing this form.

Policy 3 Complaint Resolution Procedure

Initial Approved Date: 06/11/2022 Approved By: BM CEO	Reviewed: 06/11/2022 Reviewed By: SR CST
Revised: 06/11/2022 Revised By: PB CST	Next Review Due: 06/11/2024

TERAPIA STUDENT COMPLAINT RESOLUTION PROCEDURE



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*Training in child and adolescent
psychotherapy and counselling*



1. WHO DOES THIS PROCEDURE APPLY TO?

Current and former students of Terapia Psychotherapy and Counselling training courses.

2. TERAPIA ETHOS

Terapia encourages an atmosphere of open communication where differences of opinion, perception and experience are acknowledged and accepted. In this environment it is common that a student will give feedback or seek clarification about something that may not have been as they hoped or expected. There may be ongoing discussions about a range of issues that take place in this context, this is different from clearly raising an issue as a complaint.

The formal complaints procedure begins at Stage 1 which is an Early Resolution process. Even within this initial stage a student needs to make it clear that they are raising an issue as a formal complaint; in-line with the procedure outlined below it will be recorded as such.

3. WHEN CAN A COMPLAINT BE BROUGHT?

For a formal process to take place an issue needs to have been raised within three (3) months of an event taking place, or within three (3) months of the last of a series of events to have taken place.

Please note a meeting or conversation that is part of the Early Resolution process always requires a written (email or paper) dated note evidencing that the meeting has taken place.

The timescales for any complaints that are escalated through the formal procedures are given below.

Three (3) months after an event, or the last of a series of events, no formal complaint can be submitted unless there are exceptional circumstances.

4. WHO OR WHAT CAN BE THE SUBJECT OF A COMPLAINT?

Terapia, or anyone acting within the scope of their work for Terapia, may be the subject of a complaint.

If a student has a complaint about another student that they cannot resolve themselves they should seek support from the Pastoral Support Tutor, another Tutor, Supervisor, or member of Staff. This situation is not covered by this policy.

5. THE PURPOSE OF THE COMPLAINT'S RESOLUTION PROCEDURE

The aims of the complaints process are:

1. To resolve an issue so that all parties can have good working relationships and so that there is no barrier to a student being able to access and engage with the course.
2. For anyone involved in the 'Terapia Community' (staff, students, tutors, supervisors) who has not kept to policies, procedures, or good practice to learn and modify behaviour or actions.
3. For Terapia as an organisation to receive constructive feedback, to improve procedures, correct mistakes and learn from students' experiences.

6. HOW WILL COMPLAINTS BE HANDLED?

Complaints will be:

1. Treated confidentially with information only shared on a need-to-know basis in line with Terapia's Data Protection Policy.
2. Responded to in a timely fashion (see Stages below – section 8); everyone involved will be informed about the progress of a complaint.

If there is a delay for any reason, then all parties will be informed of the reason and the new timescale.

Any person making a complaint will not compromise their rights, be intimidated, or treated unfairly, in-line with Terapia's Equal Opportunity Policy.

We will monitor complaints so as to identify any common themes or patterns and also on the basis of race, age, sex, sexual orientation, gender identity and expression, religion, cultural and ethnic origin, or disability.

The Complaints and Ethics Committee will be informed that a formal complaint has been raised and kept up to date with where it is procedurally. They will only learn about the details of a complaint when resolved, or if it reaches Stage 3.

7. WHO SHOULD COMPLAINTS BE ADDRESSED TO?

At the Early Resolution Stage, the complaint should be addressed to the person or people who are the subject of the complaint. Students are encouraged to talk to the Pastoral Support Tutor about any issues they have, and it may be helpful to involve them in the Early Resolution Stage. If the Pastoral Support Tutor is the subject of a complaint or has dual relationships with anyone involved in the complaint, then the Academic Support Tutor or another member of staff can be approached to undertake this role.

Terapia's Senior Administrator has oversight of Terapia's complaints process, and has responsibility for tracking, recording, monitoring and making sure all relevant parties are notified of complaints. Complaint Forms for submission at Stage 2 and Stage 3 can be obtained from the Senior Administrator and when submitted they should be sent to maggie@terapia.co.uk.

8. COMPLAINT STAGES

8.1. STAGE 1 – EARLY RESOLUTION

Stage 1 must take place within three (3) months of an event or action that is the cause of the complaint, or within three (3) months of the last of a series of related events or actions.

It may be advisable to arrange a meeting with the Pastoral Support Tutor for support and guidance if you are considering making a formal complaint. If the Pastoral Support Tutor is the subject of a complaint or has dual relationships with anyone involved in the complaint, then the Academic Support Tutor or another member of Staff can be approached to undertake this role. Their role is to provide support and guidance and help you to arrange a meeting directly with the person involved as soon as possible. The Pastoral Support Tutor may help facilitate meetings; meetings will take person to person, or in exceptional circumstances via Zoom. Where it is helpful a student may ask for a friend or family member who has no direct connection with Terapia (i.e. not a member of staff, fellow student or tutor or supervisor) to attend the meeting to observe for support.

Similarly, the person who the complaint is about, may ask for a friend or family member with no direct connection to Terapia to attend a meeting. They are also encouraged to seek support from a member of staff throughout the process. Anyone attending the meeting as a friend or family member cannot attend in a professional capacity. More than one meeting may be held to help resolve the complaint. It is helpful if all parties involved in this process aim to resolve issues within twenty (20) working days. Someone who is the subject of a complaint must reply to a request to hold a meeting within five (5) working days.

A summary note of the meeting(s) and any outcome(s) needs to be produced within three (3) working days. This can be written either by the person(s) who is the subject of the complaint, or by the Pastoral Support Tutor (or someone acting in this role) if present. Where the Pastoral Support Tutor does not write the note, they must be copied into it. A simple template for recording the meeting will be provided by the Senior Administrator (details above).

A copy of the summary note must be sent to Terapia's Senior Administrator as well as the complainant.

8.2. STAGE 2 – INVESTIGATION LED BY SENIOR MEMBER OF TERAPIA STAFF

Stage 2 must be initiated within two (2) weeks of the last Early Resolution meeting

If dissatisfied by the outcome of Stage 1 then a Terapia Complaint Form may be submitted. The form includes notes about how to complete the form which must be read prior to completion.

All complaints forms should be sent to Terapia's Senior Administrator – email maggie@terapia.co.uk. Mark the subject as 'COMPLAINT – PRIVATE AND CONFIDENTIAL' and of High Importance. Complaints received must be acknowledged within seven (7) days and an investigation will normally be completed within twenty-eight (28) days. If for any reason the investigation is delayed all parties will be notified.

A Senior Member of Staff who has was not involved in the Early Resolution process and is not the subject of complaint will be appointed as the complaint lead. In exceptional circumstances this role will be taken by the Chair of Trustees.

Anonymous complaints will not be considered.

All parties mentioned in the complaint will be informed.

