

College for Child and Adolescent Psychotherapies (CCAP)

Standards of Education and Training (SETs) 2022

Contents

1. Introduction.....	3
1.1. Titles and Descriptors	3
2. Child Psychotherapist.....	4
2.1. Observation Studies	4
2.2. Mental Health Familiarisation Criteria	4
2.3. Personal Psychotherapy	4
2.4. Supervised Practice	4
2.5. Qualifications and Registration	5
2.6. Staffing	5
3. Child Psychotherapy Descriptors	6
3.1. Child Psychotherapist (Adolescent Psychotherapist)	6
3.2. Child Psychotherapist (Educational Psychotherapist).....	6
3.3. Child Psychotherapist (Parent-Infant Psychotherapist).....	6
4. Child Psychotherapeutic Counsellor	12
4.1. Personal Therapy.....	12
4.2. Supervised Practice	12
4.3. Qualification and registration	12
4.4. Staffing	12
5. Child Psychotherapeutic Counselling Descriptors.....	13
5.1. Child Psychotherapeutic Counsellor (Child Counsellor).....	13
5.2. Child Psychotherapeutic Counsellor (Adolescent Counsellor).....	13
6. Post Qualifying Training	14
7. Accreditation of Prior Learning	15

1. Introduction

This document defines the Standards of Education and Training (SETS) for the accreditation of courses for organisational members of the college. These SETs are in addition to the UKCP Child Psychotherapy SETs (2019) and the UKCP Child Psychotherapeutic Counselling SETs (2020) as relevant.

1.1. Titles and Descriptors

The College recognises two distinct qualification titles:

- Child Psychotherapist
- Child Psychotherapeutic Counsellor

An additional number of descriptors have been approved to indicate a particular focus of skill and knowledge. These are:

- Child Counsellor
- Adolescent Counsellor
- Adolescent Psychotherapist
- Parent-Infant Psychotherapist
- Educational psychotherapist

The titles of Child Psychotherapist and Child Psychotherapeutic Counsellor, without descriptors, are generalist qualification titles, and denote a competence to work with the full range of ages in contexts of relevance.

Descriptors are both indicators of specialism and of 'limitation', in that their use denotes the qualification to work with a special age group or within a particular context. The use of titles and descriptors is based on the achievement of specific knowledge and competencies. The changing and /or adding of descriptors can therefore only occur when the new competencies have been evidenced via formal learning or AP(E)L. This acknowledges both the specialism implied by the descriptor, and any resulting limitation in another area.

2. Child Psychotherapist

2.1. Observation Studies

- Observation Studies are a critical component of child psychotherapy trainings, and training programmes must include the requirement for weekly infant and child observations normally for a period of two years. Training courses must specify the number of hours trainees are required to complete for both infant and child observations, at least one of which must include the observation of an infant from birth through their first year of life. Training programmes must articulate procedures and protocols in line with best practice in the field, and ensure the safety of the trainee, the infant and the mother. Training courses must provide support seminars and procedures for

trainees.

2.2. Mental Health Familiarisation Criteria

- Mental Health Familiarisation is a required component of UKCP accredited trainings.

Training programmes must provide clear guidelines for the completion of 60 hours mental health familiarisation. The Mental Health Familiarisation will include practical experience such as multi-disciplinary and systemic practice around the child within the context of the trainee's clinical placement but must not include clinical practice hours.

Contexts where child and/or family mental health is a factor can include:

- Discussions with mental health professionals such as psychiatrists, clinical psychologists, GPs etc.
- Looked After Child (LAC) reviews
- Education, Health & Care Plan (EHCP) meetings
- Case conferences
- Multi-agency and Team Around the Child (TAC) meetings

The Mental Health Familiarisation may also include an observational placement in a mental health setting, such as CAMHS, Pupil Referral Unit, Looked After Children Setting, SEMH school, etc.

The overall number of hours on the Mental Health Familiarisation should be no less than 60 hours and can be achieved from a combination of the above.

2.3. Personal Psychotherapy

- Personal Therapy is an essential component of Child Psychotherapist training. Students and trainees need to develop personal understanding of the particular relational dynamics involved in working with children and young people, the need for awareness of transference processes and the potential emotional cost of working in areas of great need, distress and deprivation. Additionally, work with children may re-activate individual childhood experiences. Trainees must be encouraged to enquire into and work with any unresolved issues relating to their own relationship with issues of dependency and the dynamics of power. Trainees on Child Psychotherapy Training Courses must therefore attend a minimum of 40 hours of personal psychotherapy per year for the four years of their training, resulting in a minimum of 160 hours.

