

Curriculum and Commissioning Outline

IAPT approved high intensity therapies (additional to CBT)

- *Brief Dynamic Interpersonal Therapy for Depression (DIT)*
- *Counselling for Depression*
- *Interpersonal Psychotherapy for Depression (IPT)*
- *Couple Therapy for Depression*

V2.0

Updated March 2011

This version replaces V1.0 published in September 2010

Published by

National IAPT Programme Team
Area 226 Wellington House
133-155 Waterloo Road
SE1 8UG

0207 972 1308

iapt@dh.gsi.gov.uk

March 2011

© Crown Copyright

Improving Access to Psychological Therapies

Curriculum and Commissioning Outline:

Modalities additional to CBT

- *Brief Dynamic Interpersonal Therapy for Depression (DIT)*
- *Counselling for Depression*
- *Interpersonal Psychotherapy for Depression (IPT)*
- *Couple Therapy for Depression*

This document is recommended for adoption at a local level and should support commissioners and providers to build on local best practice.

The document will be reviewed by 15 February 2011 to incorporate finalised curricula following the initial roll out of training for these four additional modalities. It is anticipated the training will take place between September 2010 and March 2011.

This document should be read in conjunction with NICE Guidelines for the Treatment of Depression (CG90) – October 2009.

<http://guidance.nice.org.uk/CG90/NICEGuidance/pdf/English>) and the separately published competency frameworks for each modality/therapy (www.iapt.nhs.uk) .

Introduction

This guide contains training and curriculum information relating to four modalities additional to NICE approved Cognitive Behavioural Therapies (including PWPs):

- Brief Dynamic Psychotherapy, developed as Dynamic Interpersonal Therapy for Depression (DIT)
- Counselling for Depression
- Interpersonal Psychotherapy for Depression (IPT)
- Behavioural Couple Therapy, developed as Couple Therapy for Depression

A key element of the programme in its first three years has been to train and develop a new workforce to provide increased services to people in England. This training programme has, to date, focused on the development of a Cognitive Behavioural Therapy (CBT) workforce. This was because at the outset of the programme CBT had the strongest evidence base, as denoted in the NICE Guidelines for the treatment of depression and anxiety disorders, and the NHS also had the largest deficit of skills in this area.

The publication of the updated NICE Guidelines for the treatment of Depression in October 2009, has prompted the IAPT Programme to widen the range of therapies on offer within IAPT services. The first step in this process is to identify the competences that therapists working in the four additional modalities need to be able to demonstrate to deliver those therapies.

These competences have been devised by a range of experts in each modality and the four competency frameworks that accompany this paper can be found online at www.iapt.nhs.uk . Revised competency frameworks for all, including CBT for depression and anxiety (including the competences of PWPs) are available on the IAPT website.

These four psychological therapies for depression have been set out in the NICE-approved guidelines to broaden the range of therapies available to patients at step 3. They are in addition to CBT and likely to be delivered by therapists beyond the core CBT workforce developed to date.

This document should be read in conjunction with the Improving Access to Psychological Therapies IAPT Guidance for Commissioning IAPT Training 2011/12 – 2014/15 (available at www.IAPT.nhs.uk) which outlines the role of Multi Professional Education and Training (MPET) funding in relation to IAPT.

Aim of Document:

The aim of this document is as a reference document for:

- Commissioners to support local training and development initiatives
- To support decisions around the commissioning of training places
- For trainers to support the development of suitable courses
- For trainees to assist in choices relating to their development path
- For those associated with supporting and financing professional career development in IAPT

Next Steps

The final Curriculum and Training materials are available on the IAPT website.

From March 2011 we would expect that the training would continue to be rolled out and available to NHS providers. It is anticipated that a wider range of training providers will be engaged with delivering the training using the materials available from the website, in addition to those organisations and trainers originally responsible for developing the programmes.

IAPT Training for Therapists

The responsibility for commissioning training programmes, to enable staff to not only demonstrate the competences outlined in these frameworks through training and supervision, but also to develop them to work with a clear outcomes focus in IAPT services, lies with the local NHS.

For the four modalities, we anticipate these CPD training programmes¹ being targeted at highly experienced staff who already have training and accreditation, and supervision experience in the modality related to the programme. Hence, only experienced therapists or counsellors would be selected for all programmes. Accordingly, we anticipate that the training in the first instance would consist of 5 days training.

The training will be the same structure for all four programmes. This relatively brief training assumes that therapists are already experienced and aims to up-skill them in specific additional competences surrounding their specific modality for delivering therapy for depression within an IAPT service. It should be emphasised that this training is NOT suitable for inexperienced therapists or practitioners.

In addition to the 5 days of training, therapists will also be required to undertake a period of supervised clinical practice and to demonstrate through the assessment of recorded sessions that they have achieved the required level of competency in a number of cases. In the case of IPT, since this is a relatively unfamiliar therapeutic approach within the UK, it is anticipated that the majority of therapists being trained will have no direct IPT experience, and hence a larger amount of supervised practice (4 cases) is considered to be an appropriate requirement. In the case of Counselling for Depression 4 recorded sessions are required each from different clients.

Finally, it will be necessary to train those supervisors responsible for providing supervision to the practitioner training, as described above. Training programmes will be encouraged to provide additional training in supervision to experienced practitioners who have successfully completed the practitioner

¹ In several of the therapeutic modalities (e.g. IPT, behavioural couple therapy) there will be existing therapists who will have already been trained and acquired the necessary competences on pre-existing programmes prior to IAPT, and ought to be able to demonstrate that their own accredited training experience is equivalent to the 5 day CPD training programmes described here. Services, therefore, should consider engaging such experienced therapists and indeed, the training programmes may need to recruit them early on, as experienced supervisors.

training programme. This additional training could be in conjunction with existing IAPT supervision training which may be available locally.

The information that follows in this document outlines the specific approach to training that should be taken and the standards that training courses should aim to meet.

Brief Dynamic Interpersonal Therapy for Depression (DIT)

Background

The aim of DIT has been to identify common denominators of a brief psychodynamic approach and to help practitioners structure these around a focal unconscious conflict specifically related to the onset and/or maintenance of depression. DIT thus aims to provide psychoanalytically/dynamically trained practitioners with a structure within which to conduct a time limited, manualised psychodynamic therapy with depressed patients within an IAPT service.

The therapeutic approach

DIT conceptualises depression in terms of an underlying temporary disorganization of the attachment system caused by current relationship problems, which in turn generates a range of distortions in thinking and feelings typical of the depressive process. In the therapy, a focus is maintained on this emotional 'crisis' through an elaboration of the thoughts and feelings (conscious and unconscious) as these emerge in the context of the therapeutic relationship.

DIT has a dual aim:

- a) To help the patient understand the connection between his presenting depressive symptoms and what is happening in his relationships through identifying a core, unconscious, repetitive pattern of relating that becomes the focus of the therapy;
- b) To encourage the patient's capacity to reflect on his own states of mind and so enhance his ability to manage interpersonal difficulties.

