# MA Integrative Counselling and Psychotherapy Programme: Academic Year: 2024/2025

**Forms and Guidelines for the 2 years of the programme.**

1. Therapist information form 2
2. Therapy hours confirmation form 4
3. Placement information form 6
4. 4-way agreement forms for each Placement 7
5. Example of Client Session Record Form 10
6. Log of Client Hours form 11
7. External Supervisor information form 12
8. External Supervisor’s Report Form 14
9. Summary of Client Logged hours 17
10. Log of Supervision Hours form 18
11. Guidelines for recording counselling sessions with clients 19
12. Client’s consent to use recording/material (to be held by trainee) 20
13. Trainee’s declaration of permission to use client recording/material 21
14. Placement Evaluation form 22
15. Placement Health and Safety checklist 23

### DEPARTMENT OF PSYCHOLOGY

MA INTERGRATIVE COUNSELLING AND PSYCHOTHERAPY

### THERAPIST INFORMATION FORM

NAME OF TRAINEE:

NAME OF THERAPIST:

THERAPIST CONTACT DETIALS

TEL. NO:. EMAIL:

NAME OF COUNSELLING/PSYCHOTHERAPY TRAINING ORGANISATION:

QUALIFICATIONS/TITLE OF COURSE:

ORIENTATION:

YEAR OF QULIFICATION:

NO. OF YEARS OF COUNSELLING EXPERIENCE: (AT LEAST 3 YEARS POST-QUALIFICATION ARE REQUIRED)

AT LEAST ONE OF THE FOLLOWING INDIVIDUAL ACCREDITATIONS/ REGISTRATIONS IS ALSO REQUIRED:

I CONFIRM THAT I AM: (TICK THOSE THAT APPLY)

* A CHARTERED COUNSELLING PSYCHOLOGIST
* B.A.C.P. ACCREDITED
* B.P.C. REGISTERED
* REGISTERED/ACCREDITED
* U.K.C.P. REGISTERED:
	+ WITH PSYCHOANALYTIC/PSYCHODYNAMIC SECTION
	+ WITH HUMANISTIC/INTEGRATIVE SECTION
* ASSOCIATION OF PSYCHOTHERAPISTS AND COUNSELLORS SINGAPORE (APACS)
* SINGAPORE ASSOCIATION FOR COUNSELLING (SAC)
* SINGAPORE PSYCHOLOGICAL SOCIETY (SPS)

SIGNED: DATE:

PRINT NAME:

### THERAPY HOURS CONFIRMATION FORM

TO: PROGRAMME CONVENER

MA IN INTEGRATIVE COUNSELLING DEPARTMENT OF PSYCHOLOGY ROEHAMPTON UNIVERSITY WHITELANDS COLLEGE HOLYBOURNE AVENUE

LONDON SW15 4JD

THIS IS TO CONFIRM THAT A TRAINEE ON THE 1 /2 YEAR OF TRAINING (CIRCLE) HAS BEEN IN THERAPY/COUNSELLING WITH ME FROM:

START DATE: ............./............../……….........

END DATE: …………/……………. /………………..

NO. OF SESSIONS TO DATE: .....................

SIGNED: DATE:

NAME: (THERAPIST)

ADDRESS:

EMAIL:

### THERAPY HOURS CONFIRMATION FORM

TO: PROGRAMME CONVENER

MA IN INTEGRATIVE COUNSELLING DEPARTMENT OF PSYCHOLOGY ROEHAMPTON UNIVERSITY WHITELANDS COLLEGE HOLYBOURNE AVENUE

LONDON SW15 4JD

### THERAPY HOURS DETAILS

THERAPY HOURS/ SESSION LOGBOOK:

|  |
| --- |
| **Counselling/ Psychotherapy Training Organisation:** |
| **Session Date** | **Number of hours** | **Therapist Name and Signature** |
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### PLACEMENT INFORMATION FORM

NAME OF TRAINEE:

NAME AND ADDRESS OF AGENCY/ORGANISATION:

Aventis Counselling Practicum Clinic

100 Orchard Road, #03-18, Concorde Hotel, Singapore 238840

Office: (+65) 6822 2050

IS THERE A 4-WAY AGREEMENT WITH ROEHAMPTON? YES / NO

CONTACT PERSON WITHIN AGENCY (LINE MANAGER OR SUPERVISOR):

Siti Amelia , Student Services

CLIENT GROUP:

TYPE OF COUNSELLING (I.E. SHORT-TERM, CRISIS, LONG TERM):

MODEL/ORIENTATION OF COUNSELLING:

NUMBER OF CLIENTS TRAINEE WILL SEE PER WEEK:

SUPERVISION ARRANGEMENTS (E.G. PRIVATE OR IN-HOUSE, FREQUENCY, GROUP OR INDIVIDUAL)

Aventis Counselling Practicum Clinic Premise or via online platform - Zoom

NAME OF SUPERVISOR/S FOR THIS CLIENT WORK

DATE WHEN PLACEMENT COMMENCES:

AGREED DURATION OF PLACEMENT:

**The Four-Way Agreement DEPARTMENT OF PSYCHOLOGY**

**MA IN INTEGRATIVE COUNSELLING AND PSYCHOTHERAPY**

## Four-Way Agreement between Trainee, Placement Provider, External Supervisor and Roehampton University

**Introduction**

We are grateful to the counselling agencies who have offered placements to our trainees.

The purpose of this document is to add clarity to the valued relationship between the respective partners in the training of intending counselling trainees at Roehampton University. It is the result of extensive consultation between trainees, members of academic staff, placement providers and external supervisors.

## The partners are:

The **Trainee Counsellor** (who may also be referred to as the student)

The **Placement Provider** (The term Placement Provider refers both to the placement agency management and their in-house supervisor(s).)

The **Placement Supervisor** external to the university (if applicable, who may supervise additionally, or be sole supervisor of trainees where managerial supervision replaces clinical supervision within the placement or where placement supervision does not meet programme requirements.)

***Roehampton University*** (The training institution)

### Contact with the University:

Potential problems are best responded to at the earliest opportunity and partners are encouraged to make contact with the Programme Convener in the Department of Psychology if there is an issue to be addressed. Please see the Programme Handbook for names and contact numbers.

### The MA in Integrative Counselling and Psychotherapy

The programme is based on an integrative relational approach to counselling/ psychotherapy which has been developed over many years by the teaching team. This approach incorporates aspects of theory, practice and research from three main therapeutic traditions; person-centred, cognitive and psychodynamic and students are encouraged to explore psychological processes and experiences from these different perspectives. The integrating factor in the approach is that of relationship.

Relationship is seen as integral to human psychological development, to the problems people bring to counselling and as the most significant therapeutic tool in the process of psychological change.

Students will learn ways of working with the therapeutic relationship to address conscious and unconscious needs and to produce change in emotional and cognitive processes and behaviour.

Trainees are required to commence their placement once they have received permission to do so from The Programme Convener who gives them their “Readiness to Practise” Certificate.

Students are expected to accumulate a total of 80 hours of supervised practice by the end of their first year and a further 120 hours by the completion of the programme at the end of Year Two.

Supervision may be individual, or group based with a ratio of at least one hour of supervision to every eight hours of client work. Whilst formal supervision is not provided at the University, trainees are allocated to small tutor-led supervision groups which are designed to support practice-based learning.

Support may be available to trainees who have a disability and Placement Providers must have written anti-discriminatory and equal opportunities policies in place.

Supervisors must have at least 3 years post-qualification practice experience and will normally be accredited as practitioners by BACP, UKCP, BPC, BPS, APCAS, SAC or others. If the supervisor does not hold additional qualifications or accreditation in supervision, they should normally have had

experience in the supervisory role. Supervisors’ reports are requested by the University at least once a year and are usually completed collaboratively with the trainee. Assessment of practice-based learning is assessed by client study, process report, viva examination and supervisors’ reports.

Feedback on the placement experience is gathered from trainees at the end of each academic year.