The complaint lead investigates the complaint or appoints a member of staff to act as an investigator. If another member of staff is appointed, they must not be the subject of the complaint, nor have been involved in Stage 1. In exceptional circumstances, at the discretion of the complaint lead, an independent investigator who is not a member of Terapia's staff team may be appointed. The Senior Administrator will attend any formal meetings that take place as part of this investigation to take notes.

The investigator talks to all relevant parties and gathers evidence, which is all kept in strictest confidence. They will determine the outcome of the complaint on the balance of probabilities and produce a written report. The complaint lead writes to the complainant and other parties with the outcome of the process. A copy of the outcome is sent to the Senior Administrator.

8.3. STAGE 3 APPEAL

Stage 2 must be initiated within six weeks of the outcome of stage 2 but no earlier than two weeks after the outcome of stage 2.

If unsatisfied by the outcome of stage 2 an appeal can be made on specific grounds to the Chair of Terapia's Ethics and Complaints committee.

There are three grounds for appeal, they are:

- (a) there has been material procedural irregularity in the conduct of the Stage 2 investigation;
and/or
- (b) new information has come to light, which you were unable to disclose previously, and which would have had a material impact upon the investigation previously undertaken;
and/or
- (c) the decision reached was unreasonable based on the information that had been available to Terapia when the case was considered.

A Terapia Appeal Form needs to be submitted to the Senior Administrator, maggie@terapia.co.uk, outlining the grounds and detailing the evidence and reasoning.

The Senior Administrator will forward the Appeal Form to the Chair of Terapia's Ethics and Complaints Committee who will convene a panel of the committee and appoint a case lead (this may be the Chair themselves). The panel shall consist largely of members who are independent of Terapia. The panel may choose to adjudicate on the basis of written evidence, or request to speak to relevant parties directly. The appeal process will be completed within forty (40) working days, if there is a delay for any reason all parties will be notified about the reason for the delay.

The panel will come to a decision based on the balance of probabilities. If the panel upholds one or more of the grounds of appeal it may substitute its own decision and, if appropriate, recommend remedial action. The Chair will make sure that a completion of procedures letter is written to all parties notifying them of the outcome.

Appendix 1

CONTACT INFORMATION

Position	Number	Email
Senior Administrator	020 8201 6101	maggie@terapia.co.uk
Pastoral Support Tutor	020 8201 6101	tasha@terapia.co.uk
Chief Executive Officer	020 8201 6101	bozena.merrick@terapia.co.uk

Policy 4

Terapia Code of Ethics and Practice for Trainers and Tutors

I. Introduction

The overall purpose of the Code of Practice for Trainers and Tutors is to provide clear guidance to all staff engaging in teaching, training or any contact with students, on how to implement Terapia's ethical policies and promote our core values. This document should be read in conjunction with Terapia's Complaints Policy, Ethical Guidelines for Working with Children, and the Ethics for Counselling & Psychotherapy. The Code works within Child Protection, Diversity and Equal Opportunity and Data Protection legislation.

The Code of Practice aims:

- 1.1** To maintain the standards of training set by Terapia.
- 1.2** To maintain the standards of training set by the UKCP for child psychotherapists in the UK.
- 1.3** To protect all teaching staff, students and clients, and to inform members of the public who seek training in Terapia.
- 1.4** To maintain the high standards of excellence that presently exists in Terapia.
- 1.5** To ensure the inclusion of legal requirements (such as Data Protection, Child Protection and Equal Opportunities legislation).
- 1.6** To fulfil the requirements of Academic Institutions, the UKCP and other professional bodies as applicable.

Teaching Responsibilities of Terapia's Staff

- 2.1** Staff will abide by Terapia's Equal Opportunities Policy and recognise the value and dignity of students irrespective of origin, status, gender, sexual orientation, belief, class, colour, disability/ability or any other distinguishing factor.
- 2.2** Staff are responsible for setting and monitoring clear boundaries between working relationships and friendship or other relationships between trainers and trainees at Terapia. This will include good time-keeping, and communication if for any reason unable to fulfil their contract to teach. Staff will always be aware of their legal duty of care to all persons on premises used by Terapia.
- 2.3** Staff are responsible for ensuring that the satisfaction of their own emotional needs is not dependent upon relationships with their students.
- 2.4** Staff will always put the needs of their students first and not engage in any activity that takes advantage of students financially, sexually, emotionally or in any other way. Physical contact between staff and trainees should only take place within the strict ethical, personal and professional boundaries and in a way which respects person's physical, emotional and spiritual rights.
- 2.5** Staff will abide by Terapia's Ethical Codes in all respects, and make it clear to students that they are also expected to adhere.
- 2.6** Staff will always operate within Child Protection Legislation, and similarly prepare and expect students to comply.
- 2.7** Staff will be aware of Terapia's Complaints and Appeals Procedures, and advise students of them in any disciplinary situation. Where staff believes a student has broken a guideline, they will take appropriate action within the framework of Terapia's Complaints Policy.
- 2.8** Staff in their teaching role will always make explicit to students the aims and objectives of their module, including the learning outcomes and any assessment procedures.
- 2.9** Staff will pursue and model accountability, transparency, justice and clarity in their relationships, work, and delivery of their teaching with students.
- 2.10** Staff will always have uppermost in their minds the developmental needs of students, and do all they can to encourage students to gain the maximum from their learning activities while at Terapia. This includes direct teaching, but also learning from the group settings in terms of their

own personal development, and in developing the qualities and skills of an integrative child psychotherapist.

Professional Responsibilities of Teaching Staff

3.1 Staff undertake to maintain the highest standards of training for themselves. This will include keeping abreast of recent research and developments in their own field of expertise.

3.2 Where appropriate staff will abide by Terapia's CPD requirements.

3.3 If practising as psychotherapists in any capacity staff will abide by Terapia and UKCP guidelines on Supervision.

3.4 Staff will be familiar with Terapia's Ethos of Training and all Terapia policies on Ethics, Diversity, Complaints, and commit to personally implementing them.

3.5 Engaging in teaching on a child psychotherapy training all staff shall model Terapia's core values. These will include the fundamental principle of doing no harm to others, of respecting others' human rights and dignity, of fostering others' personal development, effectiveness, autonomy and well-being, as well as meeting their students' training needs.

3.6 Staff commit to ensuring they meet their own personal health, emotional and psychological needs, so that they are in a strong position to deliver effective best practice.

3.7 All staff shall be legally indemnified for the tasks they undertake with Terapia students.

Confidentiality

Staff shall maintain confidentiality with all material disclosed by students at all times.

Staff shall make clear to students what feedback about them will be given within the requirements of Terapia's assessment guidelines and procedures.

Staff will maintain appropriate boundaries regarding their own personal disclosure.

Staff will foster openness and transparency in their teaching methods and style. They will demonstrate the values of acceptance, empathy and congruence, and so encourage the personal growth within the confidential child psychotherapy training setting.

Staff shall make clear the limits of confidentiality to students, and inform them if they feel the need to break confidentiality. This may occur where ethics or diversity considerations conflict with confidentiality.

