



# HUMANISTIC & INTEGRATIVE PSYCHOTHERAPY COLLEGE

HIPC-Specific Standards of Education and Training April 2017

This *HIPC-Specific Standards of Education and Training* document needs to be read in conjunction with the *UKCP Standards of Education and Training (2017): The Minimum Core Criteria Psychotherapy with Adults* document, which it supplements. The latter will be referred to as the 'Generic UKCP Criteria'.

## A. INTRODUCTION AND GUIDING PRINCIPLES

**A.1** The College includes a wide variety of psychotherapy approaches within the humanistic and integrative tradition. Common values and philosophical assumptions underpin these approaches, including a belief in one or more of the following:

- the importance of the therapeutic relationship as the medium for change
- the importance of interdisciplinary dialogue and exploration, with emphasis on integration, respect for difference and an ability to work with diversity
- a spiritual dimension to an individual's life and problems, the self-healing capacity of the individual and the individual's sovereignty and responsibility
- the centrality of social relationships in setting the framework in which individuals shape their lives
- the importance of political awareness and an understanding of the individual's experience, personal beliefs and values in problems of living
- the integration of mind, body, feeling, soul and spirit

**A.2** The College's training standards reflect this diversity and are intended to create a sound framework for good practice that is flexible and can encompass the different needs of member organisations.

**A.3** Integral to HIPC philosophy is that trainings should recognise the existence of different psychotherapy modalities, based on different understandings, and should promote respectful understanding of differences between theories.

## **B. ENTRY REQUIREMENTS**

**B.1** Applicants will normally demonstrate the capacity and commitment to develop the following qualities that will make them suitable for the profession of psychotherapy:

- a lively and enquiring mind
- a capacity for critical reflection and self-directed learning
- an ability to listen and respond with compassion and respect
- awareness of prejudice and the ability to respond openly to issues of race, gender, age, sexual preference, class, disability, ethnic, spiritual / religious and cultural difference, and diversity
- awareness and sensitivity in relation to the political, socio-cultural and religious / spiritual contexts of people's lives
- in-depth self-reflection
- self-awareness and commitment to self-development. Applicants should have sufficient emotional competence and the internal resources necessary to engage with the demands of the training and the work of psychotherapy.

**B.2** Candidates should have relevant experience of working with people in a responsible role. Training organisations should be able to substantiate the relevance of a candidate's experience.

**B.3** Training organisations should have in place appropriate procedures for acceptance and refusal of applicants with published criteria and procedures for the selection of applicants.

The selection of applicants should normally include:

- completion of an application form
- written personal statement
- an interview with two or more members of staff
- two or more references

## C. THE MINIMUM CURRICULUM

**C.1** The study of the theory and practice of humanistic and/or integrative and/or transpersonal psychotherapy from assessment to termination. A core theoretical and philosophical basis for therapeutic practice is required.

**C.2** In addition to the Generic UKCP minimum curriculum, there should be an exploration of the philosophical foundations of the approach being taught as well as a critical awareness of the multiple layers of human experience and the multi-dimensional nature of the therapeutic relationship.

**C.3** The following are the minimum requirements for accreditation and registration:

- i) 900 hours (comprising core training, supervision, mental health familiarisation placement, and self-and peer directed learning)
- ii) core training contact hours would normally be a minimum of 600 over a minimum of four years part-time
- iii) the total number of supervised adult client hours accumulated should be not less than 450. Each client hour is regarded as an individual/group contact hour
- iv) the ratio of individual supervision hours to overall client hours should be a minimum of 1:6
- v) group supervision should reflect this ratio (minimum 10 minutes supervision per client hour)
- vi) supervised hours should be made up of client contracts that reflect the approach to be practiced and demonstrate that the trainee has the appropriate experience and competence for the model of psychotherapy that they will be practicing
- vii) 160 hours of personal therapy consistent with the training approach
- viii) undertaking a Mental Health Familiarisation placement or equivalent method

Definitions of the above terms can be found in Appendix 1.