**Please see MA Placement Handbook for the current academic year for details of the roles and responsibilities of the 4 parties.**

## The MA Integrative Counselling and Psychotherapy Programme:

**4-way agreement signatures**:

(copies retained by Placement + Trainee’s University file.

|  |
| --- |
| **For the University of Roehampton**: I confirm that I have helped develop the current MA Placement Handbook and I agree to the roles and responsibilities required of theUniversity for trainees on this programme. |
| Name (please print): Dr Jonathan Isserow |
| Position: Programme Convener |
| Signature: | Date: |

|  |
| --- |
| **The Trainee**: I confirm that I have read the current MA Placement Handbook and I agree to the roles and responsibilities set out for MA student trainees. |
| Name (please print): |
| Signature: | Date: |

|  |
| --- |
| **For the Placement Provider**: I confirm that I have read the current MA Placement Handbook and I agree to the roles and responsibilities required of the placementorganisation for the above-named trainee. |
| Name (please print):  |
| Position:  |
| Signature: | Date: |

|  |
| --- |
| **External Placement Supervisor:** I have read the current MA Placement Handbookand agree to the roles and responsibilities required of the Supervisor for the above- named trainee’s client work at the above named Placement. |
| Name (please print): |
| Signature: | Date: |

# SESSION RECORD

(One form for each client)

|  |
| --- |
| **Placement:****Supervisor:****Client ID**:**Session length:****Approach:****Contract:** |
| **DATE OF SESSION** | **MAIN THEMES** | **DISCUSSED IN SUPERVISION** |
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## Signed: Supervisor: Date:

**Student: Date:**

## LOG OF CLIENT HOURS

(One form for each placement)

|  |
| --- |
| **Placement:** |
| **Client ID** | **Number of sessions** | **Supervisor** |
|  |  |  |
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|  |  |  |
|  |  |  |

## Total number of sessions at this placement:

**Signed:**

## Placement Manager / Supervisor:

**Date:**

***Please note that this confirmation cannot be given by an external supervisor who is not involved with the placement!***

### EXTERNAL SUPERVISOR INFORMATION FORM

NAME OF TRAINEE:

NAME OF SUPERVISOR:

ADDRESS:

TEL NO. : EMAIL:

NAME OF COUNSELLING/PSYCHOTHERAPY TRAINING ORGANISATION:

QUALIFICATIONS/TITLE OF COURSE:

ORIENTATION:

YEAR OF QUALIFICATION:

NO. OF YEARS OF COUNSELLING/PSYCHOTHERAPY EXPERIENCE (AT LEAST 3 YEARS POST- QUALIFICATION ARE REQUIRED):

SUPERVISION TRAINING AND/OR EXPERIENCE:

TRAINING ORGANISATION AND QUALIFICATION:

DESCRIPTION OF TYPE AND QUANTITY OF SUPERVISION EXPERIENCE:

AT LEAST ONE OF THE FOLLOWING INDIVIDUAL ACCREDITATIONS/ REGISTRATIONS IS ALSO REQUIRED:

I CONFIRM THAT I AM: (TICK THOSE THAT APPLY)

* A CHARTERED COUNSELLING PSYCHOLOGIST
* B.A.C.P. ACCREDITED
* B.P.C. REGISTERED
* REGISTERED/ACCREDITED
* U.K.C.P. REGISTERED:
	+ WITH PSYCHOANALYTIC/PSYCHODYNAMIC SECTION
	+ WITH HUMANISTIC/INTEGRATIVE SECTION
* ASSOCIATION OF PSYCHOTHERAPISTS AND COUNSELLORS SINGAPORE (APACS)
* SINGAPORE ASSOCIATION FOR COUNSELLING (SAC)
* SINGAPORE PSYCHOLOGICAL SOCIETY (SPS)

SIGNED: DATE:

# MA INTEGRATIVE COUNSELLING AND PSYCHOTHERAPY EXTERNAL SUPERVISOR’S REPORT FORM

## TRAINEE'S NAME:

**SUPERVISOR'S NAME:**

## Agency:

**DATE OF REPORT: .....................**

Thank you in advance for completing this assessment form. Your considered opinion of the trainee’s counselling competence is important to us in assessing his/her current level of practice and areas for further development. Although it is part of the student’s formal assessment, we suggest that it is also used as an opportunity to discuss and review with the student his/her progress and experience at the placement and of the supervisory relationship.