Staff shall make clear to students whether confidentiality is limited to the particular group or module of the learning setting, or to Terapia as a whole.

Staff will bear in mind the personal and training needs of students in all discussions of their progress.

Any use of recorded material shall be done with the explicit consent of the students involved. This also applies to any future publications by staff, who shall respect students' individual anonymity, as well as the organisation's reputation.

All written records pertaining to students shall be kept in Terapia's locked facilities. Staff have the same responsibility when making written notes on students and their progress. Terapia staff will abide by Data Protection legislation at all times.

Policy 5

Terapia Code of Ethics and Practice for Supervisors

This Code of Practice has been written in conjunction with UKCP Psychotherapy with Children Committee Supervision Policy (2014)

1. General

The primary purpose of supervision is to enhance the professional development of the supervisee so as to ensure the best possible psychotherapy practice for their clients. Supervision should perform the functions of education, support, and evaluation against the norms and standards of the profession.

2. Minimum Requirements

All clinical supervisors at Terapia must fulfil the following criteria:

1. UKCP registration
2. UKCP psychotherapy training
3. Training in clinical supervision
4. MA in Child and Adolescent Psychotherapy/Psychology or
5. Advanced Diploma in Psychotherapy or
6. Other related additional training in the field of child and adolescent therapeutic work
7. Have extensive experience in clinical work with all age groups, parents and families
8. Have extensive experience in providing supervision
9. Receive an ongoing supervision appropriate to their supervisory work at Terapia
10. Have adequate professional indemnity insurance

3. Professional Responsibilities:

a) Supervisors need to be aware of the broad range of tasks that their role entails, which are specific to the field of child and adolescent psychotherapy as well as to the therapeutic work provided to parents, carers and families.

b) Supervisors must provide an open, trusting working alliance with supervisees in which the supervisee is confident to reveal the difficulties within his/her work.

c) To provide affirmation of good practice, the supervisor must foster a supportive relationship in assisting the supervisee in handling the difficulties encountered in their work.

d) Take an educative role when appropriate - using coaching skills, or aspects of mentoring to enlarge the supervisee's theoretical knowledge and to highlight areas of further training.

e) To recognise that there is a normative role in supervision that includes upholding the standards of good professional practice, guiding and supporting supervisees in addressing ethical issues, balancing the needs of supervisee and child, as well as the rights of the parents and caregivers, in relation to therapeutic decisions about the client.

f) To ensure that any child protection issues are being dealt with effectively.

g) To make sure that the supervisee manages appropriately the different relationships and roles they may undertake with other professionals involved with the child, as part of their therapeutic role. This will require a high degree of flexibility and alertness to possible conflicts of interest.

4. Supervisor's Responsibilities within Terapia Setting:

a) To be familiar with Terapia's Equal Opportunities Policy, Complaints Policy and Code of Ethics adopted at Terapia. To work with students in a way that adheres to these policies. To adhere to Terapia's Ethos of training which adopts the values of transparency, accountability and highest standards of professionalism.

- b) To offer each supervisee regular feedback and assessment of their clinical work. To provide a regular progress report using the pro forma provided.
- c) To be available for emergency telephone support.
- d) To ensure that the supervisee keeps adequate record of their work as well as the record of professional liaisons with outside agencies involved with the child or a young person.
- e) To work closely with Terapia's training staff. To provide regular feedback on students' level of professionalism by attending meetings with clinical staff, when appropriate, and by providing written reports as required in section 2.
- f) To ensure that their supervisory role is covered by a suitable Professional Indemnity Insurance.
- g) To receive regular supervision on their work, regardless of their level of training and experience.
- h) To ensure that confidentiality is maintained within the training organisation.

5. Written Reports

- a) Supervisors need to provide students and the training with appropriate assessments of students' clinical work.
- b) The Interim Report should be submitted at the end of the Summer Term. The End of Year Report should be submitted at the end of the Winter Term. Both reports have to be presented to the supervisee for discussion and the supervisee should be encouraged to give his/her response.
- c) Supervisors need to encourage peer assessment as well as receive feedback from students on the supervision provided.
- d) All written reports should be submitted to the students' files.

6. Group Supervision

- a) Group supervision takes place at Terapia's premises on a fortnightly basis as stated in the Students' Handbook.
- b) Supervisors take responsibility for issuing, signing and keeping supervision contracts and keeping the record of students' attendance.
- c) If a student misses a group meeting he/she needs to arrange a 1 hour individual supervision session with the supervisor at a mutually convenient time. The cost of the session is met by the supervisee at Terapia's rate.

7. Individual Supervision

- a) Individual supervision takes place once a month by mutually convenient arrangements at the cost to supervisee at Terapia's rate.
- b) Individual supervision sessions can be re-arranged at no extra cost to the supervisee providing at least 24-hour cancellation time is given to the supervisor.

8. Ratio of Supervision to Client Hours

a) It is the clinical supervisor's responsibility to ensure that the supervisee has the adequate amount of supervision.

b) All Terapia's trainees are required to have not less than 1:4 ratio of supervision to client hours. In group supervision the ratio should be of a minimum of 10 minutes of supervision per client hour. If a student's client base exceeds the minimum ratio the supervisor should meet the student for an additional individual supervision session.

c) All supervision at Terapia is required at the above ratio, regardless of any placement and employment's supervision provided to the student.

d) If a student works with severely disturbed, traumatized or abused clients the supervisor may advise the student that she/he takes higher rates of supervision and may be as much as one hour per week.

9. Extenuating Circumstances

a) In extenuating circumstances when a supervisee's professional conduct or personal life style contravenes Terapia's codes of conduct or the law of the land, the supervisor should take one of the following actions:

- Recommend additional supervision sessions
- Recommend additional therapy
- Recommend additional training
- Suspend the supervisee from client work for a period of time or for the duration of the course. In this case the Course Tutor as well as the Course Director must be consulted prior to such a decision.

Policy 6

UKCP – Terapia Membership Guidance and CPD Policy

UKCP and HIPC

The **UKCP (UK Council for Psychotherapy)** is the leading organisation for psychotherapists and psychotherapeutic counsellors in the UK who regulate the profession. The UKCP holds a register of psychotherapists and psychotherapeutic counsellors who meet specific standards of practice and training and who agree to abide by the UKCP code of ethics. Its aim is to promote, monitor and maintain high standards of practice within the field for the safety and benefit of the public.

The UKCP has around 75 training and accrediting organisational members (OMs). These are grouped together into 10 Colleges, each one representing a shared philosophy or approach to psychotherapy. Terapia is an organisational member of the UKCP and belongs to both Humanistic and Integrative Psychotherapy College (HIPC) and the College for Children and Young People (CCYP).

HIPC sets the [standards for education, training and practice](#) for its individual and organisational members that are compatible with the UKCP generic standards. As an organisational member that meets and monitors these standards Terapia is able to accredit its graduates and individual members and nominate their listing to the national register.