**C.4** If the nature of the training precludes these minimum requirements a special case may be made to the Assessment Board, such as for those organisations that specialise in short-term/time-limited clinical work. Where a training departs from these normal minimum requirements the OM should be prepared to demonstrate how its standards are equivalent. It is recognised that many trainings will have more extensive or specific requirements, depending on the model used and the approach to learning.

**C.5** The demonstrable level of competence needs to be at Masters level or equivalent. Although certain areas of the training may be delivered below Masters level, the standard of delivery and assessment expected at completion must be unequivocally at Masters level.

**C.6** Candidates should show that they have established themselves in practice with substantial experience in the kinds of psychotherapy that they intend to offer. In supervised psychotherapy practice, they should have demonstrated their competency for a minimum of a two-year period.

- For solely long-term modalities – a regular caseload of which at least two should be long-term contracts and that they are able to manage closure
- For solely time-limited modalities – completion of at least 12 cases, with evidence of efficacy and appropriate use of a model and its frameworks

It is recommended that candidates have experience of working with clients in both long-term and time-limited psychotherapy contracts.

**C.7** Training shall include arrangements to ensure that candidates can identify and manage appropriately their personal involvement in and contributions to the processes of the psychotherapy approach they practice.

**C.8** Candidates must have an experience of psychotherapy **congruent** with the psychotherapy in which they are in training, **a minimum of 40 hours per year for four years**, and normally be in psychotherapy throughout their training. This personal psychotherapy must **normally** be undergone with a UKCP registered psychotherapist, or equivalent.

**C.9** There should be an introduction to the range of psychotherapies and counselling so that trainees may have an awareness of alternative treatments. This would involve:

- a critical introduction to other models distinct from the theory that forms the core of the curriculum
- a critical consideration of the value system, theory of the person and underlying philosophy of these other approaches so that trainees may locate their own approach within the overall field of psychotherapy and have an awareness of the alternatives

**C.10** There should be an opportunity for trainees to develop:

- skills in assessing and responding to the range of responses to shock and trauma, bereavement and spiritual crisis and differentiating these from severe mental illness
- the capacity to recognise severely disturbed clients and when the practitioner should seek other professional advice
- an understanding of the procedures used in psychiatric assessment and liaison with other professionals involved in mental health

**C.11** Candidates should have a minimum of 450 hours of adult clinical practice experience over a minimum of two years.

In respect of clinical group practice, the formula of one group clinical practice hour being equal to one clinical individual contact hour shall be applied for the purposes of accreditation. Where an OM applies a different type of formula, this should be agreed with the HIPC Assessment Board.

**C.12** The above should be also be read in conjunction with the *HIPS May 2003 Mental Health Familiarisation Placements* requirements set out by the Assessment Board (see Appendix 3) unless superseded by revised UKCP requirements, currently in preparation.

## D. ASSESSMENT

This should be read in conjunction with the *HIPC Learning Outcomes Guidelines* as set out in Appendix 2.

**D.1** The objectives of assessment are to ensure clinical competency within the context of a chosen theoretical model and sound ethical practice. Assessment of candidates should focus on the integration of theory, skills and personal awareness, the effective and responsible handling of client work and adherence to the values of humanistic and integrative psychotherapy as outlined in the introduction. Continuous assessment is recommended during training in order to give due weight to the nature of psychotherapy and allow for the termination of training in unsuitable cases. These procedures should be transparent. Assessment should include and be substantiated by objective evidence such as written work, audio or video recordings, and retained for external assessment or scrutiny.



**D.2** Training organisations should ensure that a range of assessments are internally verified (e.g. by 'blind' cross- or double-marking). The whole assessment process should be moderated by at least one independent practitioner external to the training programme and the OM.

