Child and Adolescent Psychotherapy Doctorate Programme

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welcome and introduction

Welcome to the Professional Training Programme in Child and Adolescent Psychotherapy of the Independent Psychoanalytic Child & Adolescent Psychotherapy Association (IPCAPA) at the British Psychotherapy Foundation (bpf) and welcome to the MRes/Doctorate in Child and Adolescent Psychotherapy and Psychosocial Studies, taught jointly by IPCAPA at bpf and the Department of Psychosocial Studies at Birkbeck College, University of London (Birkbeck).

We hope you enjoy the programme and wish you well in your endeavours.

This Course Handbook has been designed to contain all the information currently available to guide you through the programme over the coming years. We hope you will find the Handbook helpful. Please let us know if there is anything you think will make it more useful.

Dr Janine Sternberg and Dr Bruna Seu
Joint Programme Directors

general administration

IPCAPA at bpf
The Training Co-ordinator, Jessica Jarmon manages all general administration for the course.
Email: JessicaJ@bpf-psychotherapy.org.uk
Tel: 020 8438 2412 (direct number)
     020 8452 9823 (main office)

The main office is staffed between 9am and 5pm.

DEPARTMENT OF PSYCHOSOCIAL STUDIES at Birkbeck
the Administrator for the course is Andrew Silverman
Email: a.silverman@bbk.ac.uk
Tel: 020 7631 6611

The Department of Psychosocial Studies office at Birkbeck is open from 9.30am to 5.30pm.
the british psychotherapy foundation (bpf)

The British Psychotherapy Foundation was formed in April 2013 and is the successor body of the British Association of Psychotherapists, The Lincoln Clinic and Centre for Psychotherapy and London Centre for Psychotherapy. The new charity takes the very best from these three organizations to advance a vision of a society in which psychotherapy is available to everyone who needs it to promote their emotional well-being and mental health.

The bpf aims:

- To increase public knowledge and understanding of the benefits of psychotherapy by means of information on our website, a range of public courses and events and outreach work in schools and other settings. This educational work will not only aim to inform the public about psychotherapy but will make available to the public perspectives and ways of thinking that will help them manage complex areas of their own lives such as relationships, parenting, employment and retirement.

- To undertake research on the processes involved in psychotherapy and analysis and disseminate research through the British Journal of Psychotherapy, other journals and professional meetings. This will promote the growth of knowledge about the theory and practice of psychotherapy and improve the practice of psychotherapists who treat members of the public.

- To provide access to treatment, aimed at relieving mental distress and promoting emotional well being and mental health within the UK.

- To provide rigorous training and continuing professional development which aims to ensure that there is a continuing supply of well-qualified both adult and child and adolescent psychotherapists available to work in both the National Health Service and in private practice for the benefit of members of the public who need treatment.

- Alongside the training and continuing development of psychotherapists, the bpf’s short courses and conferences are open to other professionals in the mental health and related fields. These will encourage the development of skills and understanding in other professionals working directly with members of the public in a range of settings.

- The bpf aims to be accessible to everyone from whatever background and wherever they live who is interested in psychotherapy treatment or training. The organization provides a low-cost treatment scheme for patients and bursaries for trainees in need of financial support.

For more information: [http://www.britishpsychotherapyfoundation.org.uk/ipcapa](http://www.britishpsychotherapyfoundation.org.uk/ipcapa)

independent psychoanalytic child and adolescent psychotherapy association (IPCAPA)

IPCAPA is one of four professional psychotherapy associations within the bpf. The other associations are: British Jungian Analytic Association (BJAA), British Psychoanalytic Association (BPA), and Psychoanalytic Psychotherapy Association (PPA). IPCAPA has its roots in the former British Association of Psychotherapists, now part of bpf, and this clinical training in intensive psychoanalytic psychotherapy with children and adolescents has been running since 1982. From 2008 the resources of the Department of Psychosocial Studies at Birkbeck with those of this training, now IPCAPA, have been brought together to provide an academic and clinical training in child and adolescent psychoanalytic psychotherapy of the highest possible standard. This collaboration is a natural progression from the successful joint programme of the MSc/Postgraduate Diploma in Psychodynamics of Human Development, which has been running since 1997.
The theoretical orientation of the clinical training represents the thinking of the Independent School within the British Psychoanalytic movement and also provides Freudian and Kleinian thinking, both classical and contemporary. It allows trainees flexibility and scope to find in time their own theoretical position. The training aims to provide a thorough understanding of normal child development, childhood psychopathology and psychotherapeutic techniques linked with direct experience of clinical work, enhanced by research knowledge and skills.

birkbeck, university of london (Birkbeck)

Birkbeck is a world-class institution, a vibrant centre of academic engagement and excellence and the UK’s leading provider of part-time, evening education for mature students. There are nearly 19,000 students studying short courses, certificates, diplomas, first degrees, postgraduate taught and postgraduate research degrees. Birkbeck provides people the unique opportunity to fit study around their busy lives. Founded in 1823 as the London Mechanics’ Institute, Birkbeck was incorporated into the University of London in 1920.

the department of psychosocial studies (DPS)

The Department of Psychosocial Studies is an innovative new interdisciplinary department, emerging out of the highly successful Centre for Psychosocial Studies, established in 2000. The department is in the School of Social Sciences, History and Philosophy. The academic focus of the Department of Psychosocial Studies is on furthering understanding of the intertwining of the psychological and the social in the constitution of the human subject and the wider social formation. In practice, this means research and programmes of study that embrace discursive and critical psychology; psychoanalytic theory; psychodynamic and systemic psychotherapy; social theory; sociology; feminist theory and philosophy; gender, sexuality and queer studies and postcolonial theory. Methodologically, the commitment is to empirical work in the qualitative traditions that have emerged in the wake of post-structuralism, and to the major importance of innovative theoretical work.

Members of the Department are highly research active, making particular contributions in the following areas: Social and Personal Identities and Relationships, Gender and Sexuality, Feminist and Queer Theory, Psychoanalytic and Social Theory, Psychotherapeutic Studies, Psychological and Political Engagements, Applied Social Psychology, Qualitative Research

Current academic staff members of DPS are Professor Stephen Frosh, Professor Sasha Roseneil (Head of Department), Professor Lynne Segal, Dr Lisa Baraitser, Ms Viviane Green, Dr Derek Hook, Dr Amber Jacobs, Dr Yasmeen Narayan, Dr Margarita Palacios, Dr Silvia Posocco, Dr Bruna Seu, Dr Gail Lewis and Dr Laurence Spurling.

the association of child psychotherapists (ACP)

The Association of Child Psychotherapists is the professional organisation for Child Psychotherapy in the United Kingdom. It was founded in 1949. The ACP recognises and monitors five trainings in Child & Adolescent Psychotherapy. Those accepted as clinical trainees by any of these trainings are eligible for student membership of the ACP; Child Psychotherapists who have qualified in one of these trainings are eligible for full membership of the Association, and are able to work as autonomous professionals within the NHS.

The IPCAPA at bpf programme is accredited by the Association of Child Psychotherapists (ACP) and delivers the curriculum as agreed in section 3.5 of the ACP’s Quality Standards for Child Psychotherapists in training, as agreed by the ACP Training Council

For more details of the standards and other information on the ACP, please see: www.childpsychotherapy.org.uk
registration and admission requirements

**IPCAPA at bpf registration and written undertaking**

Trainees are required by IPCAPA at bpf to become Trainee Members of the bpf and of the ACP and to sign a written undertaking to abide by the Codes of Ethics of both the bpf and the ACP and to abide by the IPCAPA Clinical Training Requirements and Regulations, Policies and Procedures and by bpf’s Policies and Procedures.

**NB - Trainees are requested to read ACP’s Code of Ethics and to abide by the IPCAPA Clinical Training Requirements, Policies and Procedures and bpf’s Policies and Procedures and to sign the written undertaking form provided by the IPCAPA Training Co-ordinator at the start of the training.**

All Trainee Members are required to pay their Annual bpf Subscription before the beginning of the academic year (Please see bpf Annual Subscription and training fees Section, p.38).

For the ACP’s Code of Professional Conduct and Ethics policy please see: www.childpsychotherapy.org.uk

**birkbeck registration and enrolment procedures**

Following selection for the research component trainees will be asked to complete a Birkbeck application.

Trainees who have registered and are enrolled with Birkbeck need to re-enrol at the start of each academic year with Birkbeck. All eligible sponsored trainees will need to complete part of the online enrolment and return their completed “Promissory enrolment form” including their letter confirming their funding status which they received at the beginning of their training.
management structures

**doctorate programme directors:**

Dr Bruna Seu (Birkbeck) and Dr Janine Sternberg (IPCAPA at bpf).

**child and adolescent psychotherapy training committee:**


The Clinical Course Director has primary responsibility for the organisation and ongoing management of the course. The Training Committee meets monthly and monitors the trainees’ progress and reviews feedback on the training; the additional Training Staff attend and contribute as appropriate.

**additional training staff group:**

Lucy Alexander, Teresa Bailey, Martin Daltrop, Julie Kitchener, Dr Monica Lanyado, Marianne Parsons, Sophie Robson, Lydia Tischler, Judith Thorp and Chryssa Tsoukis.

**administrative staff:**

Jessica Jarmon, Training Co-ordinator, IPCAPA at bpf

**doctorate course team:**

Dr Bruna Seu, Dr Janine Sternberg and Laura Paynter have the day to day responsibility for the organisation and management of the course in liaison with Ana Ferreira, IPCAPA Research Co-ordinator and in 2014-15 Michael Mallaghan (DPS, Birkbeck) will be BBK Acting Course Director.

**doctorate management committee:**

Dr Bruna Seu, Dr Janine Sternberg, Laura Paynter, Ana Ferreira.

**doctorate joint steering committee:**

Dr Bruna Seu, Dr Janine Sternberg, Laura Paynter, Prof. Sasha Roseneil (Head of DPS), Steven Flower (Chair of bpf), Jill Wilson (Chair of IPCAPA Executive, bpf) and the Chair of Examination Board will meet once a year to review the doctorate programme.

Please see Contact Details, appendix 1, p.39
term dates & seminar times

clinical training programme

**autumn**
Term Dates: Tuesday, 30th September until Tuesday, 9th December 2014  
Half Term: Tuesday, 28th October 2014

**spring**
Term Dates: Tuesday, 6th January until 17th March 2015  
Half Term: Tuesday, 17th February 2015

**summer**
Term Dates: Tuesday, 21st April until 30th June 2015  
Half Term: Tuesday, 26th May 2015

All teaching takes place at *bpf* Kilburn on Tuesdays between 2pm and 8.30pm, with occasional events till 10 pm. Trainees receive a detailed timetable for the term.

afternoon events:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>2 - 3.15</td>
<td>Practice Groups</td>
<td>7/term</td>
</tr>
<tr>
<td></td>
<td>Case Discussion Forum</td>
<td>2/term</td>
</tr>
<tr>
<td></td>
<td>Half Day Workshop</td>
<td>1-2/term</td>
</tr>
<tr>
<td></td>
<td>N.B. In 2014/15 Reading In events will occasionally be held in the afternoon in the practice group or case discussion forum slot</td>
<td></td>
</tr>
<tr>
<td>3.30-4.50</td>
<td>Application Workshops</td>
<td>7/term</td>
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<tr>
<td></td>
<td>Half day Workshop</td>
<td>1-2/term</td>
</tr>
<tr>
<td></td>
<td>Child Psychotherapy Research Seminars</td>
<td>2-3/term</td>
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</tbody>
</table>

evening events:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>5.30 - 6.45</td>
<td>Year Group Clinical Seminars</td>
</tr>
<tr>
<td></td>
<td>Year Group Theoretical Seminars</td>
</tr>
<tr>
<td>7.00 - 8.15</td>
<td>Year Group Theoretical Seminars</td>
</tr>
<tr>
<td>8.30 – 10.00</td>
<td>Jungian theory seminars for Jungian Pathway trainees</td>
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<tr>
<td></td>
<td>Termly Meeting with Year Tutors</td>
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<tr>
<td></td>
<td>Reading In events (as arranged)</td>
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</tbody>
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doctorate programme

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>3.30-5pm</td>
<td>Research Methods seminars for Year 2 at <em>bpf</em>Kilburn on Tuesdays</td>
</tr>
<tr>
<td>6.15 - 8.15</td>
<td>Doctorate Research seminars at DPS, Birkbeck on Wednesdays</td>
</tr>
</tbody>
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The dates are as follows:

**autumn:** 8th October; 12th November & 10th December 2014

**spring:** 14th January; 18th February & 11th March 2015

**summer:** 13th May & 10th June 2015
structure of the course

The clinical training programme leads to professional qualification as a Child Psychotherapist and consists of the clinical component (delivered by IPCAPA) together with supervised clinical practice in an NHS Post. For qualification the clinical component and practice is assessed by clinical reports, the clinical paper, and by supervisors’ recommendations on required clinical work as detailed in the Trainee Log.

The MRes/Doctorate in Child and Adolescent Psychotherapy and Psychosocial Studies programme is made up of two equal components, a clinical component (delivered by IPCAPA at bpf) and a research/academic component (delivered by Birkbeck). For the doctorate programme the clinical component is assessed by clinical reports and the clinical paper. The research component is assessed by the Research Thesis. All elements of the MRes/Doctorate must be passed for the award of the MRes/Doctorate degree.

The clinical training is normally completed in 4 years, but it is recognised that the research component may continue post qualification. It is normally to be completed within 6 years from commencement of the MRes/doctorate programme. The maximum amount of registration on the Research component of the Doctorate (i.e. with Birkbeck) is 6 years.

outline of programme

The taught element of the programme is mainly provided at bpf Kilburn on a Tuesday afternoon and evening, and this includes the Birkbeck Research Methods Seminars for Year 2. The Year 3 and 4+ Doctorate Research seminars and research supervisions are held at Birkbeck on a Wednesday early evening.

The approach to learning is through personal psychoanalysis, theoretical teaching, clinical seminars, applications workshops and practice groups, clinical supervision, research seminars, clinical paper presentations, and academic/research supervision.

personal psychoanalysis

The trainee’s own psychoanalysis is the cornerstone of the training and makes a fundamental contribution to his or her development as a psychotherapist. Trainees need to have sufficient experience of personal analysis prior to starting the course and must be in analysis four times a week throughout the training. Although this is a training analysis, it is also a personal analysis, so trainees are encouraged to consider continuing after qualification. The analysis promotes the trainee’s capacity to recognise, reflect on, contain and process their own feelings, anxieties and conflicts. This is essential for the way in which they learn to do the same in their own work with patients. Learning to be a child psychotherapist is based on learning about yourself and this sensitises you to becoming able to observe and begin to understand the workings of the mind, the intricacies of relating and the experience of being human, i.e. it is about learning by experiencing. This live experience of being a patient helps trainees to make sense of the therapeutic process, enables them to learn their trade and sustains them in their work settings and personal relationships.