This model consists of three phases: an engagement/assessment phase (sessions 1-4), a middle phase (sessions 5-12) and an ending phase (sessions 13-16), each one with its own distinctive strategies. Throughout the therapy the therapist is active and aims to support interpersonal changes that will resolve or alleviate the depressive symptoms.

NICE Guidance

DIT is a brief (16 session) psychodynamic treatment for depression. It has been explicitly developed out of the Psychodynamic Competences Framework (Lemma et al., 2008) which provided the basis for the National Occupational Standards (NOS) for psychological therapists practising in the UK, published by Skills for Health (www.skillsforhealth.org.uk). The Competence Framework describes a model of psychodynamic competences based on empirical evidence of efficacy and indicates the various areas of activity that, taken together, represent good clinical practice.

Training Programmes

DIT training should be targeted at existing mental health professionals, and as such it is envisaged as a relatively brief CPD activity to hone existing skills in suitably qualified psychodynamic practitioners in order to prepare them for the delivery of a brief psychodynamic intervention in an IAPT service.

DIT Practitioner Training Entry Criteria

Training should be made available to individuals who possess a Diploma level or equivalent qualification in psychodynamic/analytic counselling or psychotherapy, with evidence of certification needing to be produced before acceptance onto a training course.

Participants joining training should be required to:

- a) bring established skills and experience of working psychodynamically/analytically with people with a range of mental health problems. The participant will need to evidence a minimum of 150 hours of supervised psychodynamic therapy or counselling, at least one year of personal psychodynamic therapy of once weekly frequency, and evidence that core theoretical ideas and technical principles (as outlined in the 'Knowledge' section of the psychodynamic competence framework www.ucl.ac.uk/CORE) have been covered during prior training.
- b) be accredited or registered with a professional or regulatory body (e.g. HPC, BPC, UKCP, BACP);
- c) be able to demonstrate that they have at least two years post qualification experience in a NHS mental health setting, or in the

voluntary sector, working with patients with mental health problems. They should have received prior training in risk issues, safeguarding and other clinical governance areas. This experience will need to be evidenced through a reference prior to being accepted onto the training.

- d) Have a statement of support from a current supervisor on their practice of psychological therapy;
- e) Have a statement of support from their service manager confirming the service's intention to provide DIT, agreement for cross service liaison during training and protected time to complete training and supervision;
- f) Have signed confirmation that the IAPT service is commissioned to provide DIT

DIT Practitioner Training Programme

It is recommended that DIT practitioner training is conducted across five training days and in weekly supervision groups thereafter.

The five day course should combine self-assessment didactic sessions and role play exercises. All materials and exercises should be matched to the DIT competencies as outlined in a Supervisor/Trainer manual that covers the following areas:

- The nature of depression and use of pharmacotherapy: overview of the research on depression and of the formulation of depression in DIT
- Orientation to the DIT Model: outline of the core features of the model of its strategies
- The Initial Phase (sessions 1 – 4): outline of the aims of the initial phase and role play practice on the elicitation of interpersonal narratives and the formulation of an interpersonal-affective focus related to the onset and /or maintenance of depression
- The Middle Phase (sessions 5 – 12): outline of the aims of the middle phase and role play practice on tracking the focus, working in the transference and using mentalising techniques
- The Ending Phase (sessions 13 – 16): outline of the aims of the ending phase and role play practice on exploring the patient's conscious and unconscious experience of ending and of writing the 'goodbye letter'

- Working in IAPT and outcome monitoring: overview of IAPT services and the role of outcome monitoring and how this is integrated within the DIT protocol.

Subsequent to the five day course, participants should receive weekly group or individual supervision from a DIT supervisor the duration of work with two depressed patients over 16 sessions each.

The assessment of competence

The assessment of competence includes both the self assessment and external assessment as follows:

Self Assessment

- a) Prior to coming on the training, participants will complete the DIT competences self-assessment
- b) During the five day practitioner course, participants will
 - Self assess performance on each of the role play exercises
 - Complete a daily knowledge quiz during practitioner training to consolidate acquisition of the DIT protocol.

External Assessment

- a) At the end of the *five day training* the participants' baseline competences will be assessed through an observed role play (20 minutes) using actors. Ratings should be made with reference to the DIT rating scale and will be rated as adequate or inadequate.
- b) During the *supervision* component of the training, competence should be assessed in the following ways:
 - Regular attendance at, and participation in, the supervision for two cases. Minimum attendance at 80% of supervision sessions should be required.
 - Each therapy session should be video or audio taped. Three audio/videotapes of clinical sessions with each patient should be submitted for formal examination of adherence to

the model by the supervisor but with at least one tape assessed by an independent rater (i.e. not the supervisor).

- Each phase of DIT should be represented in the selection. Both cases must be satisfactorily completed in order to become a DIT practitioner. One session can be resubmitted per case if a rating is unsatisfactory. If one of the cases is not 'passed', the participant should be required to take on an additional case and submit further tapes. After two failed attempts, the supervisor should consider with the therapist whether continuation with this particular model is indicated and, if so, help the therapist to identify what additional measures may need to be put in place in order to help them to develop to the required level.

DIT Supervisor Entry Criteria

Applicants for DIT supervisor training should:

- a) Be accredited DIT practitioners
- b) Have a statement of support from a DIT supervisor in order to progress to the next level of training
- c) Have service level support to provide supervision to therapists new to DIT, who might in the first instance work outside the individual's own service or region, in order to complete accreditation requirements.
- d) Have a minimum of two years' experience of providing supervision in a psychodynamically informed psychological therapy.

DIT Supervisor Training Programme

It is expected that applicants for the supervisor level training will be experienced supervisors in psychodynamic therapy. The DIT Supervisor Training should follow a similar didactic and casework format to that for the Practitioner training. Candidates for DIT practitioner training should be required to:-

- a) Submit a training portfolio demonstrating successful completion of DIT practitioner training.

- b) Undertake and successfully complete a further two cases (i.e. an additional two cases to the ones required to reach practitioner level). The additional two cases will also be taped and rated independently (3 tapes for the first patient and one tape from patient 2 unless there are concerns about the student's progress in which case additional tapes will be listened to).
- c) Provide a statement of support from a DIT supervisor, recommending the candidate's suitability to progress to supervision level training.
- d) Attend a one day Supervisor Workshop to familiarise themselves with IAPT, the competence framework, and the supervision framework that outlines both generic and specific competences for the supervised practice of analytic/dynamic psychotherapy.
- e) Attend IAPT supervisor training which addresses IAPT service models and outcomes etc., plus additional training about the supervision and competence framework associated with DIT.

