



University  
of Exeter

Cedar



# **MSc Psychological Therapies Practice and Research (Systemic Therapy) Programme Handbook 2024-2026**

**Please consult ELE2 for updated and revised electronic  
versions of this handbook**

**Welcome to the University of Exeter  
Psychology: College of Life and Environmental Sciences  
And MSc Psychological Therapies Practice and Research  
(Systemic Therapy)**

Welcome to the MSc in Psychological Therapies based at the University of Exeter, School of Psychology. You have enrolled on an exciting two year period of clinical training and development.

Successful completion enhances eligibility to apply for registration as a Family Psychotherapist with the United Kingdom Council on Psychotherapy (UKCP) via AFT (Association for Family Therapy) – the accrediting body for family therapists. During this two-year course you will be working as family therapists under supervision whilst concurrently undertaking academic study and research. All programme members will undertake six compulsory modules as well as the research modules.

It is likely that you will find the training challenging, but hopefully enjoyable and especially practice enhancing.

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## An Introduction

Programme members undertaking the MSc are all experienced practitioners in the mental health field. The programme is designed to increase each participant's knowledge and understanding of clinical theory and practice. Successful completion of clinical and written assignments and appropriate participation in seminars and at lectures will lead to the awarding of an MSc.

A major contributing resource to the programme is the knowledge and experience that programme members bring with them. We intend to draw upon and honour this knowledge and experience in order to develop clinical skills and increase awareness and theoretical understanding. It is important, however, that understanding and use of theory is integrated with clinical application in a rigorous and constructively critical manner.

The MSc in Psychological Therapies Systemic Strand provides participants with a thorough grounding in the theory and practice of family/ systemic therapy. Through the systemic and research modules participants are exposed to research into psychological therapies generally. This is in order to promote both a constructively critical and questioning attitude to one's own therapeutic approach whilst at the same time promoting an awareness of other approaches. Although the programme is orientated towards practice in the public services it is intended that the successful completion of the MSc, when added to existing training experiences, can lead to graduates being able to practise as independent practitioners and, where the various requirements have been met, eligible for registration with UKCP via The Association for Family Therapy and Systemic Practice (AFT). We hope that graduates will be able to act as 'product champions' for systemic practice and to be available as teachers and consultants in the various settings in which they work.

Teaching takes place in seminars with occasional workshops and lectures. A personal tutor will be allocated to each programme member and regular meetings with him/ her will take place. Clinical work will take place in various clinics where supervision will be provided by registered systemic psychotherapists. Assessment leading to the award of the MSc will be based on written assignments and evaluation of clinical work.

Face-to-face teaching will be timetabled between 9.30 and 4.00 during term time. Teaching will take place in Exeter and on a remote platform. When in person, it will take place at the Streatham Campus of the University of Exeter. It is estimated that 80% of teaching will be in person, and 20% online.

# Programme Committees and the Administration of the Programme

The week-by-week administration of the programme is undertaken by the Lecturers and Programme Director. Programme members are able to participate in the running of the programme through participation in Student/Staff Liaison Meetings.

A Board of Examiners will meet at the end of the first year to progress programme members into the second year and at the end of the second year to recommend awards. The Board is conducted in accordance with the University procedures here:

<https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/assessmentprogression/>.

## Ground Rules for Teaching and Tutorial Sessions

1. Work with respect for each other even if we disagree
2. Accept shared responsibility for the learning environment
3. Accept individual responsibility for individual behaviour
4. Establish permissions for: expressing feelings, opinions and to learn constructively from mistakes
5. Pay attention to issues of difference such as gender, age, race and culture remembering that each person's experience is true for them and valid
6. Clarify limits of confidentiality and adhere to these
7. Make your own decisions about how much information you wish to share about personal or occupational matters
8. Remember you are the "expert" about your own life – any questions or suggestions from others may be rejected as inappropriate

## Professional Practice

Abide by Codes of Practice as defined by your professional and AFT guidelines of good practice.

See Appendix E for University Fitness to Practise Procedures.

## **University of Exeter Equality and Diversity statement**

*It is our intention that students from all diverse backgrounds and perspectives be well served by this course, that students' learning needs be addressed both in and out of teaching sessions, and that the diversity that students bring to this cohort be viewed as a resource, strength and benefit. It is our intention to present materials and activities that are respectful of diversity: gender and gender identify, sexuality, disability, age, socioeconomic status, ethnicity, race, and culture. Your suggestions are invited, encouraged and appreciated. Please let us know ways to improve the effectiveness of the course for you personally or for other students or student groups. In addition, if any of our training sessions conflict with your religious events, or if you have a disability or other condition necessitating accommodation, please let us know so that we can make the necessary arrangements for you.*

*(Adapted from a diversity statement from the University of Iowa, College of Education)*

*Our goal as a learning community is to create a safe environment that fosters open and honest dialogue. We are all expected to contribute to creating a respectful, welcoming, and inclusive environment. To this end, classroom discussions should always be conducted in a way that shows respect and dignity to all members of the class. Moreover, disagreements should be pursued without personal attack and aggression, and instead, should be handled with grace and care. This will allow for rigorous intellectual engagement and a deeper learning experience for all.*



*(Adapted from a diversity statement from Yale University - Dr. Carolyn Roberts, Assistant Professor, History of Science & History of Medicine, and African American Studies)*







## **A note about Exeter's theoretical orientation**

Many family therapy training centres have a profile which matches a preferred model of family therapy. Exeter has always been integrative and indeed this is built into the core of the programme. Exeter also wishes to privilege two other aspects of family therapy practice. One is the requirement that family therapy is evidenced based and evidence informed. This is a crucial aspect in the contemporary world of NICE guidelines and recommended psychological treatments. Secondly, we wish to privilege the self of the therapist in our training. On one hand this reflects a return to integrative approaches in that many other psychotherapies require a significantly higher degree of self-analysis than family therapy has historically. On the other hand, it reflects the role of the self in mediating evidence and systemic experience in the moment to moment process of therapy. The programme takes this into account throughout the teaching but especially in PPD/ systemic self-awareness sessions and in the use of mindfulness techniques within the integrative module.



## Meet the MSc Systemic Programme Team

<p><b>Professor Catherine Gallop</b></p>		<p><b>Director of PGT CEDAR</b></p> <p><a href="mailto:C.A.Gallop@exeter.ac.uk">C.A.Gallop@exeter.ac.uk</a></p>
<p><b>Professor Hannah Sherbersky</b></p>		<p>Associate Professor and Co-Director of Systemic Programmes          UKCP Family &amp; Systemic Therapist, RMN,          Dip. Creative Supervision  <a href="mailto:H.Sherbersky@exeter.ac.uk">H.Sherbersky@exeter.ac.uk</a>          Supervisor</p>
<p><b>Mark Rivett</b></p>		<p>Co-Director of Systemic Programmes          CQSW, MSc, UKCP Supervisor  <a href="mailto:M.J.Rivett@exeter.ac.uk">M.J.Rivett@exeter.ac.uk</a></p>
<p><b>Bob Williams</b></p>		<p>Programme Lead  <a href="mailto:B.Williams4@exeter.ac.uk">B.Williams4@exeter.ac.uk</a></p>
<p><b>Jenny Cove</b></p>		<p>Clinical Lead  <a href="mailto:J.L.Cove2@exeter.ac.uk">J.L.Cove2@exeter.ac.uk</a></p>

<p><b>Rachel Coles</b></p>		<p>Academic Lead  <a href="mailto:R.Coles3@exeter.ac.uk">R.Coles3@exeter.ac.uk</a></p>
<p><b>Tom Reid</b></p>		<p>Academic Tutor  <a href="mailto:T.L.Reid@exeter.ac.uk">T.L.Reid@exeter.ac.uk</a></p>
<p><b>Kate Campbell</b></p>		<p>Academic Tutor  <a href="mailto:K.S.Campbell@exeter.ac.uk">K.S.Campbell@exeter.ac.uk</a></p>
<p><b>Marta Costa Caballero</b></p>		<p>Research Lead  <a href="mailto:M.C.Costa-Caballero@exeter.ac.uk">M.C.Costa-Caballero@exeter.ac.uk</a></p>
<p><b>Dr Jemima Dooley</b></p>		<p>Research Tutor  <a href="mailto:J.M.B.Dooley2@exeter.ac.uk">J.M.B.Dooley2@exeter.ac.uk</a></p>
<p><b>Hannah Petrie</b></p>		<p>Programme Administrator  <a href="mailto:admin-systemicstudies@exeter.ac.uk">admin-systemicstudies@exeter.ac.uk</a>  Tel: 01392 724644</p>

**Co-Director:**

**Mark Rivett**

CQSW, MSc, UKCP registered

Mark has worked as a family therapist and teacher of family therapy in a number of different services and universities. Primarily his clinical work has focused on 'tier four' services such as domestic violence, acute adolescent mental health and adolescent sexually harmful behaviour. He has written widely on these themes. He is also co-author of four books: *Family therapy in focus* (with Eddy Street); *Working with men in health and social care* (with Brid Featherstone and Jonathan Scourfield); *Family therapy: 100 key points and techniques 2009* (with Eddy Street); and *Family therapy: skills and techniques in action 2018* (with Jo Buchmüller). His most recent research interest is the therapeutic alliance in couple and family therapy and especially how this is taught to students. He is also a story teller with a series of 'shows' which he has developed with a colleague (Steve Killick) in the last few years including Oedipus, The king and the Corpse and Buddhist wisdom stories. He is a past Editor of the *Journal of Family Therapy*.

**Associate Professor and Co-Director of Systemic Programmes:**

**Professor Hannah Sherbersky**

UKCP Family & Systemic Therapist, RMN, Dip. Creative Supervision

Associate Professor Hannah Sherbersky is a Systemic Family Psychotherapist and Deputy Director of Post Graduate Taught Programmes within Cedar at the University of Exeter. She has many years of experience working within the mental health service; originally as a mental health nurse, then Family Therapist at a regional inpatient unit and now as Co-Director of the Systemic Portfolio and Deputy Director at the University. Here, with colleague Mark Rivett, she has helped to establish one of the most prolific systemic training providers in country. Hannah has developed or co-developed six systemic courses, including systemic supervision, the foundation embedded within the Clinical Doctorate, the family therapy qualifying course, CYP IAPT SFP, family interventions and inpatient training courses. She has co-developed and manualised a model of couple therapy in a research-based couple clinic, and regularly liaises with Health Education England about delivery and commissioning. In 2020 Hannah completed a Doctorate in Clinical Practice, researching notions of 'home' within an inpatient context. She presents nationally and internationally and has published on various family therapy subjects. She is an Associate Editor for the *Journal of Family Therapy* and is interested in innovative delivery of systemic ideas, recently contributing to a BBC documentary about family therapy (2019), an online couples therapy app (2020) and a UKCP podcast (2020). Hannah is excited by radical approaches to service delivery and systemic leadership; currently collaborating with colleagues in the USA, Belgium and Singapore – and is the Principle Investigator for the new Attachment Base Care research pilot with colleagues from the Attached Based Family Therapy team in Philadelphia due for completion in March 2023.

**Programme Lead:**

**Bob Williams**

Bob originally trained as a Mental Health Nurse in the mid 1990's and then subsequently as a Family and Systemic Psychotherapist. He has worked in a range of NHS mental health services over the duration of his career, including adult and child, inpatient and community teams.

Most recently Bob has been employed by Devon CAMHS to develop and lead the specialist eating disorder service. In addition to his clinical work, Bob has been involved with a range of courses at the University of Exeter and is currently the Programme Lead for the Family Interventions in Psychosis course, the MSc in Psychological Therapies and the Systemic Supervision course. Bob has published on theme of the 'self of the therapist'.

**Clinical Lead:**

**Jenny Cove**

Jenny initially trained as a Social Worker and then qualified as a Family Therapist. Jenny worked in substance misuse services in Bristol for 10 years developing a range of services for drug-using parents and their children. As a Family Therapist Jenny has worked in Child and Adolescent Mental Health Services in Bristol, Cornwall and as Lead Family Therapist in Torbay and South Devon. Jenny has been involved in teaching and training throughout her career and has had a variety of Visiting and Associate Lecturer roles at Bristol University and the University of the West of England. Jenny was a Clinical Tutor and Systemic Supervisor when the CYP-IAPT Systemic courses launched in Exeter, returning to the university in 2021. Jenny is Clinical Lead on the MSc in Systemic Therapy and the CYP-IAPT Tier 4 Training and is Systemic Convenor on the DCLinPsy training programme where she runs an embedded Foundation course and has developed an embedded Intermediate training. Jenny has a small private practice offering Systemic Couples Therapy and Systemic Supervision. Jenny has a passion for supporting students' development of the "self of the therapist" and systemic skills. Clinically her focus is emotionally focussed with an interest in bringing nature into therapy.

**Academic Lead:**

**Rachel Coles**

Rachel is a Systemic Family Psychotherapist & IAPT Systemic Supervisor. Over the last 20 years Rachel has worked in a range of clinical and management roles within CAMHS, including the Eating Disorder Service. Rachel's background has involved working in other NHS services, CYPS and voluntary sector services including Acquired Brain Injury. Rachel has a Masters in Clinical Supervision, with an interest in vicarious trauma. Rachel is also the Programme Lead for the Systemic Family Practice course, and the Academic Lead for the Tier 4 inpatient programme

**Academic Tutor:**

**Tom Reid**

Tom is trained as a social worker and systemic psychotherapist. He began working in local authorities, doing systemic work in children's social care, a residential children's home and a pilot domestic abuse service, where he mixed clinical work, supervision, consultation and training.

In the NHS, he has spent time in a CAMHS specialist eating disorders service and a CAMHS crisis service, and at Exeter, teaching in the systemic portfolio.

**Academic Tutor:**

**Kate Campbell**

Kate is a dual qualified Highly Specialist Systemic Psychotherapist (Tavistock), Social Worker (Brunel) and Supervisor (Exeter). She is delighted to be returning for a 3rd year as Lecturer/Tutor/ Research Supervisor on CEDAR (Systemic Portfolio). As a systemic clinician, Kate has worked internationally with children, young people, families and adults; as member of senior clinical leadership teams and projects across NHS (paediatrics, CAMHS), Social Care, Inpatient, Outpatient, Community and Private Practice settings. Her clinical specialisms and passions include Asylum, Migrant and Refugees, Couples, Looked After & Adopted Children, Eating Disorders, ASD, ADHD somatising, functional symptoms, chronic issues, diagnoses, attachment and trauma presentations, across the lifespan. Kate has worked as Tier 4 /Specialist Safeguarding Lead, and developed Diversity, Equity and Inclusion (DEI) initiatives, to address issues of equity for oppressed and marginalised peoples. Furthermore, teaching on Family Therapy programmes, workshops, she has presented at health and social care conferences. Amongst Kate's achievements has facilitated a reflective Global Majority staff space, cross-modality paediatric Family Therapy Supervision Group & Family Therapy workshops, within specialist regional and national teams. Furthermore, she has collaborated on a REN (Race Equality Network) staff group, and Foundation Family Therapy course. Based in London, Kate is a mentor & member of Black African & Asian Therapy Network, trained in EFT, DDP, NVR & Exeter Models for Couples (Depression); and a published author.

**Research Lead:**

**Marta Costa Caballero**

Marta is a systemic family psychotherapist and systemic supervisor. She has worked in Tier 2 and Tier 3 CAMHS services as a systemic family psychotherapist for almost 20 years. She currently works as a Team Lead for the Relational Pathway in a CAMHS service. She has experience as external examiner for the Certificate and Intermediate Postgraduate teaching of Systemic Practice as well as being part of other teaching programmes. She has been involved in different evidence-based project developments setting up multi-family group interventions in school, developing collaborative working across agencies using a quality improvement model and coordinating TAMHS intervention in schools. Previous work experience includes working at the Marlborough Family Service and the Anna Freud Centre. Her interest in the systemic psychotherapy profession has led her to become involved in committee work at AFT as well as at CFCST at UKCP.

**Research Tutor:**

**Dr Jemima Dooley**

Dr Jemima Dooley is a mixed methods researcher specialising in co-production and participatory qualitative methods. She has worked in mental health research for 12 years, with adults with psychosis, older and younger adults with dementia, young people with anxiety and depression, and in maternal mental health. Her participatory approach to research puts people with lived experience in the front and centre with the aim to maximise positive impact and produce shared knowledge. Her research is often conducted with NHS mental health services and has been included in NHS communication guidance. She is interested in the sociology of psychological therapies, what actually happens in practice and the experience of this for both the professionals and clients.

**External Examiner**

**Dr Valerie O'Brien**

Dr Valerie O'Brien is a systemic family therapist and supervisor, an academic and researcher with over 30 years' experience. She is currently Programme Director of systemic training in University College Dublin which is one of two training programmes in the Republic of Ireland. She has published widely in the following fields: child welfare, foster care, kinship care and adoption; professional family decision making and service delivery.

She has wide experience of participating on local, National and European Boards in respect of family therapy; adoption / foster care and wider areas of child welfare and protection.

Through this experience, she brings an acute awareness of governance issues to service delivery research.

# The Role of the Tutor

The MSc Systemic Therapy course seeks to train Systemic Therapists who are able to navigate the complexities of contemporary cultural, social, political, religious, and economic life; who are self aware and politically aware; whose practice is integrative, able to work with complexity and adaptive; who offer flexible, relational work with compassion and respect.

We seek to:

- create spaces of safety for personal and professional reflexivity
- decolonise our practice by holding all forms of knowledge as equal
- train FTs whose practice meaningfully supports social justice
- be intentional in our construction of power in our relationships
- work in ways which support creativity, skill and compassion as an FT
- hold an awareness of the multiple relationships which shape our lives – the family, community and the global context.

## **YOUR TUTOR AND TUTOR GROUP**

You will be assigned a personal Tutor who will be your primary contact on the course.

Tutors usually have a group of 6-8 tutees in alternate cohorts. These tutees will form a Tutor Group who will meet together, usually twice each term for Personal and Professional Development sessions. For some of the training, where there is a greater element of skills training you may be with your tutor group more frequently, so that skills can be built upon in the context of the Self of the Therapist work.

Tutor Groups seek to provide as consistent a space as possible in which to explore your development as a Family Therapist. Developing a space of safety for this work is paramount in order for you to be able to openly engage in activities in which you share aspects of your Family of Origin stories, show video of your work, practice specific skills and consider other aspects of your Personal and Professional Development.

In order to get the full benefit of these learning opportunities it is your responsibility as a learner to bring your personal and professional stories into this space. You must ensure that you seek to video all of the work that you do in your training clinic, so that you have a variety of video to bring for review. When you are presenting clinical material, ensure that you come prepared to think about your family of origin, your Social GRACES, relationship to power, impact of organisational issues, etc. We also expect that some of this work takes place within your training clinic.

At times students may need to “interrupt” their studies due to other life-pressures. This means that, just as in other social systems, there may be some fluidity: this could be tutor group members leaving over the course of the two years, as well as members of past cohorts returning and joining your group. We seek to pay attention to these transitions as a way of thinking systemically about endings and change.

Ground rules are established as the new group develops and these will be reviewed regularly to support safety in the group.

## **INDIVIDUAL TUTORIALS**

Your tutor will offer you a termly individual tutorial. These will fall on timetabled days. This is effectively a check-in to ensure that the different parts of your clinical and academic training are progressing; that you are comfortably working towards fulfilling your competencies; and that you are managing the pressures of this personally and academically demanding course.

## Confidentiality

Confidentiality is held by the team rather than by the individual tutor. Each student's wellbeing and development is a shared responsibility: meaning that personal information that you share with your tutor may be passed on to other team members. In particular, sensitive information is likely to be shared with course Leads, who need to hold an overview of students' welfare and ability to practice safely.

Tutors will keep brief notes of individual sessions and these will be stored on the University Sharepoint, which can only be accessed by course staff.

Information will not be shared beyond the course team without the student's consent, unless seeking this consent was considered to place the student or others at risk.

## Signposting

Where additional **Wellbeing support** is needed your tutor will signpost you to the University Wellbeing Service [Wellbeing Services | Wellbeing Services | University of Exeter](#)

Tutors do not offer individual **study support** to students e.g. around assignments. Where a student needs additional support in planning, researching and writing assignments this can be accessed via the university's Study Zone. Study Zone offers a robust range of drop-in services, digital resources and student mentoring to support your academic development [Study Zone | Study Zone | University of Exeter](#)

## PLACEMENT MEETINGS & PLACEMENT LIAISON

Another key role of the Tutor is to liaise with your placement supervisor. You, your tutor and your supervisor should function as a team in order to ensure that you meet the different learning and development requirements of the course.