Because of the central importance of personal psychoanalysis and the emphasis on the Independent tradition of the IPCAPA training, there is a specific Training Analysis Committee (TAC), which processes applications from senior analysts and psychotherapists who want to be officially accredited to carry out the analysis of IPCAPA trainees, including Jungian analysts who wish to analyse trainees in the Jungian stream. The trainee’s analysis is completely confidential, but Training Analysts/Therapists are asked to respond briefly to standard letters from the Training Committee, without disclosing any personal information about the trainee. Details about this and about what we expect from our Training Analysts/Therapists are included in the IPCAPA guidelines for Training Analysts/Therapists. For the maintenance of transparency, for aiming for standardisation of practice and for the protection of all parties concerned these Guidelines are included in appendix 11 p.56.
learning outcomes

Over the course of the clinical programme trainees will develop a thorough understanding of normal child development, childhood psychopathology and psychotherapeutic techniques linked with direct experience of clinical work and enhanced by expert research skills. The course is designed to provide the theoretical and practical context in which trainees develop skills in assessment and treatment of a full range of disturbances in children and adolescents and to have developed effective skills in communicating with parents.

The programme's broad learning outcomes for trainees:

- To have a broad and up-to-date overview of the theoretical frameworks informing the practice of Child and Adolescent Psychoanalytic Psychotherapy.
- To have developed the knowledge, skills and reflective processes necessary to practice psychotherapy within a strong ethical framework.
- To have developed effective skills in communicating with parents and other professionals and in engaging in inter-agency work.
- To have knowledge and understanding of research to complement the development of clinical skills and to be able to evaluate research papers and carry out a piece of research appropriate for a PhD level degree. To have developed skills in written work as well as in verbal presentation of assessments, theoretical understanding and clinical work.
- To have developed the professional skills to create a professional workforce that is fit for purpose, as practitioners, partners and leaders.

For further details on the professional skills expected at different stages of the training please refer to the criteria for evaluating trainee's progress document (available from the Training Co-ordinator).

clinical teaching – afternoon and evening programme

In the clinical programme for child psychotherapy training at IPCAPA, we aim to capture key issues in developing child psychotherapy practice in CAMHS, incorporating the ideas of service supervisors on crucial learning areas, ACP expectations, the trainees' views on their learning needs and interests, and the time honoured programme of theory that marks us out as an Independent training.

afternoon programme
The afternoon clinical teaching enables a complementary mix of seminars and workshops where (other than the Year 1 practice group seminar) all four years are thinking and working together about child psychotherapy in NHS and other relevant settings. There is also a twice termly case discussion forum where we invite senior child psychotherapists to join a discussion about a case presented by a 3rd or 4th year trainee and reflective group work sessions. The detail of these seminars are as follows:

the practice groups
The practice groups are mixed for year 2 to 4 so they hear each others' work. These groups address clinical report writing and advance skills and understanding of practice in a range of applied work (parent-child work, parent work, family work, brief intervention, consultation), according to the particular needs of the group.

case discussion forum
Here, the more senior trainees gain valuable experience in presenting their work to their peers and teachers in a clear and concise way. They give assessments and formulations about the clinical issues involved in the work with the child and the family, as well as detailed session notes, and discuss how they work with the professional network. In the case discussion, the trainees often have to respond to challenging questions about their technique and approach, from peers and more senior colleagues in the group, but they also receive encouragement and help to think about the child and family they are treating with more understanding and in greater depth.
The trainees are also given help in preparing for the presentations by the curriculum tutor who reads their clinical work in advance and meets them briefly beforehand to discuss the main themes of the clinical work, and the learning points they may want to explore with the group. This preparation gives the trainees more confidence in approaching this rather challenging task.

**applications workshop**
The afternoon workshop programme, where speakers are invited to present their area of expertise in child mental health is the part of the training day that provides the most dynamic and responsive curriculum to the changing policies and practice in the NHS regarding children, young people and families, whilst ensuring we uphold the core skills for complex therapeutic work that are central to child psychotherapy. It aims to reflect and re-enforce healthcare priorities.

The value of the 4 year rolling programme is that it offers the space to explore many different topics and the flexibility to include new areas of priority for child psychotherapists as they emerge, like brief work, generic assessments and outcome measures, so they can be included in the planning for the following year. Often topics are revisited from a different perspective each year, giving greater depth to the learning and continually updating the trainees with new research and thinking in the field.

Within the workshop programme there are occasional master classes and group work teaching and reflective sessions.

**master class sessions**
The Master Class sessions, within the workshop programme, have a similar value to the case discussion forums in developing the confidence and skills of trainees from all four years who volunteer to present their work to an outside expert and a large group. The discussion is led by the visiting teacher who is an expert in their field of child mental health from a range of professions, so the learning is often from a very different perspective and theoretical base.

**group work teaching and self reflective group**
The development of an ongoing workshop in group work skills and a self reflective group for the trainees throughout their training was introduced in 2013/14 for 2 half days. This was in response to positive feedback after an initial session from the trainees who felt that developing this aspect of the training will increase their skills in developing group work as part of their role as child psychotherapists and also their confidence to take a more prominent role in the complex life of the MDT.

This reflective group also provides a much needed opportunity for trainees to reflect on their developing experience both individually and as a group as they go through their four year training as child psychotherapists. We consider this capacity to reflect on one’s functioning in a group and in an organisation is an essential part of a child psychotherapist’s professionalism.

Each session includes a theoretical presentation, followed by a master class on a group session presented by a trainee, e.g. work with a group of troubled and depressed adolescents. It is followed by a large group experience lasting 75 minutes.

Over time, the group has created a setting where the trainees can offer each other mutual support, understanding and encouragement. For example, the senior trainees have been be very helpful in understanding and supporting the newer trainees in facing new challenges they have faced previously, while the senior trainees have used the group as a forum to talk through their hopes and fears for the future as they reach qualification, and they all have been able to explore and share the changes and development in their work place that are part of working within an NHS service.

**child psychotherapy research seminars**
There is also a lively programme on research in child psychotherapy looking at current research in child psychotherapy and child mental health, as well as developments in audit and outcome measures.
evening programme
Trainees attend clinical seminars with their year group. In Year 1 the year tutor takes these seminars for the whole year while from year 2 onwards they are delivered by a range of teachers (usually one for each term) organised by the year tutors who always teach their year group in the summer term.

Much of the ongoing theory teaching is delivered in the evening. In planning the evening programme for each year group, we balance core teaching areas in the first 2 years with a more flexible programme in year 3 and 4 that is responsive to the learning needs of that group. The teaching input from our service supervisors and other practicing clinicians is key to ensuring the responsiveness and flexibility of the course content, as they bring their knowledge and skills of local and current issues in healthcare delivery, demographics and morbidity across the whole curriculum.

jungian pathway seminars
For three seminars a term trainees who are on the Jungian Pathway of the training join the students on the Jungian analytic adult training and attend seminars which are selected as particularly relevant to their child training.

research

doctoral research methods seminars
Trainees enrolled with Birkbeck in Year 2 will have Doctoral Research Methods seminars at bpf Kilburn with Michael Mallaghan, Associate Tutor, DPS Birkbeck.

doctoral research seminars
Trainees enrolled with Birkbeck in Years 3 and 4 join the three Doctoral Research seminars each term for all Ph.D students in the Department of Psychosocial studies at Birkbeck. These focus on presentations by students of their research work, with opportunities for them at all stages of their studies to discuss their research as it develops. These seminars will be co-ordinated and facilitated by Professor Lynne Segal.

research supervision
The research supervision by Birkbeck staff takes place via individually arranged meetings. Once allocated a Research supervisor, trainees will be supported in their research proposals and learning by their research supervisor throughout the remainder of their training.

open events programme

open afternoon training events
Occasionally during the year, particular afternoon workshop programmes (except the group sessions) will be open to professional colleagues to join in the learning experience of challenging and specialist areas of work.

presentations of qualifying clinical papers (reading-in events)
These Reading-In (to Membership of IPCAPA at bpf) events take place at bpf Kilburn and are open to all IPCAPA members and offer a training opportunity. All trainees on qualifying are required to present their clinical papers in this way; the presentation may be attended by the qualifying trainee’s professional colleagues and is followed by a clinical discussion of the paper. The programme and dates are announced during the year.

bpf meetings
A wide range of scientific meetings and other events at bpf are available to trainees as part of their bpf membership.
written undertaking

As trainees commence their training, they will be required to sign a written undertaking to abide by the ACP’s Code of Ethics and the bpf’s Code of Ethics and to abide by the IPCAPA Clinical Training Requirements, Policies and Procedures and bpf’s Policies and Procedures. The IPCAPA Training Requirements, Policies and Procedures and relevant bpf Policies and Procedures are outlined in this Handbook, under various headings as appropriate, in the document. The written undertaking form will be provided by the IPCAPA Training Co-ordinator at the commencement of training.

For the ACP’s Code of Professional Conduct and Ethics policy please see: www.childpsychotherapy.org.uk

notification of absence of training analyst/therapist or any supervisor

Trainees are required to notify the Clinical Course Director if their Training Analyst/Therapist or any Supervisors are absent for more than one week outside a normal leave period or at any time when there is a series of intermittent absences.

nhs training posts

These posts are usually four year fixed term training contracts (they can also be 0.8 posts over 5 years), starting in October. They are usually based in a Child and Adolescent Mental Health Service (CAMHS) team, and provide funding, time for study and training as well as the opportunities to meet all the clinical requirements of the training. Many of these posts are in South London NHS Trusts.

All training posts are managed by the Service Supervisor, who is usually a Consultant Child Psychotherapist, working in the clinic where the trainee is based. The Service Supervisor will have professional management responsibility for the trainee within the employing Trust via the Head of Service, when that is a different person. The Service Supervisor will hold case management and clinical responsibility for the employing trusts’ cases and is responsible for ensuring that all parties understand and accept the limits of their responsibilities. For fuller details on the role of the Service Supervisor, please see ‘Communication and Support Arrangements’ Section, p.28 and appendix 9, p.48.

confidentiality and compliance with NHS trust policies and procedures

Trainees are reminded that they have to comply with the employing Trust’s policies, procedures and guidelines, including those related to Equal Opportunities, Health & Safety, Confidentiality of Information, Child Protection, Record Keeping, Restriction of Liberty (Control & Restraint), Diversity, Data Protection Act (1998) and the Access to Health Records Act (1990) in keeping notes and writing reports.

NB. That confidentiality applies to all information concerning training patients and patients of other trainees discussed in seminars. It extends to information both given to individuals and gained from them, to written material and to formal and informal discussion with colleagues.
Whilst it is recognised that, for the purpose of training, information about a patient will be open to other professionals, trainees must confine discussion of case material to these settings and guard against accidental or inappropriate disclosure. In all notes and in any presented material by a trainee, pseudonyms or initials must be used for the individuals.

All written reports, including the Research Thesis, must meet these requirements. All copies of all reports that are duplicated for distribution must be individually numbered and their circulation recorded.

Extreme care must be taken when carrying written material from one place to another, such as to seminars or to supervision. Any identifiable material needs to be deleted from notes before these notes are taken out of the clinic. If clinical material concerning a patient is to be published or used in a public setting or for teaching purposes, even greater care must be taken to disguise completely any identifying features about the patient’s circumstances or family. Permission should be sought from the patient concerned prior to publication of a substantial amount of clinical material.

**confidentiality statement**

Trainees are expected to confirm the following when submitting written work: I (name) certify that I have changed names, and where appropriate identifying details, in order to protect patients’ confidentiality. Nevertheless this document should be treated as confidential and no parts of it are for dissemination or publication without the author’s express permission.

For the ACP’s Code of Professional Conduct and Ethics policy please see: [www.childpsychotherapy.org.uk](http://www.childpsychotherapy.org.uk)

**policy on use of term breaks/study leave**

As employees of their placement Trusts, only in consultation and agreement with their Service Supervisor, should trainees use the IPCAPA at bpf term breaks for other training requirements, such as study leave.

The IPCAPA at bpf/Birkbeck academic year is based on 3 x 10 week terms, which leaves 22 weeks outside the academic year that trainees can use the Tuesday times to further their training requirements in agreement with their Service Supervisors. The Service Supervisors are sensitive to the training demands on trainees and will handle requests sympathetically and equitably. The IPCAPA at bpf will inform Service Supervisors of submission deadlines for written work which need to be taken into account when planning leave. Any agreed leave from training posts would need to comply with the NHS policy requirements on annual, study and other leave. Any queries should be passed to the trainee’s Progress Advisors.

**policies and procedures on taking leave, seminar attendance and absences**

**planning leave**

It is expected that trainees will not plan their leave during term time as continuity of the therapies of Training Patients is very important. If a trainee needs to take unforeseen leave during term times s/he must discuss this with the Progress Advisor as well as with the Service Supervisor.

**teaching programme attendance and absences**

- Trainees are expected to attend seminars regularly. If more than 2 seminars are missed out of a course of 5, or more than 3 out of a block of 10, the trainee will be required to retake that course later in the training (at the discretion of the Training Committee).

- For known and unavoidable absences, trainees are expected to inform Seminar Leaders and the IPCAPA Training Coordinator in advance.

- For unexpected absences, trainees must let the Training Co-ordinator know. The Training Co-ordinator will inform the Seminar Leader, the Progress Advisor and the Year Tutor.

- If trainees are at risk of missing more than two seminars per term for any reason (such as illness, or special circumstances), they must notify their Progress Advisor.
**Policy on Absent Trainees**

- In the event that a trainee is absent for a week without known and acceptable cause they will be contacted by the Progress Advisor to ascertain the reason and ensure future attendance as required. If a trainee continues to fail to attend without acceptable reason, this will be brought to the notice of the Clinical Course Director and action agreed.

- If this situation is not resolved, it will be brought to the Chair of IPCAPA Executive and subsequently, if the trainee’s non-attendance persists, to bpf’s CEO and Board.

- The Birkbeck Programme Director and the relevant authorities will be informed as appropriate. In the case of non-EU nationals, this will include Immigration/Home Office and the Police.

- Similarly, if a non-European national is accepted as a trainee and fails to start the training, the Clinical Course Director will inform the Chair of IPCAPA Executive and the CEO of bpf and the relevant authorities will be informed as appropriate. This will include Immigration/Home Office and the Police.
clinical training requirements

One of the most important teaching and learning methods for this programme is through direct experience of clinical work.

In accordance with the requirements of the ACP, trainees will see, under supervision, a range of boys and girls of different ages (pre-latency, latency and adolescence), both in intensive, (minimum three times a week), and non intensive (minimum once a week) treatment.

Trainees are also required to undertake generic, state of mind and psychotherapy assessments and to gain experience of work with parents and families. Trainees also need to obtain experience in practising other psychotherapeutic techniques, such as brief work, mother-infant work, family work, group work and interagency and consultation work. Trainees will often work alongside other members of the multi-disciplinary team.

For full details on the ACP Training Requirements, please see For the ACP’s website: www.childpsychotherapy.org.uk

intensive cases

On qualification trainees are expected to have substantial supervised experience of intensive therapy with each age group, including one case for a two year period and two for a one year period, or longer. It is recommended that where possible the first patient be a pre-latency child, the second a latency child and the third an adolescent. Intensive cases are seen on a three times a week basis and a mix of girls and boys is expected.

Each of the 3 cases is individually supervised by a different senior Child Psychotherapist to give the trainee a range of supervision experiences. The trainee and the Intensive Case Training Supervisor meet weekly to discuss the therapy. It is the responsibility of the Training School to select Intensive Case Training Supervisors.