**D.3** In addition to shorter assignments set during the training programme (such as essays, case studies, verbatim reports etc), candidates are required to complete at least one substantial piece of written work (dissertation / research thesis / extended case study) of at least 8,000 words. This should demonstrate the candidate's capacity for reflecting in depth on their own work and the approach in which they are training. It is recommended that this should be marked by at least one independent examiner and where possible by an independent UKCP registered practitioner.

**D.4** Trainees must be provided with sufficient regular feedback to allow them to assess their own strengths and developmental needs, including academic presentation and practice-development needs.

**D.5** Training programmes should have properly constituted bodies for ensuring the rights of candidates in training. These should normally include a system of scrutiny by an external moderator, an exam board, candidate representation (for example on a board of studies or programme board), published complaints and grievance procedures and appeals procedures.

**D.6** Training and/or Accrediting organisations should have in place a CPD policy in accordance with UKCP guidelines. This should be read in conjunction with the HIPS Continuing Professional Development requirements as set out in Appendix 4.

## APPENDIX 1: DEFINITIONS

### **Core training**

Scheduled contact hours with identified tutors/trainers who have responsibility for the delivery of the activity as a part of the overall curriculum.

Some indicative examples would be trainer/tutor facilitated:

- didactic/experiential learning
- process groups
- tutorials
- academic supervision
- live supervision in the context of the training
- skills training

Clinical supervision of client hours is not included in this category.

### **Clinical supervision**

Sufficient clinical supervision hours, in groups or individually, to ensure that the 450 minimum clinical practice hours are supervised at a ratio of 1:6. Supervision should be with appropriately trained and experienced **training supervisors**. An equivalent level of experience/qualifications from OM-endorsed supervisors and placement supervisors would be expected. It is also expected that clinical supervision ratios and arrangements would be approved by the OM's external moderator prior to quinquennial review.

### **Mental health familiarisation placement**

Mental Health Familiarisation is a required component of UKCP accredited trainings, this document must be read in conjunction with UKCP Guidelines for Mental Health Familiarisation 2017.

Each OM will need to demonstrate how the learning outcomes for the placement are met by the hours spent, some of which may well include participation in therapeutic activity rather than just observation. This would usually include a critical and reflective piece of writing which would be reviewed/assessed with the student.

### **Self- and peer-directed learning**

This may take any form appropriate to the OM's training models, and would need to be monitored by the external moderator.

### **Therapy**

This would normally consist of 160 personal therapy hours weekly throughout training, over at least four years, with not less than 40 hours per year. Where the model is group therapy, the total hours recommended may be different according to the approach.

## APPENDIX 2: HIPC LEARNING OUTCOMES

**Overall aim:** The student/trainee will be expected to demonstrate an integrated understanding of the nature of the humanistic/integrative psychotherapy they are studying, and what it means for this therapy to be humanistic and/or integrative.

### A. KNOWLEDGE BASE

#### **Knowledge and understanding**

The student will be expected to be able to:

- demonstrate an advanced and detailed level of understanding of the theoretical and clinical principles of the psychotherapy they are studying, and how they relate to general humanistic and/or integrative principles
- demonstrate a general level of understanding of other major models and approaches of psychotherapy
- show an ability to understand and evaluate research methods relevant to all models of psychotherapy, and critiques of 'objective' research within humanistic models

#### **Analysis**

The student will be expected to be able to:

- formulate a model of human functioning, including a model of individual development and a model of therapeutic change using the theoretical approach of their chosen model of psychotherapy
- use the above model to analyse complex situations and conceptualise a range of therapeutic interventions. In particular, the student will be expected to be able to engage in a therapeutic relationship congruent with their chosen approach, which will be a central factor in the practice of the therapy

#### **Synthesis and creativity**

- use an advanced level of theoretical knowledge to develop hypotheses and generative therapeutic responses to clinical situations. This may involve creativity and openness to change on behalf of the therapist



- synthesise their own personal integration of theory and clinical practice
- be able to go beyond set techniques in order to engage with the client/patient

### **Evaluation**

The student will be expected to be able to:

- use critical reflection and ongoing supervision to assess and report on their own and others' work with clients/patients
- critique the chosen model of psychotherapy, assess its limitations and compare it with alternative approaches
- critically evaluate the implications of issues of culture, race, gender, sexual orientation and disability in psychotherapy

## **B. PERSONAL SKILLS**

### **Therapeutic skills**

The student will be expected to be able to:

- assess clients/patients for suitability for their chosen psychotherapy
- establish and work with a therapeutic relationship congruent with the chosen approach
- formulate and apply appropriate therapeutic processes
- make appropriate therapeutic interventions and manage appropriate endings

### **Self-appraisal and reflection on practice**

The student will be expected to be able to:

- critically reflect consistently on therapeutic process and on own functioning in order to improve practice
- engage with their own therapeutic process and self-actualisation
- demonstrate a method of understanding recognising and responding to counter transference issues

### **Planning and management of learning/practice**



The student will be expected to be able to:

- autonomously use resources for learning
- engage in activities for personal growth and development congruent with the chosen approach
- prepare for and make effective use of supervision
- identify, clarify, assess and manage resolution of most clinical problems

### **Communication and presentation**

The student will be expected to be able to:

- engage confidently and respectfully in professional communication with others
- present their clinical work for discussion and mutual learning

### **Interactive professional and group skills**

The student will be expected to be able to:

- negotiate and handle conflict confidently and respectfully. This will include ability to relate to clients who are angry or dismissive, or who break boundaries
- work co-operatively with others
- where this is part of the approach, work effectively with psychotherapy groups, and/or with co-therapists

## **C. CONTEXT OF PRACTICE**

### **Characteristics of Professional Setting**

The student will be expected to be able to demonstrate:

- awareness of the setting in which psychotherapy takes place, and capacity to adapt the chosen approach to the setting in which it is to be applied
- awareness of what might not be possible in a particular professional setting
- awareness of boundary issues, including confidentiality, in specific settings
- a capacity to handle complex, unpredictable and specialised situations



## **Responsibility**

The student will be expected to be able to demonstrate:

- autonomy in professional practice
- responsibility for self-monitoring
- awareness of issues and procedures relevant to professional practice
- demonstrate that regular on-going supervision and CPD are part of being a psychotherapist

## **Ethical Understanding**

The student will be expected to be able to demonstrate:

- awareness of the ethical and professional practice responsibilities of being a psychotherapist
- awareness of and ability to manage the implications of ethical issues and dilemmas
- a basic awareness of legal issues relating to psychotherapy
- ability to work proactively with others to formulate potential solutions
- ability to predict and manage consequences of applied solutions

END



## APPENDIX 4 CONTINUING PROFESSIONAL DEVELOPMENT



HUMANISTIC AND INTEGRATIVE  
PSYCHOTHERAPY COLLEGE

### Humanistic and Integrative Psychotherapy College (HIPC)

#### Continuing Professional Development (CPD)

*Requirements and Minimum Standards*

##### Introduction

Continuing Professional Development (CPD) is an ethical obligation of all UKCP registrants. CPD schemes are now specified as a part of UKCP training standards and *evidence* of CPD is becoming established as a central element in UKCP 5-yearly practitioner reaccreditation requirements. Consequently all Colleges of the UKCP have had the responsibility for ensuring that their Organisational Members (OMs) have in place a CPD framework, including a monitoring system that is in line with the UKCP document: *UKCP Policy for Continuing Professional Development (CPD) – January 2015*. Colleges also have the responsibility for monitoring Direct Members and ensuring that a system is in place for their 5-yearly reaccreditation.

The purpose of this document is to establish some realistic standardisation of CPD frameworks within HIP College whilst ensuring that in this process, we allow for individual and organizational creativity and flexibility. We believe that as a College we need to develop a consensus of what is 'good enough' so that all Registrants can be assessed fairly against the same criteria whilst respecting the diversity in HIP College, which is likely to be reflected in CPD policies. These proposals and guidelines have been developed through consultation with OMs, and should be read alongside the UKCP document: *UKCP Policy for Continuing Professional Development (CPD) – January 2015*.