You will meet briefly as a team in Term 1 in order to ensure that everything is in place for you to successfully embark on your clinical training. You will meet again at Easter time in order to talk through your current progress, and where necessary to ensure that plans are in place for you to achieve the learning requirements of the clinical training – based primarily on the Systemic Competency Scale.

## MARKING THE PLACEMENT REPORT AND PORTFOLIO

As the person with the best knowledge of you and your development as a Systemic Therapist, your Tutor will read and mark your Year 1 and Year 2 portfolios.

## Other enquiries

Please hold in mind that most tutors are only employed by the university one day a week (on a Friday). Therefore please do not expect a response to emails throughout the week. There are many queries and questions that are better directed to our course administrator or the relevant part of the university (IT/mitigations team etc.)



# Attendance Dates

<b>Year One</b>	<b>October 2024 – July 2025</b>
TERM ONE	3 <sup>rd</sup> October 2024 – 13 <sup>th</sup> December 2024
TERM TWO	9 <sup>th</sup> January 2025 – 28 <sup>th</sup> March 2025
TERM THREE	25 <sup>th</sup> April 2025 – 11 <sup>th</sup> July 2025

<b>Year Two</b>	<b>October 2025 – July 2026</b>
TERM ONE	TBC
TERM TWO	TBC
TERM THREE	TBC

Note: breaks for half terms

# Aims and Objectives

## **Main Aims of the Programme**

The main aim of the programme is to enhance the all-round professional development of programme members as systemic practitioners within the provision of psychology therapies so that they can become eligible to register with UKCP as Family Psychotherapists/ Systemic Psychotherapists.

## **Specific Programme Aims**

The specific aims of the academic component are as follows:-

1. to secure assimilation and understanding of systemic theories including an appreciation of their relationship to other psychotherapies
2. to enhance programme members' ability to use these theories to explain, analyse, evaluate and provide a critique of practice
3. to provide comprehensive and up-to-date knowledge of the literature concerning systemic theories and practices
4. to enhance programme members' ability both to compare and contrast different schools within systemic theories and to understand the relationship between systemic theories and other theories of therapy and change
5. to provide an appreciation of the social, political and institutional contexts within which families and their helping systems function, including knowledge of the research and theory relevant to these contexts
6. to enhance programme members' ability to function in multidisciplinary teams by providing a systemic understanding of how such teams function
7. to enhance programme members' ability to critically evaluate relevant research methods and findings
8. to provide in-depth understanding, within relevant theoretical frameworks, of psycho-social processes within families and their social systems

The specific aims of the therapeutic practice provided by the programme are outlined below. As a result of their experiences in clinical settings programme members should be able to demonstrate the following:-

1. the capacity for independent, accountable clinical practice and the ability to transfer skills between client groups and settings.
2. the capacity to take the initiative in the supervision/consultation arena

3. the development of confidence, fluency and flexibility in the therapeutic arena
4. the ability to actively promote anti-discriminatory practice
5. the ability to undertake team work in multidisciplinary settings utilising methods derived from systemic frameworks e.g. reflecting teamwork
6. the ability to use, elaborate and critically evaluate theoretical frameworks to enhance practice
7. an awareness of personal developmental processes and how these may constrain and/or enhance therapeutic practice
8. a knowledge of the range of family forms and related social systems, at different developmental stages and displaying a variety of therapeutic issues
9. an ability to recognise the limits of their own expertise and skill in referring to appropriate resources
10. an ability to use a range of methods to evaluate the process and outcomes of their clinical practice.
11. We recommend students review the Systemic Competency Scale and the Competencies mapped out by the Expert Reference Group (in Appendices).

### **A.F.T. Learning Outcomes**

The learning objectives set out by AFT in the Blue Book 4<sup>th</sup> Edition (2015) are listed below. These will be met through the individual learning objectives for each module. Please refer to the individual module descriptors (in the appendices) for further information.

1. A sound and up to date knowledge and understanding of the range of theories underpinning Systemic Psychotherapy and their applications to different situations and client groups.
2. An ability to carry out a collaborative assessment, develop a systemic formulation and plan Systemic Psychotherapy
3. Being able to revise the therapeutic plan as appropriate during the work with clients, including anticipating and planning for endings and dealing with unplanned endings
4. A robust working knowledge of a range of interventions used in Systemic Psychotherapy and an ability to apply them with flexibility and creativity, adapting them to suit different client needs
5. A sound and up to date knowledge and understanding of the range of research methods underpinning Systemic Psychotherapy and their applications to different situations and client groups
6. Knowledge of the current evidence base for Systemic Psychotherapy and relevant research findings from other areas
7. A knowledge of qualitative and quantitative research methods, which will enable the psychotherapist to evaluate research evidence and take an evidence based approach to their own work
8. Sufficient knowledge of research methods to be able to plan and carry out a piece of research relevant to the field

9. A critical approach to the knowledge and understanding of the range of theory, practice and research referred to in the above points
10. A sound knowledge of common mental health problems, their presentation and treatments, the ways in which they may affect relationships and an ability to adapt their work with families to take account of these difficulties
11. A sound understanding of child and adult development processes including those in later life, paying attention to the life cycle of families and other systems
12. An ability to develop and maintain effective therapeutic relationships with all members of the client group, even when there are differing views and goals and high emotional intensity showing a sound therapeutic alliance even in the face of difficulties
13. An ability to gauge and manage emotions within sessions, including their own, so that vulnerable members are protected in situations of discomfort and tension and important issues which may be contentious or distressing can be explored safely
14. An ability to understand and manage personal connection with the work and reflect on changes that could be made
15. The ability to keep up to date with relevant legislative frameworks together with an understanding of how these can be taken into account in the relationship with clients
16. An up to date and comprehensive understanding of actions needed in relation to Safeguarding Children and Vulnerable Adults and the role of the Systemic Psychotherapist in relation to this
17. A commitment to anti-oppressive and culturally sensitive practices taking into account differences in relation to the social GGGRRACCEESSS (John Burnham and Alison Roper-Hall)
18. A working knowledge of at least one manualised approach to family therapy
19. An ability to be able to administer appropriate outcome measures and take a critical stance as to their use
20. An ability to organise the work maintaining required notes and documentation
21. An ability to be able to recognise the limits of personal expertise, skills and approach and refer clients appropriately
22. An ability to take an active role in the development of personal learning and be able to identify areas of personal strength as well as areas for future professional development. This will include reflexive abilities about self and self in relationship.
23. A capacity to use supervision and consultation processes and ability to consult constructively with colleagues.
24. An ability to communicate the process of therapy in both oral and written forms to psychotherapy colleagues as well as other professionals
25. An ability to apply the *AFT Code of Ethics and Practice* to clinical work and an awareness and ability to consider and respond appropriately to ethical dilemmas.

# Guidelines for Successful Completion

## Being a Programme Member

The Systemic Training Aims have certain implications for your position on the programme. For the duration of the programme, you are a 'programme member'. This term encapsulates the reality of your situation – you are undergoing induction and training. Your role as a programme member carries with it both rights and responsibilities. Your rights include having time to study, and to be well taught and supervised. Your responsibilities involve abiding by the requirements for studying for this particular higher qualification.

You can therefore expect from the teaching staff: to be treated as a programme member who has the following rights:

1. being treated at all times with respect and consideration as befits a colleague
2. receiving teaching and supervision of a high standard
3. having time for study
4. being involved in decision-making about your programme whenever possible and appropriate
5. having the right to give feedback about the quality of the training received
6. to be offered a 1:1 tutorial every term to review your learning

We can expect of you: Performance appropriate to being a member of a profession. This includes:

1. Treating others with respect and consideration as befits a colleague
2. attending at the places and time specified
3. negotiating holidays so that attendance at teaching sessions is not disrupted
4. notifying the Programme Administrator as soon as possible about illness or any other reasons for non-attendance
5. handing-in written course work by the specified submission dates
6. taking responsibility for your own learning process so that you benefit from what the programme has to offer. If the programme does not meet your needs then you need to give feedback so that changes can be considered.

## **Personal-Professional Development (PPD) or Systemic Self Awareness**

As per any training programme in any form of therapy, self-awareness, and awareness of ethical and anti-discriminatory issues and practice training, and experiential learning about the experience of therapy from the perspective of the client, otherwise known as “personal-professional development,” is a component of the programme. Having a course of systemic therapy, per se, is not a requirement. However, built into the programme is a requirement to attend three consultation sessions with a systemic therapist each year.

We do not prescribe the content of these sessions but we do recommend that they address the following questions:

1. What beliefs and experiences have influenced me to train as a family therapist/systemic practitioner and to what extent has my family/network shaped my evolution toward this goal?
2. What impact has my evolving understanding as a family therapist had on my family/network/ relationships?
3. What opportunities and constraints has my family/network provided in the course of my development as a family therapist/systemic practitioner?

We do not prescribe that programme members go to these consultation sessions with family members, friends or colleagues. But we do recommend that for at least one of these consultations, programme members experience the interactive therapy that they are being trained in. If they feel unable to do so, we ask that this becomes the subject of one of the consultations (e.g. ‘why I was unable to bring someone with me?’)

Within the course as a whole systemic self-awareness and personal reflexivity is also promoted by:

1. Themed workshop slots centred around a particular issue such as family scripts, gender orientation etc. These workshops will cover both self-reflection and the systemic literature on the theme.
2. In each assignment programme members should link their professional development and self-awareness to the subject being focused upon.
3. Twice during the programme the individual tutors make clinic visits in which discussions of the programme member’s experiences and professional needs at the clinics are held.
4. Throughout the programme there are individual tutorials in which the programme member’s professional development is discussed.
5. Throughout the programme in group work professional development issues, including both wider practice issues, and specifically those that relate to ethical and anti-discriminatory ones, are the focus.
6. Finally, to pull all of these activities together, a continuous personal log, which is key to the personal-professional development portfolio, is kept throughout the programme for reflexive practice and reflectiveness about academic and clinical process and content and their personal resonances. This is also an assignment in both years.

### **Anti-oppressive practice group**

Twice per term through the course, an anti-oppressive practice group will form part of an in-person teaching day.

This will last for an hour and a half at the beginning or end of the teaching days. It will be facilitated by two course tutors. One tutor will be consistent through all the groups, and others will rotate and visit the group.

For the first two terms, tutors will propose topics for the work of the group. From then on, students will be invited to form small groups and propose and facilitate work on various anti-oppressive themes.

We will have a focus on relational safety, built to enable us to approach difficult topics with courage and thoughtfulness. We will encourage relational risk-taking and reflexivity. Sessions will not be didactic, but structured to enable small-group and large-group reflection on the topic.

## **Guidelines for Successful Completion**

Successful graduation is dependent on fulfilling a number of attendance and performance requirements which are outlined below:

### 1. Attendance

We expect your attendance to be 100% because absences can affect the quality of the learning experiences of the programme. You must have at least 80% attendance in order to pass the course. If any teaching days are missed, the student will be expected to complete a 'missed teaching' form demonstrating that they have caught up with the missed topics. Evidence will be expected to be provided in the portfolio. The missed teaching form can be found in Appendix Q.

Attendance at clinical sessions is in line with the AFT requirement that each programme member must attend 300 hours. Forty of the 300 hours must be as lead therapist with families. At least 75% of the live-supervised hours [i.e. a minimum of 30 hours] must be with more than one client in the room. There is flexibility in terms of how many of these hours can be via a remote platform. AFT offer recommendations for this, but you will need to speak to your tutor about what is appropriate for you. AFT prefer training clinics to consist of more than one student and one supervisor - in your portfolio you must outline which professionals are usually present during your training clinic hours.

If a programme member is ill for a prolonged period of time or other unforeseen circumstances intervene to prevent attendance then the staff team will attempt to negotiate an alternative package of clinic and teaching attendance so that the programme member can still meet the requirements.

Each programme member is required to keep a log of his or her attendance at teaching sessions and clinic sessions which will be periodically reviewed by their tutor.

### 2. Satisfactory completion of summative academic assignments

Programme members are required to submit their summative assignments at regular intervals throughout the programme. The only grounds for exemption from this stipulation are prolonged illness or a major change in the programme member's living circumstances. In such circumstances it is the responsibility of the programme member to follow University of Exeter procedures to apply for such exemptions (i.e. the procedure of "mitigation").

Feedback will be given by markers on the relevant form.

### 3. Assessment of clinical practice

The assessment of programme members' clinical practice is the task of the clinical supervisors. At the end of the first year and again at the end of the second year they write reports on the programme members in their clinics. In order to pass the programme the programme member must gain a satisfactory report at the end of the first and second year.

### 4. Additional Practice Requirements



In addition to the practice component arranged for you each programme member must complete 200 hours of supervised clinical systemic practice showing the ability to apply systemic ideas and skills when working with individuals, couples, families, groups or teams. Supervision may be live and/or in the form of case discussion; supervisors will be using a systemic approach. Programme members must keep a record of their practice and supervision hours for submission at the end of the programme. In some cases, programme members may need to arrange an alternative supervisor for this work if there is no suitable 'in-house' supervisor available. *This is not the University's responsibility.*

5. Formative assessments

Each Module will have formative assessments. These are designed to give you opportunity to receive feedback on your learning outcomes for the module before the summative assignment. They are not formally marked.

6. The completion of a Learning Portfolio

This is a requirement of AFT and is integrated into the module requirements.

7. Systemic self-awareness

Students are required to attend systemic consultations (detailed under the PPD section earlier in this document) privately. We require students to attend six consultations across the two years. These need to be spaced out to encourage the best learning, we require three consultations each year.

# Deliberate Practice

The programme has a specific focus on 'deliberate practice'. We are influenced by the literature that focuses on achieving excellence in any given field and believe that as developing therapists we all have our own 'learning edges'. These 'learning edges' are unique to us and our stage of learning. We believe that in order to become excellent therapists we need to engage in a process of identifying our 'learning edges' followed by deliberately practising skills related to these edges in order to improve our effectiveness as psychotherapists. Deliberate practice sessions are structured roleplay sessions that enable you to repeatedly practise a particular skill in the safety of a small group of peers. There will be literature available through the programme that specifically focuses on deliberate practice.

The first year of study will be structured in this way. The *Key Concepts and Skills* module will help you identify and practise your learning edges relating to core systemic skills. In the *Family Therapy in the Family of Therapies* module we will encourage you to reflect on your 'self of the therapist', how personal resonances might become a barrier to therapeutic work and facilitate you practising working with these. In the *Evidenced Based Practice* module, we take this one step further and encourage you to actively use feedback from client families to identify your learning edges, which you will then be able to practice in the university setting.

Deliberate practice sessions will be clearly identified on the timetable.

# Assignments

## Confidentiality and consent

When writing assignments, confidentiality of case material must be respected. Client families and professionals must not be identifiable in any written submissions. Programme members must confirm in all assignments that clients' and professionals' names, and identifying information, have been changed to preserve confidentiality. These rules must also apply to written material accompanying the video submissions, despite real names being observable in the recordings.

For all clinical material referred to in assignments, including the portfolio, written consent must be received from both the family and any professionals involved (co-worker/supervisor/reflecting team members). Client and co-worker consent forms can be found on ELE2. These consent forms explicitly seek consent for:

- Written assignments
- Video recording for the purposes of assessment
- Video recording for the purposes of university-based supervision

Where consent requirements for an assignment have not been met, programme members will be sent a notice of non-submission. Late penalties will apply based on when the consent requirements are received.

Programme members failing to comply with these requirements will have their work returned unmarked in order to amend their submissions. For minor breaches, programme members will then a limited window to amend the confidentially breach, and failure to do so in this time frame will lead to failure of the assignment.

You can read more about the confidentiality breach process and late penalties in the CEDAR PGT Handbook: <https://ele.exeter.ac.uk/course/view.php?id=8259>.

These rules around consent also apply to non-assessed pieces of work, including showing video in supervision tutorials.

We recommend that it becomes part of standard practice to seek consent from all families at the beginning any involvement.

The exception to these rules is where a specific assignment is produced using composite case material, or where no case material is referred to. Further details about which assignments require consent can be found in the following pages.

### **Submitting Your Work**

All written assessments should be word-processed, using double-line spacing on A4 paper. You should use a font size of 11pt or 12pt in a font that is easy to read, e.g. Arial, Verdana, Tahoma. **All pages should be numbered and word count (excluding references and appendices) should appear in the footer.**

**All written assignments should be submitted electronically by 1:00pm on the deadline date:**

#### ***Via ELE2***

- A coversheet is not required to submit via ELE2, as a consent statement will be included on the submission point.

**If you have any issues submitting to ELE2 or MS Forms please contact the Programme Administrator via email to: [admin-systemicstudies@exeter.ac.uk](mailto:admin-systemicstudies@exeter.ac.uk).**

**Please allow sufficient time to submit and troubleshoot submission issues. Late penalties apply to submissions received after the deadline.**

#### **Submissions via MS Forms**

- Recording/Tape submissions and consent forms are currently submitted via MS Forms.
- Accompanying paperwork such as coversheets or written submissions should be submitted to ELE2.
- Step-by-step instructions are available on ELE2.
- A copy of the MS Forms for your submissions is available on ELE2.
- For Resubmissions a separate MS Form link will be sent.

There is a 1GB limit for Recording submissions so please check your file size before you submit.

You can reduce file size when recording by setting a lower quality or resolution.

Once recorded you can reduce file size through compression, by using software such as Handbrake.fr.

Please liaise with your service IT team for guidance on what options are available to you.

#### **Consent forms**

All pages of all consent forms must be submitted by the assessment deadline. These should be submitted via MS Forms. If you are not sure where to submit please contact your administrator.

The forms must be physically signed by the service users/co-workers and by the therapist (student). If a typed signature is used, you must also submit an accompanying consent email. This would be an unredacted email from the service user or co-worker, confirming they have signed the University consent form and what consent they have given e.g. assessment only.

If there is a tick box requesting consent for 'Assessment' then this must be ticked. If any of these elements are missing then we are unable to send your work for marking and your work will be treated as a non-submission.

Penalties apply for late or incorrect/incomplete submissions, including outstanding consent.

Please see the table in the assessments section for which assessments require consent forms to be submitted. Please do not include any client information in other assessments, no consent forms will be accepted for assessments where these are not required.

**For more on submission please check the CEDAR PGT Generic Handbook [here](#).**

## MSc Psychological Therapies Practice and Research (Systemic Therapy) 2024-2026 cohort

### Assessment Overview

#### Year 1

Term	Module	Assessment Type	Deadline	Deferred deadline 1	Deferred deadline 2
1	PYCM053 Key Concepts and Skills in Systemic/Family Therapy Practice	Case Study (4,000 words) (100%)	2 <sup>nd</sup> January 2025	6 <sup>th</sup> Feb 25	6 <sup>th</sup> March 25
		Group Presentation (formative)	13 <sup>th</sup> December 2024	N/A	N/A
2	PYCM015 Family Therapy and the Family of Therapies	Integrative Essay (3000 words) (100%)	24 <sup>th</sup> April 2025	22 <sup>nd</sup> May 25	19 <sup>th</sup> June 25
		Group Presentation (formative)	TBC	N/A	N/A
3	PYCM052 Evidence-Based Practice and Practice-Based Evidence in Family Therapy	EBP implementation/systemic analysis (formative)	TBC	N/A	N/A
		Critical Review of the literature and evidence-base for a topic of your choosing (3000 words) (100%)	5 <sup>th</sup> June 2025	3 <sup>rd</sup> July 2025	31 <sup>st</sup> July
1+2+3	PYCM054 Systemic Clinical Practice Part 1	DVD and Critical Analysis (3000 words) (40%)	26 <sup>th</sup> June 2025	24 <sup>th</sup> July	21 <sup>st</sup> August
		Placement Report (4000 words) (60%)	10 <sup>th</sup> July 2025	7 <sup>th</sup> August	4 <sup>th</sup> September
		Year One Portfolio	10 <sup>th</sup> July 2025	7 <sup>th</sup> August	4 <sup>th</sup> September
1+2+3	PYCM051 Psychological Therapies Research Methods				
		Research proposal presentation (formative)	TBC (3 weeks before proposal)	N/A	N/A
		Research proposal (100%)	22 <sup>nd</sup> May	19 <sup>th</sup> June	17 <sup>th</sup> July

NB: Deferred deadlines refer to dates that are set for mitigations. Please refer to the separate mitigations information for more details.