Selection of an Intensive Case Training Supervisor will take place in consultation with the Progress Advisor and the Service Supervisor. The intensive case must be supervised by an IPCAPA approved Intensive Case Training Supervisor. Where possible the first intensive case will be supervised by an Intensive Case Training Supervisor who is closely involved in the delivery of the training. Trainees are advised that finding a suitable Intensive Case Training Supervisor may take time, and that they will need to discuss this with their Progress Advisor as soon as a possible intensive case is identified in the clinic.

The trainee must discuss the case with the Intensive Case Training Supervisor before starting intensive work.

For more information on the role of the Intensive Case Training Supervisor, Progress Advisor and Service Supervisor, please see Communication and Support Arrangements, p.28.

procedures for intensive cases

- Treatment of a first intensive training patient begins in the first year of the training as agreed with the Progress Advisor and the Service Supervisor. The Service Supervisor will identify suitable training patients in consultation with the Progress Advisor and together with the trainee they will agree an intensive Case Training Supervisor. With each intensive case the trainee must write to the Training Committee to request consent to proceed.
• **intensive case permission request to the training committee**
  This request must be emailed to the Clinical Course Director and the Training Co-ordinator. The email requesting permission to commence intensive therapy should include, if known, brief details of the proposed training case, the possible start date and the proposed Intensive Case Training Supervisor.

• **intensive case details to training co-ordinator**
  On commencement of the intensive work the details must be confirmed by the trainee in writing to the Training Co-ordinator including details of the supervision arranged.

• **treatment of a second and third intensive training patient**
  This may not begin until the previous intensive patient has been in treatment for at least 3 months. The trainee must write to the Training Committee to request consent to proceed. Prior to starting the intensive case there must be discussion with the trainee’s other Intensive Case Training Supervisor/s, the Progress Advisor and the Service Supervisor and the trainee must have received consent from the Training Committee.

• **concluding treatment**
  Treatment of the training patient should continue until the therapy can be brought to a satisfactory conclusion or alternative treatment can be arranged, with the support of the Service Supervisor.

• **Funding of intensive case supervision**
  Trainees will be entitled to weekly supervision on their intensive cases for 1 year for 2 cases & 2 years for the ‘2 year’ case. IPCAPA will pay for supervision up to a maximum of 4 times in the time leading up to the case starting as an intensive case and up to maximum of 4 times if the case continues past the 1 (or 2) year time frame and the trainee would like to consult the supervisor on an occasional basis at that time. Any decisions about IPCAPA funded supervision beyond those parameters will need to be decided on a case by case basis, with the Progress Advisor bringing the request to TC. For further details on the ‘intensive case supervision policy’ please see appendix 3, p.41.

• **written submissions on the intensive work**
  Trainees will be asked to write the background information and information about the assessment of their intensive cases and a formulation WITHIN 3 MONTHS of starting the case. This initial piece of work should be no more than 3 sides of A4.

  Trainees will then be asked to produce a report covering the first year of work after 1 year of work. This report should be an overview of the progress of the therapy, giving evidence in the form of vignettes, paying attention to issues of transference & countertransference, anxieties and defences (see guidelines on clinical reports p.42) and can be up to 3500 words in length.

  After 1 year of work or at the end of the case trainees will also be asked to write the sort of letter that they would anticipate sending to the referrer/GP about the case to keep the referrer informed of progress (that letter could be 1 actually sent from the Clinic or can be the sort of communication they might send if their service sent such letters). The letter can be no more than 2 sides of A4. We are looking to see how trainees distil their thoughts and communicate with outside agencies.

  It is anticipated that trainees will write 4 such reports - 1 at the end of each year for their 2 year case (2 reports) and 1 at the end of the year on each 1 year case. If the case ends sooner a report will need to be written at that end point.

  The final clinical paper must be submitted in Year 4 and it will focus in depth on the work with one of the intensive cases. This report is included in Volume 1 of the Doctorate Portfolio. See Guidelines for Clinical Papers; see section ‘assessment in doctorate’ p.17.

For further details on the procedure for intensive cases please see points under Progress Advisor in appendix 9, p.48, guidelines for clinical reports, appendix 4, p.42 and intensive case supervision policy, appendix 3, p.41.
non intensive cases

Experience of a range of non intensive psychotherapy cases, seen once or twice weekly on a long-term basis, usually one year minimum, is expected to be undertaken with 5 or more children or adolescents covering a range of ages and gender. Experience running a children’s psychotherapy group, treating a mother and young child on a long-term basis, participating in longer-term family therapy or undertaking other time-limited treatments is recommended where possible and may substitute for a non intensive case as agreed with the Progress Advisor and Clinical Course Director. These cases are supervised by the Service Supervisor, unless specialist supervision is arranged.

Additionally an experience of an evidence-based treatment, such as manualised STPP for depressed children and adolescents, or an equivalent time-limited model is desirable

- **written submissions on the non intensive work**
  A report on work with one non intensive case must be submitted in January of Year 3 and will be included in Volume 1 of the Doctoral Portfolio (See Guidelines, p.16).

work with parents

Trainees must undertake supervised work with at least one parent or parents (other than a parent of one of their own patients) for a substantial period, preferably on a once weekly basis. These cases are supervised by the Service Supervisor, unless specialist supervision is arranged.

- **written submissions on the parent work**
  A report on the parent work must be submitted in January of Year 4 and will be included in Volume 1 of the Doctoral Portfolio (See Guidelines for Parent Work Report, p.20).
assessments in the doctorate programme

summary of mres/doctoral programme requirements

The trainee’s development is monitored throughout the training by the IPCAPA Training Committee. The Intensive Case Training Supervisors, Service Supervisors and seminar leaders of clinical and theoretical seminars provide regular progress reports. The academic supervisors provide annual reports. The IPCAPA Training Committee and the trainee’s Progress Advisor discuss these reports with the trainee as part of a continuous assessment and feedback forms are used. Continuous assessment concords with the QAA Code of Practice which encourages assessment practice that promotes effective learning through ‘feedback loops’.

This covers the assessment of all training, including the research component.

The trainees enrolled on the MRes/Doctorate programme will build an MRes/Doctoral Portfolio as they progress through the training. This will consist of written work as detailed in the following table:

- Volume 1 - Clinical work
- Volume 2 – Research work

<table>
<thead>
<tr>
<th>Level</th>
<th>Year</th>
<th>Title</th>
<th>Credits</th>
<th>Status</th>
<th>Word count</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>1-4</td>
<td>Issues in child and adolescent psychotherapy 1: Intensive clinical cases (assessed by six monthly reports)</td>
<td>60</td>
<td>Core</td>
<td>1,500 each (1,500 x 4) (2 year patient) + (1,500 x 2) (one year patient) = 9,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical work</td>
<td>Course requirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Issues in child and adolescent psychotherapy 2: Non-intensive case report</td>
<td>30</td>
<td>Core</td>
<td>4,000</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>Issues in child and adolescent psychotherapy 3: Work with parents/carer report</td>
<td>30</td>
<td>Core</td>
<td>4,000</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>Psychoanalytic theory and practice (final clinical paper)</td>
<td>60</td>
<td>Core</td>
<td>6,000 – 8,000</td>
</tr>
</tbody>
</table>
Please note these revised word counts apply to the 2012 intake onwards. Those from earlier years who are not enrolled at Birkbeck may also use these word counts. Those undertaking their doctorate studies at Birkbeck who entered the programme before 2012 are subject to the word counts that were in place in earlier handbooks. Please also refer to the new guidelines for clinical reports, appendix 4, p.42.

All elements of the Doctorate must be passed for the award of the Doctorate degree.

Assessment methods for the MRes/doctorate are varied and comprehensive with eventual accreditation based on the satisfactory completion of the following:

**Volume 1:** 
- Reports on Intensive Clinical Cases (6 reports with 2 prefaces) (See Guidelines, p.19)
- Report of a non-intensive case (See Guidelines, p.21); 
- Report of work with parent/carer (See Guidelines, p.20); 
- Final clinical paper (See Guidelines, p.22)

**Volume 2:** 
The MRes dissertation will be double marked and the title will be conferred through an annual exam board. The Doctoral research thesis will be defended through a viva voce examination.

The MRes and Doctoral Portfolio will be made up of the two volumes (listed above) submitted no earlier than the end of Year 4, with a synthesising introduction (up to 5000 words) explaining the development of the student’s work over the four year period of study.

### trainee progress monitoring

Trainees’ progress and the timing of assignment submissions are under review twice yearly at Training Committee and Doctoral Management Committee meetings. Progress Advisors, Year Tutors and Academic Supervisors give advice on time management to students in relation to assignment deadlines.

The Training Committee holds an Annual Review of trainees’ Progress in July. Prior to this, (in April) the Training Co-ordinator will request reports from all supervisors and Year Tutors as well as the trainees’ written work and Trainee Log. These will be discussed by the Progress Advisor with the trainee and used at the Annual Review Meeting in July to monitor progress and identify learning aims in the clinical training programme. The trainee will receive feedback from this review from the Progress Advisor.

There is an Annual Progression Board involving IPCAPA/bpf and Birkbeck staff for all trainees on the Doctoral programme. Reports from the DPS Research Supervisors and from the Annual Review will be discussed to monitor the progress of each trainee and identify learning aims and support needed on the research programme. The trainee will receive feedback from this review from their Research Supervisors.
guidelines for reports on all intensive training cases

learning outcomes

Through the work of writing the report the trainee will learn:

- To demonstrate the development of skills in conceptualising and communicating the therapeutic interaction with the patient.
- To facilitate a review of the development of his/her understanding of the intensive clinical work, to take place with the Intensive Case Training Supervisor and the Progress Advisor.

content

The report will be clinical in nature and indicate the development of the therapeutic process. It will refer to the nature of the transference and counter transference, to conflict and anxiety, methods of defence and resistance and to internal and external progress. Any changes in the patient's external circumstances will be noted and work with parents briefly described. Relationships with siblings and other family members will be included. Pseudonyms must be used and care must be taken concerning issues of confidentiality.

submission

- Reports must be submitted electronically (password protected) including a statement of confidentiality to the Training Co-ordinator at the end of the year from the beginning of the intensive treatment. Within the first 3 months of starting the case a report must be submitted (not included in the total word count) with a summary or preface of the patient's history, background and initial assessment, together with a formulation. Prior to submission, a draft report must be discussed with the Intensive Case Training Supervisor.
- All reports must be submitted regularly with the standard front sheet (which is available from the Training Co-ordinator) and be no more than 3,500 words in length, and be typed and double spaced and submitted to the Training Co-ordinator by email.
- At the end of the fourth year, two of the three prefaces and four of the six reports must be submitted as part of volume one of the doctoral portfolio.

assessment

As one of the requirements for the doctoral portfolio (volume one), the assessment of these reports will be based on the guidance above regarding the learning aims and content of the case reports. In order to pass the case report component of the doctorate:

- There will be 4 reports with 2 prefaces;
- There will be evidence that suitable attention has been paid to protecting confidentiality;
- The reports will demonstrate competency in conceptualising and communicating the basic therapeutic interaction with the patient.

assessment process

The Training Co-ordinator will email the trainee’s report to the Progress Advisor and Intensive Case Training Supervisor. Following discussion of comments with the Intensive Case Training Supervisor, and where the work is of a satisfactory standard, the Progress Advisor will complete and return the assessment report, including the feedback plan, to the Training Co-ordinator, copying in the trainee, Intensive Case Training Supervisor and Clinical Course Director. Where it is necessary for the trainee to make amendments to bring the work to an appropriate standard this will need to be done and the report reassessed by the Progress Advisor. The Assessment report will be part of Volume 1 of the doctorate portfolio. See intensive case report assessment sheet, appendix 5, p.44.
guidelines for parent work report

learning outcomes

Through the work of writing the report the trainee will learn:

- To demonstrate the clinical unfolding of the process of parent work, giving a clear picture of the content and how material has been understood and interpreted.
- To demonstrate competence as a sensitive clinician who is aware of the major relevant technical considerations which should be brought to bear upon a particular case.
- To demonstrate an ability to think independently about work with parents in the context of what has been learned about individuals, family and child development, psychoanalytic theory and the theory of technique.

content

To a large extent the type of clinical work reported will determine the nature of the presentation. The focus and structure of the report will depend upon the particular clinical issue(s) and the nature of the case being discussed.

The main emphasis will be on the unfolding narrative of the work and the clinical material itself. This paper should reflect the tension the trainee experiences in working with parents’ issues about him/herself and his/her role as a parent whilst always keeping the child in mind.

A theoretical discussion is required, in which clinical issues are conceptualised and linked with appropriate literature. Reference should be made to the transference and counter transference, conflict and anxiety, defence and resistance, as well as to internal and external progress during treatment. See Guidelines for References, appendix 10, p.54.

Pseudonyms must be used and care taken on issues of confidentiality.

submission

- The report on the Parent Work must be submitted electronically (password protected) including a statement of confidentiality to the Training Co-ordinator in January YEAR 4.
- The paper must be 4000 words (max 4,200) and be typed and double spaced. Prior to submission a draft report should be discussed with the Supervisor and Progress Advisor.
- The report will be circulated to the Progress Advisor and Clinical Course Director; a copy should be retained by the trainee. A copy of the report with the assessment comments will be kept in the trainee’s portfolio.

assessment

As one of the requirements for the Doctoral Portfolio (Volume One), the assessment of these reports will be based on the guidance above regarding the learning aims and content of the clinical reports. In order to pass the report must:

- Pay suitable attention to protecting confidentiality;
- Demonstrate the clinical unfolding of the process of parent work, and give a clear picture of the content and how material has been understood and interpreted;
- Demonstrate competence as a sensitive clinician who is aware of the major relevant technical considerations which should be brought to bear upon a particular case;
- Demonstrate an ability to think independently about parent work in the context of what has been learned about individual, family and child development, psychoanalytic theory and the theory of technique.

assessment process

The Training Staff team will assess the Parent Work papers and the assessment report will be circulated to trainee, Progress Advisor and Clinical Course Director. See parent work paper assessment sheet; appendix 7, p.46.
guidelines for non intensive report

learning outcomes

Through the work of writing the report the trainee will learn:

- To demonstrate the clinical unfolding of the process of intensive or non-intensive psychotherapy, as appropriate, with a patient, giving a clear picture of the content and how material has been understood and interpreted.

- To demonstrate competence as a sensitive clinician who is aware of the major relevant technical considerations which should be brought to bear upon a particular case

- To demonstrate an ability to think independently about clinical work in the context of what has been learned about child development, psychoanalytic theory and the theory of technique.

content

To a large extent the type of clinical work reported will determine the nature of the presentation. The focus and structure of the report will depend upon the particular clinical issue(s) and the nature of the case being discussed.

The main emphasis will be on the unfolding narrative of the treatment, including a detailed account of the patient-therapist interaction and the clinical material itself. Some picture of the patient's history must be included and the way this links with the difficulties which brought the patient to treatment. A description of parents and family or primary caregivers is essential.

A theoretical discussion is required, in which clinical issues are conceptualised and linked with appropriate literature. Reference should be made to the patient's psychopathology, the transference and counter transference, conflict and anxiety, defence and resistance, as well as to internal and external progress during treatment. See Guidelines for References, appendix 10, p.54.