Requirements for supervised practice: Practitioner and Supervisor Training

- Cases must be accessed through an IAPT service
- Cases must be for the treatment of depression
- Cases must be conducted as weekly therapy for up to sixteen sessions and delivery of therapy should not extend beyond twenty weeks
- Casework must be demonstrated to have covered the three phases of the DIT model – assessment, working with the interpersonal affective focus, and the ending phase

Accreditation

- The British Psychoanalytic Council (BPC) is now acting as a fully functioning accreditation organisation.
- The BPC is in the process of approving the Anna Freud Centre and The Tavistock and Portman NHS Foundation Trust as an accredited training provider.
- Accreditation will include the DIT 4 day course, then 1 additional day for IAPT and the end of course, role play. Trainees have to pass all elements, including the role play to go forward to be practitioners, and then successfully complete 2 case studies.
- New providers: to become an accredited DIT training provider, training establishments need a course leader who has shadowed an accredited

DIT course, and a DIT accredited practitioner to co-lead the first course.

Counselling for Depression (CfD)

Background

Counselling services have been available in primary care for many years. High levels of satisfaction with these services have been recorded among both patients and General Practitioners. However, historically, there has been an uneven distribution of services leading to inequalities of access and the interventions delivered by counsellors have been variable and not always aligned to research evidence. The work of the IAPT programme, generally, and the programme of training described in this section, more particularly, aim to address these issues. The intention is to provide training for the existing counselling workforce to equip them to provide evidence-based counselling interventions within IAPT services.

The therapeutic approach

Counselling for depression is a manualised form of psychological therapy as recommended by NICE for the treatment of depression. It is particularly appropriate for people with persistent sub-threshold depressive symptoms or mild to moderate depression where 6 – 10 sessions are recommended over a period of 8 – 12 weeks. However, it is acknowledged that when delivering services, precision in diagnosing exact levels of severity of depression in patients is often difficult, resulting in the likelihood of people with more severe depression being referred to counsellors. In such cases, where counsellors are working with the more severely depressed, up to 20 sessions of counselling are recommended.

Counselling for depression is a form of psychological therapy derived from the *Skills for Health* humanistic competence framework devised by Roth, Hill and Pilling (2009), which provided the basis for the National Occupational Standards (NOS) for psychological therapists. This framework was developed using therapy manuals from randomised controlled trials and exemplar texts which have impacted significantly on practice, ensuring that the therapeutic competences are closely aligned to the evidence-base and hence predictive of good outcomes for patients. The specific area of humanistic practice on which the *counselling for depression* competences are based is termed *person-centred/experiential therapy* (Mearns and Thorne, 2007; Elliott et al,

2004). The competencies identified in the Counselling for Depression framework are therefore a subset of those produced by *Skills for Health*.

This modality targets the emotional problems underlying depression along with the intrapersonal processes, such as low self-esteem and excessive self-criticism, which often maintain depressed mood. The therapy aims to help patients contact underlying feelings, make sense of them and reflect on the new meanings which emerge. This, in turn, provides a basis for psychological and behavioural change. It is a manualised model of practice specifically devised for counsellors working in the IAPT programme.

NICE Guidance

The NICE Guidelines for Depression (CG90) indicate that for people with persistent sub-threshold depressive symptoms or mild to moderate depression who decline an antidepressant, CBT, IPT, behavioural activation and behavioural couples therapy, consideration should be given to offering counselling.

For all people with persistent subthreshold depressive symptoms or mild to moderate depression having counselling, the duration of treatment should typically be in the range of six to ten sessions over 8 to 12 weeks.

Training Programmes

Counsellors may be identified from existing primary care services or recruited from outside the NHS depending on the configuration of local workforces.

Counsellor Practitioner Training Entry Criteria

Selection of counsellors should be based on the following criteria:

Qualifications

Essential:

- Diploma in humanistic or person-centred counselling or psychotherapy and be accredited or registered with a professional or regulatory body (e.g. HPC, BPC, UKCP, BACP);

Desirable:

- Post-graduate qualification in humanistic or person-centred counselling or psychotherapy.
- Qualification to provide clinical supervision to counsellors and psychotherapists (e.g. Certificate or Diploma in Supervision)

Experience

- A minimum of two years' post-qualifying experience of providing brief counselling for clients with common mental health problems, particularly depression.
- Experience of providing counselling in organisations (e.g. primary care services).
- Be able to demonstrate that they have at least two years post qualification experience in a NHS mental health setting, or in the voluntary sector, working with patients with mental health problems. They should have received prior training in risk issues, safeguarding and other clinical governance areas. This experience will need to be evidenced through a reference prior to being accepted onto the training.

Those applying for training would need to supply evidence of:

- Qualification (e.g. certificates from training institutions, accreditation/registration documents)
- Professional experience (e.g. references from current or previous employers/supervisors).
- Have a statement of support from a current supervisor on their practice of psychological therapy;
- Have a statement of support from their service manager confirming the service's intention to provide Counselling for Depression, agreement for cross service liaison during training and protected time to complete training and supervision;
- Have signed confirmation that the IAPT service is commissioned to provide Counselling for Depression

Counselling Practitioner Training Programme

Counsellors will attend a five day training programme which will focus on the use of the *Counselling for Depression* practitioner manual and working with

depressed clients in a time-limited, IAPT context. The training will combine didactic tutor input with opportunities for experiential and interactive learning. Group work and role play will be used to support skills development and the *practitioner manual* and *therapy adherence scale* used as reference points for good practice. The training will contain the following elements:

- **Introduction to the IAPT Programme**
Trainees will be introduced to the IAPT stepped-care model, including routine outcome monitoring and undertaking assessments.
The prevalence of depression together with its various presentations will be discussed, as will the use of medication as a form of treatment.
Assessing and managing risk will be addressed, along with how the *Counselling for Depression* model conceptualises and formulates depression.
- **Orientation to the Practitioner Manual**
The development of the *practitioner manual* will be described with particular reference to its links to research evidence and clinical guidelines.
The consequential relationship between therapy adherence and positive outcomes for patients will be discussed.
Counselling for Depression's focus on the establishment of particular therapeutic conditions which provide a basis for work with depression will be described and practised.
Particular interpersonal processes which maintain depressed mood (such as low self-esteem and excessive self-criticism) will be addressed, along with specific interventions which target these processes.
- **Working briefly and focally**
The training programme will address the importance of clear contracting and engaging with the client to establish an effective therapeutic relationship.
The need to work collaboratively with the client to establish a therapeutic aim in the early stages of the therapy will be emphasised, along with the need to explain the therapeutic approach to the client and discuss its potential impact.
Making appropriate onward referrals, managing endings with clients and developing strategies to maintain the gains produced by the therapy and prevent relapse will also form key elements of the training.

The assessment of competence

The assessment of competence includes both self assessment and external assessment as follows:

Self Assessment

Prior to commencing the 5-day training programme counsellors will complete a self-assessment tool which aims to help them compare their existing skills with the competences as set out in the *Counselling for Depression* manual.