**Year 2**

<b>Term</b>	<b>Module</b>	<b>Assessment Type</b>	<b>Deadline:</b>
<b>1</b>	<b>PYCM056</b> Issues in Contemporary Family Therapy Practice	Essay (3000 words) (100%)	TBC
		Group Presentation (formative)	TBC
<b>2</b>	<b>PYCM057</b> Couple Therapy	Case Study (4000 words) (100%)	TBC
		Group Presentation (formative)	TBC
<b>1+2+3</b>	<b>PYCM001</b> Psychological Therapies Research Project	Dissertation (8000 words plus appendix of up to 2000 words) (100%)	TBC
<b>1+2+3</b>	<b>PYCM055</b> Systemic Clinical Practice: Part 2	Placement Report (4000 words) (60%)	TBC
		Transcript for Oral Exam (2000 words summary)(Formative)	TBC
		Year Two portfolio	TBC
		Oral Exam (40%)	TBC

## Consent Form Requirements

### Year One

Module	Assessment	Consent required?
PYCM053	Case Study	Yes
	Group Presentation	No
PYCM015	Integrative Essay	No
	Group Presentation	No
PYCM052	EBP Systems Analysis	No
	Critical Review	No
PYCM051	Research Proposal	No
PYCM054	DVD and Critical Analysis	Yes
	Placement Report	No
	Year One Portfolio	Yes

### Year Two

Module	Assessment	Consent required?
PYCM056	Book review	No
	Essay	No
PYCM057	Presentation	No
	Case Study	Yes
PYCM001	Dissertation	No
PYCM055	Placement report	No
	Year 2 portfolio	Yes
	Oral Exam	Yes



# MODULES AND ASSESSMENTS

**Please always refer to marking criteria in the preparation of your assignment.**  
**Also please refer to module descriptors.**

## YEAR ONE

### PYCM053: Key concepts and skills in family/systemic practice

#### Module description

This module will provide a consolidation of the key concepts and skills that are central to systemic/family therapy practice. It will help you describe your practice from the perspective of both the basic and specific competencies as laid out by the Expert Reference Group (2011). You will have a good grounding in an integrative approach to practice within this module including ideas and skills that span all the different family therapy/systemic approaches.

#### Module aims - intentions of the module

The aim of this module is to enable you to:

- Attend to aspects of power and difference which impact therapy.
- Develop a systemic understanding of power, privilege and oppression
- Develop an advanced knowledge of the underlying concepts of family therapy/systemic practice.
- Recognise the historical origin, value and application of skills within family therapy/systemic practice.
- Hold a critical mind within the application of these skills/concepts.
- Develop your own way of integrating them for yourself in a reflective manner.

#### Assignments

##### 1. Group Presentation. Formative. (30 minutes)

*In pairs, provide a 30 minute presentation (in whichever way you wish) to the group on one of the eras of family therapy practice and the 'schools' of family therapy/ systemic practice. Include in your presentation some evidence that you have used the ideas from this school in your clinical work. If you are referring to families, composite case material should be used for this assignment. You will then have time for 10 minutes Q and A from the group.*

Verbal feedback will be offered around the following areas:

- Standard of presentation
- Understanding of the material presented
- Understanding of the context and relationship of this school to other schools
- Accuracy of material presented
- Creativity in presentation
- Clinical competency
- Self-reflexivity
- Consideration of diversity issues

## **2. Essay/case study (4000 words. Worth 100% of module mark)**

*The purpose of this assignment is to evidence how you meet the module learning outcomes listed below.*

*Choose a core concept, skill or technique within family therapy/systemic practice, critically discuss this in the context of the development of family therapy. Analyse how you have applied it with a client family in your clinical practice. This has to be a real family, and can relate to your clinical placement or parallel hours.*

### **Examples of core concepts, skills or techniques might be:**

- *use of genograms*
- *circular questions/interventive interviewing*
- *internalised other interviewing*
- *enactments*
- *the self of the therapist*
- *social constructionism*
- *reflecting conversations*
- *etc etc*

### **You will need consent for this assignment**

*A suggested format for this assignment is shown below – you may choose a different format if you prefer, however, do ensure that you address all of the areas covered below:*

*Part 1: choose a core concept, skill or technique within family therapy/systemic practice. Critically discuss the history of this concept, drawing on a range of literature, showing that you understand its origins and its place within contemporary systemic practice.*

*Part 2: provide a brief case summary of the family. This should include a genogram, hypotheses and formulation, as well as reference to the clinical context.*

*Part 3: critically analyse how you have applied the core concept, skill or technique you have chosen to this piece to work. How did it go and what could you have done differently?*

*Part 4: taking a meta perspective on parts 1, 2 and 3, and with reference to the literature, what have you learned? What could be the limitations of the concept, skill or technique? Could there be alternatives?*

*Please note that diversity practice will be expected to be integrated into your work as well as the ability to self-reflect.*

*Do not rely on appendices for important aspects of this assignment*

### **Self-Directed Learning Exercise**

A Self-Directed learning exercise forms part of the Term 1 curriculum. This exercise is based on the following paper:

Totsuka, Y. (2014). "Which aspects of social GRRRAACCEESSS grab you most?'The social GRRRAACCEESSS exercise for a supervision group to promote therapists' self-reflexivity." Journal of Family Therapy **36**: 86-106.

You will complete part of this alone and part of it with members of your tutor group (full guidance will be on ELE). This exercise is then written up as your Term 2 Formative Presentation.

This task aims to support you to consider how your relationship to the different Social GRACES has developed through your life. These ideas are important in considering your developing self as a Family Therapist, - what you might lean in to, what you may not pick up on. You may wish to share this learning with your supervisor/supervision group as a way of supporting your clinical development.

### **Module Learning Outcomes:**

- Describe the historical and contextual background for the development of key family therapy/systemic practice skills
- Explain and develop certain techniques within family therapy/systemic practice
- Identify the commonalities within family therapy/systemic practice as well as the diversity
- Develop a relational approach
- Describe in detail systemic principles that inform the approach
- Relate systemic theories of psychological problems, resilience and change
- Make a systemic assessment
- Develop and maintain engagement
- Develop systemic formulations and help clients identify appropriate goals
- Establish the context for a systemic intervention
- Understand, critically evaluate and apply different theoretical contributions to practice
- Evaluate practice with an awareness of cultural diversity and ethical considerations
- Construct a coherent written and verbal description of practice including theory to practice links
- Evaluate your own development both professionally and personally

## Essay PYCM053 (100% of module mark)

Programme Member	Delete as appropriate	Mark	Turnitin score
	Distinction/Merit/Pass/Fail		
<b>Overall Comments:</b>			

	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
<b>Structure and development of argument:</b> <ul style="list-style-type: none"> <li>• interpretation of title</li> <li>• Clear coherent structure</li> <li>• Arguments are developed through the essay</li> <li>• concluding with summary of arguments/ implications</li> </ul>				
<b>Understanding of theory and links to practice*:</b> <ul style="list-style-type: none"> <li>• demonstrates a sound understanding of key theory</li> <li>• use of sources</li> <li>• critical analysis</li> <li>• demonstrating an ability to link theory to practice</li> </ul>				
<b>Professional Development*:</b> <ul style="list-style-type: none"> <li>• Diversity practice</li> <li>• Awareness of professional issues</li> <li>• Self-reflectivity</li> </ul>				
<b>Clinical Competence*:</b> <ul style="list-style-type: none"> <li>• Develop a relational approach</li> <li>• Make a systemic assessment</li> <li>• Develop and maintain engagement</li> <li>• Develop systemic formulations and help clients identify appropriate goals</li> <li>• Establish the context for a systemic intervention</li> </ul>				
<b>Style / presentation – comment on:</b> <ul style="list-style-type: none"> <li>• Writing style</li> <li>• Spelling/grammar/typos</li> <li>• Referencing</li> </ul>				

\* Please note: failure to pass these specific criteria will result in an overall failure of the assignment

If you have specific queries about the feedback you have received and would like to arrange a meeting to clarify any learning points please contact your tutor or academic lead.

**Please always refer to marking criteria in the preparation of your assignment.**  
**Also please refer to module descriptors.**

## **PYCM015: Family therapy and the family of therapies**

### **Module description**

Family therapy exists within a context in which other therapies are being practised. At the same time there is an increasing convergence between the therapies. This entails similarities of approach around the therapeutic alliance, formulation and self-reflexivity. This module will provide an introduction to a range of therapies as they are currently practiced within the public and private sectors including psychodynamic therapy, CBT, body and creative therapies. It will then explore the range of distinct approaches and ideas within family therapy while relating them to the wider psychotherapeutic world. One of the key concepts that spans all psychotherapies is 'the therapeutic use of self' and the meaning of 'self' in relation to psychotherapy. This is a central concept in this module.

**The aim of this module is to enable you to:**

- Develop an understanding of a range of therapies practised in public and private contexts;
- Develop an ability to compare and contrast these differing models while assessing which are most useful for which presentations and families;
- Understand how core common processes and ideas cross the differing therapies;
- Develop a deeper understanding about systemic theories which provide the unique features of this form of therapy;
- Understand how culture, race, ethnicity and sexual orientation are understood and respected within each therapy.
- Help you develop an understanding about your use of self in the therapy you do

### **Assignments**

#### **1. Formative Individual Presentation. (20 minutes presentation, 10 minutes feedback)**

The purpose of this assignment is for you explore your relationship with difference. Using Totuska (2014) as a reference point (see ELE2), present two social GRACES that influence you the most, and two that influence you the least, and explain why this may be the case in relation to your family of origin and personal life experiences. Think about your experiences of privilege/lack of privilege in relation to these GRACES. Include some thinking about how this might influence your clinical practice.

Verbal feedback will be given on the day focusing on:

- Presentation style
- Self reflexivity and systemic self awareness
- The self of the therapist in clinical practice

#### **2. Summative essay (3000 words. Worth 100% of module mark)**

*The purpose of this assignment is to evidence how you meet the module learning outcomes listed below.*

*Take a common process/ concept/ technique shared by a number of different psychotherapies. Explore how both systemic psychotherapy and one other psychotherapy vary in their use of this process/concept/ technique, and how these ideas can integrate into systemic practice. Illustrate your essay with some case material that is “composite” and therefore does not require consent.*

*You might choose subjects such as ‘use of self’, therapeutic alliance, formulation, creative techniques, attachment processes, mind/body connections etc Please feel free to choose something that interests you. Please note that diversity practice will be expected to be integrated into your work as well as the ability to self-reflect.*

**Module Learning Outcomes:**

- Summarise the key features of other therapies
- Compare and contrast different psychotherapies especially in relation to systemic therapy
- Critically evaluate common features of various therapies
- Present unique aspects of systemic psychotherapy
- Understand and evaluate theoretical contributions
- Illustrate how different therapies address diversity and apply these to clinical work
- Select and organize material to produce a coherent written argument
- Monitor your own progress
- Link theory to personal and professional experience

## Essay PYCM015 (100% of module mark)

Programme Member	Delete as appropriate	Mark	Turnitin score
	Distinction/Merit/Pass/Fail		
<b>Overall Comments:</b>			

	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
<b>Structure and development of argument:</b> <ul style="list-style-type: none"> <li>• interpretation of title</li> <li>• Clear coherent structure</li> <li>• Arguments are developed through the essay</li> <li>• concluding with summary of arguments/ implications</li> </ul>				
<b>Understanding of theory and links to practice*:</b> <ul style="list-style-type: none"> <li>• demonstrates a sound understanding of key theory</li> <li>• use of sources</li> <li>• critical analysis</li> <li>• demonstrating an ability to link theory to practice</li> </ul>				
<b>Professional Development*:</b> <ul style="list-style-type: none"> <li>• Diversity practice</li> <li>• Awareness of professional issues</li> <li>• Self-reflectivity</li> </ul>				
<b>Clinical Competence*:</b> <ul style="list-style-type: none"> <li>• Provides a coherent integration of processes, techniques, concepts across two psychotherapies</li> <li>• Gives a good understanding of how to apply the concepts in practice</li> <li>• Attends to issues of power, collaboration and diversity</li> </ul>				
<b>Style / presentation – comment on:</b>				

<ul style="list-style-type: none"><li>• Writing style</li><li>• Spelling/grammar/typos</li><li>• Referencing</li></ul>	
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\* Please note: failure to pass these specific criteria will result in an overall failure of the assignment

If you have specific queries about the feedback you have received and would like to arrange a meeting to clarify any learning points please contact your tutor or academic lead.



**Please always refer to marking criteria in the preparation of your assignment.**  
**Also please refer to module descriptors.**

## **PYCM052: Evidence-Based Practice and Practice-Based Evidence in Family Therapy**

### **Module description**

Evidenced-based practice (EBP) has become a crucial factor in contemporary family therapy practice. Practitioners need to be able to analyse their practice with reference to the literature and research and to build in significant ways of measuring their outcomes. Practitioners should also be able to analyse and promote the implementation of EBP in practice settings to reduce the gap between research and practice. This module will help you explore the development of EBP and its application to family therapy. It will give you a working knowledge of the evidence for family therapy in specific settings and it will help you understand that evidence as well as how to facilitate the implementation of EBP and practice-based evidence.

### **Module aims - intentions of the module**

The aim of this module is to enable you to:

- Develop a critical awareness of the research in family therapy and the impact of power in research.
- Understand the differing types of evidence including practice-based evidence.
- Identify factors that impact the uptake of EBP across multiple levels.
- Implement an EBP model in your work, including outcomes/ feedback from different stakeholders.
- Adapt the evidence to different settings in which family therapists practice.

### **1. Presentation of an EBP implementation/systemic analysis (formative). 20min**

Working individually or in pairs, prepare a 'briefing' for your organization/service on the evidence-base and value of Systemic Family Therapy. Describe what promotes and hinders the implementation of Systemic family therapy in your context and suggest actions to be taken.

Present your 'briefing' to the training group and obtain feedback from the group. The group will provide verbal feedback in the following areas:

- Critical analysis
- Self reflexivity and diversity practice
- Style/presentation

### **2. Critical review of the literature and evidence-base for a topic of your choosing relevant to Systemic family therapy. (This could be your intended research**

**topic). Identify gaps in the research and possible questions for further research. (3000 words. Summative: worth 100% of module mark)**

*This is an opportunity for you to explore an area of your interest, based on your clinical experience and systemic theory. Carry out a literature review considering relevant sources outside systemic psychotherapy if appropriate. Critically reflect on the literature and evidence, thinking broadly about types of 'evidence'.*

*Discuss the relevance of your findings to your clinical practice, services and research (for example, identifying gaps in the research). This may contribute to your research dissertation.*

Criteria for assessing Critical review and analysis (PYCM052) see Marksheet below

### **Module Learning Outcomes:**

- Ability to apply research evidence in contemporary family therapy practice as well as systems development/ interventions
- Critique differing types of evidence using the evidence to develop your practice and/or service
- Analyse the research literature relevant to an aspect of your practice and identify further research questions.
- Critique differing manualised approaches and apply them as appropriate
- Describe EBP in relation to contemporary changes in family therapy including CYP-IAPT
- Explain in detail at least one EBP model from a clinical and research point of view and analyses systems in order to facilitate the implementation of EBP
- Construct a coherent written and verbal description of research and the role of EBP in family therapy
- Develop an understanding of how to analyse systems and facilitate the implementation of EBP and practice-based evidence
- Evaluate your own development both professionally from an EBP perspective, with specific consideration to power and collaboration.

**PYCM052 EBP Critical Review of Literature (100% of module mark)**

Programme Member	Delete as appropriate	Mark	Turnitin score
	Distinction/Merit/Pass/Fail		
<b>Overall Comments:</b>			

	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
<b>Introduction*</b> <ul style="list-style-type: none"> <li>• Essay title</li> <li>• Context setting</li> <li>• Route map</li> </ul>				
<b>Development of the Essay*</b> <ul style="list-style-type: none"> <li>• Systemic concepts evident</li> <li>• Use of a range of sources</li> <li>• Grasp of theory &amp; theory practice links</li> <li>• Critical analysis and reflections</li> <li>• Identification of research gaps</li> </ul>				
<b>Reflexivity*</b> <ul style="list-style-type: none"> <li>• Anti-discriminatory practice</li> <li>• Intersectionality and power</li> <li>• Self of the therapist</li> <li>• Professional ethics</li> </ul>				
<b>Conclusion*</b> <ul style="list-style-type: none"> <li>• Summary of the main argument/s; implications for clinical practice, services, research</li> <li>• Concluding statement</li> </ul>				
<b>Presentation and Structure</b> <ul style="list-style-type: none"> <li>• Structure and Development of argument and ideas</li> <li>• Focus</li> <li>• Style</li> <li>• APA style</li> <li>• Grammar/Punctuation</li> </ul>				

\* Please note: failure to pass these specific criteria will result in an overall failure of the assignment

If you have specific queries about the feedback you have received and would like to arrange a meeting to clarify any learning points please contact your tutor or academic lead.

**Please always refer to marking criteria in the preparation of your assignment.**  
**Also please refer to module descriptors.**

## **PYCM054: Systemic Clinical Practice: Part 1**

### **Module Description**

This module constitutes the first year of supervised clinical practice. This will meet half of the requirements of AFT for you to register as a psychotherapist with UKCP. This is for 150 hours in clinical work and at least 20 in face to face therapy and some clinical hours can be gained through online practice. You must pass this module in order to proceed to year two. In addition to the practice hours, you are required to attend three consultation sessions in your own right in order to work on self-reflexivity.

#### **1. Placement Report (up to 4000 words, 60% of module mark)**

*The placement report is created in collaboration between the student and supervisor, referring to the cases that are used in the portfolio. (For more information please see appendix with guidance on the Learning Portfolio/Reflective Log). Please note the Report is based on the SCS (Qualifying) competencies and should include brief references to cases described in the Portfolio. The report should suggest areas for development (in the second year) and provide a mark according to the usual categories. The report must state how many hours are face-to-face and how many are remote. The supervisor must agree that any remote hours meet the same competency level as face-to-face hours.*

#### **2. Video recording and Critical Analysis (3000 words, worth 40% of module mark)**

##### **Guidelines for the preparation of the first practice video recording**

The first recording is an assignment which is designed to test the programme member's ability to successfully demonstrate their developing systemic competencies. In order to complete the assignment successfully the programme member must submit a 30-minute recording of part of a family session to illustrate this. The recording needs to be accompanied by a critical analysis (3,000 words) which guides the viewer through the visual material.

The critical analysis should briefly set the context for the therapy, introduce the family (with a brief summary of how they came to be in therapy) and then proceed to explore the details of the segment of therapy that is being demonstrated by the recording.

A detailed genogram is required.

The practice recording itself should demonstrate the programme member's ability to:

- communicate effectively with the family
- maintain a satisfactory therapeutic alliance with family members during the course of the session

- provide appropriate structuring for the session so that the family can engage in conversations or activities that promote change
- gather sufficient information, be guided by a systemic formulation, and to act with therapeutic intentionality
- demonstrate 3 or 4 systemic competencies (from the SCS)

The critical analysis should demonstrate the programme member's ability to:

- provide adequate and relevant information about the context of the recording (including hypotheses/ formulations)
- comment adequately and evaluatively on the therapist skills demonstrated by the recording
- explore the relationship between the work demonstrated on the recording and the overall development of the therapy undertaken with the family
- comment on the theoretical significance of the work recorded on the recording
- comment on any ethical or anti-discriminatory issues raised by the recording
- demonstrate the satisfactory utilisation of supervisory input

Each member must obtain signed consent forms from clients [and co-workers if they appear on the recording]. These must be submitted alongside the recording submission as evidence that consent has been received. The assignment will be marked with reference to the systemic competencies.

*Do not rely on appendices for important aspects of this assignment*

### **3. Practice Portfolio (see appendix for more details, worth 0% of module mark)**

The practice portfolio sits within the Systemic Clinical Practice modules. It is a summative piece of work, meaning that it must be passed in order to pass the module. However, it is not graded and therefore does not count towards the overall grade of the module (please refer to the TQA manual about consequences of failing any summative assignment).

See appendix for full guidelines and a template for the practice portfolio.