Pseudonyms must be used and care taken on issues of confidentiality.

assessment

As one of the requirements for the doctoral portfolio (Volume 1) the assessment of each of these reports will be based on the guidance above regarding the learning aims and content of clinical reports.

In order to pass the non intensive report paper must:

- Pay suitable attention to protecting confidentiality;

- Demonstrate the clinical unfolding of the process of intensive or non intensive psychotherapy work, as appropriate, and give a clear picture of the content and how material has been understood and interpreted;

- Demonstrate competence as a sensitive clinician who is aware of the major relevant technical considerations which should be brought to bear upon a particular case;

- Demonstrate an ability to think independently about clinical work in the context of what has been learned about child development, psychoanalytic theory and the theory of technique.

submission

- The report must be submitted electronically (password protected) including a statement of confidentiality to the Training Co-ordinator in January YEAR 3

- The paper must be 4000 words (max 4,200) and be typed and double spaced. Prior to submission a draft report must be discussed with the Supervisor and Progress Advisor.

- The report will be circulated to Case Training Supervisor, Progress Advisor and Clinical Course Director; a copy should be retained by the trainee. A copy of the report with the assessment comments will be kept in the trainee’s portfolio.
assessment process
The Training Staff Team will assess the Non-Intensive Report and the assessment report will be circulated to trainee, Progress Advisor and Clinical Course Director. See non-intensive paper assessment sheet; appendix 6, p.45.

guidelines for final clinical paper

learning outcomes

Through the work of writing the paper the trainee will learn:

- To demonstrate the clinical unfolding of the process of intensive or non-intensive psychotherapy, as appropriate, with a patient, giving a clear picture of the content and how material has been understood and interpreted.

- To demonstrate competence as a sensitive clinician who is aware of the major relevant technical considerations which should be brought to bear upon a particular case.

- To demonstrate an ability to think independently about clinical work in the context of what has been learned about child development, psychoanalytic theory and the theory of technique.

content

To a large extent the type of clinical work reported will determine the nature of the presentation. The focus and structure of the report will depend upon the particular clinical issue(s) and the nature of the case being discussed.

The main emphasis will be on the unfolding narrative of the treatment, including a detailed account of the patient-therapist interaction and the clinical material itself. Some picture of the patient's history must be included and the way this links with the difficulties which brought the patient to treatment. A description of parents and family or primary caregivers is essential.

A theoretical discussion is required, in which clinical issues are conceptualised and linked with appropriate literature. Reference should be made to the patient's psychopathology, the transference and counter transference, conflict and anxiety, defence and resistance, as well as to internal and external progress during treatment. See Guidelines for References in Appendix 10, p.54.

Pseudonyms must be used and care taken on issues of confidentiality.

assessment

As one of the requirements for the doctoral portfolio (Volume 1) the assessment of the paper will be based on the guidance above regarding the learning aims and content of clinical reports.

In order to pass the final clinical paper must:

- Pay suitable attention to protecting confidentiality;

- Demonstrate the clinical unfolding of the process of intensive or non intensive psychotherapy work, as appropriate, and give a clear picture of the content and how material has been understood and interpreted;

- Demonstrate competence as a sensitive clinician who is aware of the major relevant technical considerations which should be brought to bear upon a particular case;

- Demonstrate an ability to think independently about clinical work in the context of what has been learned about child development, psychoanalytic theory and the theory of technique.
The final report must be submitted electronically (password protected) including a statement of confidentiality to the Training Co-ordinator as early as possible in the Summer term of Year 4.

The paper must be no more than 8,000 words and be typed and double spaced. Prior to submission, a draft report must be discussed with the Intensive Case Training Supervisor and Progress Advisor.

The report will be circulated to the Intensive Case Training Supervisor, Progress Advisor, and Clinical Course Director; a copy should be retained by the trainee. A copy of the report with the assessment comments will be kept in the trainee’s portfolio. The paper must be amended.

The final Clinical Paper will be assessed by two members of the IPCAPA Reader’s Panel. Members of the Panel are consultant level clinicians with teaching and supervisory experience. The Clinical Course Director, Progress Advisor and trainee will receive the assessment reports.

Once all of the components of the clinical training are completed trainees will be expected to present their final clinical paper on an intensive case at a ‘Reading in’ (to Membership) event.

The trainee must address any comments in the Readers’ reports and check any required changes with his/her Progress Advisor, prior to presenting the paper.

The following points should be kept in mind when preparing for this event:

- The aim should be to read for about one hour or a little less, and be prepared to discuss any points which arise from the presentation.
- Members of the Training Committee will be invited to the presentation and at least two must be present.
- Child and Adolescent Psychotherapy trainees and IPCAPA Graduates will be invited.

After consultation with the Progress Advisor the trainee may invite colleagues who have been closely involved with the case (as appropriate).

Students will begin the research component in the second year of the clinical training.

In their first year of the MRes (i.e. 2nd year of clinical training) Birkbeck will provide research methods seminars (9 over the academic year).

From year 2 (i.e. year 3 clinical training), students will be allocated a Birkbeck academic supervisor at the start of the academic year. The supervisor will provide support and advice on the development of the research thesis from Year 2 onwards. Students will attend the monthly postgraduate seminars at Birkbeck. They will also be allowed to sit again some of the research methods lessons if they need a top up.

Students will need to submit their research proposal for ethical approval before they can start collecting data. Birkbeck’s Ethics Committee meets 10 times a year (In planning submission, please check meeting dates and current format for the application http://www.bbk.ac.uk/sshp/our-research/sshp-ethics-committee-and-procedures/submission-dates-for-proposals).
progression on the course
For both the MRes and Doctorate qualifications, students will be required to carry out an empirical research project. Whenever they are ready and in consultation with their supervisors, students enrolled on the MRes can apply to upgrade to the Doctorate. It is expected that students will upgrade between their second and third year on the MRes to enable them to finish within the 6 years of enrolment. The upgrade requirements will be in line with current requirements for students upgrading from M.Phil to PhD, except that for students applying to upgrade from MRes to Doctorate it will be compulsory to have carried out a pilot study and to produce analysis of the data that demonstrates their capacity to apply psychosocial research methods. Panels to upgrade to Doctorate will be held twice a year, generally in January and June.

There will be three possible outcomes of the upgrade depending on the quality of the student’s submission:

- **pass.** The student is allowed to register on the Doctorate and to continue working towards a Doctoral dissertation, to be submitted within the prescribed 6 years of enrolment.

- **resubmission.** Students are entitled to re-submit once for upgrade. The panel will make specific recommendations for revisions. If the student fails again, the panel will decide whether the student’s work is potentially at a Masters level, in which case point 3 below will apply, or whether the student has failed the course altogether.

- **fail.** Only if the panel considers the submitted work to be potentially at Masters level, the student will be allowed to work towards a MRes award, otherwise the student will have failed the course altogether.

There will be no academic award for students who do not complete either the MRes or the Doctorate but, when the clinical requirements are fulfilled, they will still qualify as Child and Adolescents Psychotherapists.

A Research Upgrade Proposal Submission Outline is available from the BpF Training Coordinator and can be found in appendix 8, p.47.

The doctorate thesis, although governed by the regulations for the PhD, is NOT equivalent to a PhD thesis. The maximum word length is 40,000 words in acknowledgment that this is a portfolio qualification. The thesis should be based on qualitative empirical research which is psychosocial in nature; that is it should account for both the socio-cultural and psychological aspects of the subject under investigation, and the relationship between the two. Qualitative research gives students an experience of structuring a process of field-work, including defining manageable research questions and thinking about the ethical management of the research process. The data it yields typically provides richer accounts of human experience than quantitative methods, and allows for more detailed analytic/theoretical reflection. Students’ skills in reflexivity and attentive listening are essential for this kind of work. Using this process as an advanced training will form a helpful part of the trainees’ professional formation, and prepare them for undertaking research post qualification.

Empirical research will require ethical approval from Birkbeck. Students are strongly advised NOT to pursue projects requiring external, particularly NHS, approval, as this is bound to delay the project considerably.

Students should discuss research ideas with the BBK research methods tutor and are advised to refer to past projects to get a sense of what is a feasible research project.

Students will get further opportunities to hear more about post doctorate projects in the doctoral research seminars.

**NB:** It is crucial for trainees to bear in mind that, although it is inevitable and to some extent beneficial that their clinical expertise will inform their conduct during the research process and their understanding of the data, research participants are not in a therapeutic relationship with them. Students should be mindful and reflective about psychoanalytic interpretations of possible unconscious meanings or motivations of participants’ behaviour or narratives outside clinical settings.
guidelines on the doctoral work during the course

year 1 on MRes/Doctorate (IPCAPA - year 2)
- Trainees will attend research methods seminars during this year in which different qualitative methodologies will be taught. During these seminars students will be supported in choosing a research method suitable to their research topic. As well as learning about qualitative research in these seminars trainees will present their developing proposals to the group, and discuss analysis of data.

A Research Proposal Preparation Form is available from the IPCAPA Training Co-ordinator.

- In the summer term, students will be required to submit a draft research proposal to the IPCAPA Training Co-ordinator by the proscribed deadline.

year 2 on MRes/Doctorate (IPCAPA - year 3)
Trainees are allocated a research supervisor from Birkbeck whom they can meet up to 5 times a year to discuss and refine their research proposal.

- It is strongly recommended that the five supervisory meetings are planned in advance and scheduled throughout the year, as this will provide a good structure for both the trainee and supervisor.
- Trainees are invited to join the monthly Postgraduate research meetings at Birkbeck.
- As soon as the proposal is ready, the trainee needs to submit it for ethical approval. For Ethical Approval Policies and Procedures, please see the Birkbeck website at the following link: http://www.bbk.ac.uk/rgco/policy/ethics.shtml.
- The Proposal Forms for Research with Adults (over 16 years) or with Minors (under 16 years) can be downloaded via www.bbk.ac.uk/sps/our_courses/ethics_committee.

Once their research project receives ethical approval by BBK, trainees can carry out a pilot study.

Once data from their pilot study has been analysed, and in consultation with their supervisor, students can apply for upgrade. The Research Upgrade Proposal should not be longer than 8,000 words. It should contain a theoretical frame for the study with a critical literature review, a methodology section and a psychosocial analysis of the pilot study.

A Research Upgrade Proposal Submission Outline is available from the bpf Training Coordinator and can be found in, appendix 8, p.47.

The research upgrade proposals will be reviewed by the trainee’s Research Supervisor before it is submitted to the Upgrade Panel consisting of the Programme Director and second reader (a member of the DPS staff). The trainee will be invited to give an oral presentation to the Upgrade Panel which will be chaired by a third member of the DPS or another department. Following the oral examination, the trainee will be informed of the outcome (i.e. pass, resubmission with amendments or fail). If the trainee fails, s/he will be allowed to re-apply for upgrade one more time only. If s/he fails again, s/he will not be allowed to continue on the Doctorate.

A student whose application for upgrade is unsuccessful and who disputes the decision on academic grounds has the right of appeal within one month of notification of the decision. Appeals should be made to the Head of Department and will be considered by a panel comprising the Director of Doctoral Research and, wherever possible, a member of the Department (or, if appropriate, another College Department) with supervisory experience who was not previously concerned with the assessment of the application or the student’s research.

Please see the Birkbeck policy on mitigating circumstances in relation to examinations and other forms of assessment on p.35.

year 3 on MRes/Doctorate (IPCAPA - year 4)
- Trainees continue to attend the monthly Postgraduate research meetings at Birkbeck.
- Trainees continue to receive research supervision from their BBK supervisors.
- Trainees should continue to work on their data analysis towards write up of the dissertation.
Year 4, 5, 6 on MRes/Doctorate (IPCAPA - year 5/ Post Qualification)
Students may need to continue to complete data analysis and write up following Year 4, after the clinical requirements of the training have been completed. During this time, they continue to receive research supervision from their BBK supervisors and to attend the postgraduate research meetings at Birkbeck.

Please see Finance and loans section p.38 or the continuing fee structure for Birkbeck.

submission of research thesis & examination

The Doctoral thesis will be governed by regulations identical to those in existence for the PhD, with the exception of word length. The thesis will be examined by a viva involving a specially appointed External Examiner and a University of London Examiner.

Students will only be allowed to submit their Research Thesis on successful completion of the clinical requirements of the programme.

Please contact BBK registry for further details on submission of Thesis on 020 7631 6316 or through the following link: http://www.bbk.ac.uk/mybirkbeck/services/facilities/helpdesk.

More information on the assessment process is available at:
http://www.bbk.ac.uk/mybirkbeck/services/administration/assessment/phd_dissertations.

The Clinical Paper and reports will be scrutinised by a Visiting Examiner appointed to the Programme.
qualification in child & adolescent psychotherapy

Completion of the doctorate is not a requirement for qualification as a Child and Adolescent Psychotherapist. Trainees will be eligible for membership of IPCAPA at *bpf* and eligible to be registered as a qualified practitioner with the Association of Child Psychotherapists (*ACP*) once the written work as described under Volume 1 (Clinical) of the Doctoral portfolio has been completed satisfactorily and the following requirements have been met:

- The requisite supervised clinical work as recorded in the Trainee Log;
- Recommendations from the Service Supervisor and all Intensive Case Training Supervisors that a satisfactory level of clinical practice has been achieved and the candidate is now ready to practice independently;
- An endorsement from the trainee’s analyst/therapist of the trainee’s suitability to work independently as a child psychotherapist;

The presentation of the clinical paper to members of IPCAPA at *bpf*.

**On Clinical Qualification, the trainee will:**

- Become a member of IPCAPA at *bpf*.
- Be eligible to be registered as a qualified member with the Association of Child Psychotherapists (*ACP*).
- Be eligible to seek employment in the NHS as a qualified child and adolescent psychotherapist.
- Have access to the post-graduate programme, scientific meetings and CPD courses run by IPCAPA and other associations at *bpf*.
- Have the opportunity to contribute to pre-clinical and clinical learning programmes at IPCAPA.
- Have the opportunity to work towards becoming an Intensive Case Training Supervisor for IPCAPA at *bpf*. 
communication and support arrangements

Trainee Members will be supported primarily through existing IPCAPA structures alongside the usual support mechanisms for research students within Birkbeck. All Trainee Members receive a general introduction to IPCAPA and Library facilities at bpf Kilburn. As and when appropriate, Trainee Members will be invited for an induction at Birkbeck including Library facilities.

IPCAPA training support systems

Support and guidance is offered to the trainee for the duration of the training by a Progress Advisor who is a member of the Training Committee or Additional Training Staff Group, and is allocated to each trainee on an individual basis, meeting with the trainee at least once a term. The Progress Advisor provides the main channel of communication between trainees and the Training Committee. The Progress Advisor liaises with the Service Supervisor, Intensive Case Training Supervisors and Year Tutor.

The Year Tutor remains with the Year Group throughout the Training and is a member of the Training Committee or Additional Training Staff Group. The Year Tutor takes the Clinical Seminars throughout the first year and thereafter for 1 term per year. Furthermore, s/he meets once a term with the year group to review the training experience. These meetings provide an opportunity for trainees to discuss and evaluate the theoretical, clinical and research seminars as training progresses. They also provide a forum for the discussion of general concerns related to training and an opportunity for clarification of the various procedures and requirements of the course.