This is essentially a reflective process which helps counsellors identify their training needs. At the end of the 5-day training programme, competence will be assessed by means of a 20 minute role-play counselling session with another member of the training group taking the role of client. These role-plays will be video-recorded and rated by the trainers using a therapy adherence scale.

External Assessment

Following completion of the 5-day training programme, counsellors must complete a period of supervised clinical practice consisting of a minimum of 80 hours of work with clients within an IAPT service. Counsellors should have a minimum of 1.5 hours per month individual supervision (or the equivalent group supervision) during this period of practice and have supervision sessions at least every 2 weeks. Supervision should be provided either individually or in groups of 3 – 4. Supervisors will have responsibility for monitoring counsellor adherence to the *Counselling for Depression* manual and providing written reports on their supervisees.

During the period of supervised clinical practice counsellors will submit a total of 4 audio-recorded counselling sessions, excerpts from which will be rated with the use of the specifically developed *Therapy Adherence Scale*. All 4 recordings should meet the threshold for therapy adherence. Each of the 4 recorded sessions should be from a different client and 2 of these should be from the late phase of counselling (i.e. from the last 2 or 3 sessions). In the event of recordings failing to meet the threshold for therapy adherence, counsellors will have two opportunities to resubmit (that is at least 4 out of a maximum of 6 recordings should meet the threshold).

Additionally, towards the end of the period of clinical practice, supervisors should provide a report on each counsellor evidencing their engagement in the supervisory process. All clients from the 80 hours of clinical practice

should be presented for discussion in supervision. It is envisaged that the period of assessed practice would normally last approximately 12 weeks.

Counselling Supervisor Training Entry Criteria

As the training programme for counsellors in IAPT contains an element of supervised clinical practice, a pre-requisite for the training of counsellors is the availability of suitably-qualified supervisors. In the first instance supervision will be provided by the team delivering the initial 5-day counsellor training programmes. After the first 2 cohorts have completed their training and have qualified as counsellors in the IAPT programme, supervisors will be recruited from this trained workforce. Selection of supervisors should be based on the following criteria:-

Qualifications

Essential:

- Accredited as a Counsellor for Depression.

Counselling Supervisor Training Programme

Following recruitment supervisors should attend a 2-day dedicated IAPT training programme containing the following elements:-

- Introduction to the IAPT programme
- Introduction to the Counselling for Depression manual
- Monitoring therapy adherence
- Introduction to the Skills for Health Supervision framework including the Humanistic Supervision Competences

Requirements for Supervised Practice

Following the 2-day training programme, in order to qualify as IAPT counselling supervisors, candidates will complete a minimum of 6 supervision sessions with IAPT counsellors. Sessions should be audio-recorded and 2 of these submitted for assessment. These will be assessed by the trainers delivering the 2-day programme, using the *Skills for Health Supervision Framework*. Where necessary, one opportunity to resubmit will be available. Supervisors would then provide supervision to qualified counsellors and those undertaking the clinical practice element of the counsellor top-up training

programme, either on an individual basis or in groups of 3-4 supervisees. They should have responsibility for monitoring counsellor adherence to the *Counselling for Depression* manual and providing written reports on their supervisees where appropriate. As supervisors may be offering supervision to counsellors working outside of their own services and PCTs, written approval from supervisors' line managers should be provided for them to carry out this role.

Trainees should attend IAPT supervisor training which addresses IAPT service models and outcomes etc., plus additional training about the supervision and competence framework associated with *Counselling for Depression*.

Accreditation

Accreditation is through the British Association for Counselling and Psychotherapy (BACP). Successful completion of an appropriately commissioned CfD course, including the practice hours, can be counted towards the training and practice criteria of an application for accreditation as a BACP accredited counsellor/psychotherapist or for an application as a BACP accredited Supervisor of counsellors/psychotherapists.

For counsellors who are already accredited members of BACP, successful completion of a commissioned CfD course would be accepted as evidence of meeting CPD requirements for their annual renewal of accreditation. A new category of sector specific *Senior Accreditation in IAPT High-Intensity Counselling* has been developed and is being launched by BACP in May 2011.

Continuous Professional Development (CPD) Endorsement

BACP has developed a Quality Assurance procedure for CPD training programmes. This award is designed to reassure trainees about the quality standards and relevance of the CPD activity on offer. This award would be applicable to the CFD training programme.

Successful accreditation is conditional upon training providers being able to demonstrate that they reach the required standard. An application in the form of a portfolio of evidence is submitted for scrutiny by BACP Professional

Standards Department. Assessment includes the recruitment and selection of trainers, trainee selection criteria, supervision arrangements and adherence to course content BACP CPD Endorsement entitles course providers to use the BACP Logo when issuing a certificate for attenders to trainees who successfully complete both training and practice elements of CfD training.

Interpersonal Psychotherapy for Depression (IPT)

Background

IPT is a brief and interpersonally focused psychological therapy for depression. It seeks to maximise the benefit of working in a time limited manner by maintaining a 'here and now' perspective on what may be recent, recurrent or even chronic mood difficulties, framing the intervention around one of four predetermined interpersonal themes.

The therapeutic approach

IPT is integrative. It combines thinking characteristic of a medical model and more dynamically rooted ideas to understand depressive symptoms in an interpersonal context.

The IPT model progresses through three main phases, each with distinct tasks. The assessment phase emphasises the collaborative review and integration of the interpersonal and symptomatic narratives to arrive at a focus for the work. During the middle sessions interventions are targeted at one of four key focal areas – interpersonal role transitions, interpersonal role disputes, grief and interpersonal sensitivity. The final phase, addresses issues of ending, allowing review of progress and relapse prevention in the context of a relapsing disorder. For some patients, a fourth phase, which aims to maintain good outcome and support relapse prevention, is negotiated.

NICE Guidance

Interpersonal Psychotherapy (IPT) is included in the NICE guidelines for Depression in Adults CG90. The guideline for depression in adults of working age, who might access psychological therapies through an IAPT service, recommends IPT for the treatment of both mild to moderate depression with inadequate response to low intensity interventions and moderate to severe depression. IPT is recommended as a potential alternative to antidepressant medication for mild to moderate depression and as part of a combined approach to treatment with antidepressant medication in moderate to severe depression. Characteristics of presenting difficulties, past treatment experience and patient preference should be used to decide between IPT and

CBT as the first line, high intensity psychological intervention as comparative RCTs have demonstrated equivalent outcomes for both psychological therapies.

Training Programmes

IPT training is targeted at existing mental health professionals. IPT assumes and builds on the existing skills of practitioners, giving an alternative framework for formulation and emphasising the therapeutic benefit of understanding and dismantling the link between mood related difficulties and interpersonal distress. IPT training is available to IAPT staff with an accredited professional qualification and at least two years post qualification experience in delivering psychological therapy as means of treating depression.