There are several categories of UKCP membership:

- **Student membership** – for those that are studying for a UKCP-accredited qualification in psychotherapy at a UKCP training organisation and have not yet started seeing clients. Student membership is free.
- **Trainee membership** – for those that are studying for a UKCP-accredited qualification in psychotherapy at a UKCP training organisation and are seeing clients as part of that training. Trainee membership has an annual fee.
- **Full-clinical membership** – for those that have completed a UKCP recognised training. There is an annual fee.
- **Full non-clinical membership** – for existing members who are no longer engaged in clinical practice but are offering supervision or are teaching.
- **Retired membership** – for existing members who have retired from clinical practice, teaching and supervising but wish to remain connected to the profession and continue to support the promotion of psychotherapy.

- **Direct Membership** – All the above membership categories are available with Terapia as the accrediting OM. However members can maintain their annual membership and five-yearly accreditation by directly applying to their appropriate College (e.g. HIPC or CCYP). Candidates may be considered for Direct Membership of UKCP only once they have successfully completed at least one cycle of re-accreditation with their initial accrediting body following their qualifying training (usually 5 years).

Terapia

Terapia is both a training and accrediting organisation of the Humanistic and Integrative College (HIPC) and the College for Children and Young People (CCYP) and accredits its own graduates and externally trained professionals who meet its own and the HIPC standards. An annual membership fee applies.

Individual full members of the UKCP can be accredited (and re-accredited every five years) through an organisational member such as Terapia. Annual membership in between re-accreditations can be arranged directly with the HIPC/UKCP. However, most members remain with Terapia and pay an annual fee.

Terapia Requirements for Membership

Terapia's graduates (MA in Child and Adolescent Psychotherapy and Counselling) must supply:

- Evidence of 450 hours of clinical practice (such as references from supervisors, placement, training institutions);
- A copy of their Professional Indemnity Insurance Certificate.

If a graduate is applying for UKCP registration after more than one year of graduating, then they also need to supply:

- Evidence that certifies at least one year's recent engagement in the profession, such as supervisor's reports, employment history, peer reviews;
- Evidence of Continuing Professional Development (CPD) for each year since graduating in line with Terapia's CPD policy below, such as conference attendance, trainings, courses developed or taught.

Continuing Professional Development Policy

The purpose of continuous professional development (CPD) is to ensure the highest standards of clinical practice are attained and maintained for the benefit of the public. The CPD policies and procedures are an integral part of Terapia's ongoing commitment and support to graduates and the public and need to be read in conjunction with Terapia's Ethical Guidelines for Working with Children.

- 1.1 It is Terapia's policy that all graduates maintain continued professional development (CPD) while a registrant through our organisation;
- 1.2 Terapia adopts an inclusive, integrative approach to CPD that aims to meet the needs and variety of all its graduates;
- 1.3 Graduates' CPD will both be informed by and complement graduates' ongoing clinical supervision;
- 1.4 All CPD policies operate within UK Child Protection legislation.

2 PRINCIPLES

- 2.1 The guiding principle of Terapia's CPD policy is to encourage graduates to continue the path of transformation and training they began with their MA;
- 2.2 Clients' needs will be best served where graduates are themselves reaching out to develop both as individuals and practitioners;
- 2.4 Development will be encouraged of both the core integrative approach taught within Terapia, and of other approaches that will contribute insight, knowledge, awareness and skills from other modalities or professions;
- 2.5 Terapia encourages graduates to question their own methods and practice, and actively search for better ways to serve their clients. As well as courses to learn new skills, graduates are encouraged to keep abreast with developments in related fields by conversing with other professionals, especially those working with young people, such as educational psychologists, family therapists, school mentors, and local CAMHS teams;
- 2.6 Terapia takes the responsibility seriously of providing a wide range of further courses to enhance graduates' professional development. These courses will be given by the experts in their field, and open to all graduates;

- 2.7 Terapia recognises graduates' differing experience and stage of practice and evaluates their CPD needs accordingly.

3 REQUIREMENTS

- 3.1 Terapia requires graduates to be continuously updating their skills, knowledge, and practice by subscribing to both formal courses and more informal learning opportunities. Terapia encourages its graduates to develop their own way of working, rather than adopt a fixed model of practice;
- 3.2 As well as formal supervision graduates are expected to reflect on their own practice. This entails giving themselves space to consider the needs of their clients between sessions, to act as their own internal supervisor;
- 3.2 Graduates must refresh their practice by ongoing reading, and will be expected to discuss this in the evaluation of their CPD;
- 3.3 CPD must consist of a minimum of 50 hours per year, a minimum of 30 of these hours should be attending conferences, seminars, courses (in-person or online) etc. and must be at least 250 hours over the five-year period prior to the reaccreditation (excluding client work);
- 3.4 While practicing with children, it is expected that some of a graduate's CPD will be appropriate to the age range with which they are working. Terapia also recognises that practitioners will continuously wish to further their personal development, alongside any courses or learning they undertake that pertains to their clients' age range;
- 3.5 Graduates must be seeing a minimum of four clients per week on average during their first five years of practice, and having supervision proportionate to their workload. As graduates gain experience and may move into training or supervisory roles themselves, they should maintain some direct client contact;
- 3.6 Supervision for clinical work with children should be appropriate to the age group the registrant works with and the supervisor should have appropriate experience and thorough knowledge of the issues involved in child psychotherapy, child mental health and child protection;

- 3.7 Generally graduates will create their own networks to support them both professionally and personally;
- 3.8 Where graduates find they are struggling with their own issues Terapia expects them to seek appropriate support. This will often be to undergo therapy themselves, and where appropriate seek specialist help. In accordance with ethical practice graduates will not practice if not well enough to do so;
- 3.9 Sabbaticals are recognised by Terapia, but notification in writing to the director is required on leaving, and again on re-commencing practice, so that clear steps are taken to ensure the graduate begins to practice again in a safe, up-to-date and energised manner;
- 3.10 Terapia expects graduates to be aware of their own training needs as they practice. This presumes an ongoing awareness of general developments within the profession, as well as reading widely within the field of their particular practice.

4 MONITORING PROCEDURES

- 4.1 These procedures shall be clear and transparent, and exist to support graduates to appraise their own development. The spirit of this process can be one of celebrating the development and growing awareness within our profession. The essence is of respect for each other's work, and the unique contribution we all bring to our practice;
- 4.2 Graduates are expected to keep a record of their practice and supervision hours, as well as courses taken, and other activities and reading that enhance their practice, skills and knowledge base;
- 4.3 Terapia will assist students to monitor their CPD by arranging an annual day for CPD assessment. Attendance will be mandatory as graduates approach their five-year UKCP review. Attendance will be recommended for other years;
- 4.4 For the quinquennial review graduates will present their CPD record to others in small groups. The group will contain some a minimum of two people, at least one person must be a child and adolescent psychotherapist and there should be at least one person present that is not known to the graduate. Graduates will be expected to share how they have been keeping

themselves fresh, alive, and risen to the challenge of opening new doors in their learning; and demonstrate how they have integrated this into their daily practice;