2.4. Supervised Practice

Clinical Placement:

- Trainee Child Psychotherapists will need to undertake a minimum of 450 hours supervised clinical placement during the period of study to meet all the learning outcomes appropriately.

This must include between 50 – 100 adult/parent/carer hours. Training Programmes must specify how these hours are managed, and how competence is assessed.

- Trainees must undertake their clinical placement in more than one setting type, to include at least two of the following:
 - Schools
 - CAHMS or other NHS setting
 - Voluntary sector
 - Specialist placement (e.g., hospice)
 - Local authority multi-disciplinary placement
- For the general descriptor, trainees must demonstrate competence with the full client age range up to age 18. Training OMs must specify the criteria by which competence across settings and with the required age range is achieved.
- *Client Age Groups:* The minimum curriculum for Child Psychotherapists specifies experience of working with a range of age groups. It is therefore necessary for Child Psychotherapists to demonstrate clinical competence with children and young people up to the age of 18.
- *Multi-disciplinary experience:* Information sharing, and intra- and inter-disciplinary co-operation is key to successful work with children. Member training organisations must ensure that trainees obtain a thorough grounding in both the theory and practice of multi-agency working.

2.5. Qualifications and Registration

- Where completion of personal therapy and/or supervised practice requirements do not coincide with qualification, training organisations will have in place clear provision for supporting trainees during the stage between completion of their qualification and registration.
- Minimum requirements for accreditation and registration as a child psychotherapist:
 - The completion of a post-graduate professional training process of at least 4 years.
 - A total number of supervised client hours accumulated should be not less than 450.
 - The ratio of individual supervision hours to overall client hours should be 1:4 for the first 100 hours of practice and thereafter at a minimum of 1:6, at the discretion of the supervisor.
 - Group supervision should reflect this ratio.
 - A minimum of 160 hours over the four- year training of personal psychotherapy as detailed in 2.4, above.
 - Training Organisations must demonstrate how the learning outcomes associated with their accredited training(s) support graduates in meeting the UKCP's and relevant UKCP College/Organisational Member standards of proficiency for registration.

2.6. Staffing

- Courses shall have a majority of appropriately qualified and experienced staff in place to deliver the

programme effectively. This would normally mean that the majority of staff, working on child psychotherapy programmes will be UKCP registered child psychotherapists.

- Staff-student ratios must be congruent with the complexity and intensity of the process of training professional child psychotherapists.

3. Child Psychotherapy Descriptors

3.1. Child Psychotherapist (Adolescent Psychotherapist)

- The descriptor “Adolescent Psychotherapist” is used where the training and subsequent practice is exclusively with children aged 12 to 18. Training for Adolescent Psychotherapists must meet all the criteria for Child Psychotherapists, with the placement focussing on young people.

3.2. Child Psychotherapist (Educational Psychotherapist)

- The descriptor “Educational Psychotherapist” is used where the training and subsequent practice focuses on children and young people in educational settings. Educational Psychotherapists meet all the criteria for Child Psychotherapists.

3.3. Child Psychotherapist (Parent-Infant Psychotherapist)

3.3.1. General Principles

Parent-Infant Psychotherapy is a multi-skilled intervention, based on psychodynamic principles, for supporting or enhancing the quality of the relationship between an infant and his or her primary care-giver(s). The long-term outcome is to optimise the infant’s psychosocial development within the context of the family. This approach draws upon a wide range of specialist knowledge; the clinical work can be preventative, before a problem arises, and thus may begin with parents during pregnancy.

In addition to the overriding principles which apply to Child Psychotherapy trainings, the following principles apply:

- The centrality of the infant-caregiver relationship in all Psychoanalytic Psychotherapy
- Maintaining the infant as ‘subject ’in mind
- The necessity of paying equal attention to the infant as well as the parent(s)
- The additional emphasis on the dependency and vulnerability of the infant as a result of developmental and cultural factors
- The foundational development of the infant and how this is based on interpersonal relationships from in utero
- Work always includes and involves the caregiver(s) in keeping with maternal and paternal functions in mind
- The overarching importance of the first 1001 critical days of the child’s life

3.3.2. The Regulatory Framework

These UKCP SETs have been developed with close reference to the Infant Mental Health Competencies Framework of the Association for Infant Mental Health (AIMH).

<https://aimh.org.uk/infant-mental-health-competencies-framework/>

3.3.3. Additional Minimum Curriculum for Parent-Infant Psychotherapy

In addition to the standards articulated in the SETs for Child Psychotherapy, Parent-Infant Psychotherapy includes a number of additional areas of specialism. The core curriculum elements below are arranged with reference to the numbering of the Child Psychotherapy (2019) SETs.