IAPT staff members should be invited to take up IPT training opportunities at different levels of practice, from IPT novice to experienced practitioner and supervisor. Training places are currently being restricted to qualified therapists who are not already practicing as high intensity CBT practitioners or currently undertaking training in one of the other modalities additional to CBT, to maximise the expansion of capacity and choice.

IPT Practitioners Training Entry criteria

Applicants for practitioner level IPT training must:

- Have a professional mental health qualification e.g. counsellor, clinical psychologist etc.
- Be accredited or registered with a professional or regulatory body (e.g. HPC, BPS)
- Be able to demonstrate that they have at least two years post qualification experience in an NHS mental health setting, or in the voluntary sector, delivering psychological therapies. They should have received prior training in risk issues, safeguarding and other clinical governance areas. This experience will need to be evidenced through a reference prior to being accepted onto the training.
- Have a statement of support from a current supervisor on their practice of psychological therapy;
- Have a statement of support from their service manager confirming the service's intention to provide IPT, agreement for cross service

liaison during training and protected time to complete training and supervision;

- Have signed confirmation that the IAPT service is commissioned to provide IPT
- Demonstrate clinical aptitude through written and role played case formulation
- Be available to attend the training course and complete four cases of IPT under supervision within six to twelve months (additional training days will be required if an HEI qualification is sought).

IPT Practitioner Training Programme

It is recommended that IPT practitioner training is conducted by an IPTUK accredited trainer across five training days, plus one follow up day, and in weekly supervision groups thereafter.

The five day course should combine self assessment, didactic sessions and role play exercises. All materials and exercises should be matched to the IPT competencies as outlined in a Supervisor/Trainer manual that covers the following areas:

- Orientation to the IPT Model: outline of the core features of the model and its strategies; theoretical origins of the model; selecting IPT cases, case illustrations.
- The nature of depression and use of pharmacotherapy: overview of the research on depression; interpersonal rationale for treatment and formulation of depression in IPT; risk assessment and management; combined treatment.
- The Initial Phase (sessions 1 – 4) : outline of the aims of the initial phase and role play practice on collaborative diagnosis; conducting and interpersonal inventory, selecting an IPT focus; formulating depression in the interpersonal context; negotiating an IPT contract.
- The Middle Phase (sessions 5 – 12): outline of the aims of the middle phase and role play practice on tracking depressive symptoms and linking to the focus; selecting and implementing the focus strategies.
- The Ending Phase (sessions 13 – 16): outline of the aims of the ending phase and maintenance phase and role play practice on explicitly discussing ending, reviewing and evaluating treatment;

engaging long term interpersonal resources, risk management and early warning signs.

- Working in IAPT and outcome monitoring; overview of IAPT services and the role of outcome monitoring and how this is integrated within the IPT protocol.

Subsequent to the five day course, participants should receive weekly group or individual supervision from an IPTUK accredited supervisor for the duration of work with at least four depressed patients over 16 sessions each.

The assessment of competence

The assessment of competence includes both the self assessment and external assessment as follows:

Self assessment

- Trainees should complete the IPT competences self assessment before and after attending the practitioner training course, and at the mid-point and conclusion of four supervised cases
- Trainees should self assess performance on each of the standardised exercises during practitioner training
- Trainees should complete a daily knowledge quiz during practitioner training to consolidate acquisition of the IPT protocol.
- Trainees should self assess each session on IPT target sheets
- Trainees should self assess each recorded submission using the IPT audio rating form
- Trainees should complete a reflective statement for each IPT case

External assessment

- Baseline competencies are assessed during the role play on the practitioner course. Ratings should be made with reference to basic IPT targets and rated as adequate or inadequate
- A pass mark of 60% must be achieved on knowledge tests during IPT practitioner training.
- Three recordings of therapy sessions should be rated by an IPTUK accredited IPT supervisor, using the standardised IPT supervision audio rating form, for each submitted IPT case. Ratings on two cases should be completed by the supervisor

and on the other two cases by an independent rater during practitioner training.

IPT Practitioner - Requirements for Supervised practice

Following the completion of a training programme, IPT practitioner trainees should complete a period of supervised clinical practice within an IAPT service. This supervised practice includes:

- Four cases that are conducted as weekly therapy for up to sixteen sessions and delivery of therapy should not extend beyond twenty weeks
- Casework that covers the three phases of the IPT model – assessment, focus, ending
- All sessions should be digitally recorded
- Three recordings should be submitted for review to an IPTUK accredited IPT supervisor, for each supervised case, with a maximum of one additional session to be resubmitted per case if an individual recording is unsatisfactory.
- A reflective statement of the casework should be written on completion of each case and be rated as satisfactory.

IPT Supervisor Entry Criteria

Applicants for IPT supervisor training must:

- Be IPTUK accredited practitioners (IAPT IPT Practitioners or IPTUK Practitioners plus top up IAPT training)
- Have a statement of support to progress to the next level of training from an IPTUK supervisor
- Have service and commissioner level support to provide supervision to therapists new to IPT, who might in the first instance work outside the individual's own service or area, in order to complete accreditation requirements.
- Be available to attend the five day supervisor training course, complete two IPT cases under facilitated peer supervision and conduct a supervision group for up to three therapists new to IPT within one year.

Self Assessment

- Trainee supervisors should complete the IPT supervision competences self-assessment before and after attending the supervisor training course, and at the mid-point and conclusion of initial supervisory cases.
- Trainees supervisors should continue to assess each clinical session using the IPT targets document
- Trainees should self assess each recorded therapy submission using the IPT audio rating form
- Trainees supervisors should self assess against the IPT supervision competencies after each supervision session provided
- Trainees supervisors should complete a reflective statement for each additional IPT case
- Trainee supervisors should complete a reflective statement for the initial round of delivering IPT supervision.

External Assessment

- Baseline competencies are assessed during the role play on the supervisor course. Ratings should be made with reference to basic IPT supervision targets and rated as adequate or inadequate.
- Three recordings of therapy sessions should be rated by an accredited IPTUK supervisor, using the standardised IPT supervision audio rating form, for each submitted IPT case. One case should be rated by an IPTUK supervisor and the other by an independent rater.
- Trainee supervisors additionally submit recordings of three sections of supervision that they deliver for rating on supervision competencies by an IPTUK accredited supervisor
- Trainee supervisors submit a satisfactory reflective statement on the practice of supervision.