##### General Considerations and Values

The fundamental intention underpinning all CPD activity is protection of the public through maintenance and improvement of professional standards.

Just as importantly, CPD is about an ongoing ethical belief in, and commitment to, our growth, freshness, and development as practicing psychotherapists. Implicit in this statement is an assumption that effective psychotherapists have a sense of liveliness and curiosity about their work, are critically reflective about psychotherapy



itself and regularly ask questions about their work and the field. We believe, therefore, that any activity or experience, that can be shown to alert us to new dilemmas or new ways of thinking about and engaging in clinical work, should be included as continuing professional development. This includes not only experiences with clients, or formal structures for further learning, but also all of our experiences outside the consulting room or seminar room.

For CPD strategies to have any credibility we believe it is essential that practitioners are responsible for demonstrating how they have integrated any CPD activities into their professional practice.

All CPD frameworks should have a system whereby registrants can articulate to others their active ongoing learning and clinical development. Monitoring of CPD is therefore not merely an annual or quinquennial audit of activities, although recording of activities is inevitably required. We seek a minimum structure that both trusts the integrity of individuals to fulfill their ethical obligations whilst also meeting public professional standards of accountability and transparency.

Ethical practice implies that individuals demonstrate active consideration of and reflection on their ethical position in relation to practice issues, which include issues of equality and diversity.

CPD structures should be flexible and supportive enough to allow for differing personal and professional development needs and circumstances. A newly qualified practitioner may have different needs from a more experienced or semi-retired practitioner. Time out due to illness or sabbatical leave should equally be taken into consideration.

We consider the principle of non-familiarity important when formulating a monitoring structure. Therefore a peer group approach (see below) should always include non-familiar participants.

CPD structures should include evidence of keeping up to date with one's own core model as well as encouraging learning across models.

### Requirements and Guidelines

- According to UKCP guidelines CPD policies should work within a 5 yearly cycle. It makes sense, therefore, to link the monitoring of registrants' CPD with the 5-yearly reaccreditation.
- The minimum requirement is 250 hours over a 5-year period normally with a minimum of 20 hours in any one year. Up to 50 of the 250 hours can be counted from clinical supervision, in particular if this provides additional training in another model.
- OMs have a duty to inform their graduates of College CPD requirements and monitoring procedures. DMs have a duty to inform themselves via the Direct



Members area of the College website.

Consideration must be given to the minimum number of client contact hours a registrant should be managing per week, given their personal and professional circumstances. We recommend, as a minimum, an average of 4 client contact hours per week for the first 5 years of practice, after which time criteria can be more flexible based on individual circumstances. *Irrespective of a registrant's training and supervisory activities, they must also maintain some direct client work, bearing in mind planned or unplanned (in the case of illness, bereavement etc) "time out"/sabbaticals.* We recommend OMs have some supportive system in place to help practitioners returning to practice, particularly if their break has been extensive. Normally if a practitioner is not practicing for more than 3 months they should inform their OM or the Direct Members Committee of the College (in the case of a DM)

One to one or group supervision, with a Recognised Supervisor, is required consistently for the first 5 years of practice. Subsequently this requirement may be adapted to suit individual needs such as with peer supervision. For the purposes of this document supervision involves the registrant having the use of a "formalised space" in which they can regularly reflect on their work with another, or group, who is, at least, a peer of equivalent experience though possibly, different expertise. This could be a vertical or horizontal arrangement, or both, depending on demands of the registrant's caseload and severity of clients. Supervision is a requirement for all practitioners and forms a part of the required CPD hours.

**An appropriate range of CPD activities would include** personal work, updating in one's core model and some development across models; committee work; further training and research. Other complementary professional activities such as writing, reading, spiritual practice, personal therapy and relevant life experiences could all be included in the registrant's overall CPD portfolio.