### **Module learning objectives**

- Work competently in a systemic way with families, using a range of systemic techniques
- Achieve change within a systemic approach
- Assess for, initiate, maintain and develop a systemic approach with families
- Identify cultural competency skills and apply them when working with diverse families
- Explore yourself as a therapist in a systemic way and practice in a reflexive manner
- Apply systemic/family therapy theory to therapeutic practice
- Evaluate systemic ideas against other theoretical approaches
- Demonstrate competency on all Expert Reference Group and AFT competencies

- Carry out the professional role of a family therapist in multi-disciplinary contexts

**PYCM054 DVD and Critical Analysis (40% of module mark)**

Programme Member	Delete as appropriate	Mark	Turnitin score
	Distinction/Merit/Pass/Fail		
<b>Overall Comments:</b>			

<b>Video Clip</b>	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
Communicate effectively with the family				
Maintain a satisfactory therapeutic alliance with family members during the course of the session				
Provide appropriate structuring for the session so that the family can engage in conversations or activities that promote change				
Gather sufficient information, be guided by a systemic formulation, and to act with therapeutic intentionality				
Other systemic competencies demonstrated and areas for improvement				

<b>Critical analysis</b>	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
The context of the video clip: <ul style="list-style-type: none"> <li>Clinical context</li> <li>Stage of therapy</li> <li>Relationship between work demonstrated and overall development of the therapy</li> </ul>				
<b>Understanding of theory and links to practice*:</b> <ul style="list-style-type: none"> <li>demonstrates a sound understanding of key theory</li> <li>use of sources</li> <li>critical analysis</li> <li>demonstrating an ability to link theory to practice</li> </ul>				
<b>Professional Development*:</b> <ul style="list-style-type: none"> <li>Diversity practice</li> <li>Awareness of professional issues</li> <li>Self-reflectivity</li> <li>Self evaluation of therapist skills</li> </ul>				



<b>Clinical Competence*:</b> <ul style="list-style-type: none"> <li>• Develop a relational approach</li> <li>• Make a systemic assessment</li> <li>• Develop and maintain engagement</li> <li>• Develop systemic formulations and help clients identify appropriate goals</li> <li>• Commentary of the systemic intervention</li> <li>• Supervisory input</li> </ul>				
<b>Style / presentation – comment on:</b> <ul style="list-style-type: none"> <li>• Writing style</li> <li>• Spelling/grammar/typos</li> <li>• Referencing</li> </ul>				

\* Please note: failure to pass these specific criteria will result in an overall failure of the assignment

If you have specific queries about the feedback you have received and would like to arrange a meeting to clarify any learning points please contact your tutor or academic lead.

# PYCM051 Psychological Therapies Research Methods

## Module Description

This module provides you with an overview of current methods in psychological therapies and clinical research through lectures, seminars, student presentations, directed reading and web-based seminars. You will learn about the research basis for evidence-based practice and qualitative clinical research methods relevant to psychological therapies. You will be helped to understand research findings and the strengths and weaknesses of various kinds of research methods. An adult learner model will be the basis for the learning as programme members work individually and in small groups with key texts and reading lists as well as whole group discussion and application.

## Module aims

The aim of this module is to provide you with:

- a critical and comprehensive survey of research methodologies applied to the understanding and application of systemic psychotherapy.
- the ability to identify resources to further your learning in a way that is appropriate to your work as evidence-based psychological therapists.
- the skills to evaluate critically psychological therapies research.
- the ability to use clinical research as part of your professional work as psychological therapists.
- the skills to develop a thoughtful, ethical and responsible consumption and application of research in clinical practice.
- Develop your reflexivity with regard to your approach to research

## Module Assignments

### 1. Research proposal presentation (formative)

Prepare a 10-minute visual presentation outlining your research proposal. This is formative, so you will get feedback from the group to add to your final proposal.

Below are the guidelines for the research proposal presentation.

### Introduction

Title and why you have chosen to research this area

### Background

Briefly summarise

- The clinical context relevant to your question
- the previous research and
- The relevant theory that leads you to your research question

(The background should be concise and should take less than 5 minutes (1/3<sup>rd</sup>) of the presentation.)

### **Research aim/questions/hypotheses**

Include any or all as appropriate

Be clear and specific

### **Method**

Include:

- Study design (e.g. Delphi method; interviews; case series, scoping etc)
- Proposed participants, inclusion/exclusion criteria
- Materials (interview schedule, assessment questionnaires, validity, reliability, scoring, etc)
- Methodology (participant recruitment, data collection – what, how, and when - , ethics considerations specific to your study, user involvement considerations)
- Analytic Plan (detail and justify the proposed analysis strategy)

(Be as detailed as possible. This section should form the main part of your presentation. Use several slides for it.)

### **Critique**

- How will you ensure the results are ‘trustworthy’ and reliable?
- Credibility checks: eg. an independent audit- can a colleague understand the fit between the data and researchers interpretations; participant checks
- Reflexivity: Owning your own perspective (theoretical orientation, values, biases, sociocultural positioning)
- Usefulness: How will your study to useful? To whom?
- How will you disseminate your findings?

### **Issues/questions**

Any particular issues or questions you would like some help with at this stage?

## **2. Research Proposal (2250 word summative assignment. 100% weighting)**

### **Assignment task**

Prepare a concise structured proposal for a piece of clinical research with a systemic focus.

This proposal should be the basis for the actual piece of research you are planning to conduct for your MSc dissertation project, leading to AFT accreditation. The assignment will be assessed on the basis of its scientific merit and feasibility.

### **Guidelines**

- Introduction (250 words) – a concise overview/summary of your research proposal
- Literature review (800 words) – summary the previous research/practice that leads you to your research question.
- Research Question - a clear statement of what you are aiming to find out.
- Methods (800 words) - a summary of your proposed participants, materials (assessment questionnaires etc) and methodology (what data will you collect, how and when?). Proposed analysis strategy (how will you score, interpret and present your data?). It can be a good idea to include an example of what you hope the data will look like (so maybe a graph showing a decrease in symptoms on a session-by-session basis

if you are conducting a single case design). Consideration of important research ethics and user and or participant involvement issues.

- Researcher reflexivity (200 words) – your interest in the research and positioning. Socio-cultural issues, diversity and inclusion.
- Dissemination (200 words): How are you going to share the results of your research? Usefulness of the research. Potential target journals, sharing with user groups, conferences etc.

Note: Your work should be written succinctly and with clarity (in order to adhere to the prescribed word count) and be of a high standard of written English. Referencing should include a wide range of sources and the format consistent with APA guidelines. Word counts for each section are for guidance only.

### **Module learning objectives**

- Describe the principal clinical research methodologies and their applications and critically evaluate their use
- Apply the process of psychological therapies research (e.g. generating research questions, designing studies, dissemination etc.)
- Critically evaluate the effects of power in the research process, socio-cultural diversity and application to diverse groups
- Access and critically evaluate research relevant to your professional work
- Use research to solve problems, including the key paradigms and principles of psychological therapies research
- Use a reflective, ethical and professional framework for your research work
- Communicate and disseminate research material in a clear and engaging way, relevant to a range of audiences
- Link the psychological therapies evidence base to personal and professional practice and self reflexivity
- Communicate effectively about your own evidence-based practice to a group of peers

**Module PYCM051 Research proposal**

Programme Member	Delete as appropriate	Mark	Turnitin score
	Distinction/Merit/Pass/Fail		
<b>Overall Comments:</b>			

<b>Introduction (10%) and use of literature and development of research aims and questions (35% weighting)*</b>	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
<p>Introduction and Literature review: Summarise complex information for a range of audiences. Review of the systemic literature and relevant concepts and theories. The review shows sensitivity to contemporary issues. Demonstrates relevance of the literature to the aims of the research and research question. Research aims and question challenge current thinking and show innovation. Develop an argument, show clarity of your idea and/or hypotheses</p>				
<p><b>Methodology (20% weighting)*</b> <i>How do you plan to carry out the study?</i> Methodology is appropriate for the research goals. The methodology is grounded in theory demonstrating a critical understanding. State your research question and why it is important (and to whom). Consider methodologies appropriate to answer your research question, Recruitment strategy, data collection and ethics are well considered and appropriate.</p>				
<p><b>Critical reflexivity; limitations (15% weighting)*</b> <i>How do you position yourself and how might you as researcher influenced the process?</i> A critical approach is taken to the data, discussing pro's and con's of the research (limitations; validity). Position yourself as researcher and critically reflect on limitations of the method and personal assumptions/biases/ interests. Give attention to the impact of power and social diversity. The research demonstrates an exceptional degree of usefulness to the systemic and/or broader therapeutic community.</p>				

<b>Dissemination (15%)</b>				
Communicate and disseminate research material in a clear and engaging way to a range of audiences.				
<b>Presentation and referencing (5%)</b>				
Standard of presentation; highly logical and organised structure. Academic and reflexive writing style.				
References are well-chosen, correct and consistent. Sources of information are always cited, where necessary.				
Use of grammatically correct language.				
No or few typographical errors				

\* Please note: failure to pass these specific criteria will result in an overall failure of the assignment

If you have specific queries about the feedback you have received and would like to arrange a meeting to clarify any learning points please contact your tutor or academic lead.

## YEAR TWO

**Please always refer to marking criteria in the preparation of your assignment.**  
**Also please refer to module descriptors.**

### PYCM056: Issues in contemporary family therapy practice

#### Module description

This module will provide information and exploration of the impact of social issues on family dynamics and relationships including the social, legal and political contexts of family therapy/systemic practice. It will foreground contemporary literature and issues relating to the field of family therapy and systemic practice.

#### Module aims - intentions of the module

The aim of this module is to enable you to:

- Identify the contextual influences on contemporary family therapy/systemic practice.
- Identify and understand a range of emerging family forms.
- Be competent at working reflexively and respectfully with diverse families.
- Identify and consider contemporary themes emerging from the field of family therapy and systemic practice

#### 1. Formative small group presentation. (15 minutes)

Presentation of your review of a book relevant to contemporary practice to a small group of students.

Before embarking on this assignment, it might be helpful to read some existing book reviews in the journals, and structure your presentation as if you were producing a written book review.

There is no single style for a book review; however, reviews should include an outline of the book, and a critical evaluation showing that you have understood the contents. A review should inform the listener of the topics and arguments presented in the book and provide an informed evaluation of the strengths and weaknesses of the book. It may be appropriate to compare a book with other texts in the area. A more detailed set of questions to be considered when reviewing a book is given below.

- What is the author's main question, interest, concern?
- What material does the book cover?
- How is the book organised?
- How does the author approach the subject?
- What is the author's thesis? What are his or her major arguments, findings and conclusions?
- How well does the author support his or her major conclusions?

- What kinds of evidence does the author use? What are the strengths/weaknesses of these sources?
- Who is the author? What are his or her underlying values and assumptions?
- How are these values and assumptions expressed in the questions asked, approach to the topic, and conclusions reached?
- Is the book well written? Is the style suitable for the subject matter?
- Who is the book aimed at? What audiences would find it useful?
- What did the book add to your understanding of the subject?
- Did you enjoy the book? Why or why not?
- What does the book contribute to systemic practice?

The questions here should not be dealt with in a point-by-point fashion, but all of them should be dealt with somewhere within your presentation.

In terms of presentation structure, you may want to use a slideshow, or use some other audio visual materials, or you may choose to do this in a different way. Presentation style is up to you.

You will receive verbal feedback from the group (peers and any staff present). Feedback should focus on the following areas:

- Outline of book
- Relevance to contemporary practice
- Critical evaluation
- Theoretical links
- Systemic practice links
- Consideration of diversity
- Style/presentation

## **2. Essay (Summative: 3000 words, worth 100% of module mark)**

*Take an issue in contemporary family therapy practice. This can be theoretical, social or clinical. Provide evidence that you have read around this subject and apply your ideas to a clinical case. At least 1,000 words of your essay should relate to this case.*

A composite case should be used for this essay, and therefore you will not require consent.

### **Module Learning Outcomes:**

- Describe the contemporary social influences on practice
- Describe the contemporary processes within family therapy/systemic practice
- Describe 'best practice' with a range of families and within a range of settings
- Understand, critically evaluate and apply family therapy/systemic practice to a range of families and contexts
- Evaluate practice with an awareness of cultural diversity and ethical considerations
- Construct a coherent written and verbal description of practice including theory to practice links
- Evaluate your own development both professionally and personally





## Essay PYCM056 (100% of module mark)

Programme Member	Delete as appropriate	Mark	Turnitin score
	Distinction/Merit/Pass/Fail		
<b>Overall Comments:</b>			

	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
<b>Structure and development of argument:</b> <ul style="list-style-type: none"> <li>• Interpretation of title</li> <li>• Clear coherent structure</li> <li>• Arguments are developed through the essay</li> <li>• Concluding with summary of arguments/ implications</li> </ul>				
<b>Understanding of theory and links to practice*:</b> <ul style="list-style-type: none"> <li>• demonstrates a sound understanding of the contemporary issue</li> <li>• use of sources</li> <li>• critical analysis</li> <li>• demonstrating an ability to link theory to practice</li> </ul>				
<b>Professional Development*:</b> <ul style="list-style-type: none"> <li>• Diversity practice</li> <li>• Awareness of professional issues</li> <li>• Self-reflectivity</li> </ul>				
<b>Clinical Competence*:</b> <ul style="list-style-type: none"> <li>• Provides coherent understanding of the contemporary issue in clinical practice.</li> <li>• Gives a good understanding of how to apply the concepts to 'best practice'.</li> <li>• Attends to issues of power, collaboration and diversity</li> </ul>				
<b>Style / presentation – comment on:</b>				

<ul style="list-style-type: none"><li>• Writing style</li><li>• Spelling/grammar/typos</li><li>• Referencing</li></ul>	
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\* Please note: failure to pass these specific criteria will result in an overall failure of the assignment

If you have specific queries about the feedback you have received and would like to arrange a meeting to clarify any learning points please contact your tutor or academic lead.

**Please always refer to marking criteria in the preparation of your assignment.**  
**Also please refer to module descriptors.**

## **PYCM057: Couples Therapy**

### **Module description**

Couple therapy is an integral aspect of contemporary family therapy practice. This module will enable you to understand the couple relationship both from within and outside of the family context, drawing on existing knowledge of gender and power from the first year. This module will enable you to understand the different theories pertaining to couple therapy and how to plan, implement and evaluate a piece of therapy in a variety of clinical settings.

### **Module aims - intentions of the module**

The aim of this module is to enable you to:

- Develop an understanding of couple relationships within family and social contexts;
- Understand the different models of couples therapy;
- Understand the theories of how to work with couples within families;
- Develop a context for thinking about how, when and why to work with couples and how to choose in which modality to work with couples;
- Understand how culture, race, ethnicity and sexual orientation will impact on the couple dynamic

#### **1. Group Presentation. Formative. (30 minutes)**

*In pairs, provide a 20 minute presentation (in whichever way you wish) to the group on one of the models of couples therapy practice. Include in your presentation some evidence that you have used the ideas in your clinical work. If you are referring to families, composite case material should be used for this assignment. You will then have time for 10 minutes Q and A from the group.*

Verbal feedback will be offered around the following areas:

- Standard of presentation
- Understanding of the material presented
- Understanding of the context and relationship of this model to other models or

approaches in couples work

- Accuracy of material presented
- Creativity in presentation
- Clinical competency
- Self-reflexivity
- Consideration of diversity issues

## **2. Case Study (4000 words, worth 100% of module mark)**

Provide a case study describing an example of your own practice with a couple showing your ability to draw on and critically evaluate relevant theoretical contributions, to plan and implement a course of therapy, and to critically evaluate and identify areas for development within your practice

The case study is an assignment which is designed to test the programme member's ability to successfully demonstrate their developing systemic competencies with adults and couples. This can be a piece of systemic couple therapy (ideally) or working with parents as part of a broader piece of family therapy (if needs be).

This case study must be a piece of work you have undertaken and not a composite case.

The case study should briefly set the context for the therapy, introduce the couple and follow the guidelines below.

A detailed genogram is required.

### **1. Reason for referral**

This should be relatively short, identifying who was referred, by whom and for what reason. In most cases, this will involve information received from the referring agent. A copy of the referral can be included, but care must be taken to blank out any data/information identifying persons (names, addresses, dates of birth etc.)

### **2. Contextual Information**

This section is intended to place the presenting problems in a relevant context. It should include any additional information obtained from other sources (case notes, other professionals, schools) so that the problem can be understood in a wider context. It is essential to provide a genogram here.

### **3. Initial presentation of problems**

This is also a brief section detailing your systemic account of the presenting problem(s). It should also include the initial description(s) of the problem(s) as presented by family members.

### **4. Preliminary hypotheses and formulation**

This is often a difficult section to write because its content may be very variable. Provisional hypotheses are essentially the initial ideas/notions you have formulated. Having generated hypotheses it is necessary then to present clear, detailed formulations which have guided and informed your therapeutic work. The ability to formulate is a very important aspect of the report and you need to show your ability to conceptualise the work, using specific models and, thus, link theory to clinical practice. Both in this section and section 5 you should attempt

to assess the input that the supervisory process made to the development of therapeutic interventions that you undertook.

#### 5. The next steps in therapy

Under this heading you need to summarise how the work progressed; the aim is to describe the main themes of focus. Care should be taken not to put too much detail in this section: it is not a blow-by-blow account of treatment, but rather a summary of the major elements of what went on.

#### 6. Case closure

A brief section should describe how case closure was planned and effected. (If the work is ongoing please describe plans for ending.)

#### 7. Outcome

This section should describe developments and include an evaluation of their success or failure. Any information about follow-up should also be included here.

#### 8. Further recommendations

This is an optional section depending on the nature of the work undertaken.

#### 9. Critical review

This is a very important section of the report and, again, will vary depending on the case. The following questions will help you with this section:

- Evaluate the role of the couple and couple therapy in contemporary society
- How was the therapy successful? What were the weaknesses?
- What could have been alternative formulations/ways of working?
- What general issues does the case raise (eg ethical ones, working in particular settings, the role of the family therapist, etc)?
- Make relevant reference to evidence based practice

#### 10. Self-reflectivity

This section should include reflections about:

- How you worked towards anti-discriminatory, anti-oppressive practice
- Illustrate how you have considered diversity in couple relationships (e.g. culture, sexual orientation, ability/disability etc)
- Personal resonances with the client family
- Practice reflections – strengths and areas of development
- You need to document how supervision enabled you in these areas

#### 11. Appendices

These should include details of communications with all of those with whom you were involved during the week. Again, please ensure that identifying information is deleted.

*Do not rely on appendices for important aspects of this assignment*

#### 12. References

A reference list is required. Please record any written resources you have referred to in writing up the case report.

## **Module learning outcomes (ILOs)**

- Describe the role of couple therapy and couple relationships in contemporary society
- Outline and explore common couple interactional patterns
- Identify various models of couple therapy and apply a systemic model to clinical practice
- Diagnose the challenges to couple relationships that present in clinical work
- Analyse recent innovations in evidence based practice within couple therapy and review and critique the use of specific manuals (i.e. The Exeter Model)
- Understand, critically evaluate and apply theoretical contributions
- Illustrate diverse couple relationships that span sexual orientation, disability and culture
- Select and organise material to produce a coherent written argument
- Monitor your own progress
- Link theory to personal and professional experience

**PYCM057 Case Study (100% of module mark)**

Programme Member	Delete as appropriate	Mark	Turnitin score
	Distinction/Merit/Pass/Fail		
<b>Overall Comments:</b>			

	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
<b>Structure and development of argument:</b> <ul style="list-style-type: none"> <li>• interpretation of title</li> <li>• Clear coherent structure</li> <li>• Arguments are developed through the essay</li> <li>• concluding with summary of arguments/ implications</li> </ul>				
<b>Understanding of theory and links to practice*:</b> <ul style="list-style-type: none"> <li>• demonstrates a sound understanding of key theory</li> <li>• use of sources</li> <li>• critical analysis</li> <li>• demonstrating an ability to link theory to practice</li> </ul>				
<b>Professional Development*:</b> <ul style="list-style-type: none"> <li>• Diversity practice</li> <li>• Awareness of professional issues</li> <li>• Self-reflectivity</li> </ul>				
<b>Clinical Competence*:</b> <ul style="list-style-type: none"> <li>• Develop a relational approach</li> <li>• Make a systemic assessment</li> <li>• Develop and maintain engagement</li> <li>• Develop systemic formulations and help clients identify appropriate goals</li> <li>• Establish the context for a systemic intervention</li> </ul>				
<b>Style / presentation – comment on:</b> <ul style="list-style-type: none"> <li>• Writing style</li> <li>• Spelling/grammar/typos</li> <li>• Referencing</li> </ul>				



\* Please note: failure to pass these specific criteria will result in an overall failure of the assignment

If you have specific queries about the feedback you have received and would like to arrange a meeting to clarify any learning points please contact your tutor or academic lead.