IPT Supervisor Training Programme

It is recommended that IPT supervisor training is conducted by an IPTUK accredited trainer across five training days and in weekly supervision groups thereafter. The five day course should combine self assessment, didactic sessions and role play exercises. All materials and exercises should be matched to the IPT and supervision competences and cover the following areas:

- Refresher training in the IPT Model: review of IPT competencies and self assessment, knowledge assessment
- Review and assessment of IPT supervision competencies: outline of the differences in practitioner and supervisor roles and associated competencies; self assessment of supervisor competencies and role play practice on supervisory stance, adapting to trainees needs and training stage, implementing specific IPT supervision strategies.
- Review of IPT supervision protocol and integration of supervision materials, outline of the training protocol and integration of self and external assessment procedures, role play of linking supervision strategies to identified training needs and using a range of observational and participating methods.
- Monitoring adherence to and competence in delivering the IPT model: outline of the assessment procedures and clinical application of the assessment scales with prepared clinical materials.
- Managing common difficulties in supervision: outline of common procedural and dynamic difficulties in supervision and role play practice of managing these challenges in manner that maintains the IPT supervisor stance.
- Managing unsuccessful training: overview of training requirements, identifying early indicators for unsuccessful training, liaison with co-supervisors.
- Peer and independent supervision: outline of peer supervision between practitioners and between supervisors; role play practice of conducting supervision with practitioners and supervisors.

Subsequent to the five day course, participants should receive weekly group peer supervision with fellow supervisor trainees, facilitated by an IPTUK supervisor for the duration of work with at least two depressed patients over 16 sessions each. Trainees will then independently conduct one round of IPT supervision with fortnightly supervision from an IPTUK accredited supervisor.

IPT Supervisors - Requirements for supervised practice

Following the completion of a training programme, trainees should complete an additional period of supervised clinical practice within an IAPT service. This supervised practice includes:

- At least two additional cases that are conducted as weekly therapy for up to sixteen sessions and delivery of therapy should not extend beyond twenty weeks
- Casework that covers the four focus areas across the training portfolio (at least six cases in total including four completed for practitioner accreditation)
- All sessions should be digitally recorded
- Three recordings should be submitted for peer review and for review by an IPTUK accredited IPT supervisor, for each supervised case, with a maximum of one additional session to be resubmitted per case if a rating is unsatisfactory.
- A reflective statement of the casework should be submitted on completion of each case.
- Three recordings of supervision practice, covering the three phases of IPT should be submitted for review by an IPTUK accredited IPT supervisor

Accreditation

Interpersonal Psychotherapy UK (IPTUK) is the accrediting body.

Currently the focus is on individual accreditation. Existing IPTUK trainers have a common training background in US training centres and have shadowed IPT trainers before setting up their courses.

In Feb 2011, formal course accreditation is under discussion and will be formalised by May 2011. Contact should be made with IPT UK for details.

Currently there are only three or four IPT course providers. Clinical groups who have evolved as trainers share materials.

Existing courses have begun to link with HEIs (London, Edinburgh, Surrey) and a formal transparent process is being developed by IPT UK. This will be paper based to provide evidence for accreditation.

Currently there is only one course provider for IPTUK/IAPT.

Accreditation of new IPT/IAPT training providers requires trainers to have completed an IPTUK recognised course and completed supervisor level accreditation with an IPTUK accredited supervisor. Existing IPTUK trainers must demonstrate capacity to deliver training in compliance with the IAPT training and supervision protocol. Novice IPT trainers must shadow one round of IPT IAPT training prior to delivering the training independently.

All new IPT/IAPT training providers will be asked to submit a course outline and programme of supervision to IPTUK, to be assessed against the IAPT national curriculum and training protocol.

Details of accredited courses and supervisors are available at www.interpersonalpsychotherapy.org.uk

Couple Therapy for Depression

Background

NICE Guidelines for depression in Adults CG90 recommended behavioural couples therapy for depression. Although there are accredited behavioural couples therapists working within the UK who could deliver such interventions to IAPT services, there are far more couple therapists who work outside of a behavioural framework but could be very usefully engaged within IAPT services.

Couple Therapy for Depression, therefore, has been developed as a means of using the skills and expertise of these therapists to contribute to IAPT. It is a brief (20 session) integrative treatment for depression for couples where there is both relationship distress and depression in one of the partners. It has been developed by identifying best practice in a range of behavioural and other types of couple therapies evidenced in RCT effectiveness trials. Taken together these represent good clinical practice in the treatment of depression.

Couple Therapy for Depression is specifically designed to address presenting symptoms of depression and for delivery within the context of the IAPT programme. Couple therapy for Depression builds on the evidence base and the current best practice of couple therapists within the UK. It is a set of additional skills, developed as CPD to existing advanced competence in Couple Therapy.

Couple therapy has a dual aim:

- a) to directly relieve the depression in the patient
- b) to work on the precipitating and maintaining elements of the couple relationship that are known to have a direct effect on the incidence of depression

The therapeutic approach

The model focuses on the relational aspects of depression and on factors that reduce stress and increase support within the couple. These are broken down into relieving stress and improving communication; managing feelings and changing behaviour; solving problems and promoting acceptance; and

revising perceptions. The core of the model is the ability to implement couple therapy in a balanced manner that keeps the focus on the couple relationship without discounting the two individuals who comprise it. This is sometimes referred to as seeing the 'couple as patient', and requires a perspective that takes full account of how each partner acts on, and is acted on, by the other. In focusing on the interaction between partners, and by seeing their relationship as constituting a third element that has the potential to supplement or diminish the resources of each partner, therapists need to have the ability to understand couple relationships as self-regulating systems while not losing sight of the individual impact on the system of each partner's constitutional and characteristic profile (physical, psychological and relational).

Therapists also need to have the ability to understand couple conflict as resulting from intrapsychic (intrapersonal) as well as interpersonal meanings, through linking individual perceptions and relationship 'events'. In addressing the complex strands of perspectives, actions and meanings that constitute a couple's experience, the therapist must be able to act in a manner that assures both partners that their position is recognised and respected, especially when that position may be disagreed with.

NICE Guidance

The report on Depression in Adults produced by the National Institute for Health and Clinical Excellence (NICE, 2009) identified the potential role of couple relationships in triggering, maintaining and resolving depression. Defining couple therapy as a "time-limited, psychological intervention derived from a model of interactional processes in relationships where:

- the intervention aims to help participants understand the effects of their interactions on each other as factors in the development and/or maintenance of symptoms/problems [and]
- the aim is to change the nature of the interactions so that they may develop more supportive and less conflicting relationships" (pp 207-208).

A search uncovered six studies, including behavioural couple therapy, indicating the efficacy of couple therapy as a treatment for depression. On the basis of this evidence the report recommended couple therapy for people who have a regular partner and where relationships may contribute to the development or maintenance of depression, or when involving the partner is considered to be of potential therapeutic benefit.

Training Programmes

Couple Therapy for Depression training should be targeted at existing mental health professionals who are trained Couple Therapists or who have equivalent experience and knowledge in work with couples. As such, the training is envisaged as a relatively brief activity to hone existing skills in suitably qualified Couple Therapists to prepare them for the delivery of a brief targeted intervention in an IAPT service, or in a service commissioned by IAPT. It is likely that Couple Therapy for Depression will also need to be sourced from outside current IAPT services as most expertise is currently in the Voluntary Sector.