**Please complete all sections**

## SECTION I: General Information

Number of clients presented in supervision since last supervisor’s report:

Total no. of client hours under your supervision to date:

Type of supervision: (circle)

Individual / Group; if group state number of members:

Frequency of supervision:

Length of each supervision session:

Number of supervision sessions attended out of total:

Total no of supervision hours to date:

## SECTION 2: Assessment of competencies

**N.B. Please mark in relation to what can reasonably be expected of a trainee at this stage of their training.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Competency** | **1****Poor or Very Poor** | **2****Needs attention** | **3****Satisfactory** | **4****Good** | **5****Very Good** |
| **Understanding of****professional ethics** |  |  |  |  |  |
| **Ability to maintain appropriate boundaries** |  |  |  |  |  |
| **Ability to establish, maintain****and end a therapeutic relationship** |  |  |  |  |  |
| **Ability to empathise with the client** |  |  |  |  |  |
| **Ability to make appropriate, well-timed and effective****therapeutic interventions** |  |  |  |  |  |
| **Ability to reflect on the therapeutic relationship** |  |  |  |  |  |
| **Ability to actively address the relationship with the client** |  |  |  |  |  |
| **Ability to understand a range of process issues, including symbolic material,****unconscious communication, congruence** |  |  |  |  |  |
| **Ability to actively address process issues with the client** |  |  |  |  |  |
| **Ability to reflect critically on own contributions to the****therapeutic relationship and process** |  |  |  |  |  |
| **Ability to identify appropriate issues for supervision** |  |  |  |  |  |
| **Ability to receive feedback from supervisor and peers** |  |  |  |  |  |
| **Ability to act on learning gained in supervision** |  |  |  |  |  |
| **Ability to reflect on issues of difference and their impact****on the relationship** |  |  |  |  |  |
| **Ability to address issues of****difference constructively with the client** |  |  |  |  |  |
| **Ability to look after ‘self’ in counselling** |  |  |  |  |  |
| **Ability to demonstrate an overall ability to write quality case reports** |  |  |  |  |  |

## SECTION 3: Overall assessment

Please comment on the student’s current standard of practice as well as on his/her development since the beginning of supervision.

## Areas of strength:

1. **Areas of concern:**

Please expand on any competencies marked as poor/very poor

## Areas for growth:

Supervisor's signature:

## SECTION 4 : Trainee’s comments

**Please indicate that you have read these comments and whether or not you agree. Specific areas of disagreement should be noted here.**

## Year Of Training:

### SUMMARY SHEET

**CLIENT AND SUPERVISION HOURS AND RATIO**

|  |  |
| --- | --- |
| **PLACEMENT** | **CLIENT HOURS** |
| GP practice |  |
| Counselling Service |  |
| Bereavement Service |  |
| **Total** |  |

|  |  |
| --- | --- |
| **SUPERVISOR** | **SUPERVISION HOURS** |
| Emma Smith |  |
| Freddie Blogs |  |
| Rosa Blink |  |
| **Total** |  |

|  |  |
| --- | --- |
| **Total supervision hours** |  |
| **Total client hours** |  |
| **Ratio** |  |

Student’s signature: Date:

## LOG OF SUPERVISION HOURS

(One for each supervisor)

## Supervisor:

**Group / Individual**

## If group, how many members:

|  |  |  |
| --- | --- | --- |
| **Dates of supervision sessions** | **Length** | **Time divided by participants** |
|  |  |  |
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|  |  |  |
| **Total** |  |  |

Signed by supervisor: Date:

## DEPARTMENT OF PSYCHOLOGY

**MA INTEGRATIVE COUNSELLING AND PSYCHOTHERAPY**

**GUIDELINES FOR RECORDING COUNSELLING SESSIONS WITH CLIENTS**

Trainees are required to record counselling sessions with their clients on a regular basis in order to monitor counselling skills and the ongoing interaction with a client. Recordings provide important tools for learning, both through self-monitoring, and in supervision. They are also a way to assess counselling competence first hand.