# PYCM001 Psychological Therapies Research Project

## Module description

This module provides you with an opportunity to study in detail a topic of your own choice, related to psychodynamic/analytic practice, psychological therapies and mental health. It will allow you to explore, in some detail, your understanding of the subject matter through the production of a piece of original research on a particular issue. This methodology you choose (for example, quantitative, qualitative, observational) will be suitable to the question being asked. You will be allocated a project supervisor after formulating your research plan.

## Module aims

- Provide you with practical experience, under supervision, of all or most of the stages of an empirical research project including analysis of data, and of writing a substantial research report on some aspect of systemic practice and/or mental health. You will gain in experience in choosing the appropriate methodology (for example quantitative, qualitative, observational) for the type of research question being addressed.
- Facilitate your ability to formulate, design, carry out, and communicate the results of research that is relevant to your discipline. This may address the concerns of patients, providers and commissioners of psychological therapies services; it may develop a particular theoretical, inter-disciplinary or practice-based idea in the field of systemic therapy.

## Module learning outcomes

- Describe in detail a particular research design/methodology
- Apply many of the general research and analysis skills covered in the taught part of the programme through managing a relatively substantial research project (i.e., conceptualise, design, carry out, and communicate the results of research that is relevant to the concerns of the patients, providers and commissioners of health services)
- Demonstrate a reflective, ethical and professional framework in your research work
- Use research to solve complex problems
- Work innovatively, persistently, independently and confidently and exercise personal responsibility and autonomous initiative
- 6. Work and communicate effectively with others

## Assessment

**Research project. 8000 words with up to 2000 words appendices (100% weighting)**

## Designing, conducting and writing up a research project

## Timeline

- Submission of Research proposal (2,250 words)
- Allocation of supervisor
- Completion of supervisory contract.
- Application for Ethics approval – School of Psychology, University of Exeter (between July and October Year 1)
- Submission of Dissertation: July of graduating year

## Getting Started

First start with a general topic for research it is important to remember that a dissertation is not a simple **descriptive** account of a particular area of study. Its success depends on finding a good research question or interesting theme; only if you have a suitable problem/question/issue to consider can you expect to develop a coherently argued piece of work.

Use the Research Proposal outline to formulate your ideas. There will be an opportunity to present your formative ideas for research at the end of the preparation module, and gain feedback at this stage.

Your topic should be related to psychological/systemic therapy.

If you have previously completed a Systemic PGDip and wish to progress to registration with the Association for Family Therapy, accrediting guidelines may require that your research dissertation be systemically focused. It would be helpful to explore the options with your research supervisor (see below) at an early stage.

## Supervision and research support

Supervisors will be allocated after you have submitted your Structured Clinical Research Proposal in Module PYMC051. Some students will have one research supervisor allocated. Others might see they have two research supervisors allocated: the research specialist supervisor is responsible for 80% of the work while the systemic specialist is responsible for 20% of the work. Please, see further detail below.

## Completing your ethics application on Worktribe

After a teaching session on completing the ethics application, you can arrange individual supervision sessions with your research supervisor (see below for further details). You will work on a word document provided to you in which you can work on a draft of the ethics application alongside documents that will need to be submitted. As you go along and submit drafts of the ethics application to your supervisor, you will get a reply with amends and comments. Once you and your research supervisor feel that this application is ready for submission, we will ask a nominated member of staff to read the application and documents. This staff member might suggest amends that need to be completed for submission. Once this has been completed and it is agreed that the application and documents attached with your application are ready to be submitted, you and your supervisor can proceed uploading on to

Worktribe and submit your application to the ethics committee.

If there is one supervisor, this supervisor submits on Worktribe. If there are two supervisors (research specialist and systemic specialist), the research specialist submits on Worktribe.

### **Getting ethical approval for your project**

*All MSc projects will need University Ethics approval from the Psychology Research Ethics Committee (PsyREC) - see details below.*

- *It will not be possible to undertake research within the NHS due to significant time delays for ethics.*
- *It may be that your topic fits the criteria for a Service Evaluation. See definitions:*
- [http://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable\\_Oct2017-1.pdf](http://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable_Oct2017-1.pdf)

In this case, you would get agreement of this from your NHS Research and Development Committee (for example, an email confirmation) and this would be submitted along with your ethics application to the Exeter Psychology Research Ethics Committee.

### **Psychology Research Ethics Committee (PREC): How to apply**

Applications are done on Worktribe: <https://exeter.worktribe.com/>

Find out more information on this process in the Ethics Resources folder on ELE, and at:

<https://ele.exeter.ac.uk/course/view.php?id=3553>

For problems with access to the documents or info, contact the chair of the PREC ethics committee (up to date details of this on the ELE site)

PLEASE use **university template** information sheets/consent forms, which can be found in this Sharepoint folder: [Templates](#)

FOLLOW the **Psychology Research Ethics Checklist** (see ELE page)

### **Ethics application resources:**

**ELE ethics page:** <http://ele.exeter.ac.uk/course/view.php?id=3553>

UoE guidance on using Worktribe:

<https://universityofexeteruk.sharepoint.com/sites/REGComms/SitePages/Ethics-Systems-and-Tools.aspx>

**UoE Ethics Framework:** <https://www.exeter.ac.uk/cgr/researchethics/codesandpolicies/>

### **Association of Family Therapy Code of Ethics**

[https://cdn.vmaws.com/www.aft.org.uk/resource/resmgr/resources/policies\\_&\\_guidance\\_docs/ethics/code\\_of\\_ethics\\_practice\\_fin.pdf](https://cdn.vmaws.com/www.aft.org.uk/resource/resmgr/resources/policies_&_guidance_docs/ethics/code_of_ethics_practice_fin.pdf)

**BPS (2021) Guidelines for Internet-Mediated Research:** <https://www.bps.org.uk/news-and-policy/ethics-guidelines-internet-mediated-research>

UoE guidance on **GDPR:** <http://www.exeter.ac.uk/gdpr/>

Technical support: [ethics@exeter.ac.uk](mailto:ethics@exeter.ac.uk)

Chairs of PREC: [c.civile@exeter.ac.uk](mailto:c.civile@exeter.ac.uk) & [i.p.l.mclaren@exeter.ac.uk](mailto:i.p.l.mclaren@exeter.ac.uk)

### **Possible outcomes after submitted Worktribe form**

- Approval (proceed with data collection)
- Conditional approval (must be resubmitted with revisions)
- Rejection (no revision possible)

If you are asked for revisions (which is very common), discuss these with your supervisor and make changes to the same Worktribe form. You will need to include a cover letter which lists the revisions required and how you addressed each one.

Once you have adequately met the ethics reviewer comments you may proceed with data collection.

At busy times, it can take **6-8 weeks** for initial ethics review, plus further time if you need to respond to revision. Please plan for any delays by getting your ethics application submitted at **end of September at the latest.**

### **Conducting your research project after ethics approval**

You will be supervised by one of the MSc Systemic Psychotherapy tutors or Programme Leads. You may have one research supervisor (your sole or primary supervisor, providing 100% of your supervision). This will be a member of the MSc Systemic psychotherapy academic or research team. Alternatively, you may have two supervisors: the primary supervisor (providing 80% of the supervision) - will be a research specialist and the second supervisor (providing 20% of the supervision) will be a member of the MSc Systemic psychotherapy team.

The following are the possible supervision arrangements and standards of what you can expect:

*If you have one supervisor:*

#### ***Primary Supervisor – 100%***

<b><i>Frequency of meetings</i></b>	<i>Meet monthly (contact may be over email and includes written feedback); possibly more frequently if needed and at specific challenging times.</i>
<b><i>Reading of drafts</i></b>	<i>Reads and comments on your whole report twice: Once in sections as it is written; a second time at the end of the process, just before submission.</i>

*If you have two supervisors:*

	<b><i>Primary Supervisor – 80% Research specialist</i></b>	<b><i>Second Supervisor – 20% Systemic specialist</i></b>
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<b>Frequency of meetings</b>	<i>Meet monthly (contact may be over email and includes written feedback); possibly more frequently if needed and at specific challenging times.</i>	<i>Meet once a term, or specifically to address systemic questions, eg. Literature review, recruitment, discussion of results</i>
<b>Reading of drafts</b>	<i>Reads and comments on your whole report twice: Once in sections as it is written (excluding the Introduction and Discussion); a second time at the end of the process, just before submission.</i>	<i>Reads the Introduction and Discussion chapters once or the whole report once, with lighter touch comments.</i>

Once you have been allocated a supervisor, students should approach their supervisors and make arrangements for a meeting. For the first meeting, students should bring a copy of the research supervisory contract (Appendix 3) to fill out. Completing the contract with your supervisor will clarify how often, and where or how, you will meet, when your supervisor is available to read a draft, etc.

Regular contact with your supervisor is essential, although you may find that the frequency of meetings varies depending on the stage of research you are in. In general, you should plan monthly meetings with your supervisor. This may include one-to-one tutorials, group format, e-mails, remote or telephone conversations. This contact is essential for monitoring progress and identifying any problems at an early stage. Supervisors should read your research proposal/plan.

**Supervision Contract (please refer to ELE for document):** You should complete the Supervision contract with your supervisors to clarify expectations and arrangements.

**Supervision Log (please refer to ELE for document):** You and your supervisor will keep a record of your supervision meetings. Please use this form for any research supervision discussions.

**Review of your written work:** See the table above for expectations around reading drafts. Please allow supervisors plenty of time for this (and allowing for holidays) to ensure that you get feedback on this.

**Remember:** You are responsible for maintaining regular contact with your supervisor, who should be the first contact if you have questions.

## **Writing up your dissertation**

**Suggested outline:** Please be aware this is just a guidance for structure and word count. Individual projects will differ.

**TITLE PAGE: For dissertations submitted for degrees of taught Masters the title page should record:**

The full title (and sub-title if any) of the dissertation as approved;

For candidates for the Masters degrees, the statement: "**Submitted by ID number (do not write your name) to the University of Exeter as a dissertation towards the degree of Master of Science by advanced study in Psychological Therapies Practice and Research (month and year of submission)**"

The declaration: "**I certify that all material in this dissertation which is not my own work has been identified and that no material is included for which a degree has previously been conferred upon me .(signature of candidate)**"

**Abstract (300 words – not included in the word count)**

**Table of contents:** The title page and abstract should be followed immediately by the Table of Contents which should give in sequence, with page numbers, all relevant sub-divisions of the work.

<b>Introduction</b>	<b>(800 words)</b>
<b>Literature review</b>	<b>(1600 words)</b>
<b>Methodology</b>	<b>(1200 words)</b>
<b>Results</b>	<b>(1600 words)</b>
<b>Discussion</b>	<b>(2000 words)</b>
<b>Conclusion</b>	<b>(800 words)</b>
<b>References</b>	<b>(no word limit)</b>
<b>Appendices</b>	<b>(2000 words)</b>

Appendix should include (but not limited to):

- Ethics approval email
- Participant information sheet
- Example of Participant consent form
- Interview Schedule (if not in your main document)
- Debrief Sheet
- A few pages of a transcribed interview
- Documents showing the steps in your analysis (show your process so that anyone can follow it)
- Table/s of themes and subthemes
- Extra tables (i.e. what you might have left aside from analysis or unable to comment on due to word limit)
- Questionnaires, scales that participants have been asked to complete
- Excerpts from your research diary (1-2 pages maximum)
- Dissemination plan

Note: Tables included in the main text of the dissertation are included in the 8000-word count. Tables in the Appendix are excluded from the word count

## Appendix 6. Dissertation Marking criteria and mark sheet

### Module PYCM001 Research dissertation (100% of module mark)

Programme Member	Delete as appropriate	Mark	Turnitin score
	Distinction/Merit/Pass/Fail		
<b>Overall Comments:</b>			

<b>Use of literature and development of research aims and questions (25% weighting)*</b>	Fail (49% & below)	Pass (50-59%)	Merit (60-69%)	Distinction (70%+)
<p><b>Introduction and Literature review:</b> Review of the systemic literature and relevant concepts and theories. The review shows sensitivity to contemporary issues. Demonstrates relevance of the literature to the aims of the research and research question. Research aims and question challenge current thinking and show innovation. Develop an argument, show clarity of your idea and/or hypotheses</p>				
<p><b>Methodology (20% weighting)*</b> <i>How did you carry out the study and what did you find?</i> Methodology is appropriate for the research goals. The methodology is grounded in theory demonstrating a critical understanding. Recruitment strategy, data collection and ethics are well considered and appropriate.</p>				
<p><b>Findings/results and Analysis (25% weighting)*</b> The <b>presentation of results</b> provides an excellent summary of the data. Credibility (trustworthiness) of the data is demonstrated. The <b>analysis</b> is rigorous; it is clear how data is selected for presentation and data supports the findings. Involvement of participants in the research is discussed – as relevant to the study (that is, if this was part of the research plan).</p>				
<p><b>Critical, coherent discussion showing reflexive awareness (25% weighting)*</b> <i>What is your understanding of the results and how do you make sense of them? How have you as researcher influenced the process?</i> A critical approach is taken to the data, discussing pro's and con's of the research</p>				



<p>arguments. (Limitations; validity, trustworthiness).</p> <p>Reflexivity is demonstrated throughout the dissertation, giving attention to the impact of power and social diversity.</p> <p>Highly sophisticated consideration is given to the relationship between participants and the researcher and the impact of this on the findings</p> <p>A critical understanding of moral and ethical issues is demonstrated.</p> <p>Highly relevant and innovative implications for future research, training and clinical practice are discussed.</p> <p>The research demonstrates an exceptional degree of usefulness to the systemic and/or broader therapeutic community.</p> <p>The <b>conclusion</b> provides a concise summary of salient points about the uniqueness and relevance of this study.</p>				
<p><b>Presentation and referencing (5%)</b></p> <p>Standard of presentation; highly logical and organised structure. Academic and reflexive writing style.</p> <p>References are well-chosen, correct and consistent. Sources of information are always cited, where necessary.</p> <p>Use of grammatically correct language.</p> <p>No or few typographical errors</p>				

\* Please note: failure to pass these specific criteria will result in an overall failure of the assignment

If you have specific queries about the feedback you have received and would like to arrange a meeting to clarify any learning points please contact your tutor or academic lead.

## PYCM055 Systemic Clinical Practice: Part 2

### Module description

This module constitutes the second year of supervised practice. This will meet half of the requirements of AFT for you to register as a psychotherapist with UKCP. This is for 150 hours in clinical work and at least 20 in face to face therapy. You must pass this module. In addition to the practice hours, you are required to attend three consultation sessions in order to work on self-reflexivity.

### Module aims - intentions of the module

The aim of this module is to enable you to:

- Develop clinical skills with families with a range of family forms, age presentations and difficulties.
- Explore your own self as a relational being and as a therapeutic agent.
- Apply various theories and skills to therapeutic practice.

### Assignments

#### 1. Placement Report (4000 words, 60% of module mark)

*The placement report is created in collaboration between the student and supervisor. The Report is based on the SCS (Qualifying) competencies. The individual competencies must be at a level 4 to pass.*

*This placement report must be submitted before the oral exam. It can be referred to by the oral exam panel, therefore failure to submit on time may result in not being able to sit the exam.*

#### 2. Practice Portfolio (see appendix for more details, worth 0% of module mark)

The practice portfolio sits within the Systemic Clinical Practice modules. It is a summative piece of work, meaning that it must be passed in order to pass the module. However, it is not graded and therefore does not count towards the overall grade of the module (please refer to the TQA manual about consequences of failing any summative assignment).

See appendix for full guidelines and a template for the practice portfolio.

#### 3. Oral exam (worth 40% of the module mark)

The Exam will be divided into these sections:

5 minutes for the student to explain their development as a family therapist including general orientation and important theoretical backgrounds

10 minutes to orientate the panel to the family, the clip shown and their therapeutic orientation in the clip. Candidates can present in any way they like, either verbally or with the use of materials such as PPT presentations. We recommend you bring a genogram with you on the day.

10 minutes of recording.

15 minutes (up to) for each panel member to ask two questions focused around providing evidence that the competencies below are met.

**Candidates will need to submit materials before the exam. The dates are listed in the appropriate section of this handbook. The materials needed are:**

1. Consent forms
2. The recording
3. A transcript of the recording shown
4. A side of A4 explaining the case, interventions and hypotheses/formulations

Candidates will be welcomed into the exam by the chair of the examining panel (University of Exeter staff member) and invited to join the panel who will be seated informally. The candidate will then be asked to explain the clip and family for 10 minutes. There may be some delay in managing the electronic system for showing the recording. The Chair will take responsibility for this. An opportunity will be given to pause the video so the candidate can identify the family and themselves on the television screen.

Ten minutes of the video will be watched by the panel and the candidate after which the Chair will stop the video-player.

The panel will then invite the candidate to join them in a discursive discussion about the video clip and their role as therapist.

The purpose of the exam is to ascertain if the candidate can be judged fit to practise as a qualified family therapist and to work independently, with supervision, as deemed proper by the Association of Family Therapy and Systemic Practice. The exam will be marked on a percentage basis with marks out of 100 for each area of competence, which will be averaged into a final mark. The pass mark will be 50% and in coming to a decision about the pass mark for the exam and the candidate's fitness to practise, the examiners will take note of the mark awarded and comments provided in their final placement report by the candidate's clinical supervisor.

### Oral Exam Mark Sheet (PYCM055)

Area	Comments	Mark
Work competently in a systemic way with families, using a range of systemic techniques		
Achieve change within a systemic approach		
Assess for, initiate, maintain and develop a systemic approach with families		
Identify cultural competency skills and apply them when working with diverse families		
Explore yourself as a therapist in a systemic way and practice in a reflexive manner		

### Oral Exam guidance notes

Areas that may be covered by the panel will relate to the learning outcomes of the Systemic Clinical Practice: Part 2 module.

The Oral Exam contributes 40% of the mark for the Systemic Clinical Practice: Part 2 Module. The report by the Supervisor contributes 60%. In the case of a fail, the examining panel will make a recommendation to the candidate (to be endorsed by the APAC board) as to the remedial action they need to take prior to resubmitting to a future video oral exam.

## **Qualifying Level Family/ Systemic Competency Scale**

**These are the competencies you will need to demonstrate in your clinical practice.**

(SCS - Qualifying Level)

### **Purpose:**

This scale has been devised to provide a structure for the assessment of Family/ Systemic Family Practice competency at Qualifying Level. It is an amalgamation of a number of Learning Outcomes and Competency Scales including the CYP-IAPT SFP; Expert Reference Group Competencies; National Occupational standards (DOH) and AFT Blue Book requirements. There provide the bases for your annual supervisor's report.

### **The rating of the scale**

The seven point scale (i.e. a 0-6 Likert scale) extends from (0) where the therapist did not demonstrate that aspect of therapy to (6) where a high skill level is demonstrated. To aid with the rating of items of the scale, an outline of the key features of each item is provided below

The examples are intended to be used as useful guidelines only. They are not meant to be used as prescriptive scoring criteria, rather providing both illustrative anchor points and guides.

### **Adjusting the scale to the challenges presented by families**

The particular therapeutic challenges of the family and the requirement for therapeutic intervention at a particular time should be taken into account and individual items scored in relation to the therapeutic needs of the family.

### **Interrelatedness of dimensions**

All of these dimensions are of course related and, as with all assessment, there is a distinction being made that does not completely hold.

This scale is unique to University of Exeter Systemic Strand has not yet been validated although it is based on the well-established CTS (R) for Cognitive Behaviour Therapy and on well-established training practice within the field of Family Therapy and Systemic Practice.

### **Example of the scoring layout**

Mark with an 'X' on the horizontal line, using whole and half numbers, the level to which you think the therapist has fulfilled the core function. The descriptive features below are designed to guide your decision.

N.B. When rating, take into consideration the appropriateness of therapeutic interventions for stage of therapy, perceived family difficulty and fit with the particular family being seen

## Competence Level Examples

---

**0            1            2            3            4            5            6**

0	Absence of feature or highly inappropriate use
1	Very little evidence that feature has been considered and addressed , or has been done in an inappropriate way
2	Evidence of some competency but many examples of unhelpful practice and general lack of consistency.
3	Competent, but some problems and/or inconsistencies
4	Competent with, minor problems and/or inconsistencies
5	Very competent, minimal problems and/or inconsistencies
6	Excellent performance, even in the face of high levels of complexity and challenge from family members

The benchmark for a 6 is a level of practice at the highest level expected from a qualified family/ systemic therapist **some** of the time. It is expected that most practitioners will score at 4 with fewer scoring at the higher and lower ends of the scale. A score of 4 on every item should be considered the minimum for students reaching the level of clinical competence required to successfully complete a qualifying level MSc Family/ Systemic training. It should be noted that what is expected in terms of competence will vary from year to year.