3.3.4. Theory and Practice

Parent-infant Psychotherapy trainings must incorporate the study of and critical reflection on the theory and practice of Psychoanalytic Psychotherapy from referral to ending. In addition to the requirements for child psychotherapy training, training must include:

- Primary inter-subjectivity and the baby's inherent drive to relate
- Knowledge of the influence of pre-natal, perinatal and postnatal experiences on the subsequent development of the baby
- Specialist developmental knowledge of the different domains of research evidence covering conception to age two.
- Touchpoints 'applicable to the first three years of life.
- The impact of experiences of stress on neurological and psychological development.
- The recognition that an infant's symptomatic behaviour may be an expression of conflictual emotional factors
- The preventative and pre-emptive potential of IPP, and the difference between prevention and early intervention
- Preverbal formation and communication of internal working model(s).
- Impact of social media on parents and caregivers and their interactions with their infants.
- The complexity of birth and conception including birth trauma.
- The importance of emotional regulation within the infant- parent relationship and how this contributes to the infant's emotional development.
- Knowledge of regulatory & sensory integration disorders.
- Impact of separations on both infant and parent(s) and their relationship
- Knowledge of the wide range of stressors (risks) that can have a negative impact on the parent-infant relationship, as well as the supportive strengths available to the caregiver.

3.3.5. Observation Studies

The capacity to maintain an observationally minded and non-judgemental attitude is fundamental to the work of a parent-infant Psychotherapist. Observation studies therefore form a key component of this training, and must include:

- A minimum of 60 hours of supervised observation of an infant during the first two years of their lives, normally weekly up to the second birthday.
- At least two additional short-term supervised placements – one each in a high intensity context (normally a minimum of 10 hours) and in a low intensity context (normally a minimum of 15 hours). (Examples of high intensity contexts: Neonatal intensive care units; Specialist care baby units; mother-baby units. Examples of low intensity contexts: parent toddler groups; children’s centres; nurseries).
- Normally observation supervisors need to have experience of specialist observational contexts.

3.3.6. Competence in a range of child specific contexts including:

In addition to the elements described by the UKCP Child Psychotherapy SETs, Parent-infant Psychotherapy trainings must:

- Maintain a specific awareness of the infant throughout all stages of the training.
- Ensure the development of a specific awareness and ability to work within different cross-cultural contexts.
- Develop a capacity in the trainee to work with different family constellations that may change during the progression of work.
- Cover knowledge of the wide range of agencies that are involved with a family during the early stages of a child’s life – and the capacity to work within this network while maintaining appropriate levels of confidentiality.
- Foster the ability to recognise the signs and signals of infant communication.

3.3.7. Identity Development

Familiarity / awareness / consideration of the factors contributing to the life and experience of the infant and their parents.

The influence of culture and ethnicity on early psychosocial development within the context of the family.

Additional areas to consider in relation to Parent-Infant Psychotherapy:

- Transgenerational continuity of parenting practices and trauma and how this can inform preventative practice.
- The unconscious negative and positive influences on current parenting (Ghosts and angels in the nursery).
- Impact of complex factors that may be related to conception.
- Very premature and very low birth weight babies, and the impact on the parents and any siblings whilst in the unit and when taking the baby home.
- The complexity of the roles of parent(s)/ carer(s).
- An awareness of the therapeutic importance of parallel process.

3.3.8. Research, evaluation, and outcome monitoring

- An additional emphasis on the knowledge and literature base of Parent-infant Psychotherapy and other therapeutic modalities as applied in the early years is required, as well as familiarity with the range of research evidence appropriate with this client population (for example neuroscience, attachment and psychodynamics of development).
- Item 4.5.5 of the Child Psychotherapy SETs specifies the need for competence in outcome measures. In addition, IPP trainees need to demonstrate a knowledge of the range of recognised methodologies for assessment and evaluation during the early years.

3.3.9. Diversity and equality criteria

- Item 4.6.4 a) of the Child Psychotherapy SETs identify the need for critical and self –reflexive understanding of “The dynamics of privilege, poverty, oppression, marginalisation and assumption as they impact psychic and social development and shape the child’s life experience”. Parent-infant Psychotherapy training needs to include reflection on how these factors operate within the therapeutic relationship and how these factors operate on parents and parenting and thus impact psychic and social development of the infant.

3.3.10. Legal Issues

- Complexities of keeping records in ways that maintain individual rights / confidentiality for the duration of the time that records are kept (specifically a consideration of the impact of future access to information if entered in the files of infant clients).
- Records to be kept in the name of the prime caregiver (not the infant) for ethical, data protection and safeguarding reasons.
- Rights of the unborn child.
- Reflection on specific ethical implications of file naming and future sharing information, particularly in terms of the right to confidentiality of the parent, baby and therapist.