- 4.5 The groups will consider both how the graduate is practising and how they are developing, in order to ensure that CPD is both relevant, and real. Where a graduate reveals they are struggling in their professional development, the group may offer support that will help the individual to address the issues. In this case the individual may not be ready to have a report submitted, but may be referred to take some action and represent to another group meeting;
- 4.6 The quinquennial groups will produce a report of each graduate's CPD, which will be shown to the graduate, and then given to the responsible person at Terapia. Terapia will assess the report, make any necessary recommendations to the graduate, and inform UKCP that the quinquennial has been approved. The report may make recommendations for further CPD if any gaps in knowledge or skills have been highlighted in the process. It is hoped the groups will be a lively, supportive forum for graduates to share their achievements and challenges, a place they can learn from each other, and share their dreams, fears and hopes;
- 4.7 If a graduate is unhappy with the report or any aspect of the monitoring, they may appeal to the Terapia CPD panel. The panel made up of three senior staff members will consider the case, and offer appropriate support to the graduate. They may consider another group assessment to be necessary after any shortfall in CPD is addressed;
- 4.8 Non-quinquennial graduates may also meet in small groups and present their CPD for discussion, enabling graduates to learn from each other. Individuals will have the opportunity to see how their colleagues have found new material, as well as how to integrate new learning and experience into best practice. This will help graduates keep abreast of each other's resources, as well as building up their CPD record.

Terapia's Membership Procedures

Individual full membership needs to be renewed annually and reaccredited every five years as follows:

- **Renewal of annual membership of Terapia**

Members are required to complete an annual CPD returns form which confirms their Client work, Supervision and CPD activities. Members should retain evidence of their CPD activities to support their five-yearly (quinquennial) accreditation and any ad-hoc audit requested by the

UKCP or Terapia. UKCP randomly audits 3% of its members each year. The annual renewal deadline is 1st September. The annual renewal fee is £50.00 and is reviewed annually.

- **Quinquennial (five-yearly) reaccreditation**

CPD activities of the previous five years must be listed on the CPD Quinquennial Review form and evidenced by relevant documentation (e.g. CPD certificates, course certificates).

Terapia will make every effort to remind members when their reaccreditation is due, however the responsibility for meeting the five-yearly deadlines ultimately lies with the member.

The five-yearly reaccreditation fee is £80.00. Delayed submissions will result in a temporary lapse of membership and the member marked as pending on Terapia's records. If a lapsed membership extends beyond three months, the membership will be terminated with Terapia and the UKCP will be informed. This may result in members being removed from the UKCP register.

Approval of Registration and Reaccreditation

The Annual CPD returns and Quinquennial submissions are received and scrutinised by the CPD Panel which consists of the Director of Training, Academic Coordinator and Alumni/UKCP Registrant.

Following a members application for annual renewal or reaccreditation Terapia will decide to either:

- i. Approve annual renewal or reaccreditation;
- ii. Ask for specific requirements to be met within a timeframe;
- iii. Reject annual renewal or reaccreditation.

Appeals Procedure

If a member wishes to appeal the CPD Panels decision regarding their annual membership or quinquennial they must write to the Chair of the CPD Panel outlining their reasons for the appeal and submit supporting evidence.

Sabbaticals

Sabbaticals can be taken due to personal choice, illness, maternity/paternity leave or other life events. A member can pause their membership if they do not participate in clinical practice. Whilst on Sabbatical the member will be temporarily be removed from the UKCP register. If a member choses not to see clients for longer than three months they must inform Terapia and the UKCP memberships team.

The maximum period of a sabbatical is 12 months. If a member's sabbatical goes beyond 12 months they will need to reapply to join the UKCP. Whilst on sabbatical individuals should still continue with some CPD activities, such as attending trainings, conferences, writing articles/books, engage in research etc).

Lapsed Memberships

If a member does not renew their Terapia membership annually the membership with Terapia will lapse and the UKCP, HIPC and CCYP will be informed. In order to return to Terapia; s membership a new full application will need to be submitted.

Data Protection

Terapia complies with all UK Data Protection law. Members' data are collected and processed as part of our membership agreement with you.

Policy 7

Health and Safety Policy

1. Introduction:

1.1. Terapia accepts its legal responsibilities towards promoting a healthy and safe environment for all users – students, tutors, visitors and all Terapia’s employees. Terapia has adopted the Health and Safety Policy and shall endeavour to operate it as far as practicable.

1.2. This policy is written in conjunction with the Health and Safety at Work Act 1974, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) and the Health and Safety Display Screen Equipment Regulations 1992.

2. Responsibilities

2.1. Terapia will conduct its undertakings in such a way as to ensure, so far as is reasonable and practicable, that students and employees and other people not in its employment (e.g. visitors) who may be affected are not exposed to risks to their health and safety while on the premises.

2.2. Particular attention will be paid to the provision and maintenance of:

- a) welfare facilities with appropriate ventilation, lighting, and sanitary washing and rest facilities, compatible with statutory requirements
- b) a workplace which is safe and without risks to health
- c) sufficient information, instruction, training and supervision as is necessary to protect the health and safety of employees while at work and other persons who may be affected by the work activities
- d) arrangements for implementing the health and safety measures identified as being necessary by the assessment
- e) precautions against danger from flammable or explosive hazards, electrical equipment and noise.

2.3. Terapia ensures that the significant findings of the risk assessment are recorded appropriately.

2.4. The Facilities Manager is delegated the day-to-day responsibility for implementing the policy.

2.5. The Director will ensure that the Policy is reviewed regularly.

3. Employee’s and students’ responsibilities

3.1. Terapia employees and students have the following responsibilities:

- a) taking reasonable care for their own health and safety and that of others who may be affected by what they do or do not do

- b) co-operating with Terapia's management on health and safety
- c) correctly using work items and other equipment provided by Terapia
- d) not interfering with or misusing anything provided for employers and students' health, safety or welfare.

4. Risk assessment

4.1. Terapia's Director has responsibility for carrying out risk assessment. This involves looking at whether Terapia's employees, students and Terapia's visitors are exposed to risk either because of the work they are doing or the condition of the premises and equipment.

4.2. The risk assessment will be carried out bi-annually.

4.3. When conducting the risk assessment it is important to remember that hazards may not be physical. Stress at work is increasingly common and can be result of bad working practices.

4.4. If, following the risk assessment, some repairs have to be made, records need to be made of the measures introduced as a result of the inspections.

5. Accident reporting and investigating

5.1. Accident reporting and investigation is done in accordance with the County Health and Safety Policy and Guidance manual section H. All staff have access to this information in the form of a copy of the document at the Reception Desk.

5.2. The Accident Reporting Forms are kept at the Reception.

5.3. The staff have a responsibility to report accidents as well as hazards through the appropriate channels:

- urgent matters, which can cause immediate danger, should be reported to the Facilities Manager.
- non-urgent matters should be reported to Terapia's Director.

6. First aid provision

6.1. The first aid box is in held at the Reception. The Director is to be contacted when the need for first aid arises, or the need for advice on first aid.