**Item 1: Ability to create a working alliance with all family members**

**Key Features:** This dimension refers to some of the key elements in the creation of a sound therapeutic alliance - warmth, empathy, genuineness, understanding and a non-judgmental stance. It involves verbal and non-verbal skills such as “joining”, listening and creating a warm inviting atmosphere for all family members regardless of age or family position. It takes into account the therapist’s ability to manoeuvre to avoid a split alliance. It also includes adherence to appropriate boundaries and appropriate use of self.

0	Therapist's manner and interventions lead to general disengagement or to an atmosphere of distrust or hostility
1	Difficulty in showing appropriate warmth, empathy and understanding in relation to all family members or lack of appropriate boundaries
2	Difficulty in finding attunement with some family member’s meanings and understandings although there is some warmth and empathy
3	Good understanding of explicit meanings of communications from all family members, resulting in some trust developing. Some evidence of inconsistencies in sustaining relationships with family members.
4	Ability to understand the implicit, as well as the explicit meanings of the communications and demonstrates it in his/ her manner. Minor problems evident e.g. inconsistencies or greater struggle to understand particular family members
5.	Demonstration of very good interpersonal effectiveness. With all family members. Everything is done to help family members feel safe and confident and to engage in a good therapeutic alliance. Minimal problems but generally therapeutic alliance issues are not connected to ability of practitioner. And use of appropriate humour.
6	Highly interpersonally effective, even in the face of difficulties. Shows creativity in responses to different family members.

**Item 2: Convening and managing the session**

**Key features:** 1. To begin the session in a way that is inclusive of all family members, ensuring the involvement of all present including small children. , 2. To collaboratively agree a clear focus and to hold onto that focus through the session allowing for useful diversions when necessary 3. To manage the session so that has a beginning middle and end within the time constraints set. 4. Ensure that discussions are appropriate for the stage of the work and allowing time for all administrative tasks to be completed.5. Pacing the sessions to fit the needs of family members

0	Poor beginning to the session and no agenda set. Session too fast or slow for needs of family members.
1	Sometime given to convening, poor time management and lack of focus, or the application of an over rigid agenda. Inconsistent pacing
2	Time given to convening but may not include all family members. Lack of collaboration in agenda setting but some attempts to create focus in the session. Some problems in time management.
3	Good convening Appropriate agenda but lack of consistency in focus and pacing of session. Some problems with time management and some family members may not be fully included.
4	Appropriate agenda, minor difficulties in focus and time management. Good pacing of the session
5	Appropriate agenda set with good collaboration and focus throughout the session. All administrative tasks covered and good sense of beginning, middle and end to the session. Focus and flexibility are used appropriately
6	Excellent collaborative agenda set, and reviewed despite challenges in the therapeutic relationship. Ability to hold to the shared goals whilst also addressing other issues that may arise and appropriately need to be addressed. All administrative tasks covered with time allowed for discussion.



**Item 3: Undertake a systemic assessment including providing hypotheses/ formulation and explaining the rationale of systemic therapy.**

**Key Features:** Family therapists must be able to make an assessment of the systemic factors that have driven or are maintaining the problem that has brought the family to therapy. They must be able to construct a number of hypotheses about these factors that can guide their work. They must also be able to explain why they are working in the way they are to the family.

<b>0</b>	No ability to think systemically in relation to the problem and the family
<b>1</b>	Some ability to hypothesise but mostly lineal and not relational
<b>2</b>	Ability to hypothesise/ assess but not able to use these in the way they construct their session
<b>3</b>	Good capacity to assess the relational system but limited in the number of hypotheses and their use of these in the session
<b>4</b>	Good use of assessment skills, of constructing ways of using these to guide intervention and some ability to explain this to families
<b>5</b>	Excellent assessment skills and use of hypotheses which are shared and discussed with family members as a guide to ongoing intervention.
<b>6</b>	Excellent assessment skills and use of hypotheses which are shared and discussed with family members as a guide to ongoing intervention. Also has ease of manner and flexible capacity to change as required.

#### Item 4: Collaboration

**Key features:** Working collaboratively is central to a systemic approach. The aim is for all family members to be active in the session and involved in decisions about goals and the process of the work. There must be clear evidence of productive teamwork, with the practitioner skilfully encouraging all family members to participate fully (e.g. through questioning techniques, shared problem solving and decision making) and to take responsibility for the work. The expertise and knowledge of family members should be identified, acknowledged and used and the practitioner should aim to use their own expertise without inflexibly maintaining an expert position. This will include sharing of information and inviting different kinds of feedback. Another element is the ability to use tentative language that invites a co-construction of ideas.

0	Family members are actively prevented or discouraged from being collaborative.
1	The practitioner is too controlling, dominating, or passive and does not actively invite different forms of collaboration.
2	There are occasional attempts at collaboration, but with little consistency and excluding some family members
3	Teamwork evident, but some problems with collaborative set (e.g. not enough time allowed for the patient to reflect and participate actively). Some tentative language used
4	Effective collaboration is evident, but not entirely consistent. Some use of relational reflexivity.
5	Effective collaboration evident throughout most of the session, both in terms of verbal content and sharing of information. Good attention paid to style and culture of family and the impact of this on the collaborative process. Flexibility in ways of encouraging collaboration and regular use of relational reflexivity
6	Effective collaboration throughout the session and creativity and skill in responding to challenges to this process from family members.

**Item 5: Maintaining a relational approach including conveying a systemic view of family life, wider context and relationship of family to the problem.**

**Key Skills:** A key element in Family/Systemic Therapy is to help family members understand difficulties in the context of family relationships. This includes circularity, family beliefs, behaviour and relationships, patterns, and wider system involvement. This systemic reframing is an essential basis for SFP interventions. This approach should be non-pathologising.

<b>0</b>	Practitioner conveys no evidence of systemic understanding
<b>1</b>	Some attempts to introduce systemic understanding but clumsy and with no attempt to take into account family members beliefs and ideas
<b>2</b>	The conveying of an over rigid and narrow systemic explanation which may blame the family, take no account of wider systems or lack fit with the belief system of the family
<b>3</b>	Ability to apply systemic reframes and descriptions but with limited time taken to obtain feedback from different family members or explore different ideas. Ability to track a circular sequence of interaction
<b>4.</b>	Good ability to reframe systemically in a way that takes into account history over time, developmental issues and effect of problem on the family.
<b>5.</b>	Consistent use of systemic ideas throughout the session adapted for all family members with good time given for discussion and feedback. Excellent use of questions to elicit systemic connections.
<b>6.</b>	Creativity in conveying systemic ideas including the use of non-verbal techniques and questions. Ability to manage challenges to a systemic perspective in a way that maintains a good therapeutic alliance.

**Item 6: Use of a variety of systemic techniques to promote systemic/ interactional change via meanings or behaviour.**

**Key Skills:** It is important that family therapists use a variety of techniques from their tradition and have the ability to change, as appropriate, their interventions within a session. These will include enactment, creating and explaining their hypotheses, using circular questions, mapping circular interactions, externalising, interviewing the internalised other and interviewing at different levels of meaning. This is not an exhaustive list.

0	Absence of technique
1	Using only a very limited range of interventions
2	Using a larger array of interventions but failing to respond to the feedback given on their usefulness to the family.
3	Using more interventions and responding to feedback.
4.	Although having a more comfortable repertoire, being able to vary this quickly and being able to reflect upon why these have to change
5.	Good variety and open stance as regards changing the techniques.
6.	Excellent use of techniques, matching them to the family and being creative with new ones as appropriate

**Item 7: Intervening in process during the session.**

**Key Skills:** This includes observation of the process between family members in the session and also ability to intervene directly in that process through enactment, coaching, role play and work on communication. It requires a direct, leadership approach that engages and involves family members in the process. It needs to connect with conceptualizations and be placed in a systemic understanding within a good therapeutic relationship. This dimension refers specifically to the observation, understanding and explanation of process and direct work with process within a session.

0	No awareness of process
1	Some awareness of process but no connections made between content and process or attempt to address process in the session
2	Some awareness of process and comments made but not followed through or connected well to the session
3	Some awareness of process and some follow through to share the process in session and to help family make changes. Simple interventions like slowing process, taking turns in communicating
4	Good use of process observations and skills in discussions and direct interventions. Good attention paid to level of engagement and “fit” for all family members
5	A range of ways of intervening in process including enactment, work to strengthen parent subsystem and different ways of working with communications
6	Creativity in working with process adapted to suit different family members even when particular difficulties. Appropriate use of humour

**Item 8: Working with power and difference.**

This includes 6 main elements

1. Working to reveal differences between family members and working with them appropriately
2. Using an understanding of power differentials between family members, therapist and family members and within different wider contexts to intervene helpfully with families
3. Paying attention to differences such as ability, gender, race, religion, age etc. and how these inform behaviour, relationships and beliefs and exploring and taking account of these in the work.
4. Taking an ethical stance to ensure protection of vulnerable family members
5. Ability to work across language issues (using interpreters etc.)
6. Self-reflexivity in relation to power, difference and cultural diversity

0	No attention to difference.
1	Some awareness of difference but not explored.
2	Some areas of difference noted but effort made to cover over differences or make assumptions.
3	Some attention to difference and exploration of the meaning of this for family members. Ability to raise concerns of safety.
4	Good exploration of difference and its meanings and attention to more subtle power differentials within the family, therapy and wider contexts, including all family members.
5	Taking account of difference throughout the session and making it an ongoing part of understandings of the family. Use of curiosity to explore difference. Use of relational reflexivity to explore difference and power issues between therapy (team, agency) and the family.
6	Excellent attention to difference and good skills in talking about it even in difficult circumstances. Using creative ways to help family members explore their differences further in a positive and productive way.

**Item 9: Taking into account wider systemic contexts and influencing them as appropriate**

**Key Skills:** Systemic Therapists must be able to bring the wider social context into the therapy as appropriate and need to be able to intervene in this context when indicated by the distress of family members. This may include bringing issues into the therapy room and it may also include inviting other professionals into the therapy. This will also include the awareness that therapy may not be helpful and knowledge about alternative more appropriate resources.

<b>0</b>	No eliciting of the wider context in the sessions.
<b>1</b>	Occasional eliciting of the wider context but not using this as a therapeutically at all.
<b>2</b>	Some questioning about the wider context and beginning to explore its significance but not creating the possibility of intervening in the wider system.
<b>3</b>	The wider system is acknowledged and discussed in therapy with interventions left to the family to make: the therapist defines their role as solely within the therapy space.
<b>4</b>	A more engaged response to the wider system with reference to consent from the family. Interventions usually verbal and in writing rather than face to face.
<b>5.</b>	Ability to work with wider systems in the therapy and also within different therapeutic contexts to help alleviate family distress.
<b>6</b>	Seeing intervention as within and outside the therapy room and probably investing as much work in both contexts.

**Item 10: Using evidence based practice and practice based evidence**

**Key Skills:** Family/Systemic Therapists must be able to use ebp and pbe in their everyday work. They should be able to refer to literature/ research as appropriate and use it as a guide to their work with families. They should also be able to develop their own pbe by monitoring, using various feedback methods and reflecting on their work.

<b>0</b>	Very little evidence of using ebp in the work.
<b>1</b>	Some rudimentary understanding of evidence and ability to describe this to families.
<b>2</b>	Better understanding of the relevance of the evidence base and able to describe broad principles of this in their work.
<b>3</b>	Use of evidence and some integration into practice but rudimentary use of routine measures of outcome and feedback.
<b>4.</b>	Good use of research and ability to integrate findings into practice. Regular use of feedback and outcome measures including alliance, session rating etc.
<b>5</b>	Excellent grasp of the research especially adaptations of evidence in relation to relevant groups or problems. Ability to pull ideas from research as appropriate.
<b>6</b>	Increasing flexibility of use of evidence, ability to integrate this into a creative personal style.



### Item 11: Self Reflexivity

**Key features:** This is a crucial aspect of therapeutic training and refers to the ability to reflect upon the person of the therapist both generally and in the moment of therapy. It includes the ability to use relational reflexivity with families and to own internal states of mind during therapy. It includes the ability of systemic self-awareness. An element of self-disclosure would be important but not too much.

0	Inability to think about own biases and influences.
1	Able to reflect upon the self but only in certain contexts
2	Ability to reflect upon the self in relation to case material before and after sessions.
3	Ability to reflect upon the self in relation to case material before, after and during sessions but not yet able to bring these into the session.
4.	Ability to reflect upon the self in relation to case material before, after and during sessions and able to constructively use relational reflexivity in sessions with families.
5	Ability to use systemic self-awareness to alter and change the focus of intervention (collaboratively) and to develop a deeper understanding of self as a therapist
6	An integration albeit temporary of self and therapist role in as full an awareness as possible of influences for each family and a relaxed ability to cultivate relational reflexivity in sessions.

**Item 12: Managing clinical risk**

**Key Skills:** Family/systemic therapists must be able to manage risk when necessary. This includes risk to vulnerable young people and adults (Safeguarding) as well as risk of self-harm and risk of relapse. This must include the ability to stop therapy and change direction and to alert outside/ other professionals so that harm can be contained. Therapy must above all do no harm.

<b>0</b>	No consideration of risk during a session or case discussion.
<b>1</b>	Recognition that risk has arisen but failure to address it.
<b>2.</b>	Recognition of risk, some discussion about it but predominantly leaves to other professionals: takes no responsibility for action.
<b>3</b>	Able to halt therapy and divert into the questions of risk. Proceeds to pass some information on but fails to adequately (if appropriate) involve the family.
<b>4</b>	Takes responsibility for the risk and acts as appropriately within the confines of own professional codes.
<b>5</b>	Takes responsibility, acts according to agency and professional codes, clarifies as appropriate the issue with the family and abides by all codes of ethics.
<b>6</b>	Follows through on managing risk and continues to work with the family on other issues while maintaining a focus on risk.

### Item 13: Professional Practice

**Key features:** Family/systemic Therapists must adopt a professional way of working. This includes abiding by ethical codes, respecting confidentiality (of recordings as well as information), adhering to agency procedures, dress codes, policies (including written notes), build collegial relationships and embody respectful communications at all time. This does not prevent the expression of disagreement or even lively debate.

**A low mark in this dimension should be treated more seriously than possibly the other dimensions.**

<b>0</b>	No grasp of the professional role or serious neglect in one of its components.
<b>1</b>	An understanding of the professional role but failure to adopt it.
<b>2</b>	Capacity to adopt some but not all of the important aspects.
<b>3</b>	Good grasp and embodiment of the professional role but remaining rather 'wooden' and uncomfortable in the role.
<b>4</b>	Good competent adoption of professional practice but seeking guidance about a number of its aspects regularly.
<b>5</b>	Competent and reasonably autonomous professional able to carry out all aspects of the role.
<b>6</b>	As above but with an individual flair which incorporates creativity and diversity.

**Item 14: Using supervision**

**Key Features:** Family/systemic therapists need to be able to use supervision, prepare for supervision and take responsibility for their own continued learning. This includes using team resources.

<b>0</b>	Inappropriate use of supervision: never asking for it, hiding issues within it, failing to be prepared for it and not taking responsibility for their own learning.
<b>1</b>	Using supervision to 'off load' concerns but not using it to improve practice or expand learning.
<b>2</b>	Bringing relevant material to supervision but failing to integrate learning/ decisions into practice
<b>3</b>	Using supervision as appropriately and taking ideas directly into practice to improve work with families.
<b>4</b>	Using supervision in sessions and carrying the 'voice of the supervisor' during sessions. Needing less direction in supervision: thinking it through in the presence of the supervisor.
<b>5</b>	Contributing to the supervision of others in a respectful and constructive way as well as using own supervision appropriately.
<b>6</b>	Does the above with creativity and personal style.

**Item 15: Creativity and flexibility**

**Key features:** In clinical practice family/systemic therapists need to develop their creativity (to change tack as necessary) and their ability to respond to crises, complex situations.

<b>0</b>	Unable to respond to changes between sessions or in sessions. Thrown off course by angry/ distressed family members.
<b>1</b>	Able to recognise inability to respond but does not have the repertoire to intervene or change direction.
<b>2</b>	Able to respond quickly and use a limited number of alternative interventions.
<b>3</b>	Increasing flexibility and self-awareness about 'what to do next'. Able to learn how to react in certain challenging situations.
<b>4</b>	Has a larger repertoire of what to do in complex, challenging situations. Is able to self-reflect quickly in sessions to do something helpful for the family.
<b>5</b>	Is creative and flexible in most clinical situations.
<b>6</b>	Is able to take safe risks in challenging moments. Is able to learn from these and adapt them for next time.

## Item 16: Managing the process of therapy

### Key features:

The process of therapy maps an arc of beginning, middle and end. There can be clinical challenges in each phase. The middle might be a period where treatment goals are lost or confused and the end might be difficult to time or psychologically manage.

<b>0</b>	Unable to negotiate one or other of the phases of work.
<b>1</b>	Able to manage some of the phases but not them all (e.g. good at beginnings but not good at endings).
<b>2</b>	Able to manage all phases but lacks an awareness of how they all map out together.
<b>3</b>	Competent at all phases and is able to plan each phase in advance: has a sense of direction and can communicate this to families.
<b>4</b>	Able to instil hope in the way the treatment is constructed and plans for relapse prevention early.
<b>5</b>	Is creative and flexible in managing all phases and instils humour as well as hope.
<b>6</b>	Manages all phases with a unique personal and aware 'spin'.

**SUPERVISOR'S REPORT**  
**Systemic Competency Scale**

(Please see guidance notes above)

**This set of competencies is to be used at the end of the first and second year. It can also be used with single sessions as a collaborative exercise between supervisors and students.**

Mark with an 'X' on the horizontal line, using whole and half numbers, the level to which you think the therapist has fulfilled the core function.

**However, please note the final scoring for clinical practice must conform to the usual University marking scheme.**

N.B. If using for a particular session, take into consideration the appropriateness of therapeutic interventions for stage of therapy, perceived family difficulty and fit with the particular family being seen.

After each competency, the student and supervisor must make brief comments.

Student \_\_\_\_\_ Family/ Year \_\_\_\_\_

Date of Report: \_\_\_\_\_

This competency scale should be used as the central material for the Supervisor's Report. After each dimension some evidence of the students competency should be given (provided by the student) and cross referenced to the student's Portfolio.

At the end of the report, please record the number of face-to-face hours and number of remote hours, in both lead hours and clinic hours. Requirements for these will depend on the individual experience of the trainee and therefore any queries should be directed to the university tutor.

**1. Ability to create a working alliance with all family members.**

0            1            2            3            4            5            6  
\_\_\_\_\_

Students' comments:

Supervisor's comments:

**2: Convening and managing the session**

0            1            2            3            4            5            6  
\_\_\_\_\_

Students' comments:

Supervisor's comments:

**3. Undertake a systemic assessment**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**4. Collaboration**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**5. Maintaining a relational approach**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**6. Use of a variety of systemic techniques**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**7. Intervening in process during sessions**

Students' comments:

Supervisor's comments:

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**8. Working with power and difference**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:



**9. Taking into account the wider system**

0            1            2            3            4            5            6

---

Students' comments:

Supervisor's comments:

**10. Using evidence based practice and practice based evidence**

0            1            2            3            4            5            6

---

Students' comments:

Supervisor's comments:

**11. Self-reflexivity**

0            1            2            3            4            5            6

---

Students' comments:

Supervisor's comments:

**12. Managing clinical risk**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**13. Professional practice**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**14. Use of supervision**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**15. Creativity and flexibility**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**16. Managing the process of therapy**

0            1            2            3            4            5            6

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Students' comments:

Supervisor's comments:

**Other comments (Supervisor):**

**Areas for development (Year One/Year Two):**

**Overall recommendations:**

**Final Grade:    please circle/highlight the appropriate grade from the list below**

100	95	88	85	82	78	75	72	68	65	62	58
55	52	48	45	42	38	35	32	25	15	5	0

[Please note, these grades are in line with the University of Exeter Notched Marking Scheme. The SCS individual competency scoring is for guidance and information, it does not constitute a final mark. The final mark should be a judgement on behalf of the supervisor and not an aggregate of the above scores]

**Signed Supervisor:**

**Student:**

**Date:**

### **Additional Practice Hours**

For those wishing to register as systemic practitioners with United Kingdom Council for Psychotherapists through AFT.