3.3.11. Ethical Issues

- Knowledge, skills, and competence to work with parents / caregivers struggling with ethical dilemmas.
- Awareness of the ethical implications of medical advancements that affect conception, pregnancy and parenting.

3.3.12. Safeguarding and Child Protection

- Heightened awareness of risk to the unborn child.
- Paying particular attention to the environment in terms of safety and suitability.

- An awareness of the different forms of neglect and how this might need to be addressed within a safeguarding context.
- In relation to item UKCP Child Psychotherapy SETS item 4.9.10 – Clinical risk assessment: Specific awareness of issues related to the safe management when working within the family’s home environment, traditions and culture.

3.3.13. Security and confidentiality in the use of technology

- The management of video recordings in accordance with current UK data protection legislation and UKCP Guidelines

3.3.14. Personal Therapy and Development

- Work with infants may re-activate individual infantile experiences. Students and trainees must be encouraged to enquire into and work with their relevant unresolved issues such as attachment needs, dependency and the dynamics of power.

3.3.15. Mental Health Familiarisation Criteria

- Psychoanalytic Psychotherapy mental health familiarisation must include practical experience of infant and parent contexts such as specialised infant mental health team, community paediatricians, health visitors, midwives, speech therapists, children’s centres and nurseries, perinatal teams, social care of other available contexts.
- *Awareness of Diagnosis and Treatment:* Specialised measures for assessing infants, their social and emotional development and their family relationships must be included. Item 5.4.2 g) should emphasise the possible consequences of parent’s emotional mental health on infant well-being.
- *A Range of Models of Assessment:* This must include knowledge of other specialised measures for assessing infants, their social and emotional development, and their family relationships. Additionally, trainees need to develop the capacity to contribute to a multidisciplinary assessment of the needs of the infant and their family where necessary.
- *Working within a Social Responsibility Framework:* This must include a consideration of how these factors impact or affect the parent-infant relationships.
- *Working within Wider System of Care:* Knowledge and understanding of the role of other specialist services working with infants and their parents and the capacity to establish working relationships with these services. In addition to items specified under 5.7.2., Parent-infant Psychotherapists need to gain experience and understanding of:
 - The role of medication and its impact on carer and infant during pregnancy, and the

first 1001 critical days, including how this might influence breast feeding (prescribed and non-prescribed).

- Ethical and Legal considerations pertaining to the above, including appropriate familiarity relevant current legislation pertaining to infants, children, and families.

3.3.16. Clinical Placement Practice of Parent-infant Psychotherapy

- Parent-infant Psychotherapy placements should be in the context of a specialised infant mental health team working with the caregiver and infant together to improve the quality of their relationship.
- As with Child Psychotherapy practice placements, Parent-infant Psychotherapy placements must not include independent private practice (UKCP Child psychotherapy SETs item 6.2).
- Additional specific knowledge, understanding and practical competence (UKCP Child Psychotherapy SETs 6.5) for Parent-infant Psychotherapy placements include:
 - 'Speaking for the baby'. Putting into words what the baby might be experiencing in the moment to help the parents reflect upon their child's internal world.
 - Engaging with the baby directly to make an emotional connection and at the same time demonstrate the baby's capacity to respond, demonstrating the infant's growing sense of self and facilitating parent-infant communication and understanding.
 - Capturing and sharing the 'moments of meeting' between parents and infants and the therapist and infant, observed during the course of therapy.
- Supervision for trainee Parent-Infant Psychotherapy must normally be with an appropriately qualified and experienced Parent-Infant Psychotherapist.
- It is desirable that already qualified Psychotherapists wishing to develop the speciality of Parent-Infant Psychotherapy must have regular supervision with an appropriately qualified and experienced Parent-Infant Psychotherapist.

4. Child Psychotherapeutic Counsellor

4.1. Personal Therapy

Personal Therapy is an essential component of Child Psychotherapeutic Counsellor training. Trainees need to develop personal understanding of the particular relational dynamics involved in working with children and young people, the need for awareness of transference processes and the potential emotional cost of working in areas of great need, distress and deprivation.

Additionally, work with children may re-activate individual childhood experiences. Trainees must be encouraged to enquire into and work with any unresolved issues relating to their own relationship with issues of dependency and the dynamics of power. Students and trainees on Child Psychotherapeutic

Training Courses must therefore attend a minimum of 35 hours of personal psychotherapeutic counselling per year for the three years of their training, resulting in a total of 105 hours.