The Year Tutor and the Progress Advisor each has both a support and monitoring role. Feedback reports from the evening seminar teachers are reviewed by the Progress Advisor and by the Year Tutor. This feedback is shared in review meetings with trainees, either individually with the Progress Advisor or in the Year Tutor Group Meeting, as appropriate.

The Service Supervisor has one of the most important support and teaching roles for trainees throughout their training. S/he has the day to day managerial responsibility for the trainee in the clinical placement and is the lynch-pin for communication between the clinical placement and IPCAPA (via the Progress Advisor). S/he holds the case management and clinical responsibility for the cases of the employing trusts and may liaise directly with the Intensive Case Training Supervisors on cases as required. S/he ensures that the trainee meets the casework requirements of the course.

The Service Supervisor ensures that the trainee has appropriate induction and on going in-house training on Trust policies and procedures (such as working with diversity, child protection, health and safety and record keeping) and has access to facilities and resources that are the equivalent of other staff members, such as occupational health, in-house training, pension, etc.

Trainees have a separate Intensive Case Training Supervisor for each of their intensive clinical cases for the duration of the intensive treatment. This supervisor meets weekly with the trainee and is responsible for the trainee’s learning from the case, supervising the trainee’s understanding of the clinical material, discussing technical issues and making appropriate links to psychoanalytic and developmental theory and research.

The Intensive Case Training Supervisors are independent from the trainee’s employing NHS Trust and have been approved for intensive case supervision by IPCAPA at bpf’s Child and Adolescent Training Post Graduate Development Committee.
The **IPCAPA Research Co-ordinator** is a member of the Training Committee and the Doctorate Management Committee and is available to the trainees for general support and guidance regarding their doctorate research, and, in conjunction with senior training staff, plans the child psychotherapy research seminars on the training programme.

The Research Coordinator liaises with the Clinical Course Director and the Business Manager, the Doctorate course team, Year Tutors, Progress Advisors, and Academic Supervisors.

For more details on the above, see Support Roles and Responsibilities in appendix 9, p.48.

**feedback mechanisms**

Information received from the trainees during both informal and formal feedback is of vital importance to us. It allows us to evaluate the teaching programme, the communication structures and the supports provided and to address any problems as they arise and make improvements where necessary. Positive feedback is also useful to help us to feedback to seminar leaders the teaching styles that promote learning.

Each term feedback forms are collected individually and anonymously from all trainees.

The year group has a regular opportunity to discuss their feedback with the Year Tutor in their end of term review meeting. The individual feedback forms and Year Tutor meeting reports are appraised in the Training Committee. Responses are agreed and provided as appropriate (i.e. via Year Tutor, Progress Advisor or other staff). Finally, the student feedback on the Doctoral Programme and consequent action is discussed and reviewed at the yearly Doctoral Joint Steering Committee Meeting.

**birkbeck support systems**

Within Birkbeck, the resources of the College’s student support services are available to students on this programme, as are the courses and resources of the College Research Department.

Birkbeck Students’ Union provides services for students by students by focusing on Representation, Resources, and Recreation (the 3 R’s). BSU provides a variety of resources ranging from photocopying to the Union Shop. It maintains the Television Room, and holds a file of useful contacts for Clubs & Societies. BSU operates an Advice Centre 3 nights a week so that students don’t have to take time off work when they have a problem and need to find helpful information quickly, and the Counselling Service is being expanded in order to offer help to more students. The Union has also expanded the range of courses offered by its ‘Skills for Study’ programme to include Saturday workshops (see: [http://www.bbk.ac.uk/su/](http://www.bbk.ac.uk/su/)).

Birkbeck Evening Nursery is available between 5.30pm and 9pm (Monday to Friday) during Term Time for students and current members of staff and accepts children aged 2 years - 10 years. In exceptional circumstances, children up to 12 will be accepted (see: [http://www.bbk.ac.uk/hr/nursery.html](http://www.bbk.ac.uk/hr/nursery.html)).

**disabilities or learning needs**

Students are asked on the IPCAPA at the bpf admission form to identify any disabilities or specific learning needs that they wish to make known to the course staff. Students who identify disabilities or specific learning needs will be treated with confidentiality and discretion. A meeting in the first instance may be required to assess how IPCAP at the bpf (or Birkbeck) can support the student in their training.

Students are also asked on the Birkbeck admission form to identify any disabilities or specific learning needs that they wish to make known to the course staff. Students who identify disabilities or specific learning needs are referred to the 'Disability Statement' (a student friendly handbook which provides detailed information on the provision for students with disabilities at the College). It advises on applying to the College and outlines the support available from the College Disability Co-ordinator, Library Services, Central Computing Services, Students’ Union and the Disability Liaison Officers within each Department. It also provides details of special examination arrangements and additional financial support for disabled students (see: [http://www.bbk.ac.uk/disability/](http://www.bbk.ac.uk/disability/)).
Financial support is available for those on low incomes who would otherwise be prevented from entering, or continuing in, higher education. A summary of the types of financial support available can be found on the College web site at: http://www.bbk.ac.uk/reg/#fees. In addition, the bpf have limited funds available for the purpose of providing loans to trainees whose financial circumstances change during the course of their training. These loans are meant to assist trainees with the cost of their personal psychotherapy/supervision or other costs incurred in connection with the training.
The bpf Library at Kilburn holds an up-to-date collection of books, journals, and a selection of A/V material. The library is designed partly to operate as a self-service facility for most routine uses such as borrowing books and photocopying material. In addition to hard copy material, the bpf also provides access to a range of online resources, including PEP Web and several current online journals.

The bpf librarian is available for assistance and support for both basic enquiries and more advanced research queries. Library inductions are arranged for new trainees at the beginning of the academic year, and research skills seminars at a later date. The librarian is also available for individual tutorial support.


Fair dealing: The amount of a published work which may be photocopied under fair dealing is generally interpreted as:

- no more than one chapter from a book
- no more than one article from a journal issue
- no more than one single case report from a law report
- Or - no more than 5% of a given work, whichever is the greater

For more detailed information on copyright law, visit the Birkbeck website: http://www.bbk.ac.uk/lib/about/userinfo/st/copyright

opening hours and staff availability

Term-time opening hours are:

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<tr>
<td>Monday</td>
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<td>Tuesday</td>
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<td>Wednesday</td>
<td>9am - 8.30pm</td>
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<td>Thursday</td>
<td>9am - 10pm</td>
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<tr>
<td>Friday</td>
<td>9am - 8pm</td>
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The library is often used for seminars or committee meetings between 8.30pm and 10pm. If you are planning an evening visit please call in advance. The bpf site at Kilburn is occasionally open on Saturdays, in which case it is possible to use the library. Please call in advance to check availability. You will need the library door code to enter the library when it is unstaffed.

Library staff are normally available during the following hours:

<table>
<thead>
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<th>Day</th>
<th>Time</th>
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<tbody>
<tr>
<td>Monday</td>
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<tr>
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<td>Thursday</td>
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<tr>
<td>Friday</td>
<td>9.30am – 5.30pm</td>
</tr>
</tbody>
</table>
**bpf library facilities information (kilburn)**

**stock**

- **books**
The library at Kilburn holds over 3,000 books on Psychoanalytic, Jungian Analytic and Child Psychotherapy. Presently, the volumes are arranged on the shelves alphabetically by author. Books shelved in the reference section, near the computer, are not for loan and may not be taken out of the library. Some books (including the complete Standard Edition of Freud) are available online via PEPWeb.

- **journals**
Titles are arranged on the shelves alphabetically. The majority of journals are for reference only; in a few instances, however, there is a second copy that may be borrowed. The most recent issue of each title is displayed on the shelves under the glass cabinet. Some titles are available online via PEPWeb or institutional subscription. Please contact the library for further information.

- **a/v material**
The library hosts a collection of audio-visual material that can be borrowed on a short loan basis.

- **reading-in papers**
Reading-In Papers are securely stored in the library and may only be read with permission from the author.

* Additional material is also held at the Kentish Town site. Please contact the Kentish Town site for further information

**services**

- **joining the library**
There is no formal registration process. The library services are freely available to all bpf members, trainees and MSc students.

- **finding material in the library**
Please consult the BPF library catalogue

- **borrowing and returning material**
bpf members, trainees and MSc students may borrow a total of eight books, tapes and some journal issues for a period of up to two months. Please take the items you want to borrow to a member of library staff who will issue them for you. If there are no staff members on duty, please fill out a slip for each item and leave them at the front of one of the plastic boxes on the library table.

Please return your books to a member of staff who will delete them from your reader record. If a member of library staff is not available, please drop items in the ‘book return box’ outside of the library office.

**NB. Please note that all outstanding library items must be returned or otherwise paid for when you finish your course of study; failure to do so will result in a delay in your qualification.**

- **reservations**
If all copies of a book are out on loan, you can place a reservation by using the online catalogue or contacting the library.

- **photocopying**
There is a photocopier in the library. The price is 8p per A4 sheet. Photocopying cards for the value of £10.00 or £20.00 can be obtained from the library or office staff.

- **reading lists**
Reading lists are available on the trainees area of the bpf website some weeks before the term begins. In order to access these, please ensure that you have registered your details on the website.
The trainees area contains current reading lists with appropriate links (e.g. to PEPWeb or online journals) plus any digitised papers which are not otherwise available online. Please note that these papers are for personal use only.

- **computer and IT**
  All *bpf* members and students can use the library computers to access the Internet and Microsoft Office. There is also wireless network provision.

- **training**
  All new students are provided with an induction to library services. In addition, all *bpf* members can arrange further training sessions on the use of the library catalogue, PEPWeb and other online resources.

- **obtaining material from other libraries**
  Material not stocked at the *bpf* can be obtained from the British Library; the cost of this service is as follows:
  - Loan of a book: £13.00
  - Photocopy of an article or a book chapter: £10.00

**library & digital communication manager:** Shirley Hart (shirleyh@bpf-psychotherapy.org.uk)

**assistant librarian:** Charles de Vidas (charlesd@bpf-psychotherapy.org.uk)

**general library enquiries:** library@bpf-psychotherapy.org.uk

**library office:** 020 8438 2414

**birkbeck library (Available to Year 2 +)**

Birkbeck College Library covers 5 levels of the main building and contains around 250,000 books and 850 current print journal subscriptions. Over 20,000 electronic journals and databases such as PsycInfo and Social Sciences Citation Index are available via the eLibrary, which is accessible from outside College.

The library provides a modern study environment, including access to PCs and a wireless network. The entrance to the Library is on the ground floor next to the coffee bar. The Library Website (http://www.bbk.ac.uk/lib/) provides up to date information about the Library including access to the catalogue and e-Library.

Birkbeck College students also have access to Senate House Library nearby which has an excellent social sciences collection. Students can join other University Libraries via the SCONUL Access scheme - please ask at the Library help desk for an application form.

**library opening hours:** [http://www.bbk.ac.uk/lib/about/hours](http://www.bbk.ac.uk/lib/about/hours)

Library inductions and information skills seminars are available at Birkbeck at certain times throughout the academic year: [http://www.bbk.ac.uk/lib/about/userinfo](http://www.bbk.ac.uk/lib/about/userinfo)

Additionally, the Psychosocial Studies Subject Librarian is available for help throughout your course of study, and will also arrange research skills sessions on using Birkbeck resources.

**psychosocial studies subject librarian:**
Wendy Lynwood w.lynwood@bbk.ac.uk
Tel: 020 7631 6062
policies on extensions

bpf policy

Only in exceptional circumstances will extensions to the clinical training or early completion be allowed. Examples of such exceptional circumstances could be change of analyst, personal illness, loss of training cases outside of trainee's control, pregnancy within the last 6 months of training.

Trainees in an NHS post will be able to apply for statutory maternity leave in accordance with their employing NHS Trust. All trainees on maternity leave will be expected to make up the missed theoretical and clinical seminars in discussion with their Progress Advisor. Trainees must give early notification of potential maternity leave to their Progress Advisor, in order for suitable arrangements to be made. Extensions to the contract will not exceed one year.

birkbeck policy on extension in compliance with cas regulations

No individual academic member of staff should allow extensions.

Work to be considered for formal assessment that is submitted late is given two marks: a penalty mark of 40% (50% for postgraduate awards), assuming it is of a pass standard, and the 'real' mark that would have been awarded if the work had not been late. Both marks are given to the student on a cover sheet. If the work is not of a pass standard a single mark is given.

Students submitting work late that is to be considered for assessment should be afforded the opportunity to provide written evidence, medical or otherwise, as to why their work was submitted late. This should be made on the mitigating circumstances form and submitted to the Tutor or Programme Director, as appropriate and thence to the appropriate Board of examiners or its designated Mitigating Circumstances sub-board. If no such documentation is received prior to the meeting of the Board / Sub-Board the 'real' mark will not be considered and the penalty mark will stand. The mitigating circumstances form can be downloaded from: http://www.bbk.ac.uk/mybirkbeck/services/administration/assessment/exams/mitigating-circumstances.

An absolute cut off deadline for late submission and accompanying documentation shall be specified.

All requests are held over and considered by the Board or Mitigating Circumstances Sub-Board prior to a meeting of the full Board. The results of this consideration should be presented to the full Board of Examiners

Appropriate procedures should be put in place for students on interdisciplinary programmes. This should normally involve submission of evidence to the relevant module tutor, who should pass it on for consideration by the relevant Board / Sub-Board, in the Department in which the programme is based.

In addition to its relative simplicity and the fact that it has been working well in the College for some time, this scheme has the advantage of standardising practice whilst allowing for appropriate variations in final deadline dates (these will probably be determined by the date of meeting of the board of examiners, but other considerations such as possible plagiarising of course work might also obtain). Judgement of the reasons for late submission will no longer be required of individual members of staff on what is often an ad hoc basis, but instead will all be made at the same time by a properly empowered committee.
mitigating circumstances in relation to examinations and other forms of assessment

introduction
Assessment is an integral part of the teaching and learning experience in higher education. Occasionally, for good reason, a student may be prevented from undertaking or completing an assessment at the appropriate time. To ensure consistent and fair practice across the College the following guidance has been prepared for Schools and their Boards of Examiners to explain what is understood to be acceptable “mitigating circumstances”.

principles
Consideration by Boards of Examiners of claims for mitigating or extenuating circumstances are founded on the following principles:

• that students are ordinarily expected to meet all deadlines for coursework and to attend all examinations, as prescribed in the Programme Regulations, and to make a ‘reasonable attempt’ to answer examination questions, coursework assignments or other modes of assessment;
• that it is the students’ responsibility to notify the Head of School, in writing and in advance (where possible), of any mitigating circumstances they would like the Board of Examiners to take into consideration;
• that information provided by students in support of such claims shall be regarded as confidential;
• that penalties may be incurred by late- or non-submission of coursework by the due deadline or by failure to attend and attempt a prescribed examination.

mitigating circumstances
Further information on the mitigating circumstances policy can be found here:
http://www.bbk.ac.uk/mybirkbeck/services/administration/assessment/exams/mitigating-circumstances

The form itself can also be downloaded at the above link.
policies on withdrawing from the course, suspension & termination of the training

bpf policy

trainees withdrawing from courses
- If a trainee's training is deferred for any reason and s/he wishes to resume training at a later date, s/he will be expected to continue to pay the bpf annual trainee membership subscription in the interim period. This would also be the case where the training is suspended, and where there may be an Appeal Procedure in process.