### **Systemic Therapy Training - Qualifying Level Practice Requirements**

Each programme member must complete 200 hours of supervised clinical systemic practice during the period in which the programme runs. Programme members will show their ability to apply systemic ideas and skills to their work with individuals, couples, families and teams.

Supervision may be live/and or in the form of case discussions and supervisors will be using a systemic approach.

These will be presented in the Portfolio

### **Supervision Hours Record**

This will include details of:

1. Number and duration of sessions
2. Type of Supervision (e.g. live, case discussions, individual, team, group, programme)
3. Name of supervisor
4. Confirmation from supervisor of accuracy of report and competence of programme members as a systemic practitioner

Programme members should submit these reports at the end of the first and second year in the Portfolio.

# Supervisory Process

## **Training Clinics and the Supervisory Process: Guidance for Supervisors, Students and Tutors**

### **Training Clinic**

Supervisors will offer students a space within a Training Clinic environment. AFT prefer training clinics to consist of more than one student and one supervisor, to this end, where possible students are placed in pairs. Alternatively, they may work alongside students studying to a different level; or may be in a clinic alongside staff from other disciplines. It is often unhelpful to have too many 'transient' team members as this does not create a 'safe' environment for the development of the therapeutic self.

In order to meet the 150 hours per year requirement training clinics should be a minimum of half a day (3.5 - 4 hours) per week. Students would be expected to be given the opportunity to be Lead Therapist for a significant number of the families seen within the clinic, live supervised by the supervisor. Where families do not attend (DNA) appointments this time should be ring-fenced for skills development, theoretical discussions, video review, or other supervisory tasks. We would also recommend that supervisors spend some time with students discussing topics of direct relevance to the particular training context, which may not ordinarily be covered at the University.

### **Honorary Contracts**

It is crucial that the administrative process of gaining honorary contracts and CRB checks begins as soon as a student is identified for a placement. Current NHS guidance suggests that Trusts need to undertake this task themselves via their HR processes.

### **The Role of Clinical Supervision in Exeter Family Therapy Training**

The model of training adopted by Exeter has always privileged the role of clinical supervision rather than simply valuing academic learning. Good quality supervision is key to the training of Family Therapists. As such, academic staff and students are hugely grateful for the dedication of our supervisors. The training offered at Exeter is therefore a partnership and a collaborative conversation between supervisor, academic staff and student. This conversation combines the expertise of each participant.

The supervisory relationship is the nexus in which students gain skills, the ability to connect theory to practice and to develop a sense of themselves as therapists. It is also a relationship which we hope will stimulate enthusiasm and excitement which will carry a student into a career as a family therapist. The supervisory relationship will develop throughout the clinical placement and will experience changes and challenges.

Good supervision enables students to become good therapists and as such needs to model the therapeutic relationship in which honesty and respect are core values. This also needs to be balanced with openness about the power implicit within the relationship. The supervisor will need to reflect with the supervision staff group and academic staff about their experiences in order to help maximize student learning. Ultimately the supervisor makes a decision about the student's competence to practice as an autonomous family therapist based on their observations of the student.

The following guidelines are only guidelines and are given as suggestions.

### **Important ideas about the start of a placement**

The start of a placement is an anxious time for even the most experienced student. So, supervisors should construct, as well as possible, an induction into their agency which would normally include students meeting or working with the larger multi-disciplinary team. Supervisors may need to be attentive to the student's sense of confidence within the setting and may choose to introduce clinical work over the course of the first month. Some supervisors choose to expose the student to the wider e.g. CAMHS work before settling them into a family therapy clinic. It may also be important for some less experienced students to have longer exposure to the NHS/CAMHS system and to visit schools, social services etc as part of the induction process. This is particularly important given the versatile requirements of family therapy posts.

Feedback from students shows clearly how much they value regular meetings with their supervisors. Most students welcome constructive challenges whereby both supervisor and student address together the student's strengths as well as what needs to be developed over the two years. Questions from supervisors to students about how they are relating theory to practice, how their biases might be influencing practice and how they think they are developing on placement are essential discourses.

Students have also said how much it helps when supervisors tell them what they are doing well. Such feedback contributes to students being more able to monitor their own learning as some students will be highly competent within their own agency but feel totally de-skilled upon becoming a student, leaving them feeling unsafe and uncertain during the first few months on placement. Knowing for example, their supervisor's theoretical orientation or preference is, can support the development of a knowing of their own theoretical parameters. As we know, the need for feedback and skills development is an on-going process and some students have wanted to be especially challenged as they enter their second year.

### **Supervisors**

There are a number of 'models' by which supervisors can choose to supervise. Some of the tasks of supervision are summarised at the end of this section. It is useful to note that a

collaborative/ constructionist perspective does not negate the fact that the supervisor is responsible for ensuring competent practice. This suggests that some of the 'older' models of supervision may, at times, be more helpful than purely collaborative ones. Ideally, a placement should begin with a clear statement of responsibility and more active involvement by the supervisor. Later, collaborative approaches would be more consonant with the development of both therapeutic skills and the therapeutic self. Accordingly, we would recommend that all students experience both the use of phone advice and breaks within sessions as well as the reflecting team format.

Exeter has always promoted an integrative approach to family therapy practice. In pursuit of this aim, it is helpful for supervisors to be aware of the academic timetable and regularly connect practice with theory. This may mean, on occasion, supervisors talking about models and techniques that do not fit their own approach. Students will have been given an abundance of theoretical papers and tutors have suggested to students that they provide copies of some of these papers to their supervisors so that theory to practice can be 'kept alive' and used as part of a reading seminar or discussion between supervisor and student.

### **Administration**

There are a number of pieces of documentation that are needed to be completed during a clinical training.

#### **Supervision Contract**

At the beginning of a placement, a supervision contract needs to be drawn up between the supervisor and student. This learning contract should include the clinical opportunities offered which are matched to the student's needs and clear descriptions of each person's responsibilities.

#### **Year 1 Placement Report**

At the end of the first year a placement report must be submitted (see deadline above). This gives evidence of competence according to the AFT requirements. The report should be written collaboratively with comments from the student outlining how the competencies have been met with reference to the clinical material, followed by comments by the supervisor. The supervisor should assign the competence level in conversation with the student. We would expect students to be achieving a mostly 3s at this stage, if the student is not on track to do this, this should be discussed at the Easter placement meeting. This report will also state what learning needs should be addressed in the second year. The supervisor will grade the student according to the university "notched marking" system.

Supervisors may also decide that a student needs to complete additional hours to reach the standard required to pass year 1: they should ensure that tutors and students know that this is their view as soon as this becomes apparent so that a plan can be put in place.

All decisions about progressing through to the second year are made at the APAC. If a student cannot be passed at this point but requires further time, the Exam Board can agree to a decision on pass/fail being made at the appropriate time and with the agreement of the APAC Chair.

Where students have a new Supervisor in Year 2, they should share this report with their supervisor as a way of supporting the development of learning goals.

### **Year 2 Placement Report**

The final Placement Report must be submitted at the end of Year 2. WThis report may be an incremental development of the Year 1 report and may indeed be that report with substantial additions. Again each competency must be evidenced and commented upon.

Only if the supervisor believes the student is competent to practise as a family therapist, albeit with supervision laid down by AFT, can this student proceed to Qualification. Again the notched marking system is used to show whether the clinical work is a fail, pass, merit or distinction.

The final report is an important document so it is crucial that it be as explicit as possible about student strengths and weaknesses.

It is probable that students will ask supervisors for a reference for their UKCP registration at the end of the process.

### **Student's Reflections on Practice**

Students are required to reflect on their clinical work on an ongoing basis – these written reflections are submitted within the Portfolio at the end of each year. Students may benefit from sharing some of these reflections with their supervisor for discussion.

### **Involvement in the University's team**

Placements are arranged by the Clinical Lead. However, once students have started on placement the Tutor will become the Supervisor's main point of contact.

The University holds a termly Supervisor's meeting – to be attended remotely.

The University also runs regular workshops and courses. There are usually two CPD days offered to Supervisors for free. All current supervisors will be offered to attend some additional CPD events for free or at a reduced price.

### **Timetabled teaching**

All supervisors are welcome to join any teaching session on the timetable. We regularly invite supervisors, past supervisors and past staff members to contribute to this teaching.

### **Challenges**

It is expected that there will be challenges in supervising students. Such challenges can affect both students' and supervisors' confidence. Tutors will work hard to support both supervisor and student in such circumstances. The supervisory relationship might encounter difficulties because of a range of issues:

1. The student may not be able to function competently in the placement
2. The supervisor/ student 'fit' may not work well
3. Either supervisor or student may not meet the expectations of the other
4. There may be personal issues influencing the relationship

In such situations the demonstration of self-reflexivity is an important quality to help explore and resolve difficulties.

There are a number of alternatives to consider in the event of considerable difficulties emerging in the placement:

1. The student might suspend
2. The student might extend studies (take longer to train)
3. The student might take up training with an alternative supervisor (this may also mean the student needing to extend training)

In the latter case, the experience of the previous supervisor will be central in planning the student's continuing training.

### **Our perspective on supervision**

Exeter maintains what might be called an 'integrative' approach to family therapy. This holds a number of ideas in mind:

1. Family therapists need to draw on all family therapy (and other therapy) traditions when the context requires it
2. Family therapists need to be up to date with regard to evidenced based practice. This should not dictate treatment approaches but it should inform them.
3. Like all other therapies, family therapy practice centres upon the self of the therapist in the moment to moment experience of therapy. Thus we emphasise the *self* within the training. We hold the concept of 'systemic self awareness' within this context in Exeter.

These ideas connect to a view that there are 'common factors' or elements within supervision (Morgan and Sprenkle 2007) that are significant. Thus, the role of supervision can be seen to be mapped on three different axes:

1. Clinical competence and professional competence
2. Case specific supervision and general theories in intervention
3. Relational issues: collaborative through to directive

This 'model' places names on the supervision task:

1. A 'coach' supervises at the levels of case specific and clinical competence
2. A 'Teacher' supervises on the levels of clinical competence and general theory
3. A 'Mentor' supervises on a case level but in terms of professional competence
4. An 'Administrator' supervises at the general theory level and at the professional competency level.

Clearly, supervision is all these things at different times but each of us will 'prefer' to supervise at particular levels.

### **References:**

Morgan, M. and Sprenkle, D. (2007) Toward a common factors approach to supervision. *JMFT*, **33**: 1-17.

### **Students**



Training to be a psychotherapist provides a number of challenges. These challenges will often become evident within the relationship between student and supervisor. Clearly, in this relationship, the supervisor is responsible for judging the clinical competence of the student. In this responsibility, the supervisor must ensure that families are given a good service. Students come onto the clinical training with a range of experiences and professional backgrounds. All of these factors may contribute to the rich and at times complex relationship involved in supervision. Because of these, the supervisory relationship can be seen as a crucial nexus for learning for students. Addressing, exploring and working on this relationship is a key to the development of the therapeutic self. The student's ability to be self-reflexive will be demonstrated in the way they manage this relationship.

There are a number of expectations on students in terms of their placements. They should ensure that they are punctual for all meetings and attend regularly and if they cannot, they should at all times inform their supervisor. They will be expected to provide a record of their hours in the placement and contribute to the end of first and second year placement reports. At times, supervisors may ask students for copies of essays, seminar papers and timetables so that they can attend to the integration of theoretical and clinical learning. Students should conform to issues of propriety in their placements including dress, presentation and use of personal names.

### **Tutors**

Each student is assigned a tutor (for a fuller description of this role please see the "Role of the Tutor" section of the Handbook) who will seek to support the integration of clinical and academic learning, as well as personal-professional development. Tutors meet students both in tutor groups and as individuals at least once a term.

Tutors also convene "Placement Meetings" - usually twice a year. A placement meeting brings together student, supervisor and tutor. The first brief meeting, in Term 1 ensures that everything is in place for the student to successfully embark on clinical training. A second meeting at Easter time will review progress, and where necessary, ensure that plans are in place for you to achieve the learning requirements of the clinical training – based primarily on the Systemic Competency Scale. Ultimately these meetings seek to:

1. to ensure that the clinical training meets appropriate standards
2. to ensure that the supervisory relationship is functioning appropriately
3. to ensure that feedback to the students meets the student's learning needs
4. to address any particular issues that have arisen in placement

It is the role of the tutor to coordinate the training and seek to manage any issues about competency, illness etc. The tutor will ordinarily provide a reference for the student for UKCP registration at the successful completion of the course.

# APPENDIX A: Programme

<b>1</b>	<b>Programme Title</b>	MSc Psychological Therapies Practice and Research (Systemic Therapy)	<b>NQF Level:</b>	7
<b>2</b>	<b>Description of the Programme</b>	<p>The MSc Psychological Therapies Practice and Research (Systemic Therapy) programme has been developed to equip you with the ability to assimilate and understand psychological therapeutic practise in general and in your chosen therapeutic modality in depth. This includes an appreciation of the relationship between different forms of psychotherapeutic practice. The programme is designed to constitute a qualifying programme for you to become independent professional practitioners in family/systemic psychotherapy. As long as all requirements are met the programme will give you eligibility to apply for registration with the Association for Family Therapy and Systemic Practice as a family/systemic psychotherapist with the United Kingdom Council on Psychotherapy (UKCP).</p> <p>The programme is split into academic and clinical sets of modules. The clinical modules will enable you to become a competent family/systemic psychotherapist and run alongside the academic modules. All modules must be passed for you to complete the programme successfully.</p> <p>After successful completion of two years you will be eligible to register with UKCP as a family/systemic psychotherapist. During this two year period you will be training, and supervised, as family/systemic therapists in clinics. You will undertake academic study and research concurrently.</p>		
<b>3</b>	<b>Educational Aims of the Programme</b>	<p>In this programme we aim to help you develop a range of competencies in family/systemic psychotherapy. We also aim to encourage you to develop your intellectual capabilities within an institution that is committed to advancing research, scholarship, learning, and to disseminating knowledge.</p> <p>We also aim to provide an education of high quality relevant to a range of psychological therapeutic approaches in a stimulating and supportive environment that is enriched by research and/or innovation in current practice; to provide training in scientific skills of problem analysis, research design, evaluation of empirical evidence and dissemination in the context of psychological therapeutic practice; to provide a range of academic and key skills that will be useful in your employment, future study, or training for professional practice; to equip you with a range of methodological skills, advanced specialist knowledge, and experience in communicating the results of research, which can allow you to function as an effective research student or as a researcher in academic and or applied settings.</p>		
<b>4</b>	<b>Programme Structure</b>	<p>The MSc Psychological Therapies Practice and Research (Systemic Therapy) is a biennial intake two year part-time programme at National Qualification Framework (NQF) level 7 (as confirmed against the FHEQ).</p>		

## 5 Programme Modules

The following tables describe the programme and constituent modules. Constituent modules may be updated, deleted, or replaced as a consequence of the annual review of this programme. Descriptions of the individual modules are given in full on the College website at:

<https://www.exeter.ac.uk/study/postgraduate/courses/psychology/mscptprsystemic/>

### Stage 1: 75 credits of compulsory modules

Code	Title	Credits	Compulsory	Non- Condonable
PYCM015	Family Therapy and the Family of Therapies	15	Yes	Yes
PYCM051	Psychological Therapies Research Methods	15	Yes	Yes
PYCM052	Evidenced-Based Practice and Practice-Based Evidence in Family Therapy	15	Yes	Yes
PYCM053	Key Concepts and Skills in Systemic/Family Therapy Practice	15	Yes	Yes
PYCM054	Systemic Clinical Practice: Part 1	15	Yes	Yes

### Stage 2: 105 credits of compulsory modules

PYCM001	Psychological Therapies Research Project	60	Yes	Yes
PYCM055	Systemic Clinical Practice: Part 2	15	Yes	Yes
PYCM056	Issues in Contemporary Family Therapy Practice	15	Yes	Yes
PYCM057	Couple Therapy	15	Yes	Yes

## 6 Programme Outcomes Linked to Teaching, Learning and Assessment Methods

**On successfully completing the programme you will be able to:**

<p><b>A Specialised Subject skills knowledge and experience</b></p> <ol style="list-style-type: none"> <li>1. Develop working therapeutic alliances with clients: this may include families, couples, individuals, referrers, and other service providers, in order to carry out assessment, develop a formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their effectiveness and appropriateness, and communicate effectively and actively with clients, referrers and others, orally, electronically and in writing.</li> <li>2. Work effectively with clients from a diverse range of backgrounds, understanding whilst respecting the impact of difference and diversity upon their lives; conduct research that enables the development of psychological therapy practise and to develop its knowledge base and monitor and improve the effectiveness of its work.</li> <li>3. Demonstrate a knowledge and understanding of psychological theory and evidence, including knowledge required to underpin clinical and research practice and a level of conceptual understanding and critical capacity that allows independent evaluation.</li> <li>4. Demonstrate a professional and ethical approach to psychological therapeutic practice that is consistent with, the relevant professional guidelines, including the ability to analyse and manage ethical dilemmas and issues of anti-discriminatory practise.</li> <li>5. Demonstrate evidence-based practice through clinical work with clients and research.</li> </ol>
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<p><b>B Academic Discipline Core skills and Knowledge</b></p> <ol style="list-style-type: none"> <li>6. Make an independent, critical methodological analysis of research and theory and produce coherent argumentation, both written and oral.</li> <li>7. Show competence in the general management of research, in the use of a range of methodologies and analyses for clinical research, and in various ways of reporting clinical research.</li> </ol>
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<p><b>Learning/ Teaching strategies (in/out of class)</b></p> <p>Workshops; lectures; seminars; tutorial and discussion groups; clinical placement and supervision; presentations. Assessment: essays, video and critical commentaries; oral presentations; clinical linking papers (linking clinical work to research and theory), research proposal and project; supervision reports and assessments.</p> <p><b>Assessment Methods</b>  <b>See individual module descriptors for full details of assessments</b></p> <p>Practice portfolio including supervisor feedback (ILO 1-5).</p> <p>3000 word Evidence Based Theory Essay (ILOs 2-5).</p>
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<p><b>Learning Teaching/ strategies (in/out of class)</b></p> <p>Workshops; lectures; seminars; tutorial and discussion groups; clinical placement and supervision, presentations. Assessment through essays, clinical linking papers, oral presentations, video presentations and commentary; research proposal and project; clinical supervision reports and assessments.</p> <p><b>Assessment Methods See individual module descriptors for</b></p>
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<b>C Personal/ Transferable/ Employment skills knowledge and experience</b>
8. Search key literature effectively.
9. Work in a constructive and responsive way both independently and in collaboration with others.
10. Demonstrate skills in listening, summarising and critical analysis through seminar and tutorial discussion, the writing of clinical linking papers and through essay-writing.
11. Demonstrate professional competence relating to personal and professional development and awareness of the clinical, professional, and social context within which psychological therapy work is undertaken.
12. Work effectively in groups.
13. Critically reflect on your skills showing a self-awareness which also enables the transfer of knowledge and skills to new settings and new clinical problems.

#### **full details of assessments**

3000 word essays. (ILOs 6-7).

Practice portfolio including supervisor feedback (ILOs 6-7).

Extended case reports (ILOs 6-7).

#### **Learning/ Teaching strategies (in/out of class)**

Workshops; lectures; seminars; tutorial and discussion groups; clinical placement and supervision, presentations. Assessment through essays, clinical linking papers, oral presentations, video presentations and commentary; research proposal and project; clinical supervision reports and assessments.

#### **Assessment Methods**

**See individual module descriptors for full details of assessments**

3000 word essays in each module (ILOs 8-13).

Supervisor's reports (ILOs 11).

Presentations to students (ILOs 12 and 13).

## **7 Programme Regulations**

Full details of assessment regulations for all taught programmes can be found in the [TQA Manual](#), specifically in the [Credit and Qualifications Framework](#), and the [Assessment, Progression and Awarding: Taught Programmes Handbook](#).

Additional information, including [Generic Marking Criteria](#), can be found in the [Learning and Teaching Support Handbook](#).

#### **Programme-specific Progression Rules**

You must pass all the modules in the table above. The pass mark for these modules is 50% with an additional requirement to pass all individual assessments within individual modules. If you fail any modules you will not be permitted to continue with the programme and your registration as a student will be terminated with immediate effect.

#### **Programme-specific Award Rules**

You are not permitted to exit with a PGCert or PGDip on passing 60 credits or respectively.