4.2. Supervised Practice

Clinical Placement:

- Trainee Child Psychotherapeutic Counsellors will need to undertake a minimum of 450 hours supervised clinical placement during the period of study in order to meet all the learning outcomes appropriately. At least 150 hours of clinical practice with children must be completed whilst in training. Trainees must undertake their clinical placement in more than one setting type.
- For the general descriptor, trainees must demonstrate competence with children and young people from 3 to 18.
- Information sharing and intra- and inter-disciplinary co-operation is key to successful work with children. Member training organisations must ensure that trainees obtain a thorough grounding in both the theory and practice of multi-agency working.

4.3. Qualification and registration

Where qualification occurs before all professional registration/accreditation requirements have been met, training organisations will have in place clear provision for supporting trainees during the stage between completion of their qualification and UKCP registration.

Minimum requirements for accreditation and registration as a child psychotherapeutic counsellor:

- The completion of a graduate level professional training process of at least 3 years.
- A total number of supervised client hours accumulated should be not less than 450.
- The ratio of individual supervision hours to overall client hours should be 1:4 for the first 100 hours of practice and thereafter at a minimum of 1:6, at the discretion of the supervisor.
- Group supervision should reflect this ratio.
- Training programmes must specify the number of supervised placement hours they require trainees to complete across a minimum of two different placement settings (e.g. schools, voluntary agencies etc) in order to achieve the required competencies.
- A minimum of 105 hours of personal therapy over the three years of training congruent with the personal development and resilience requirements of child therapists.

4.4. Staffing

- Courses shall have a majority of appropriately qualified and experienced staff in place to deliver the program effectively. This would normally mean that the majority of staff, working on child psychotherapy programmes will be UKCP registered child psychotherapeutic counsellors or child psychotherapists.

- Staff-student ratios must be congruent with the complexity and intensity of the process of training professional child psychotherapeutic counsellors.

5. Child Psychotherapeutic Counselling Descriptors

5.1. Child Psychotherapeutic Counsellor (Child Counsellor)

The descriptor “Child Counsellor” is used where the training and subsequent practice is exclusively with children aged between 3 and 11. Training for Child Counsellors must meet all the criteria for Child Psychotherapeutic Counsellors, with the placement component focussing on children between the ages of 3 and 11.

5.2. Child Psychotherapeutic Counsellor (Adolescent Counsellor)

The descriptor “Adolescent Counsellor” is used where the training and subsequent practice is exclusively with children aged 12 to 18. Training for Adolescent Counsellors must meet all the criteria for Child Psychotherapeutic Counsellors, with the placement focussing on young people between 12 and 18.

6. Post Qualifying Training

Post qualifying training in child psychotherapy or psychotherapeutic counselling, leading to entry onto the UKCP child register refers to training specifically designed for UKCP registered adult psychotherapists, who wish to achieve registration as child psychotherapists.

Entry onto the Child Register involves the achievement of all the standards articulated above. Training OMs who wish to deliver post qualifying training need to demonstrate how trainees meet these standards and achieve the specified learning outcomes.

Formal post qualifying training must meet all the requirements for Child Psychotherapy or Child Psychotherapeutic Counselling, as relevant.

Post qualifying training for **Child psychotherapists** must include the minimum of a 2-year taught component, and include:

- 300 hours student-tutor contact time
- 300 clinical supervision hours with children at a minimum ratio of 6:1.
- personal therapy of 40 hours per year, totalling 80 hours over 2 years
- infant and young person observations as specified for child psychotherapists 60 hour child and adolescent mental health placement

Post qualifying training for **child psychotherapeutic counsellors** must include the minimum of an 18 month taught component, and include:

- 225 hours student-tutor contact time
- 300 clinical supervision hours with children at a minimum ratio of 6:1
- personal therapy of 35 hours per year, totalling 53 hours over 18 months

7. Accreditation of Prior Learning

Training OMs can specify the extent to which accreditation of prior experiential and / or certificated learning can be applied in respect of individuals who wish to gain entry onto the UKCP child register. Normally no more than 50% of any training should be achieved through accreditation of prior learning.

Training OMs must develop a clearly articulated AP(E)L policy document in which it clearly states those elements of the training process for which it is prepared to accept AP(E)L, as well as the proportion of its approved training process against which such an application can be considered. AP(E)L procedures must be equitable while ensuring that standards in all areas of the training process are maintained.

Training OMs must define and publish details of their AP(E)L procedure. These should include:

- Conditions under which AP(E)L may be considered
- The nature of the evidence required for an AP(E)L claim
- The composition and qualifications of the body which will consider AP(E)L applications •
- Timescales within which applications will be processed
- Appeals procedures
- Costs associated with an AP(E)L