6.2. The first aid box should contain the following:

- a) a leaflet giving general guidance of first aid (i.e. leaflet “Basic Advice on First Aid at Work”)
- b) assorted sizes of individually wrapped sterile adhesive dressings
- c) sterile eye pads
- d) sterile individually wrapped triangular bandages
- e) safety pins
- f) assorted sizes of sterile, individually wrapped un-medicated wound dressings
- g) disposable gloves.

7. Fire precautions

7.1. The building is inspected annually for Fire Protection.

7.2. A fire exit procedure is displayed in each room in the building indicating what action should be taken in the event of discovering a fire and outlining evacuation routes and assembly points.

7.3. The fire fighting equipment is kept in working order and inspected annually.

7.4. A fire drill is held bi-annually.

8. Additional requirements

8.1. Terapia will not levy any charges or permit any charges to be levied on any employee or student in respect of anything done or provided in pursuance of any specific statutory requirements with respect to health, safety and welfare.

8.2. Terapia will pay specific attention to safety features at the design and planning stages of new premises, structures, equipment and when modification of existing premises, structures and equipment are being undertaken. Terapia will seek appropriate professional advice as necessary on these matters.

8.3. The management of Terapia will ensure that health, safety and welfare matters outside their control are brought to the attention of the relevant authority.

Policy 8

Code of Ethics for counselling and psychotherapy (BACP)

Whilst every effort has been made to ensure the accuracy of this section, we would request that you consult the BACP website for the most up to date version of their Ethics statement which can be found at:

http://www.bacp.co.uk/ethical_framework/

Our commitment to clients

Clients need to be able to participate freely as they work with practitioners of the counselling professions towards their desired goals. This requires clients to be able to trust their practitioner with their wellbeing and sensitive personal information. Therefore, as members or registrants of BACP, we take being trustworthy as a serious ethical commitment. We have agreed that we will:

1. Put clients first by:
 - a. making clients our primary concern while we are working with them.

2. Work to professional standards by:
 - a. working within our competence
 - b. keeping our skills and knowledge up to date
 - c. collaborating with colleagues to improve the quality of what is being offered to clients
 - d. ensuring that our wellbeing is sufficient to sustain the quality of the work
 - e. keeping accurate and appropriate records

3. Show respect by:
 - a. valuing each client as a unique person
 - b. protecting client confidentiality and privacy
 - c. agreeing with clients on how we will work together
 - d. working in partnership with clients.

4. Build an appropriate relationship with clients by:
 - a. communicating clearly what clients have a right to expect from us

- b. communicating any benefits, costs and commitments that clients may reasonably expect
 - c. respecting the boundaries between our work with clients and what lies outside that work.
 - d. not exploiting or abusing clients
 - e. listening out for how clients experience our working together
5. Maintain integrity by:
- a. being honest about the work
 - b. communicating qualifications, experience and working methods accurately
 - c. working ethically and with careful consideration of the law
6. Demonstrate accountability and candour by:
- a. being willing to discuss with clients any known risks involved in the work and how best to work towards our client's desired outcomes
 - b. ensuring that clients are promptly informed about anything important that has gone wrong in our work together, whether or not clients are aware of it, and quickly taking action to limit or repair any harm as far as possible
 - c. reviewing our work with clients in supervision
 - d. monitoring how clients experience our work together and the effects of our work with them

Ethics

1. Our ethics are based on values, principles and personal moral qualities that underpin and inform the interpretation and application of *Our commitment to clients and Good practice*.

Values

2. Values are a useful way of expressing general ethical commitments that underpin the purpose and goals of our actions.
3. Our fundamental values include a commitment to:
 - Respecting human rights and dignity

- Alleviating symptoms of personal distress and suffering
 - Enhancing people's wellbeing and capabilities
 - Improving the quality of relationships between people
 - Increasing personal resilience and effectiveness
 - Facilitating a sense of self that is meaningful to the person(s) concerned within their personal and cultural context
 - Appreciating the variety of human experience and culture
 - Protecting the safety of clients
 - Ensuring the integrity of practitioner-client relationships
 - Enhancing the quality of professional knowledge and its application
 - Striving for the fair and adequate provision of services
4. Values inform principles. They become more precisely defined and action-orientated when expressed as a principle.

Principles

5. Principles direct attention to important ethical responsibilities. Our core principles are:
- | | |
|--------------------|--|
| Being trustworthy: | honouring the trust placed in the practitioner |
| Autonomy: | respect for the client's right to be self-governing |
| Beneficence: | a commitment to promoting the client's wellbeing |
| Non-maleficence: | a commitment to avoiding harm to the client |
| Justice: | the fair and impartial treatment of all clients and the provision of adequate services |
| Self-respect: | fostering the practitioner's self- knowledge, integrity and care for self |
6. Ethical decisions that are strongly supported by one or more of these principles without any contradiction with the others may be regarded as well-founded.
7. However, practitioners may encounter circumstances in which it is impossible to reconcile all the applicable principles. This may require choosing which principles to prioritise. A decision or course of action does not necessarily become unethical

merely because it is controversial or because other practitioners would have reached different conclusions in similar circumstances. A practitioner's obligation is to consider all the relevant circumstances with as much care as possible and to be appropriately accountable for decisions made.

Personal moral qualities

8. Personal moral qualities are internalised values that shape how we relate to others and our environment. They represent a moral energy or drive which may operate unconsciously and unexamined. This moral energy or drive is ethically more beneficial when consciously examined from time to time and used to motivate our ethical development or shape how we work towards a good society.
9. 'Personal moral qualities' are a contemporary application of 'virtues' from moral philosophy.
10. The practitioner's personal and relational moral qualities are of the utmost importance. Their perceived presence or absence will have a strong influence on how relationships with clients and colleagues develop and whether they are of sufficient quality and resilience to support the work.
11. High levels of compatibility between personal and professional moral qualities will usually enhance the integrity and resilience of any relationship
12. Key personal qualities to which members and registrants are strongly encouraged to aspire include:
 - Care: benevolent, responsible and competent attentiveness to someone's needs, wellbeing and personal agency.
 - Diligence: the conscientious deployment of the skills and knowledge needed to achieve a beneficial outcome.
 - Courage: the capacity to act in spite of known fears, risks and uncertainty.
 - Empathy: the ability to communicate understanding of another person's

experience from that person's perspective.

Identity: sense of self in relationship to others that forms the basis of responsibility, resilience and motivation.

Humility: the ability to assess accurately and acknowledge one's own strengths and weaknesses.

Integrity: commitment to being moral in dealings with others, including personal straightforwardness, honesty and coherence.

Resilience: the capacity to work with the client's concerns without being personally diminished.

Respect: showing appropriate esteem for people and their understanding of themselves.

Sincerity: a personal commitment to consistency between what is professed and what is done.

Wisdom: possession of sound judgement that informs practice.