### Monitoring Procedures

Organisational members (OMs) and the Direct Members Committee will have transparent, and fair, processes for monitoring how their registrants are pursuing their Continuing Professional Development, which take into account the College's requirements for Continuing Professional Development as outlined above. OM monitoring processes are based on the College Reaccreditation Policy. We strongly recommend this includes regular processes of peer review.

Organisational Members need to make clear what their processes would be if there is a concern about one of their registrants in this respect and criteria for refusal to reaccredit must be made clear.

Organisational Members will also need to articulate procedures by which a registrant can appeal against any decisions re: CPD and reaccreditation  
In the case of a practitioner failing to meet the OM's or Direct Members' Committee requirements for reaccreditation they may be referred to the UKCP Registrar and



UKCP Membership Committee who will review the circumstances. The UKCP Membership Committee will have the authority to recommend suspension or removal from registration if it decides an individual is not meeting the requirements for re-accreditation.

Organisational Members are free to devise more explicit and/or developed procedures of their own provided they are congruent with both the letter and spirit of this document. The following appendix is included as an example of an informal and formal monitoring procedure. This is a recommended procedure only.

### Final Comments

It is our hope that we in HIPC, in the face of increasing professional regulation, can find a way of holding the difficult tension between trusting in the professional integrity of our members and fulfilling the demands and rigours of psychotherapy of the highest standard.

It is also our hope that this process could be experienced as a supportive professional structure for the individual practitioner.

Please note that this policy statement has been developed through dialogue and consultation and in accordance with UKCP guidelines. It is our intention that the policy will continue to develop and be refined in this way.

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### SUB-APPENDIX A

**The following is a suggested model for Monitoring Procedures – this is outlined in detail in the College Reaccreditation policy. We suggest that organizational members liaise with each other and DMs consult the College procedure in order to see the diversity of specific CPD strategies within HIPC**

**Informal:** At the time of their yearly re-registration registrants must submit a brief summary of their work in the mandatory elements of CPD. This need only be a numerical summary. We suggest that OM's have an annual CPD record form that registrants fill in for this purpose. If there is ever a dispute about a registrant's ongoing CPD activities the information on these forms can be used as supportive evidence.

**Formal:** When notified of their 5-yearly reaccreditation by their OM or College each registrant will present a portfolio of their CPD activities, to a group of colleagues, for the purpose of demonstrating how they have integrated these activities into their sense of themselves as practitioners and their understanding of their practice.

The group could take the form of a designated panel or a collegial peer group, or any other combination of colleagues. It must include people non-familiar to the registrant and honour the strictures of existing disallowed relationships for HIPC registrants. This group has a formal monitoring responsibility and will be required to make a formal summary of their decisions to the relevant body of the registrant's OM or to the DM Committee of the College.

The core of a meaningful CPD strategy is this process of registrants *sharing with*, and *demonstrating to*, colleagues *how* they are using all the activities they want considered as part of their CPD to maintain standards of practice. The question to be addressed with, and by, the group is how is any of this contributing to your maintenance of acceptable professional standards. The group will work together with the registrant in a lively spirit of cooperation, open inquiry, mutual respect and informed humility. At best this process will be informative, educative, normative and nourishing for all members of the group.

The task for the group/panel will be to critically appreciate and evaluate their colleague's presentation and to reach a consensus, (preferably with the presenter as well) as to any recommendations they make to the OM/ College DM Committee

A written report of the process and outcome of the CPD monitoring meeting be passed to both the presenting registrant and a designated person(s) in the OM/ College Committee for formal noting and for any concerns regarding professional practice and reaccreditation to be addressed. To the extent that CPD and re-accreditation are linked, any final decision, especially where there are grey areas, rest with the OM/ College DM Committee. The options here are:

- An unequivocal yes
- An outright no
- A partial or conditional yes with time limited recommendations that are to be recorded and monitored.

The OM/DM Committee will also need to articulate procedures for appealing against any decisions.

END