- If the trainee has started a term s/he will be expected to pay for the term's training fees. If s/he withdraws at any time after the first 6 weeks of the term s/he will be expected to pay for one half of the following term's training fees.

- If a trainee withdraws or has his/her training terminated, all clinical work connected with the training must end at the time of termination. Trainees working in the NHS will follow NHS procedures in consultation with their Service Supervisor.

suspension and termination of training
When a trainee is in serious difficulties, s/he will be told of the concerns by the Clinical Course Director. Should this concern continue, the Clinical Course Director and Training Committee may recommend suspension of training in whole or in part or suggest a trial period or terminate the training.

procedures
The Clinical Course Director will gather written reports from supervisors and seminar leaders to consider whether the trainee should:
- Be suspended
- Have a specified trial period
- Terminate training

The Clinical Course Director will meet with the trainee to discuss the Training Committee's recommendation.

A final decision will be put in writing by the Clinical Course Director, confirming suspension or a trial period or termination of training and this will be reported to the IPCAPA Executive and to the bpf CEO/Board.

If a trainee is asked to terminate training, it will be confirmed in writing by bpf CEO/Board that trainee membership of bpf is terminated.

for procedures of appeal
A trainee who is dissatisfied with a decision of the Clinical Course Director should present his/her case to in writing to the Clinical Course Director. Failing a resolution at this point, the trainee may present his case in writing to the Chair of the IPCAPA Executive. Following that decision an appeal shall be made in writing to the CEO/Board of bpf whose decision is final.

birkbeck policy on termination of registration of a student
Further details on Birkbeck’s policy on termination of registration can be found here: http://www.bbk.ac.uk/history/current-students/researchresources/termination-statement
policies on grievance & complaints

*bpf* policy

Trainees with a grievance should first discuss this with their Progress Advisor who will inform the trainee of the action taken to rectify the situation. If this does not prove either satisfactory or sufficient, the trainee should put their grievance in writing to the Clinical Course Director. The Clinical Course Director will meet with the trainee. A written record of actions taken will be kept by the Clinical Course Director and the trainee will be informed of any action taken. If the grievance is not resolved a complaint in writing may be made to the Chair of the IPCAPA Executive. An appeal against the decision of the IPCAPA Executive shall be submitted in writing to the *bpf* CEO/ Board whose decision is final.

*birkbeck* policy on complaints and academic appeals

Further information about Birkbeck's policy on complaints can be found at the following link, under *Complaints*: [http://www.bbk.ac.uk/mybirkbeck/aig](http://www.bbk.ac.uk/mybirkbeck/aig)

Further information on academic appeals can be found here: [http://www.bbk.ac.uk/mybirkbeck/services/administration/assessment/appeals](http://www.bbk.ac.uk/mybirkbeck/services/administration/assessment/appeals)
finance & loans

**bpf annual subscription and training fees**

As student members of the IPCAPA at bpf all trainees are required to pay their Annual bpf Subscription before the beginning of the academic year. It is a contribution towards the running of the organisation and also covers the use of the IPCAPA at bpf Library facilities. During the year trainees receive the British Journal of Psychotherapy (BJP) quarterly. In cases where there are any difficulties with training fees, trainees are asked to notify the Business Manager as soon as possible, so that contact with the appropriate person can be made without delay.

Trainees in 4 year funded posts who have not completed the doctorate programme at the end of this time will have to pay for their own fees for any remaining part of the programme from their 5th year onwards. Birkbeck will charge students directly in their 5th and subsequent years for any fees due to Birkbeck for the research component of the training. **Please note that the fees for continuing students (beyond the four years) are the same as all the Birkbeck PhD research students** (As a guide, in 2014/15 this fee is £2,100 pa).

If fees are not paid, the trainee may not attend seminars.

**child and adolescent psychotherapy loan fund**

Limited funds are available for the purpose of providing loans to trainees whose financial circumstances change during the course of their training. These loans are meant to assist trainees with the cost of their personal psychotherapy or other costs incurred in connection with the training.

Any amount agreed may be paid in a lump sum if in the final year of training, or in instalments depending on the requirements of the trainee.

Trainees who think that they may be eligible for a loan are invited, in the first instance, to discuss the matter with their Progress Advisor.

Application forms are available upon request from Laura Paynter, the IPCAPA Business Manager at Laurap@bpf-psychotherapy.org.uk to whom the completed forms should be returned.

Where necessary, applicants will be interviewed by a Member of IPCAPA.

Successful applicants will be required to enter into a loan agreement.
Janine Sternberg  
**Programme Director/ Clinical Course Director**  
JanineS@bpf-psychotherapy.org.uk

Dr Bruna Seu  
**Programme Director**  
b.seu@bbk.ac.uk

Michael Mallaghan  
**Acting Programme Director**  
m.mallaghan@bbk.ac.uk

Laura Paynter  
**Business Manager**  
LauraP@bpf-psychotherapy.org.uk

Ana Ferreira  
**Research Co-ordinator**  
ferreiraanac@hotmail.com

Marianne Parsons  
**Training Analysis Committee (Chair)**  
marianneparsons1@gmail.com

Jessica Jarmon  
**Training Co-ordinator – IPCAPA at bpf**  
JessicaJ@bpf-psychotherapy.org.uk

Andrew Silverman  
**Birkbeck Administrator - Department of Psychosocial Studies**  
a.silverman@bbk.ac.uk

Full information on academics including contact details is also available on the Birkbeck website:  
http://www.bbk.ac.uk/sps/our_staff/academic
Business Manager
(IPCAPA at bpf)

Is responsible for the strategic and day to day business management support to the training. The manager is responsible for overseeing the NHS training contract(s), ensuring that the placements adhere to the IPCAPA at bpf quality standards and provides advice and support to trainees and placements in relation to the clinical placements.

Intensive Case Training Supervisor
(IPCAPA at bpf)

Is responsible for the trainee’s learning from the intensive cases, supervising the trainee’s understanding of the clinical material, discussing technical issues and making appropriate links to psychoanalytic theory.

Programme Director
(DPS/Birkbeck)

Is responsible for the strategic and day to day organisation and management of the course, particularly relating to the academic/research component of the programme.

Programme Director & Clinical Course Director
(IPCAPA at bpf)

Is responsible for the strategic and day to day organisation and management of the course, particularly relating to the clinical component of the programme.

Progress Advisor
(IPCAPA at bpf)

Is the trainee’s individual “personal tutor” throughout the training and is the main communication between the trainee and the Training Committee and provides support and advice to the service supervisor on the IPCAPA at bpf quality standards and requirements.

Research Co-ordinator
(IPCAPA at bpf)

Is responsible for offering general guidance and support to the trainees regarding their doctorate research and assists in the liaison work within IPCAPA at bpf concerning the doctorate research programme.

Research Supervisor
(DPS/Birkbeck)

Is responsible for the trainee’s research learning and supports him/her with the research thesis.

Service Supervisor
(IPCAPA at bpf)

Has the day to day managerial responsibility for the trainee in the clinical placement and holds the case management and clinical responsibility for the cases of the employing Trust.

Training Analysis Committee
(IPCAPA at bpf)

Has the responsibility for accrediting specific Training Analysts/Therapists, for providing them with guidelines and information on the training, and for receiving and discussing in confidence any problems during a training analysis brought by Training Analysts/Therapists, the Clinical Course Director or trainees.

Training Co-ordinator
(IPCAPA at bpf)

Is responsible for all the administration on the programme.

Training Committee
(IPCAPA at bpf)

Meets monthly and has the responsibility for the ongoing management of the course and for the trainees’ professional development and learning and reviews their progress throughout the training.

Year Tutor
(IPCAPA at bpf)

Is the tutor for the year group and liaises with the Birkbeck Programme Directors throughout the training, teaches the clinical seminars in the first year and termly thereafter, and meets the year group termly to review the trainees’ learning experience.
trainees are entitled to weekly supervision on their intensive cases:

- 1 year for 2 cases
- 2 years for the ‘2 year’ case.

**IPCAPA will pay for supervision up to:**

- maximum of 4 times in the time leading up to the case starting as an intensive case
- maximum of 4 times if the case continues past the 1 (or 2 ) year time frame and the trainee would like to consult the supervisor on an occasional basis at that time.

Any decisions about IPCAPA funded supervision beyond those parameters will need to be decided on a case by case basis, with the Progress Advisor bringing the request to TC.

Additional supervision can be arranged but IPCAPA will meet the cost in exceptional circumstances only.

In circumstances when a case which it was hoped would be a 2 year case stops before the 2 years TC will need to discuss whether sufficient work has been done that (in line with the latest ACP guidelines) it could consider sufficient learning experience had been achieved and TC could consider this to be the 2 year case. TC’s decision about this will then influence whether another of the trainee’s other cases should go on being supervised beyond the 1 year time frame.

In any circumstances where there is a lack of clarity (for example cases that cut down for a while and it is hoped that they will then resume at 3x a week or more) the Progress Advisor should bring this to TC for discussion.

It is important that Progress Advisors and Clinical Course Director are clear at all times where each trainee is in terms of the work they have achieved and what requirements are outstanding.
written requirements for intensive cases

Starting October 2014, trainees will no longer be asked to produce 6 monthly reports on each intensive case from the start to the end of treatment.

- Instead the trainees will be asked to write the information that is often at the beginning of the first 6 monthly- that is background information and information about the assessment and a formulation WITHIN 3 MONTHS of starting the case. This initial formulation should be no more than 3 sides of A4.

- They will then be asked to produce a report covering the first year of work after 1 year of work. This report should be very similar in what it needs to contain as current 6 monthlies (i.e. an overview of the progress of the therapy, giving evidence in the form of vignettes, paying attention to issues of transference & countertransference, anxieties and defences etc. as currently expected) and can be up to 3500 words in length.

- Trainees will also be asked to write the sort of letter that they would anticipate sending to the referrer/GP about the case to keep the referrer informed of progress (that letter could be 1 actually sent from the Clinic or can be the sort of thing they might send if their service sent such letters). The letter can be no more than 2 sides of A4. The important thing is that we see examples of how they distil their thoughts and communicate with outside agencies.

We anticipate that the trainees will write 4 such reports - 1 at the end of each year for their 2 year case (2 reports) and 1 at the end of the year on each 1 year case. If the case ends sooner a report will need to be written at that end point.

It is hoped that these changes will reduce to an extent the struggle that many trainees have in producing 6 monthlies and by being a longer piece of work (although covering a longer time period) will make it easier for them to convey their ability to take an overview without being so constrained by a restrictive word count. The addition of the letter to the outside world also, we think, emphasises our concern that they should over time learn both to be able to think about and convey their thoughts within a psychoanalytic framework and to communicate effectively with non-psychotherapists.

Those trainees enrolled and engaged with the Birkbeck doctorate will have different requirements, depending on the intake year and these are explained in greater detail below.

please note: new students entering in October 2014 on the doctorate programme with the AFC/UCL will have different written requirements for their intensive cases. Their Progress Advisors and Year Tutors will be alerted to those in greater detail. Those students will not be submitting 6 monthly/yearly reports to their Progress Advisors for evaluation. They will be asked to produce termly reports on the progress of their intensive cases, taking the same meta-view that we have expected from the 6 monthlies, for discussion with the intensive case supervisor who will be asked to comment on their capacity to take this overview in their annual report on the trainee. Progress Advisors and Service Supervisors will be given copies of those reports, but will not be expected to evaluate them for the doctorate portfolio.

clinical papers (non-intensive work and parent work)

From October 2014 non-intensive papers and parent work papers can be up to 4000 words in length. We believe that this change will in fact make it easier for the trainees to tell the story of a treatment and think about it theoretically in a more considered and expansive way.
Those trainees enrolled and engaged with the Birkbeck doctorate will have different requirements, depending on the cohort year and these are explained in greater detail below.

**All these changes will begin with the academic year beginning October 2014. Any reports due before that time need to be completed under the old system.**

For those **ENGAGED** with the research component of the IPCAPA/Birkbeck Doctoral programme:

- Intakes 2009, 2010 & 2011, there can be **no change** to what is expected in the word count or submission of papers (see 2013/14 Handbook).

- For all those from the 2012 & 2013 intakes, there are changes to the word count for clinical papers and 6 monthlies as detailed below.
  - In future non-intensive (NI) papers and parent work (PW) papers can be **up to 4000** words in length.
  - The total word count of 6 monthly reports should not exceed 9000 words and trainees will therefore be expected to submit 3 rather than 4 reports for their portfolio. There are also changes to the expectations about 6 monthly reports.  **See new six-monthly guidelines above.**

For those **NOT ENGAGED** with IPCAPA/Birkbeck Doctoral programme:

- For those in the 2010 & 2011 intakes, the changes as detailed below may be instituted, but the trainee may prefer to continue as they have started- either option should be discussed with the Progress Advisor and Clinical Course Director. In future non-intensive papers and parent work papers can be **up to 4000** words in length.

- The changes, as outlined, are expected on the 6 monthly reports.

**Birkbeck**

- Intake 2009 - (Anna, Sarah) no change
- Intake 2010 (Adam, Alan, Angeline, Emma, Nikolas) - no change
- Intake 2011 (Coretta, Natalie) - no change
- Intake 2012 - (Alex, Flavia, Jo, Victoria) change to word count - NI & PW (4000 words/each); six monthlies up to 9000 words total – see instructions
- Intake 2013 - (Ben Y) change to word count - NI & PW (4000 words/each); six monthlies up to 9000 words total - see instructions

**NON Birkbeck**

- Intake 2009 - (Fiona, Gaby) no change
- Intake 2010 (Hillel, Maria) - change to word count - six monthlies as above - Individuals to discuss with PAs and CCD
- Intake 2011 (Akin, Kate, Rowena) - change to word count - PW (4000 words); six monthlies as above - Individuals to discuss with PAs and CCD
- Intake 2012 - (Jerram, John, Maria) change to word count - NI & PW (4000 words/each); six monthlies as above - Individuals to discuss with PAs and CCD
- Intake 2013 - (Amy, Ben S, Denise, Emily, Eugenia, Mihla) change to word count - NI & PW (4000 words/each); six monthlies as above

**IPCAPA/AFC/UCL Doctoral Programme**

Intake 2014 - new requirements (see 2014/15 Handbook)
appendix 5

INTENSIVE CASE REPORT ASSESSMENT SHEET

<table>
<thead>
<tr>
<th>Case Pseudonym</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>(Delete appropriately)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Case:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Number:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

PLEASE COMMENT FULLY ON THE FOLLOWING AREAS.

CAPACITY TO CONCEPTUALISE AND COMMUNICATE THE DEVELOPMENT OF THE THERAPEUTIC PROCESS?

DEVELOPMENT OF UNDERSTANDING OF THE FOLLOWING: TRANSFERENCE AND COUNTERTRANSFERENCE; CONFLICT AND ANXIETY; METHODS OF DEFENCE AND RESISTANCE.

UNDERSTANDING OF THE CHILD IN CONTEXT? (E.G. REFERENCE TO THE FAMILY/ EXTERNAL CHANGES/WORK WITH PARENTS?)

DOES THE REPORT GIVE DUE CONSIDERATION TO CONFIDENTIALITY?