Couple Therapy Practitioner Training Entry Criteria

Training should be open to experienced Couple Therapists who possess a professional qualification in Couple Therapy or equivalent and who are up-to-date with the requirements of their professional accreditation and registration bodies. The qualification should meet the requirements of the Couple Therapy for Depression accrediting body: the British Society of Couple Psychotherapists and Counsellors (BSCPC). Evidence of certification should be produced before acceptance onto the training.

Applicants should also be able to demonstrate that they have at least two years' post qualification experience working with couples with common mental health problems. They should have received prior training in risk issues, safeguarding and other clinical governance areas. This experience should be evidenced through references prior to being accepted onto the training.

As this is an advanced training that assumes prior competence in Couple Therapy, the training course should only accept applicants who are able to demonstrate core professional skills. These include general therapeutic competences such as an ability to form therapeutic relationships with clients, effective listening and communication skills, and the Basic Couple Therapy Competences as mapped out in the Competence Framework.

Applicants should be invited to complete the self-assessment tool prior to coming on the course. This self-report system enables practitioners to reflect on the extent to which they feel that they have attained the breadth and level

of the competences on key elements of the competence framework. This can then be used to identify professional development needs.

Since part of the course will cover behavioural aspects of couple therapy, applicants with some experience or knowledge of cognitive behavioural approaches would be welcomed, especially those familiar with Integrative Couple Therapy as developed by Jacobson and Christensen. Where therapists have no prior experience of cognitive behavioural approaches, a willingness to engage with this model and to pursue some relevant background reading prior to course attendance would be essential.

Additionally applicants should:

- Have a statement of support from a current supervisor on their practice of psychological therapy;
- Have a statement of support from their service manager confirming the service's intention to provide Couple Therapy for Depression, agreement for cross service liaison during training and protected time to complete training and supervision;
- Have signed confirmation that the IAPT service is commissioned to provide Couple Therapy for Depression

Couple Therapy for Depression Practitioner Training Programme

Candidates for Couple Therapy for Depression practitioner training should be required to:

- Submit an application which demonstrates clinical aptitude to practice Couple Therapy for Depression and liaison with service and commissioning managers, where relevant.
- Applicants should be required to complete an application form addressing the selection criterion outlined above and complete the Couple Therapy for Depression self-assessment tool. This self-report system invites clinicians to reflect on how far they feel that the breadth and level of the competences on key elements of the framework have been attained. This can then be used to identify professional development needs.
- Be able to demonstrate that they have at least two years post qualification experience in an NHS mental health setting, or in the voluntary sector, working with patients with mental health problems. They should have received prior training in risk issues, safeguarding

and other clinical governance areas. This experience will need to be evidenced through a reference prior to being accepted onto the training.

- Applicants should also be required to submit a statement of support from a current clinical supervisor and/or service manager. Where the applicant is an existing NHS/IAPT employee, this will include signed consent to train and participate in cross service and cross region supervision groups in order to take up a place.
- Selection should be agreed in collaboration between the IAPT Couple Therapy for Depression clinical training team and SHA service representatives to ensure fair, equitable and cross region distribution of training opportunities among the most clinically suitable applicants.

It is recommended that the Practitioner training consists of an accredited 5 day training programme, followed by additional clinical work supervised by an approved training supervisor. In order to qualify as a Couple Therapy for Depression practitioner, applicants should be required to undertake the following training components:

- a) Attend the full five day course
- b) Undertake two supervised cases for 20 sessions each, both of which must be satisfactorily completed.

The training should combine self-assessment, didactic sessions and role play exercises. All materials and exercises should be matched to the **Couple Therapy for Depression Training Curriculum** published by IAPT which covers the following areas

- Induction to the IAPT programme
- Understanding depression
- Techniques that engage the couple in a balanced way
- Techniques that focus on relational aspects of depression
- Techniques that reduce stress upon and increase support within the couple
 - 1: *improving communication & reducing stress*
 - 2: *managing feelings & changing behaviour*
 - 3: *solving problems & promoting acceptance*
 - 4: *revising perceptions & review of techniques*
- Assessment of Competencies

The assessment of competence for Couple Therapy Practitioners

The assessment of competence should include the following:

- a) Participants should self-assess during the training course using the end-of-day Technique Selection Rationale forms
- b) At the end of the training course, competence should be assessed through a clinical assessment of competence skills during an observed role play (15 minutes) using actors. The role-plays should be videotaped and rated by one of the trainers using the Couple Therapy for Depression Competency Adherence Scale. This rating will enable the identification of further learning aims for the supervised practice part of the training.
- c) During the supervision component of the training, competence should be assessed through:
 - Regular attendance at, and participation in, supervision for the two requisite cases. Minimum attendance at 80% of supervision sessions should be required
 - Each session should be digitally recorded. Three recordings of Couple Therapy for Depression sessions with each couple will be submitted for review of adherence to the model. All should be reviewed by the supervisor in order that professional learning needs are identified. One of these tapes shall be formally assessed by the supervisor and the other by an independent rater (i.e. not the supervisor), using the Couple Therapy for Depression Competency Adherence Scale. Both cases must be satisfactorily completed in order to become a Couple Therapy for Depression practitioner. In cases where assessed recordings fail to adhere to the competency framework, trainees can resubmit a maximum of a further two recorded sessions (6 in total). In such cases opportunities for further training and development may be considered appropriate. At least 4 of this maximum of 6 assessed recordings need to meet the threshold for competency for the candidate to have passed the training.

Participants shall have passed the training on successful completion of both the training course and the supervised practice. This enables them to apply for accreditation, as below.

Couple Therapy Supervisor Entry Criteria

In the first instance, supervision for Couple Therapy for Depression will be supplied by the training team and training consultants. New supervisors will be accredited via Couple Therapy for Depression Supervisor training.

Applicants for Couple Therapy for Depression Supervisor training should:

- a) Be accredited Couple Therapy for Depression practitioners
- b) Have a statement of support from a Couple Therapy for Depression supervisor in order to progress to the next level of training
- c) Have service level support to provide supervision to therapists new to Couple Therapy for Depression, who might in the first instance work outside the individual's own service or region, in order to complete accreditation requirements.
- d) Undertake and successfully complete a further two cases (i.e. an additional two cases to the ones required to reach practitioner level). The additional two cases should also be recorded and rated independently (2 recordings for each couple).
- e) Have a minimum of two years' experience of providing supervision of couple therapy and where possible have undertaken a recognised training programme in supervision.
- f) Provide a statement of support from a Couple Therapy for Depression supervisor/trainer, recommending the candidate's suitability to progress to supervision level training.
- g) Where the candidate is an IAPT employee, submit an updated statement of support from the IAPT service manager, confirming protected time for training and supervision and ongoing cross service liaison to complete training requirements.