However, recording counselling sessions also means an intrusion into the privacy of the counselling relationship, and may threaten the confidentiality of the sessions and the client’s sense of safety. It is therefore crucial that any recording is handled in a sensitive, respectful, and ethically sound manner.

* Recording of counselling sessions is only acceptable with the client’s informed consent. The use and handling of the recordings has to be explained to the client. The client must not be put under any pressure to give consent. It has to be pointed out to them that they have the freedom to refuse to be recorded or stop it at any time, and that this will not affect the service they receive.
* Written consent should be obtained by the client, either using the form provided by the university, or the form and procedure used at the placement. The signed consent form has to be kept separate from the recordings to avoid identification.
* We recommend that Trainees ask for consent to record sessions from the outset and record every session with clients who give their consent. Recording is less intrusive when it becomes a routine rather than when just one session is recorded for the purpose of assessment. Having a range of sessions on record also allows the Trainee to choose a recording for assessment that best demonstrates their abilities.
* Please be aware that sporadic recording of sessions is bad for the therapeutic relationship, but most importantly bad for the client. This is an ethical issue.
* Recordings should only be listened to by others in the confidential settings of supervision and assessment.
* The anonymity of the client is to be protected by using a pseudonym or a number when labelling the recording, and by excluding from presentation those sections of the recording that could lead to the identification of the client or others.
* Recordings have to be kept in a secure place, to which only the trainee has access, and separate from the client’s identifying details.
* Recordings are deleted once the counselling relationship has terminated.
* For the assessment of the Trainee’s counselling practice, the Trainee, perhaps in consultation with the supervisor, selects a 15 minutes extract from a session to be submitted together with a transcript and process report. Recordings handed in for assessment are kept in a locked drawer and are only available to the examiners.

### DEPARTMENT OF PSYCHOLOGY

MA INTEGRATIVE COUNSELLING AND PSYCHOTHERAPY

## CLIENT’S CONSENT TO THE USE OF MATERIAL FOR SUPERVISION, EXAMINATION AND RESEARCH PURPOSES

The person giving you this form is a trainee on the MA in Integrative Counselling and Psychotherapy at Roehampton University. As part of their training programme, subject to your permission, they are required to record and write about their sessions with you for supervision, examination and research purposes. The reasons for this are to monitor, assess and, if possible, improve the quality of the trainee’s work with you.

If you agree to this then please be assured that all identifying information about you will be removed from the material, and the recording will only be heard by supervisors and examiners who are bound by legally enforceable rules of confidentiality. Any recorded or written material derived from the therapeutic work that the trainee does with you will be stored securely and kept separately from any information that could identify you.

Please be assured that you are under no obligation to agree to this request and that saying no will not affect the service you receive. If you agree, you can still change your mind at any time without giving a reason.

Thank you

Dr Jonathan Isserow, Programme Convenor, Roehampton University (Email: J.Isserow@roehampton.ac.uk)

I agree to the following: (please tick)

**That my counselling sessions may be audio-recorded**

**That recorded and written material derived from the trainee counselling psychologist’s work with me may be used for supervision, examination and research purposes**

I understand that**:**

**My name and other identifying information will not be included in any of the material.**

**I may withdraw my consent at any time without this decision affecting the service I receive.**

Signature: Date: / /

# DEPARTMENT OF PSYCHOLOGY

MA INTEGRATIVE COUNSELLING AND PSYCHOTHERAPY

# DECLARATION OF CLIENT’S CONSENT TO USE MATERIAL FOR SUPERVISION, EXAMINATION AND RESEARCH PURPOSES

N.B. THIS FORM MUST BE COMPLETED AND SUBMITTED WITH CASE MATERIAL (Do not include consent forms signed by clients.)