Date:       PASS/FAIL (Delete appropriately)

AGREED ARRANGEMENTS FOR FEEDBACK TO TRAINEE
## Appendix 6

### Non-intensive Paper Assessment Sheet

<table>
<thead>
<tr>
<th>Assessment Areas</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Presentation</strong></td>
<td></td>
</tr>
<tr>
<td>Fluency, style, structure, references.</td>
<td></td>
</tr>
<tr>
<td><strong>Background</strong></td>
<td></td>
</tr>
<tr>
<td>Relevant and succinct.</td>
<td></td>
</tr>
<tr>
<td>Includes process of Referral.</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment Process</strong></td>
<td></td>
</tr>
<tr>
<td>How the work evolves.</td>
<td></td>
</tr>
<tr>
<td>Clinical unfolding, understanding</td>
<td></td>
</tr>
<tr>
<td>the material.</td>
<td></td>
</tr>
<tr>
<td>Developmental issues, defences.</td>
<td></td>
</tr>
<tr>
<td>Transference, use of self and reflection.</td>
<td></td>
</tr>
<tr>
<td>Technical considerations.</td>
<td></td>
</tr>
<tr>
<td><strong>Bringing the Child to Life</strong></td>
<td></td>
</tr>
<tr>
<td>Telling detail, immediacy, use of vignettes.</td>
<td></td>
</tr>
<tr>
<td><strong>Work with the Family/Parent(s)/System</strong></td>
<td></td>
</tr>
<tr>
<td>Includes considering the impact of this on the therapy.</td>
<td></td>
</tr>
<tr>
<td><strong>Theory</strong></td>
<td></td>
</tr>
<tr>
<td>Cited appropriately and with understanding.</td>
<td></td>
</tr>
<tr>
<td><strong>Formulation</strong></td>
<td></td>
</tr>
<tr>
<td>Discussion of work and Conclusions.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Pass/Fail</strong>                          |          |
|                                       |          |</p>
<table>
<thead>
<tr>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERALL PRESENTATION</strong> Fluency, style, structure, references.</td>
</tr>
<tr>
<td><strong>BACKGROUND AND REASON FOR PARENT WORK</strong> Relevant and succinct summary of child's difficulties. Includes discussion of decision to offer Parent work.</td>
</tr>
<tr>
<td><strong>CONTEXTUAL CONSIDERATIONS</strong> Discussion of relevant issues/ work concerning the child/ family/ system.</td>
</tr>
<tr>
<td><strong>THEORY</strong> Cited appropriately and with understanding</td>
</tr>
<tr>
<td><strong>FORMULATION</strong> Discussion of work and Conclusions</td>
</tr>
<tr>
<td><strong>PASS/FAIL</strong></td>
</tr>
</tbody>
</table>

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*IPCAPA/Birkbeck Doctorate in Child & Adolescent Psychotherapy*
Students will need to submit a Research Proposal Outline, including analysis of a pilot study, electronically to the IPCAPA at bpf Training Co-ordinator.

NB. The document should be double spaced and in Times Roman font, point 12

This proposal should not exceed 8,000 words and should demonstrate the student’s capacity to produce work at doctoral level. The proposal should include:

- A statement of the project’s research questions and aims.

- A theoretical framing of the project explaining the intellectual rationale for the research. This section should elucidate the psychosocial nature of the project; that is how the research aims to engage with both the socio-cultural and psychological-psychodynamic aspects of the topic under investigation and the relation, tensions and overlaps between the two.

- A critical overview of existing literature, including psychoanalytic, relevant to this project, with an explanation of how the project is situated in relation to this (e.g. in terms of building on, critiquing or clarifying existing knowledge, addressing gaps within the literature or utilising theories and/or methods used in previous research).

- An outline of the psychosocial methodology for the study (including the sampling approach and recruitment of participants, and the methods of data collection and analysis).

- A discussion of any ethical issues raised by conducting this research and an explanation of how these issues will be managed by the researcher. Data analysis based on the pilot study (for which prior ethical approval must have been granted from the Department of Psychosocial Studies, see http://www.bbk.ac.uk/sps/our_courses/ethics_committee), including any initial indications this might have for the modification of research questions or methods;

- A provisional timetable and outline chapter structure for the dissertation

All these sections should be included in the upgrade proposal.
service supervisor
within the trust and clinic

- The Service Supervisor will be a senior (usually Consultant level) Child Psychotherapist, working in the clinic where the trainee is based and will have professional management for the trainee within the employing trust via the Child Psychotherapy Head of Service when that is a different person. Some aspects of service supervision, with agreement of IPCAPA and/or the Trust-wide lead child & adolescent psychotherapist could be delegated to a Child Psychotherapist banded below 8C. Only in exceptional circumstances, may service supervision be carried out by a Child Psychotherapist (8a or 8b) with substantial post qualification experience and who has the requisite training and supervision.

- The Service Supervisor will hold case management and clinical responsibility for the employing trusts’ cases and is responsible for ensuring that all parties understand and accept the limits of their responsibilities (It may be useful to clarify this in writing):

- The Service Supervisor will provide regular weekly time for supervision of the trainee within the clinic. It is recommended that initially 1½ hrs be set-aside for this. Supervision will cover the following areas as required: Clinical, Management and General discussion

- For joint posts the time in each setting may be allocated on a pro rata basis, according to need.

- The Service Supervisor should have knowledge of both ACP and IPCAPA requirements and will be responsible for ensuring that the trainee has access to the appropriate case range and multidisciplinary team experience expected by the ACP and the IPCAPA training school. This will include liaising and setting up co-working arrangements for the trainee and promoting support for parent work and other applied work within the teams.

- In the later stages of training, the Service Supervisor will be responsible for ensuring provision of opportunities for undertaking consultation experience and for pursuing specialist interests.

- The Service Supervisor will be responsible for ensuring that the trainee understands and meets the professional standards expected by the Trust – e.g. record keeping, communicating with clients and other professionals, attending clinical and administrative meetings. The Trust will enable the Service Supervisor to ensure that trainees meet training school and analytic requirements.

- The Service Supervisor should have knowledge of the payment arrangements for analytic fees and other claimable expenses. It is the Service Supervisor’s responsibility to ensure that the amounts claimed on analysis and travel do not exceed allowances.

- They must ensure that the Child Psychotherapy Training Scheme Guidance for Trust Finance Departments is made available to the appropriate department to enable accurate and timely processing of invoices. In the event of difficulties the IPCAPA Business Manager is available and can be contacted for support and advice.

relationship and role of the intensive case training supervisor and specialist supervisor

- The choice of the Intensive Case Training Supervisor is the responsibility of the training school. In cases where specialist supervision is felt to be necessary, the Service Supervisor should make this known to the Progress Advisor/ training school so that his /her view can be considered.
The Intensive Case Training Supervisor is responsible for supporting the trainee’s learning from the case, supervising the trainee’s understanding of the clinical material, discussing technical issues and making appropriate links to psychoanalytic theory.

Where issues of management give rise to concern, the Intensive Case Training Supervisor is expected to alert the Service Supervisor, either directly or through the Progress Advisor/training school. Likewise, the Service Supervisors may need to contact the Intensive Case Training Supervisor or Specialist supervisor on issues of management and in either case a three way meeting may be advisable. It is important that the Progress Advisor be informed on these occasions as the key link with the training school.

It is the responsibility of the Service Supervisor to review regularly with trainees the progress of all on going cases, including intensive cases that are being individually supervised elsewhere.

The Service Supervisor may wish to consult the trainee’s Progress Advisor about potential intensive cases during the process of assessment where there is uncertainty about their suitability; the decision about which cases are offered intensive treatment must, however, remain with the Service Supervisor.

**Relationship with IPCAPA at bpf**

The Service Supervisor will work closely with the IPCAPA Business Manager in setting up the placement, selection of trainees and ongoing management issues.

The Service Supervisor will maintain links with the training school, via the Progress Advisor, so as to jointly ensure that the trainee’s training needs are met (ACP and IPCAPA at bpf) and to ensure prompt discussion of any problems as they arise. This contact is to be at least termly.

The Service Supervisor in conjunction with the IPCAPA at bpf will be responsible for pacing the trainees’ progress in training.

The Service Supervisor will take part in annual placement review meetings with the trainee and Progress Advisor and the IPCAPA Business Manager. Annual or more frequent placement monitoring meetings are a requirement of the NHS funded posts.

Service Supervisors will inform the relevant person at the training school of any difficulties regarding placement – e.g. finding suitable cases, management problems regarding a particular case or personal or professional difficulties. There will be situations in which discussion between the Service Supervisor and a representative from the training school is needed to satisfactorily work out different points of view.

The Service Supervisor will be required to contribute comments about the trainee’s progress. The IPCAPA’s Training Co-ordinator will formally approach the Service Supervisor in July for an annual report on the trainee’s progress.

The Service Supervisor will be required to attend Service Supervisors meetings.

The Service Supervisor will be required to participate in the monitoring of the trainee’s progress and the training placements. This will involve:

- Regular communication with the Progress Advisor;
- Contributing to the IPCAPA annual contract performance management report regarding the trainee’s progress to NHS London;
- Contributing to the IPCAPA annual review of the trainee’s progress in September;
- Attending annual placement review meetings at the clinic between the Service Supervisor, Business Manager, trainee and Progress Advisor.
The Progress Advisor offers support and guidance to the trainee for the duration of the training. The Progress Advisor is a member of the Training Committee or the Additional Training Staff Group, and is allocated to each trainee on an individual basis and provides the main channel of communication between trainees and the Training Committee. The Progress Advisor liaises with the Service Supervisor, the Year Tutor, the Research Co-ordinator and the Intensive Case Training Supervisors.

The Progress Advisor will meet with the trainee at least once a term and join the annual placement review meeting in the first year and annually thereafter where possible.

The Progress Advisor may be contacted at any time if the trainee wishes to discuss personal or work issues (i.e. any aspects of training including the placement and relevant difficulties or problems whether personal, financial, to do with employment, job applications or feelings and opinions about seminars, supervision or training requirements).

**Responsibilities of the Progress Advisor:**

**Training Requirements:**

- To ensure that the trainee meets the training requirements, as outlined in the handbook, including regular and sufficient attendance at seminars.

- To monitor the trainee's caseload including intensive and non-intensive cases and applied work and to ensure, in collaboration with the Service Supervisor, that the trainee gains the range of experiences needed to meet the training requirements. In some circumstances there may be difficulties about this. Please contact the CCD as soon as you are aware of them so a way of managing the difficulty can be agreed. Such issues usually need to be discussed at TC.

- To assist the trainee in assessing his/her readiness to take an Intensive Case and be available to discuss likely training cases with the trainee and Service Supervisor.

- Following the trainee’s formal request to the Training Committee for an intensive case, to get reports from the Service Supervisor, 1st and 2nd Intensive Case Supervisor/s, as appropriate, on the trainee’s readiness and to bring these for review to the Training Committee.

- To discuss and agree with the trainee the choice of possible Intensive Case Supervisors before an Intensive Case Supervisor is approached. To hold the list of approved Intensive Case Supervisors and give details to trainees as appropriate. New Progress Advisors are asked to discuss the recommendation of Intensive Case Supervisors with the CCD. Trainees are to be given specific contact details by the Progress Advisor when a possible supervisor is agreed for the trainee to contact (currently the list is not available directly to trainees).

- To ensure that the trainee keeps up to date with reports on intensive cases and other required written work, including giving help with time management if needed.

**Assessment and Communication of Progress:**

- To liaise with the Service Supervisor regularly (at least once a term) and visit the practice setting annually, to monitor and assess the trainee’s clinical abilities as demonstrated in the clinical setting.

- For those trainees enrolled before October 2012, to read and review the trainee’s reports on intensive work, in consultation with the Intensive Case Supervisor, and provide a written assessment on each report. To ensure the report meets a satisfactory standard and where necessary ensure the trainee submits any necessary amendments so that the report achieves this standard.

- To receive and discuss teaching staff and supervisors’ feedback with the trainee regularly during the training and also review feedback on the written assignments, which are assessed by the staff team.
To ensure the Reader’s comments on the final clinical paper are addressed by the trainee prior to the Reading In presentation.

To ensure that the Trainee Log is maintained accurately and updated regularly.

To share feedback, from review and other relevant meetings with the trainee.

**Annual Review and Mid Term Review Meetings:**

- In preparation for the Training Committee’s Annual Review Meeting, to review with the trainee all reports from teachers and supervisors and the trainee’s written work and log.
- To write an Annual Progress Advisor Report summarising the trainee’s progress and including an agreed action plan.
- To attend the Annual Review meeting in July and present the report for consideration.
- Similarly, to prepare for the Training Committee’s Mid Term Review by collating all relevant information from supervisors, teachers and the Trainees’ written work and log and to present a summary for consideration by the Training Committee. The dates for these meetings are in the ‘Training Committee rotation’ and ‘Placement Review Meeting’ documents.
- To attend the Mid Term Review, where possible, or provide a report for consideration.
- To share feedback, from the Annual Review and other relevant meetings with the trainee.

**Placement Review Meeting (PRM):**

- In liaison with the Business Manager, to conduct the annual placement review meeting.
- In preparation for the PRM to contact the Service Supervisor and Trainee separately to ascertain if there are any issues that need to be highlighted at the meeting.
- Produce a written report of the PRM, in liaison with the Business Manager, for discussion at the TC reviews and use in the quality assurance process.

**Qualification:**

- To ensure that training requirements of both the ACP and IPCAPA have been met and present the trainee to the IPCAPA Training Committee for agreement to proceed to qualification. The Progress Advisor will need to review that all the written components of the clinical training are up to date and have been assessed.
- In liaison with the Clinical Course Director to agree a date for the presentation of the clinical paper and to chair the Reading In event.
- In liaison with the Clinical Course Director to ensure that the trainee is presented to the IPCAPA Executive for Membership of IPCAPA at BPF.
- In liaison with the Clinical Course Director to send the completed Trainee Log together with a letter of recommendation from the Progress Advisor, to the Training Council of the ACP for acceptance and registration as qualified member.
IPCAPA Meetings:

- Where possible, attend the Training Committee meetings at the bpf.
- Where possible, to attend the regular meetings that are held at the bpf with Service Supervisors and/or with intensive case service supervisors.
- To attend all appropriate IPCAPA meetings, where possible.

year tutor

The Year Tutor is a member of the Training Committee or the Additional Training Staff Group and is available to provide support and guidance to the year group. The Year Tutor is responsible for liaising with the Research Co-ordinator concerning doctorate issues and with Progress Advisors concerning clinical training issues and has a key role in the organisation of the teaching programme for the Year Group.

responsibilities of the year tutor:

- To hold responsibility for overseeing the training experience of the Year Group throughout the training and liaising with training staff as needed.
- To lead introductory Clinical Seminars for Year One for all three terms in the first year and to teach the year group thereafter for one term annually.
- To hold termly Year Tutor meetings with the Year Group to evaluate the past term’s learning experience across the whole training programme. These meetings provide an opportunity for trainees to discuss and evaluate the theoretical, clinical and research seminars. They also provide a forum for the discussion of general concerns related to training and an opportunity for clarification of the various procedures and requirements of the course.
- To submit a report of each termly Year Tutor meeting to the Clinical Course Director and other relevant groups, as necessary, ensuring that responses and actions are fed back to the trainee group.
- To provide termly feedback to clinical and theory teachers following the review meetings with the trainees.
- To revise and assist in the planning and organisation of the theoretical and clinical seminar programme for the Year Group, in collaboration with the Curriculum Lead, Curriculum Sub-Committee and in accord with the programme approved by the IPCAPA Training Committee.
- To discuss with the IPCAPA Research Co-ordinator any issues in the management of the Doctorate course for his/her Year Group, liaising with all relevant staff as appropriate.
- To present his/her Year Group at the IPCAPA Training Committee’s Annual Review and mid-year Year Group review and contribute to consideration of the progress of each trainee.
- To attend meetings of the Training Committee and other relevant meetings, as required.
- To liaise with the Progress Advisors, as appropriate, and deputise for the Progress Advisor, if necessary.
- To consider the responses of the academic supervisors and all other annual reports, producing key points and actions for the IPCAPA Annual Review.
**IPCAPA research co-ordinator**

The Research Coordinator is a member of the Training Committee and the Doctorate Management Committee. S/he is available for the trainees for general support and guidance regarding their doctorate research, and offers clinical input at the research seminars.