Conclusion

13. The challenge of working ethically means that practitioners will inevitably encounter situations that require responses to unexpected issues, resolution of dilemmas, and solutions to problems. A good understanding of the ethics that underpin our work is a valuable resource which is helpful in making significant decisions. The use of an ethical problem-solving model and discussion about ethics are essential to good practice. This *Ethical Framework* is intended to assist practitioners by directing attention to the variety of ethical factors that may need to be taken into consideration and to identify alternative ways of approaching ethics that may prove more useful.

14. No statement of ethics can eliminate the difficulty of making professional judgements in circumstances that may be constantly changing and full of uncertainties. By accepting this statement of ethics, members and registrants of the British Association for Counselling and Psychotherapy are committing themselves to engaging with the challenge of striving to be ethical, even when doing so involves making difficult decisions or acting courageously.

Good practice

1. As members of the British Association for Counselling and Psychotherapy (BACP) we are committed to sustaining and advancing good practice.
2. This section of the *Ethical Framework* looks behind *Our commitment to clients* and *Ethics* to consider their implications for *Good practice* in more detail.
3. It sets out what can be expected of all members and registrants of BACP as practitioners providing therapeutically-based services, particularly coaching, counselling, pastoral care and psychotherapy. This includes associated roles in supervision, education or training, management and research.
4. As members and registrants of BACP, we have committed ourselves to the principles and values set out in this *Ethical Framework* and recognise that our membership or registration may be at risk if we fail to fulfil our commitments.
5. Our responsibilities are set out as full or qualified obligations. We are fully and unconditionally committed to fulfilling a specific requirement of *Good practice* where we state 'we will...' or 'we must...'. Where we consider a requirement may need to be varied for good ethical reasons, we state that 'we will usually...'.
6. We are committing ourselves to being openly accountable and willing to explain how we have implemented any of these obligations to people with a valid interest in our work.

Putting clients first

7. We will make each client the primary focus of our attention and our work during our sessions together.
8. Any professional or personal interests that conflict with putting a client's interests first will be carefully considered in consultation with a supervisor, an independent experienced colleague or, when appropriate, discussed with the client affected before services are offered.
9. We will give careful consideration to how we manage situations when protecting clients or others from serious harm or when compliance with the law may require overriding a client's explicit wishes or breaching their confidentiality – see also 25 and 54.
10. When the safeguarding of our clients or others from serious harm takes priority over our commitment to putting our clients' wishes and confidentiality first, we will usually consult with any client affected, if this is legally permitted and ethically desirable. We will endeavour to implement any safeguarding responsibilities in ways that respect a client's known wishes, protect their interests, and support them in what follows.
11. We share a responsibility with all other members of our professions for the safety and wellbeing of all clients and their protection from exploitation or unsafe practice. We will take action to prevent harm caused by practitioners to any client – see also 24.
12. We will do everything we can to develop and protect our clients' trust.

Working to professional standards

13. We must be competent to deliver the services being offered to at least fundamental professional standards or better.
14. We will keep skills and knowledge up to date by:
 - a. reading professional journals, books and/or reliable electronic resources

- b. keeping ourselves informed of any relevant research and evidence based guidance
 - c. discussions with colleagues working with similar issues
 - d. reviewing our knowledge and skills in supervision or discussion with experienced practitioners
 - e. regular continuing professional development to update knowledge and skills
 - f. keeping up to date with the law, regulations and any other requirements, including guidance from this Association, relevant to our work
15. We will keep accurate records that are appropriate to the service being provided.
16. We will collaborate with colleagues over our work with specific clients where this is consistent with client consent and will enhance services to the client.
17. We will work collaboratively with colleagues to improve services and offer mutual support.
18. We will maintain our own physical and psychological health at a level that enables us to work effectively with our clients – see 75 Self-care.
19. We will be covered by adequate insurance when providing services directly or indirectly to the public.
20. We will fulfil the ethical principles and values set out in this *Ethical Framework* regardless of whether working online, face to face or using any other methods of communication. The technical and practical knowledge may vary according to how services are delivered but all our services will be delivered to at least fundamental professional standards or better.

Respect

21. We will respect our clients' privacy and dignity.

22. We will respect our clients as people by providing services that:

- a. endeavour to demonstrate equality, value diversity and ensure inclusion for all clients
- b. avoid unfairly discriminating against clients or colleagues
- c. accept we are all vulnerable to prejudice and recognise the importance of self-inquiry, personal feedback and professional development
- d. work with issues of identity in open-minded ways that respect the client's autonomy and be sensitive to whether this is viewed as individual or relational autonomy
- e. make adjustments to overcome barriers to accessibility, so far as is reasonably possible, for clients of any ability wishing to engage with a service
- f. recognise when our knowledge of key aspects of our client's background, identity or lifestyle is inadequate and take steps to inform ourselves from other sources where available and appropriate, rather than expecting the client to teach us
- g. are open-minded with clients who appear similar to ourselves or possess familiar characteristics so that we do not suppress or neglect what is distinctive in their lives

23. We will take the law concerning equality, diversity and inclusion into careful consideration and strive for a higher standard than the legal minimum.

24. We will challenge colleagues or others involved in delivering related services whose views appear to be unfairly discriminatory and take action to protect clients, if necessary – see 11.

25. We will protect the confidentiality and privacy of clients by:

- a. actively protecting information about clients from unauthorised access or disclosure

- b. informing clients about any reasonably foreseeable limitations of privacy or confidentiality in advance of our work together

- 26. We will do all that we reasonably can to ensure that our clients are participating on a voluntary basis. Hesitant clients or clients who feel under pressure from other people or agencies to work with us will have their reservations acknowledged and taken into account in how services are offered.

- 27. We will work with our clients on the basis of their informed consent and agreement.
- 28. Careful consideration will be given to working with children and young people that:
 - a. takes account of their capacity to give informed consent, whether it is appropriate to seek the consent of others who have parental responsibility for the young person, and their best interests
 - b. demonstrates knowledge and skills about ways of working that are appropriate to the young person's maturity and understanding

- 29. We will give careful consideration to obtaining and respecting the consent of vulnerable adult clients, wherever they have the capacity to give consent, or involving anyone who provides care for these clients when appropriate.

- 30. Our work with clients will be based on professional partnerships with them that aim to increase their wellbeing, capability and/or performance.

Building an appropriate relationship

- 31. We will usually provide clients with the information they ought to know in advance in order to make an informed decision about the services they want to receive and how these services will be delivered.

- 32. We will give careful consideration to how we reach agreement with clients and contract with them about the terms on which our services will be provided. Attention will be given to:

- a. reaching an agreement or contract that respects each client's expressed needs and choices
 - b. communicating terms and conditions of the agreement or contract in ways easily understood by the client and appropriate to their context
 - c. stating any reasonably foreseeable limitations to a client's confidentiality or privacy
 - d. providing the client with a record or easy access to a record of what has been agreed
 - e. keeping a record of what has been agreed and of any changes or clarifications when they occur
33. We will establish and maintain appropriate professional and personal boundaries in our relationships with clients by ensuring that:
- a. these boundaries are consistent with the aims of working together and beneficial to the client
 - b. any dual or multiple relationships will be avoided where the risks of harm to the client outweigh any benefits to the client
 - c. reasonable care is taken to separate and maintain a distinction between our personal and professional presence on social media where this could result in harmful dual relationships with clients
 - d. the impact of any dual or multiple relationships will be periodically reviewed in supervision and discussed with clients when appropriate. They may also be discussed with any colleagues or managers in order to enhance the integrity of the work being undertaken
34. We will not have sexual relationships with or behave sexually towards our clients, supervisees or trainees.
35. We will avoid having sexual relationships with or behaving sexually towards people whom we know to be close to our clients in order to avoid undermining our clients' trust in us.
36. We will not exploit or abuse our clients in any way: financially, emotionally, physically, sexually or spiritually.