I, (TRAINEE’S NAME) ,

**CONFIRM THAT I HAVE OBTAINED THE INFORMED CONSENT OF THE CLIENT WHOSE CASE MATERIAL I AM PRESENTING FOR MY PRACTICE ASSIGNMENT.**

**TRAINEE’S SIGNATURE: DATE:**

## EVALUATION OF PLACEMENT

**MA INTEGRATIVE COUNSELLING AND PSYCHOTHERAPY**

|  |  |
| --- | --- |
| Trainee Name: | Date: |
| Name of Placement Organisation: |
| Address: |
|  |
|  | Postcode: |
| Telephone: | Placement manger: Job/post in setting:Email: |
| Learning opportunities | EXCELLENT | GOOD | AVERAGE | POOR |
| Designated therapy space –consistency and suitability | EXCELLENT | GOOD | AVERAGE | POOR |
| Support provided | EXCELLENT | GOOD | AVERAGE | POOR |
| Quality of Supervision | EXCELLENT | GOOD | AVERAGE | POOR |
| Opportunities for inter-professional consultation | EXCELLENT | GOOD | AVERAGE | POOR |
| What aspects of the placement have been positive, or helpful to you? |
| What aspects of the placement have been less satisfactory? |
| Any further general comments that may be helpful for a future trainee considering this placement opportunity |
| Please return this form to the Employability Adviser for the Psychology Departmentor the Programme Administrator. Your feedback is a valuable source of information that we use to address areas for development within placements. |

# PLACEMENT HEALTH AND SAFETY CHECKLIST

## Note to Placement Provider

This checklist is designed to be used at the beginning of the placement, as an aid to ensuring that key items of information are given to the student - some items, such as safety matters, are essential for all placements, whilst others will vary depending upon the type of placement and size of organization. Please complete and return to Roehampton University’s representative within the first week of placement.

## 1. Name of the organization and organization’s representative

………………….……………………………………………………………………………..

**2. Name of student** ……………….………………………………………………………….

## Welcome to organization •

1. **Confirm name of owner/manager/supervisor responsible for the placement**

…………………………………………………………………………………………………

## Hours

Start and finish times:

………………………………………………………………………...

Lunch break times: …………………………………………………………………………...

Confirm that travelling arrangements to placement can fit in with these times **•**

## Absence procedure

(Person in placement organisation whom student should notify if absent for any reason - confirm that student must also notify Roehampton University).

………………………………………………………………………………………………….

## Location of services

Lavatory/washroom, eating and refreshment facilities, places to store belongings **•**

## Health & Safety Matters

**Fire & Emergency Precautions**

General instructions in the event of fire/emergency evacuation. **•**

Location of any alarm call points/fire marshals. **•**

Location and use of fire extinguishers. **•**

Location of emergency exits and assembly point. **•**

## First aid provisions

Name /location of person responsible for providing first aid. **•** Explain that any injury, however minor, must be reported to the placement **•** provider and to Roehampton University.

## Health & Safety Policy & Procedures

General explanation. **•**

Outline duties student will be allowed to undertake and any restrictions/ **•**

precautions, e.g., supervision, protective equipment.

Make student aware of any specific hazards and associated procedures **•** Explain and show any activities which the student must not undertake and/ **•** or areas/locations which must not be entered.(please list any of these below).

## Rules and standards

As appropriate, e.g., dress, etiquette, confidentiality, QA system, etc. **•**

## Tour of premises and, if applicable, introductions to staff •

1. **Confirm arrangements for day-to-day supervision •**

## Any other items relating to this Section which you have covered •

**(please list briefly).**

## Employers liability insurance •

Policy No Expire Date

Cover confirmed with insurers **•**

## General Third-Party Liability Insurance •

Policy No Expiry Date

Cover confirmed with insurers **•**

Signed …………………………………………… Date: ….............................

(Representative of placement providing organisation)

Signed …………………………………………… Date: ………………………

(Student)

### Please return to the responsible representative of Roehampton University during the first week of placement