Couple Therapy Practitioner - requirements for supervised practice

- Cases should be accessed through an IAPT service or through a non-IAPT commissioned service

- Cases should be for the treatment of depression
- Cases should be conducted as weekly therapy for up to twenty sessions and delivery of therapy should not extend beyond twenty-five weeks
- Casework must be demonstrated to have utilised key couple therapy for depression techniques
- All sessions should be digitally recorded
- Three recordings should be submitted for review to an accredited Couple Therapy for Depression supervisor, for each supervised case. One session can be resubmitted per case if a rating is unsatisfactory

Couple Therapy for Depression Supervisor Training Programme

Candidates for Couple Therapy for Depression Supervisor training should follow a similar didactic and casework format to that of the practitioner training. It is expected that applicants for the supervisor level training will be experienced supervisors in couple therapy; because of this, the core supervisor didactic training should be conducted over only one day with the greater emphasis placed on supervising within an IAPT context and with reinforcing CTD practice, including the ability to assess practitioners. Candidates shall be required to undertake:

- Additional supervised practice of two cases
- Upon completion of the case work and beginning supervision of practitioner trainees, fortnightly consultation on their supervision for 6 months with an approved training supervisor.

Successful completion of the Supervisor training is dependent on a satisfactory report from the Consultant Supervisor. This enables accreditation as a Couple Therapy for Depression supervisor.

The assessment of competence for Couple Therapy Supervisors

Self assessment

- Candidates should be required to complete the Couple Therapy for Depression competencies self-assessment before attending the supervisor training course, and again after completing two supervised cases.

- New supervisors should also be asked to use the Competency Adherence Scale to monitor the quality of their supervision for the first six months as supervisors. They should attend a one day Supervisors Workshop that familiarises them with the use of the scale and with grading recorded material.

External assessment

- Two recordings of therapy sessions should be rated by an accredited Couple Therapy for Depression supervisor, using the standardised Couple Therapy for Depression Competency Adherence Scale rating form, for each submitted case. Ratings should be completed on one case by the supervisor and on one case by an independent rater during supervisor training.
- Supervision practice during the 6 month consultation period should be reviewed with an aim to assessing the degree to which the candidate enables their supervisee to adhere to the model of Couple Therapy for Depression.

Couple Therapy Supervisor - requirements for supervised practice

- Cases should be accessed through an IAPT service or through a non-IAPT commissioned service
- Cases should be for the treatment of depression
- Cases should be conducted as weekly therapy for up to twenty sessions and delivery of therapy should not extend beyond twenty-five weeks
- Casework must be demonstrated to have utilised key couple therapy for depression techniques
- All sessions should be digitally recorded
- Three recordings should be submitted for review to an accredited Couple Therapy for Depression supervisor, for each supervised case. One session can be resubmitted per case if a rating is unsatisfactory
- Candidates' supervisees should be working within an IAPT service or one that has been commissioned to provide Couple Therapy for Depression
- Supervised case work must be Couple Therapy for Depression.

Accreditation

The British Society of Couple Psychotherapists and Counsellors (BSCPC) is the Lead Accrediting Body for Couple Therapy for Depression practitioners, supervisors and training courses.

Accreditation as a Practitioner

This is determined by successful completion of the 2 elements of the Practitioner Training: an approved training course, and successful completion of 2 Couple Therapy for Depression cases. Completion of each of these will be Certificated. Holders of both Certificates have the right to have their names listed as an Accredited *Couple Therapy for Depression IAPT Practitioner* on the BSCPC website. There is no obligation to apply for Membership of the BSCPC, and practitioners will be expected to be registered with their usual registering bodies (BABCP, BACP, BPS, HPC, etc), and adhere to their professional development standards.

Accreditation as a Supervisor

This is determined by successful completion of the 3 elements of the Supervision Training: the supervisors' training course; and successful completion of their further 2 Couple Therapy for Depression cases, and their 6 month Consultation on their supervision of Couple Therapy for Depression. Supervisors can then apply to have their names listed as an Accredited *Couple Therapy for Depression IAPT Supervisor* on the BSCPC website. As with Practitioners, there is no obligation to apply for Membership of the BSCPC, and supervisors will be expected to be registered with their usual registering bodies (BABCP, BACP, BPS, HPC, etc), and adhere to their professional development standards.

Accreditation of Training Courses

BSCPC will assess Training and grant Provisional and Full accreditation. Provisional accreditation is designed for **proposed** training and is designed to help them reach the required standards. Proposed trainings that are granted Provisional accreditation will be able to recruit trainees. Once they evidence that they meet the required standards they will be granted Full accreditation.

Proposed Trainings will need to show that they are:

1. following the Couple Therapy for Depression Curriculum
2. using suitably trained and experienced trainers (usually including advanced qualifications/expertise in Couple Therapy)
3. transparent in their selection and assessment processes, accepting only practitioners who meet the criteria of an existing professional qualification in Couple therapy or equivalent extensive experience of supervised work with couples
4. adhering to an appropriate non-discrimination policy
5. using only suitably-qualified Supervisors for the supervised element of the training (ie those who have been accredited as Couple Therapy for Depression Supervisors)
6. providing 5 full days (30 hours) of training and between 20-24 weeks of supervision. If the supervision is in groups there should be 4 supervisees per 1.5 hour weekly group (or pro-rata)
7. able to ensure consistent rating and assessment of digital recordings of Couple Therapy for Depression against the Competency Rating Scale
8. are financially stable and hold sufficient Insurance to cover any potential claims against them arising from the training

A proposed Training will gain provisional accreditation by providing documentary evidence of the above, in the first instance. The documentary evidence will be assessed by representative(s) of BSCPC's Accreditation Panel. Further evidence may be required, including that in person. Where possible, the same representative(s) will be responsible for the subsequent assessment of an application for Full accreditation from the Provisionally accredited Trainings, as they will be familiar with the Course.

Full Accreditation

To gain Full accreditation, Provisionally-accredited trainings will need to have:

1. provided evidence that their training delivery met the Curriculum
2. provided evidence that their Supervisors met the required standards for the training (including qualifications and experience, and the ability to rate supervisees fairly and consistently)
3. both the course and the supervision evaluated by the training participants as of good standard

Training Courses will be granted Provisional accreditation for a maximum of 2 years, before it has to be re-applied for. They will be expected to achieve Full accreditation with their first cohort of training participants.

Full accreditation will last for 4 years, or until there are substantial changes in the Training that would make it inappropriate for automatic accreditation to

continue (such as a radical change in Trainers and Supervisors used, or a change in the Curriculum).

Full accreditation can be withdrawn retrospectively where there is sufficient evidence that the Training ceased to meet the requirements for accreditation within the 4 year accreditation period. This could affect the accreditation of practitioners who trained with them after the changes occurred but before the process of withdrawing Full accreditation was completed.

An Appeal Process against refusal of Provisional or Full accreditation will be available. It will cover matters of due process, only.

There will be a fee for applications for accreditation.