37. We recognise that conflicts of interest and issues of power or dependence may continue after our working relationship with a client, supervisee or trainee has formally ended. We will exercise caution before entering into personal or business relationships with former clients and expect to be professionally accountable if the relationship becomes detrimental to the former client or the standing of the profession.
38. We will periodically review each client's progress and, when practicable, seek our client's views on how we are working together.

Integrity

39. We will maintain high standards of honesty and probity in all aspects of our work.
40. We will be as open and as communicative with our clients, colleagues and others as is consistent with the purpose, methods and confidentiality of the service.
41. Whenever we communicate our qualifications, professional experience and working methods, we will do so accurately and honestly. All reasonable requests for this information will be answered promptly.
42. We will give conscientious consideration to the law and any legal requirements concerning our work and take responsibility for how they are implemented – see also 14f, 23 and 60.
43. We will promptly notify this Association about any criminal charges, disciplinary procedures or civil claims brought against us, or where we are in sufficient financial difficulty to be declared bankrupt or have entered into other types of debt relief or insolvency arrangements.
44. We will avoid any actions that will bring our profession into disrepute.

Accountability and candour

45. We will take responsibility for how we offer our clients opportunities to work towards their desired outcomes and the safety of the services we provide or have responsibility for overseeing.
46. We will discuss with clients how best to work towards their desired outcomes and any known risks involved in the work.
47. We will ensure candour by promptly informing our clients of anything important that has gone wrong in our work together, and:
 - a. take immediate action to prevent or limit any harm
 - b. repair any harm caused, so far as possible
 - c. offer an apology when this is appropriate
 - d. notify and discuss with our supervisor and/or manager what has occurred
 - e. investigate and take action to avoid whatever has gone wrong being repeated.
48. We will review in supervision how we work with clients – see 50–61.
49. We will monitor how clients experience our work together and the effects of the work with them in ways appropriate to the type of service being offered.

Supervision

50. Supervision is essential to how practitioners sustain good practice throughout their working life. Supervision provides practitioners with regular and ongoing opportunities to reflect in depth about all aspects of their practice in order to work as effectively, safely and ethically as possible. Supervision also sustains the personal resourcefulness required to undertake the work.
51. Good supervision is much more than case management. It includes working in depth on the relationship between practitioner and client in order to work towards desired outcomes and positive effects. This requires adequate levels of privacy, safety and

containment for the supervisee to undertake this work. Therefore a substantial part or preferably all of supervision needs to be independent of line management.

52. Supervision requires additional skills and knowledge to those used for providing services directly to clients. Therefore supervisors require adequate levels of expertise acquired through training and/or experience. Supervisors will also ensure that they work with appropriate professional support and their own supervision.
53. All supervisors will model high levels of good practice for the work they supervise, particularly with regard to expected levels of competence and professionalism, relationship building, the management of personal boundaries, any dual relationships, conflicts of interest and avoiding exploitation.
54. All communications concerning clients made in the context of supervision will be consistent with confidentiality agreements with the clients concerned and compatible with any applicable agency policy.
55. Careful consideration will be given to the undertaking of key responsibilities for clients and how these responsibilities are allocated between the supervisor, supervisee and any line manager or others with responsibilities for the service provided. Consideration needs to be given to how any of these arrangements and responsibilities will be communicated to clients in ways that are supportive of and appropriate to the work being undertaken. These arrangements will usually be reviewed at least once a year, or more frequently if required.
56. Trainee supervision will require the supervisor to ensure that the work satisfies professional standards.
57. When supervising qualified and/or experienced practitioners, the weight of responsibility for ensuring that the supervisee's work meets professional standards will primarily rest with the supervisee.

58. Supervisors and supervisees will periodically review how responsibility for work with clients is implemented in practice and how any difficulties or concerns are being addressed.
59. The application of this *Ethical Framework* to the work with clients will be reviewed in supervision regularly and not less than once a year.
60. Supervisors will conscientiously consider the application of the law concerning supervision to their role and responsibilities.
61. We also recommend supervision to anyone providing therapeutically-based services, working in roles that require regularly giving or receiving emotionally challenging communications, or engaging in relationally complex and challenging roles.

Training and education

62. All trainers will have the skills, attitudes and knowledge required to be competent teachers and facilitators of learning for what is being provided.
63. Any information about the teaching, education or learning opportunities being provided will be accurate and enable potential students to make an informed choice.
64. Any selection of students will be fair, respectful and transparent to candidates and use procedures designed to select suitable students.
65. Any assessments of students will be fair, respectful and provide reasoned explanations for the outcome to the students.
66. Clients will usually be informed when they are receiving their services from a trainee.
67. All providers of training and education will model high levels of good practice in their work, particularly with regard to expected levels of competence and professionalism, relationship building, the management of personal boundaries, any dual relationships, conflicts of interest and avoiding exploitation.

Research

68. We value research and systematic inquiry by practitioners as enhancing our professional knowledge and providing an evidence-base for practice in ways that benefit our clients.
69. We will usually support and provide opportunities for research if it is compatible with the services we provide.
70. When undertaking research we will be rigorously attentive to the quality and integrity of the research process, the knowledge claims arising from the research and how the results are disseminated.
71. All research that we undertake will conform to the *BACP Ethical Guidelines* for researching counselling and psychotherapy.
72. All participants in research will do so on the basis of explicit informed consent.
73. All research will be reviewed in advance to ensure that the rights and interests of participants have been considered independently of the researcher.
74. The research methods used will comply with standards of good practice in any services being delivered and will not adversely affect clients.

Care of self as a practitioner

75. We will take responsibility for our own wellbeing as essential to sustaining good practice by:
 - a. taking precautions to protect our own physical safety
 - b. monitoring our own psychological and physical health
 - c. seeking professional support and services as the need arises
 - d. keeping a healthy balance between our work and other aspects of life

Responding to ethical dilemmas and issues

76. We recognise that professional and ethical issues, problems and dilemmas will arise from time to time and are an unavoidable part of our practice.

77. We will use our supervision and any other available professional resources to support and challenge how we respond to such situations. We will give careful consideration to the best approaches to ethical problem-solving.

78. We will take responsibility for considering how best to act in such situations and will be ready to explain why we decided to respond in the way we did.

The *Ethical Framework for the Counselling Professions* has been approved by the Board of Governors for circulation to registrants and members from 1 July 2015 to be implemented on 1 July 2016.