The Research Coordinator liaises with the Training Committee, Doctorate course team, Year Tutors, Progress Advisors, and Academic Supervisors.

**responsibilities of the research coordinator:**

- In collaboration with the Curriculum Lead, devise the IPCAPA research seminars, engaging seminar leaders, attending and delivering the programme across the year.

- To provide a channel of communication between the Trainees and the Training Committee and IPCAPA/Birkbeck Doctorate Management Committee. To be available to individual trainees and their Progress Advisors to give advice and address issues concerning their projects, written work and other aspects of the research programme.

- To liaise, as appropriate, with the academic teachers of the research seminars for both the IPCAPA and Birkbeck research programmes.

- To assist in the monitoring of the research programme.

- To attend meetings of the Child and Adolescent Training Committee, Doctorate Management Committee and other relevant meetings, as required.
GUIDELINES FOR REFERENCES

It is important to include the following details in your list of references, and it may save time if you get into the habit of recording all these details as you do your reading rather than have to hunt them out at the end.

references in the body of the written work

References in the body of the written work (as distinct from the Reference section) can occur in different contexts. Fundamentally, whenever reference is made to a published article or other source (e.g. the internet) details should be given in the text in the form of the name(s) of authors and the date of publication. For example: 'recent writing on hysteria (e.g. Mitchell, 2000) discusses...'. Or: 'Mitchell (2000) claims that...'. If a quotation is given, it should conclude with the name of author, date of publication, and exact page number.

For example:

- By recognising our uncanny strangeness we shall neither suffer from it nor enjoy it from the outside (Kristeva, 1988, p.192).
- Note here that a quotation is often presented indented in the text. An alternative, when the quotation is of one sentence or less is to simply put quotation marks around it. For instance, there has been much discussion of the experience of otherness in psychoanalysis: as Kristeva (1988, p.192) comments, ‘By recognising our uncanny strangeness we shall neither suffer from it nor enjoy it from the outside’.
- If a text has two authors, both should be given (e.g. Elliott and Frosh, 1995); if more than two authors use the convention et al after the first author’s name: e.g. Pattman et al, 1998. All the authors should be listed in the references at the end of the written work.

references at the end of the written work

At the end of the text, all references should be gathered together in a standard format, in alphabetical order. There are basically three relevant ways of presenting a reference, depending on whether it is to a book, a chapter in a book, or a journal article.

books

Authored: Name, initial. (date) Title. Place of publication: Publisher

Multi-authored: Name1, initial. Name2, initial. and Name3, initial. (date) Title Place of publication: Publisher

Edited: As with books, but with (eds) added after the authors

chapter from a book

Name of author(s) of the chapter, Initial. (date) Title of chapter. In Initial. Name of editor(s), Title of Book. Place of Publication: Publisher.

journal articles

Name of author(s) of the article, Initial. (date) Title of article. Journal title in full, volume: start page number – end page number


All authors should be listed for jointly written books, chapters and articles.

referencing from secondary texts

If your only source for a reference is from another text, this should be acknowledged in the references as: Full reference of original, quoted in, full reference of secondary source.

internet resources

As with books or journals, but with the internet address appended.


NB - A reference list should be a complete list of all sources actually referred to in your written work. It is different from a bibliography, which lists sources drawn on but not necessarily explicitly referred to.
INFORMATION & GUIDELINES FOR TRAINING THERAPISTS & TRAINING ANALYSTS

We fully recognise that the training analysis is the corner stone of the trainee's development, and without your skill and co-operation we could not hope to enable our trainees to develop into the rounded, balanced and sensitive clinicians they usually become.

We have put a lot of thought into how to improve the training, including changes to the selection process, a complete revision of the curriculum and enhanced procedures for ensuring the efficient running of the training and all its components. The relevant aspects of these changes, plus some other guidelines for Training Analysts/Therapists, are set out below.

the selection process

People who wish to train as Child and Adolescent Psychotherapists need to have had substantial working experience with children and adolescents, and to have been in a year of at least 3 times weekly analysis by the time they start working with patients. In order to safeguard the patients with whom they will work, we need to be sure that applicants are sufficiently healthy in terms of their character to be able to recognise, reflect on, process and contain their own feelings, impulses and ways of relating, as well as those of their child and adolescent patients. We are aware of how impossible it is to be entirely sure of an applicant's appropriateness to train or work in the field of psychoanalysis, however carefully we consider their application interviews. On rare occasions we have unfortunately been faced with the situation of discovering too late that an applicant is not suitable for the training or for working psychoanalytically with children and young people. For this reason we have thought more about the contact with our Training Analysts/Therapists (outlined in 'contact between the training analyst/therapist and the training committee').

Applications for the training need to be sent to us by mid January. We then write to the analyst/therapist asking when the applicant started analysis/therapy and at what frequency, and when the frequency increased to (at least) 3x weekly sessions. In this same letter we also ask the analyst/therapist if, according to his/her current knowledge of the patient, there is any reason to think that the applicant is not/not yet suitable to do the training or to work psychotherapeutically with children. If the application proceeds, the applicant will be offered two individual interviews. We ask an applicant to attend a third individual interview if the first two interviewers have doubts or are in disagreement about the applicant. As our trainees need to be able to work well in a multidisciplinary team in their NHS Training Posts, we have also added a small group exercise at the interview stage to help us get a picture of the applicant in a group setting. The results of the first trials of this have helped us to make better-informed decisions about suitability for selection.

observational placements

We have revised and formalised the arrangements for all trainees to gain observational experience that will enhance their capacity to work as Child and Adolescent Psychotherapists. Trainees now have a brief observational placement in Year 1, usually in an adult psychiatric setting, or, if they have prior experience of this, in an adolescent inpatient unit. These placements, like mother-infant observation, can arouse very powerful feelings in the trainees, and we explicitly encourage them to bring such feelings to their analysis.

the NHS child psychotherapy training contract

Almost all our trainees are now in Funded NHS Training Posts. Under the new contract with NHS London the training school has responsibility for identifying posts and monitoring placements and we are currently allocated training commissions annually, which require four-year placements in NHS posts. This means that the trainee is a full time NHS employee receiving a basic training salary, which is often much lower than the salary they earned in their previous employment. The trainee is expected to work seven sessions (26 ¼ hrs)
per week at their clinic, with three sessions allowed for training (including analysis). Funding for training, including a contribution towards the cost of supervision and analysis, is included in these commissions. The number and location of new commissions has to be renegotiated each year and annual quality monitoring of placements is required. In our revised curriculum we have ensured that we offer learning experiences that will equip trainees to be fully prepared for working in the NHS and with the changing population of patients in CAMHS. We occasionally offer places to trainees who can fund themselves, especially those from abroad.

**training in the Independent tradition**

The IPCAPA training (originally called the BAP child and adolescent psychotherapy training) was established in 1982 to offer a part-time training in the Independent tradition. At the time, the Anna Freud Centre was a full-time training which mainly focussed on the work of Freud(ians), Anna Freud(ians) and Winnicott(ians) and with minimal teaching on Klein(ians). The AFC no longer offers such a training, and the Tavistock training focusses almost exclusively on Kleinian thinking. Recently, we looked in detail at our curriculum and have revised it to ensure that it truly is in the Independent tradition with a representative balance of all major psychoanalytic theoretical viewpoints. We therefore expect our Training Analysts/Therapists to feel able to support this Independent viewpoint with its emphasis on broad learning and developing an individual style. After the Jungian child and adolescent training ended, we decided to add a Jungian Pathway to the IPCAPA training, which involves a Jungian training analysis, at least one Jungian supervisor for an intensive training case and the option of joining some seminars run by the BJAA Jungian Analytic adult training. In all other respects trainees in the Jungian Pathway have the same training as other IPCAPA trainees.

**frequency of analysis**

Applicants need to have at least one year in 3 times weekly analysis prior to the start of the Child and Adolescent Psychotherapy Training. They are then required to be in 4 times weekly analysis throughout the training and to the point of qualification. Although this is a training analysis, it is also a personal analysis, so analyst and analysand may well decide to continue after the trainee has qualified.

**timetabling of analytic sessions**

Our trainees often have to cope with a lot of travelling between their NHS Training Posts, analysis, supervision and the Training School, which can lead to a considerable degree of tiredness and stress. In addition, trainees face other pressures in juggling their family life and childcare arrangements as well as the internal pressures from their clinical work and analysis. When arranging analytic session times with your patient we would gratefully appreciate it if you would take the amount of travelling into account: for example, middle of the day times would not be possible for a trainee who works far away from your consulting room.

For the 1st year the IPCAPA training day at the bpf Kilburn, 37 Mapesbury Road, London NW2 4HJ is held on Tuesdays from 10am-8.15pm. As it is mandatory for trainees to be at the Training School during this time, Tuesday analytic sessions need to be in the early morning. From the 2nd year onwards the teaching programme begins at 2 p.m.

Sometimes trainees find it difficult to offer the necessary after-school times to child and adolescent patients, so we would greatly appreciate it if you could take this into account when arranging analytic session times. Whenever possible, please avoid analytic session times between 4-6pm. If the trainee’s Training Post involves a long journey, it may be that even a session at 6.30 or 7pm would be best avoided.

**analytic fees**

It is of course up to the analyst/therapist to negotiate the fee with the trainee, but we would like to remind you that trainees work full time in their Training Post, which is low paid, and many have families to support. For those trainees in NHS Training Posts, there is an allocated contribution towards analysis and 3 intensive case supervisions, but this is certainly not sufficient to cover the total costs or the level of fee that most
analysts or supervisors might expect. Trainees need to be in at least 4 times weekly analysis for the duration of their training; some want to be able to experience 5 times weekly but may have to forego this because of financial constraints. For these reasons, we would like to ask you to consider £45 as a guideline fee for analytic sessions. We appreciate that this is a fairly low amount but we hope that you will take this suggested figure into account when negotiating the fee with your patient. A trainee with independent means may of course be able to afford more. We will continue to review the guideline fee and inform you when it increases.

fee increase. We are very grateful that most of our Training Analysts/Therapists appreciate the financial pressures on their IPCAPA patients and therefore don’t increase their analytic fee during the training; and, if they do feel the need to increase it beyond the guideline amount of £45 per session, they do so with a minimal increment.

absences

Trainees are asked to notify their Progress Advisor if their Training Analyst/Therapist is absent for more than a week outside a normal leave period. Similarly, The Training Analyst/Therapist is asked to inform the Chair of the Training Analysis Committee (Marianne Parsons) if s/he (Training Analyst/Therapist) needs to take a period of absence of more than one week during term time.

premature termination of analysis

In the rare event of an analysis breaking down during the training, the Training Analyst/Therapist should first discuss this confidentially with Marianne Parsons, Chair of the Training Analysis Committee. The Training Analyst/Therapist should then write to inform the Training Committee, stating whether analyst and/or trainee made the decision to terminate. The Training Committee does not require reasons for the termination unless there is a concern about Child Protection or about the trainee’s capacity to work appropriately with patients. In the case of any analysis terminated during training, member/s of the Training Analysis Committee will meet with the trainee to assess the situation. Following this meeting, the possible outcomes are:

- a decision to place the trainee with another training analyst/therapist as soon as possible
- suspension of training pending further evaluation, which may include a psychiatric assessment of the trainee

If the Chair of the Training Analysis Committee has serious concerns about any of her own trainee analysands she will discuss this confidentially with another analyst on the Training Analysis Committee.

contact between the training analyst/therapist and the training committee

essential in relation to ‘Safeguarding Children’ (child protection)

Although we have always asked Training Analysts/Therapists to respond briefly to letters from the Training Committee about the trainee’s readiness at the beginning of the training to start clinical work and to work independently when they are due to qualify, we did not formalise this until recently. In the past a small minority of people declined to respond to such letters, but we now need to ask each Training Analyst/Therapist to confirm agreement to this minimal contact with the Training Committee. Everyone who now wishes to be added to our list of Training Analysts/Therapists is asked to confirm their agreement on their application form when they apply.

Training Analysts/Therapists are asked to reply to letters from the Training School about their analysands at three stages:

- When the patient first applies to the training - to ask the Training Analyst/Therapist to confirm that the patient is currently in 3 times weekly therapy and when the patient started at this frequency. We also ask if, in the Training Analyst's/Therapist’s opinion, there is any reason why the applicant is
not/not yet suitable to be considered for the training. If the analyst/therapist is unsure about this, perhaps because there hasn’t yet been enough time to get to know the patient, this should be mentioned in the reply.

- When accepted, and before offering the applicant a place on the training (usually in March/April) – to ask whether the potential trainee is now sufficiently settled into the analysis to be able to say if there is any reason why s/he will not be ready to begin working intensively with child and adolescent training patients in October of that year. This decision has to be made so early in order for the applicant’s name to go forward to the ACP registration committee to be eligible to apply for a funded trainee post. If the Analyst/Therapist considers that the applicant is not yet settled sufficiently into the analysis or ready to start intensive clinical work, we inform the applicant that we cannot yet offer a place, and we ask the applicant to discuss their readiness for clinical work with their Analyst/Therapist and to contact us again when there is agreement about this. In certain circumstances, where the analyst thinks that the prospective trainee will be ready within a slightly longer time scale (perhaps because of having only started analysis recently) we can allow the prospective trainee to embark on the training with a delay in the time when they can begin intensive cases.

- Prior to qualification - to check there is no concern about the trainee being ready to practice independently.

Training Analysts/Therapists will be aware of their responsibility with regard to safeguarding children (Child protection legislation). We do not require details about why the Analyst/Therapist may consider that the patient is not suitable for training, not ready to take on patients or not ready to practice independently; we simply require statements about the analysand being ready or not. However, if the Training Analyst/Therapist has any additional comments or concerns, they would be appreciated and treated with the utmost confidentiality.

Apart from these points of contact between the Training School and the Training Analyst/Therapist, all other aspects of the analysis are of course entirely private. However, if a Training Analyst/Therapist is seriously concerned at any point about his/her trainee analysand s/he should contact the Chair of the Training Analysis Committee (Marianne Parsons) for a strictly confidential discussion.
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