## 8 College Support for Students and Students' Learning

Within Psychology there is a well-equipped suite of PCs dedicated for postgraduate use, with further support provided by a dedicated IT and statistics helpdesk.

A range of services is available to support your study both from within Psychology. These include:

- Team development programme.
- Personal and professional development planning.
- Student handbooks and programme guides.
- Range of specialist advisors, including for: women students, non-school leavers, and overseas students.
- Computing and Statistics Help Desk.
- Virtual Resource Room and other web-based learning materials.
- Clinically focused seminars, the 'Think Tank', provided by the Mood Disorders Centre.

## 9 University Support for Students and Students' Learning

Please refer to the University Academic Policy and Standards [guidelines](#) regarding support for students and students' learning.

## 10 Admission Criteria

Undergraduate applicants must satisfy the [Undergraduate Admissions Policy](#) of the University of Exeter.

Postgraduate applicants must satisfy the [Postgraduate Admissions Policy](#) of the University of Exeter.

Specific requirements required to enrol on this programme are available at the respective [Undergraduate](#) or [Postgraduate](#) Study Site webpages.

Applicants must normally have completed a recognised professional clinical training or relevant undergraduate degree. Non-standard applications will be considered where applicants can demonstrate the required academic ability alongside existing knowledge, experience and skills developed in the workplace, relevant to this programme. Please contact the Programme Director if you would like to explore whether your prior learning, experience and skills would be acceptable. Candidates will need to undertake an interview and confirmation of appropriate registration to practice (eg Health Professions or Nursing and Midwifery Council Registration) and evidence of a satisfactory Disclosure and Barring Service (DBS) check.

## 11 Regulation of Assessment and Academic Standards

Each academic programme in the University is subject to an agreed College assessment and marking strategy, underpinned by institution-wide assessment procedures.

The security of assessment and academic standards is further supported through the appointment of External Examiners for each programme. External Examiners have access to draft papers, course work and examination scripts. They are required to attend the Board of Examiners and to provide an annual report. Annual External Examiner reports are monitored at both College and University level. Their responsibilities are described in the University's code of practice. See the [University's TQA Manual](#) for details.

## 12 Indicators of Quality and Standards

It is important to note that some requirements are made over and above those set out by the University for satisfactory registration with a professional body.

**13 Methods for Evaluating and Improving Quality and Standards**

The University and its constituent Colleges draw on a range of data in their regular review of the quality of provision. The College will document, on an annual basis through the Annual Programme Monitoring cycle, the performance in each of its programmes, against a range of quality parameters:

- Admissions, progression and completion data
- In Year Analysis data
- Previous monitoring report
- Monitoring of core (and optional) modules
- External examiner's reports and University and College responses (reported to Staff-Student Liaison Committee)
- Any Professional, Statutory and Regulatory Body/accrediting body or other external reports
- Consultation with employers and former students
- Staff evaluation
- Student evaluation
- Programme aims

Subject areas are reviewed every five years through a [periodic subject review](#) scheme that includes external contributions.

<b>14</b>	<b>Awarding Institution</b>	University of Exeter		
<b>15</b>	<b>Lead College/Teaching Institution</b>	College of Life and Environmental Sciences/Psychology		
<b>16</b>	<b>Partner College(s)/ institution</b>	Not applicable		
<b>17</b>	<b>Programme accredited/validated by</b>	AFT / BPS		
<b>18</b>	<b>Final Award(s)</b>	Master of Science/MSc		
<b>19</b>	<b>UCAS Code (UG programmes)</b>	n/a		
<b>20</b>	<b>NQF Level of Final Award(s):</b>	7		
<b>21</b>	<b>Credit (CATS and ECTS)</b>	180 (90 ECTS)		
<b>22</b>	<b>QAA Subject Benchmarking Group (UG and PGT programmes)</b>	Not applicable		
<b>23</b>	<b>Origin Date:</b>	16/06/2015	<b>Last Date of Revision:</b>	06/07/2017

## Module Descriptors

### YEAR ONE

- [PYCM053 Key Concepts and Skills in Systemic/Family Therapy Practice](#)
- [PYCM015 Family Therapy and the Family of Therapies](#)
- [PYCM051 Psychological Therapies Research Methods](#)
- [PYCM052 Evidenced-Based Practice and Practice-Based Evidence in Family Therapy](#)
- [PYCM054 Systemic Clinical Practice: Part 1](#)

### YEAR TWO

- [PYCM056 Issues in Contemporary Family Therapy Practice](#)
- [PYCM057 Couple Therapy](#)
- [PYCM055 Systemic Clinical Practice: Part 2](#)
- [PYCM001 Psychological Therapies Research Project](#)



# APPENDIX B: Guidance on the Learning Portfolio

A Word Version of the Template for your Portfolio can be found on ELE.

CONTENTS:	Page number
Training clinic hours log	
Reflections on training clinic as Lead:	
Client 1: Clinical Case Record	
Client 1: Session-by-Session Reflections on Practice	
Client 2: Clinical Case Record	
Client 2: Session-by-Session Reflections on Practice	
Additional Lead Clinical Case Records and brief reflections	
Reflections on training clinic as Reflecting Team member	
Parallel hours log	
Reflections on parallel hours: To include reflection sheet for ..... cases/interactions...	
Systemic reflections on Consultations	
Reflexive Log	
Missed Teaching forms	
Evidence of consultations attended (this could be an email from the consultant or invoices for all three dates).	

You will submit a Learning Portfolio at the end of each academic year. It is a vital source of evidence of your learning. Failure to include all of the required areas will result in the portfolio being assessed as 'not passed'. If there are items missing at the submission deadline for the Year 2 Portfolio the student should seek mitigation until a completed Portfolio can be submitted.

There are a number of reasons for requiring this piece of work:

- It records hours in clinical training and in your normal work place
- It provides evidence of your systemic/ family therapy work and as such is a resource for assignments and reports
- It should demonstrate that you are learning/ developing as a clinician

- It is one of the sources of evidence that you can be reflective and reflexive (relational and otherwise)

The portfolio is far more than just a “product”: the *process* of writing the portfolio is a key part of your learning – supporting you to consolidate your learning; to reflect on your family of origin, Social GRACES and yourself as a developing Systemic Psychotherapist; as well as supporting your understanding of theory-to-practice links.

**Written consent is required for all families referred to in this portfolio.** Where families do not consent you can write about and reflect upon your learning, but with no mention of details of the make-up of the family etc. Even where consent has been given, all case examples in your portfolio must be made anonymous. Colleagues, other than your supervisor should also be anonymised. Please be aware that in rare cases it is possible that the notes in the portfolio could be required by a court. You should abide by ethical codes in what you write about third parties.

The template (which is saved as a Word document on ELE) will allow you to reflect effectively upon the different aspects of your learning and development, while providing appropriate material to demonstrate key aspects of your clinical competence and learning through the course.

**Placement Hours:** You must complete a minimum of 300 hours (150 per year). The minimum requirement as Lead Therapist is 40 hours over the two years (20 per year). In terms of primary therapist hours in the first year, it is important that your supervisor is able to make a judgement about your ability to progress to year two. E.g. if you have only completed 10 hours in the first year, it would be difficult for your supervisor to make this judgement.

Of these 40 hours at least 35 should be live supervised by the appointed supervisor. The remaining hours can be peer supervised and presented to the supervisor through video recording.

At least 75% of the 40 hours should be with more than one client in the room.

### **Parallel clinical hours**

This section needs to record the number of hours and type of work that you undertake within the 200 hours (100 in each year) of systemic practice required by AFT. This may include records of:

1. Cases worked with (direct or with others)
2. Systemic network meetings undertaken
3. Systemic trainings/ consultations undertaken

Again a record of hours needs to be clearly evident at the start of the section and this must be kept up to date.

*Please note that we cannot recommend students for UKCP registration unless all hours have been completed. In rare cases students may have to wait for this recommendation even after the Exam Board has met.*

**Reflexive Log**

This section requires you to reflect upon other aspects of your developing self as a Family Therapist. Please write a monthly entry reflecting on teaching / learning from the course

<b>Portfolio Feedback Yr 1</b>		Passed/not passed
<b>Student Name</b>		
<b>Student number</b>		
<b>Evidence of over 80% attendance</b>		
<b>Missed teaching forms</b>		
<b>Systemic consultations</b>		
<b>Hours in training clinic</b>		
<b>Lead hours</b>		
<b>Parallel hours</b>		
<b>Reflective log</b>		
<b>Placement report</b>		
<b>Action needed to meet requirements:</b>		
<b>Points that need to be addressed in year 2:</b>		
<b>Comments by marker:</b>		
<b>Relevant issues to take to APAC:</b>		

<b>Portfolio Feedback Yr 2</b>		Passed/not passed
<b>Student Name</b>		
<b>Student number</b>		
<b>Reviewed yr 1 portfolio feedback?</b>		
<b>Evidence of over 80% attendance</b>	Yr 2	Total
<b>Missed teaching forms</b>		
<b>Systemic consultations</b>	Yr 2	Total
<b>Hours in training clinic</b>	Yr 2	Total
<b>Lead hours</b>	Yr 2	Total
<b>Parallel hours</b>	Yr 2	Total
<b>Reflective log</b>		
<b>Supervision report</b>		
<b>Word account</b>		
<b>Action needed to meet requirements:</b>		
<b>Comments by marker:</b>		
<b>Relevant issues to take to APAC:</b>		

# APPENDIX C: Code of Ethics and Practice

**For the most up to date documents refer to the AFT and UKCP websites:**

**Association for Family Therapy and Systemic Practice in the UK**

<https://www.aft.org.uk>

**UKCP**

<https://www.psychotherapy.org.uk/>

# APPENDIX D: AFT Requirements for Qualifying Level Training

The AFT Requirements for Qualifying Level Training Blue Book Fourth Edition can be found here:

<https://www.aft.org.uk/page/informationpolicydocs>

# APPENDIX E: Relevant Protocols

## **Family Therapy Student Placement Protocol Exeter University**

Each trust will have an SLA or Placement Agreement with the University of Exeter.

Supervisors and students are welcome to ask for copies of this.



# APPENDIX F: Useful Links

The University of Exeter has a Teaching and Quality Assurance Policy.

Details of this policy can be found in this link [TQA Manual](#).

There are also termly meetings of staff and students to review student feedback (including results from online feedback). These are called SSLC meetings and are usually chaired by a senior member of CEDAR. Cohorts choose two students to represent them in these meetings.

The University has a range of support services for students including:

Academic Skills Support:

<https://www.exeter.ac.uk/students/studyzone/>

Wellbeing Services:

<http://www.exeter.ac.uk/wellbeing/>

The full list of services available can be found here:

<http://www.exeter.ac.uk/students/az-services/>

# APPENDIX G: Guidelines for Registration with AFT

All new applicants need to provide:

- The Qualifying Route application form
- Photocopy of degree or diploma certification from Course, or a letter from the Course Director confirming that the course was completed successfully.
- A signed statement from the Course Director specifying that the applicant has fully met the AFT requirements on clinical practice hours, 300 course based hours and 200 hours in their organization.
- Statement from current clinical supervisor. Clinical supervision should be provided by an approved supervisor or a systemic psychotherapist registered via the College for Family Couple and Systemic Therapy (CFCST) within UKCP. 18 hours supervision is required per year for the first three years post-qualifying. Newly qualified therapists seeking UKCP registration as Systemic Psychotherapists should have individual retrospective and/or live individual clinical supervision, for at least part of their clinical supervision. For the first three years following registration live team supervision or retrospective group peer supervision alone cannot fulfil all clinical supervision requirements.
- Photocopy of up-to-date professional indemnity insurance (this must be submitted before applicants can be added to the Register). Personal professional indemnity cover is strongly recommended and a requirement for those in private practice.
- Evidence of a DBS/Criminal Records check having been carried out in the past 3 years. This may be a copy of the disclosure or a letter from the Employer/Course. The check should cover both the ISA Children's List and the ISA Vulnerable Adults' List.

Though the Registration committee meet four times a year, panellists can review applications via the Qualifying route outside the meetings. Once recommended registrants then need to complete the UKCP new member form and submit this to UKCP, with our endorsement, and the UKCP annual subscription. Thereafter AFT are responsible for ensuring that registrants keep up to date with their CPD and a CPD review is conducted 3 years after first registration, or sooner, if required by the Registration Committee.

# APPENDIX H: Accreditation of Prior Experience and Learning

## Accreditation of Prior Experience and Learning Association for Family Therapy: Guidance

### Training Overview

Family therapy (also called systemic psychotherapy) is one of the modalities of psychotherapy recognised by the United Kingdom Council for Psychotherapy (UKCP). It places an emphasis on the importance of relationships and often works with couples, families and other relationship groups. It recognises the way in which social interactions shape a person's life and addresses these relationships both directly and indirectly.

The Association for Family Therapy and Systemic Practice is a member of the UKCP. AFT accredited training courses are designed so that successful graduates are eligible for registration with UKCP.

The training to become a Family and Systemic Psychotherapist is based on the assumption that students have already trained in and had experience in another relevant profession. To qualify as a Family and Systemic Psychotherapist it is necessary to undertake the four-year part-time training at Foundation, Intermediate and Qualifying levels.

### The role of the AFT in relation to training

The Association for Family Therapy and Systemic Practice (AFT) was founded in 1975 and one of its key aims is to promote excellence in training. One of its main committees is the CRED Committee (the Committee for the Accreditation and Development of Family Therapy Training) which sets training standards, operates a system for course accreditation and supports the development of training across the UK.

Information on training and course requirements can be found in [The Blue Book](#) (AFT).

## **Foundation Level**

This is usually a part-time course, lasting for one academic year, consisting of a theoretical input and teaching in small and larger groups. There is a strong emphasis on active learning and there will usually be opportunities to work in pairs and small groups, and to be involved in role play and other experiential exercises. Admission requirements at this level will vary slightly from course to course. Some courses will only accept students who have a prior training in a relevant profession, currently psychology, social work, psychiatry, teaching and nursing. Other courses may accept a wider group of applicants but it may be difficult for some students without a prior professional training or current practice base to continue further with their training because of the additional requirements at Intermediate and Qualifying levels. There is a formal assessment and successful students may continue to the Intermediate level of training.

## **Intermediate Level**

This level is also usually part-time and lasts for one academic year. There is a continuation of theoretical input and opportunities to process ideas in small groups. This year also places a firm emphasis on the application of theoretical ideas to practice and clinical work. Students are required to undertake a minimum of 60 hours of systemic practice during the year. It is important that potential applicants ensure that they have the opportunity to do this. This is usually done as part of employment but some students find it necessary to secure placements to fulfil these requirements. Some courses may demand additional hours of clinical experience. There is a formal assessment and successful students can apply to go on to the next level.

## **Qualifying Level**

This is usually completed part-time over two academic years and must be at postgraduate level. Successful completion of an Intermediate level training is one of the admission requirements. There are also academic requirements to be met, such as a good undergraduate degree. Applicants will also attend selection interviews which assess readiness for training. Students at this level will be required to do at least 200 hours work based systemic practice over the period of the course in addition to their clinical placement. They will usually have a prior relevant professional training in one of the helping professions. Courses operate an APEL system (accreditation of prior experience and learning) to determine exceptions. It is important to enquire of specific courses if you are unsure whether or not you meet requirements. Courses have the following components:

1. Theoretical teaching
2. Personal and professional development – at present there is no requirement for students to undertake personal therapy although many do so. In a systemic training there is a strong emphasis on small group experience to explore the interaction between the personal and professional. Students are required to be open to and

participate in such explorations of, for example, their own family of origin and key influences in their lives.

3. Live supervised clinical practice within a small supervision group, led by an appropriately qualified supervisor. Generally, this uses video link and often a one-way screen to allow the supervisor and other team members to observe sessions. A substantial part of the learning is from participation as a group member. The whole group is involved in the discussions about clients and the work being done. Some groups will operate as a reflecting team and share ideas and reflections directly with the family.
4. Research teaching
5. Discussion of work-based clinical practice (200 hours) Because of the active clinical component, courses are very demanding. There is a heavy assessment schedule. In order to successfully complete the course, students will have to demonstrate both academic and practice competence. The latter is often assessed through reports from clinical supervisors and other teachers, and a clinical portfolio together with a formal presentation to a panel. In order to qualify students will have to demonstrate a level of competence appropriate to independent practice.

### **What if I do not have a first degree or previous professional training?**

6. You should discuss this with the individual courses. For exceptional applicants, courses may take into account previous experience and decide whether or not it is sufficient to enable applicants to be accepted on a training course. It is important to check requirements for moving on to further levels of training. It will be necessary to have the required practice experience.

### **University of Exeter APEL Policy:**

#### **Relevant APEL conditions**

In line with the above AFT guidelines, most applicants to the MSc in Psychological Therapies (Research and Practice) Systemic Strand will have both a prior professional qualification and have completed Introductory and Intermediate level training. There are a number of such courses in the South West. The Systemic Family Practice (SFP) strand within CYP-IAPT is recognised as equivalent to an Intermediate level training.

However, AFT also allows courses to recognise that some exceptional applicants may not have completed all of the above requirements.

#### *Progression without Intermediate level training*

Applicants can only join the MSc/ Qualifying course without an Intermediate level training if they can demonstrate all of the below:

1. A prior professional qualification
2. Completed an Introductory level training
3. Have had substantial experience working with families and alongside a qualified family therapist
4. Can demonstrate through CPD certificates that they have been involved in family/systemic therapy for a number of years
5. Can demonstrate that they have covered the relevant theoretical learning that would normally be undertaken on an Intermediate level course (please refer to the Blue Book and relevant curricula)

The course will require detailed references from family therapist(s) who have worked with the candidate and also an additional theoretical and clinical essay to confirm the above.

*Progression without a recognised prior professional qualification*

There are a number of reasons why it is important that candidates have a dual qualification. One is that there are substantial areas of clinical practice that are covered in such training. Family therapy is a part time training and cannot ‘fill these gaps’. These areas are specifically:

1. Experience and knowledge of mental health difficulties
2. Experience and knowledge of safeguarding vulnerable children and adults
3. Experience and knowledge of multi-disciplinary team work

Clearly, in exceptional circumstances, these competencies can be gained without a prior qualification but candidates need to demonstrate that they are met by presenting evidence to University of Exeter in the form of a Portfolio. This would normally be required before an interview is offered. Such candidates would be expected to have completed both an Introductory and an Intermediate level training in family therapy.

AFT has provided guidelines for which prior qualifications are to be recognised as ‘equivalent’ to a ‘dual qualification’ (see [www.aft.org.uk](http://www.aft.org.uk) and the MSc Course Handbook). However, there are a number of newer qualifications and also qualifications gained abroad, which are not mentioned. University of Exeter will require evidence from candidates of curricula and possibly a sample of written work in order to determine equivalence. Just as above, candidates will be asked to provide a Portfolio demonstrating competency in the above areas. University of Exeter currently uses AFT’s draft APEL form for this purpose.

In order to be offered a place on the MSc, candidates will have to pass an ‘equivalence’ test under University of Exeter’s APEL policy. Any student applying to the MSc/ Qualifying level course will need to meet all the following criteria:

1. Provide a Portfolio demonstrating competency in the above areas
2. Have completed Introductory and Intermediate level family therapy training
3. Provide a Portfolio demonstrating that any courses undertaken cover relevant clinical practice

4. Have had extensive experience working with families and also with family therapists in a voluntary or paid capacity
5. Provide thorough and robust references from qualified family therapists about their capacity to train

Family therapy training is about training competent clinicians who can help families and individuals in distress. The training therefore has to be robust and effective. Therefore, even if the candidate can demonstrate all the above, the University of Exeter may make further requirements. These may include a requirement to attend safeguarding training or join safeguarding teams, observe other clinicians in practice, undertake roles not normally associated with family therapy or provide further evidence.

All of the above will be discussed at interview. Candidates may be required to provide further evidence at interview in line with the above. Their clinical competence and ability to learn will be also assessed at interview.

#### *Working in the NHS*

One of the other reasons why a prior professional qualification is normally required is that many NHS Trusts will not employ family therapists on the appropriate scale if they do not have a prior professional qualification. It is essential that all candidates who are accepted under the above APEL policy understand that University of Exeter cannot guarantee that they gain employment in the NHS.

#### Professional Complaints

As part of the application procedure, we will require applicants to:

- Declare any complaints or grievances active at the time of application
- Provide a reference (usually) the academic lead for their Intermediate training.