College of Sexual and Relationship Therapists

PO Box 13686, London, SW20 9ZH
Tel/Fax: 0208 543 2707
Email: info@cosrt.org.uk
Web: www.cosrt.org.uk

CRITERIA AND PROCEDURE FOR ACCREDITATION OF TRAINING COURSES IN SEX AND RELATIONSHIP THERAPY

August 2019

Document Reference: CA3

Index

SUBJECT	PAGE
Introduction	3
SECTION ONE	4
General Information	4
New Courses	4
General Course Requirements	5
Relationship with COSRT	5
Entry Requirements	6
The Course Content and its Delivery	6
Safeguarding Children and Vulnerable Adults	7
Clinical Placements and Supervision	8
Development of the Trainee as a Therapist	9
Learning Outcomes	11
Assessment	11
SECTION TWO	12
Procedure for Course accreditation	12
Fees	12
Step 1 - Making an Application	13
Step 2 - Appointment of Assessors	13
Step 3 - The Assessment Process	14
Step 4 – Feedback and Report	14
Re- accreditation Procedure	15
Courses which run at more the one Centre	15
Complaints about the Process	15
Appeals	16
APPENDIX ONE: COSRT- accredited training, sex workers and touch-based professions.	17
APPENDIX TWO: COSRT Theoretical Knowledge Syllabus	18
APPENDIX THREE: Clinical Competencies for COSRT	22
APPENDIX FOUR: Mental Health Familiarisation	25
APPENDIX FIVE : Glossary / COSRT Committee Structure	29

Introduction

COSRT requires high standards of education and training for Accredited Therapists. This document provides a framework for the accreditation of courses in sexual and relationship therapy to ensure that these standards are met. The document sets out the criteria by which standards are assessed (Section1), and the procedure employed to assess courses seeking COSRT accreditation (Section 2).

This document applies to a two-year or four-year course, though the depth of study, educational level, clinical hours requirement and final exit paper may vary in standard. A four-year course normally will qualify for UKCP registration on completion, whereas the two-year course will require the trainee to reach COSRT Accreditation and then undertake additional pieces of work to meet the standard required by UKCP.

On agreement with the Professional Standards Board (PSB), it may be possible for a shortened course to be undertaken within a calendar year where all the trainees are fully qualified relationship therapists. Any discussions regarding this type of "bolt-on" training should be directed to the Professional Standards Board. The course will need to demonstrate how the trainees will meet the syllabus and placement criteria as set out in this document and in Appendices 1 and 2, also taking account of APEL (Assessment of Prior Experiential Learning).

COSRT requires training courses to ensure all trainees are members of COSRT and abide by their Good Therapy Code of Ethics and Practice. They cannot practice and qualify without meeting this criterion See Appendix 1.

Two Year Diploma Level course/equivalent qualification educational level and clinical hours requirement

A diploma must be at educational level 5 (or Scottish and Irish equivalent) and consist of 200 clinical hours supervised at the ratio of 1:6.

Four Year Master Level course/equivalent educational level and clinical hours requirement

A Masters Course must be at educational level 7 (or Scottish and Irish equivalent) and consist of 450 clinical hours supervised at the ratio of 1:6.

SECTION ONE

1. General Information

1.1 The accreditation framework is designed to allow for flexibility in delivery within clear guidelines that ensure maintenance of the high standards that COSRT requires. The criteria reflect developments in the field of psychotherapy and counselling in the United Kingdom. They demonstrate the need for stringent training standards to ensure that clients receive an effective, ethical and safe service. They will also ensure that those who successfully complete their professional education, training and clinical placement will be fully equipped to work in the public, voluntary and private sectors.

1.2 The framework is designed so that training in the United Kingdom meets training standards set out by the United Kingdom Council for Psychotherapy (UKCP), of which COSRT is an organisational member. COSRT currently also approves courses on behalf of the UKCP College for Sexual and Relationship Psychotherapy (CSRP). Changes in the requirements of these organisations or government legislation will necessitate further reviews of this document. COSRT will work with courses to communicate any changes to them so that accreditation is maintained and will offer support and guidance to make the necessary changes for compliance.

1.3 Trainees on two-year courses will need to meet additional criteria for UKCP registration to be achieved, details of which can be found on the documents section of the COSRT website www.cosrt.org.uk. Four-year trainings normally lead to UKCP registration.

1.4 The latest versions of the following COSRT codes apply to staff and trainees:

COSRT Code of Ethics and Practice for General and Accredited Members.

COSRT Code of Ethics and Practice for Supervision.

2. New Courses

2.1 New courses may seek advice to enable their course to meet COSRT's criteria for accreditation. COSRT is available for consultation on course development by contacting the Chair of PSB. This may incur extra costs for the course if a preliminary visit, or extensive communications are needed.

2.2 If a new course meets COSRT's criteria on paper as assessed and approved by PSB, they may be granted the title "COSRT accreditation – Pending". The course must be advertised as such until a full course accreditation visit has been conducted with the first cohort of trainees and full accreditation granted.

3. General Course Requirements

Courses must demonstrate the following:

3.1 Adherence to the COSRT Codes of Ethics and Practice for General and Accredited Members and the COSRT Code of Ethics and Practice for Supervision.

3.2 Clearly articulated philosophy and aims.

3.3 Good course organisation and information for trainees; this should be set out in the course handbook and should include pre-application information on criteria for selection, assessment and guidelines for any practice requirement including personal financial cost. Information should also be given concerning access to further training, membership bodies, accreditation, professional development and titles they may use on qualifications.

3.4 A fair and accessible complaints, grievance and appeals procedure, together with a rigorous, fair and compassionate policy for assessing fitness to practice. COSRT requires the trainee handbook to include a clause under the complaints procedure to signpost trainees to COSRT should the trainees have concerns about their course.

3.5 The active promotion of anti-discriminatory practice throughout the teaching, organisation and clinical component of the course, together with the implementation of an equal opportunity policy. Courses must have a policy for meeting the needs of staff and trainees with disabilities.

3.6 Appropriate processes for gathering relevant diversity and equality data in relation to applicants, trainees, and staff.

3.7 Effective ways of gathering trainee feedback and evidence that this it is reflected on and taken into account in reviewing course delivery.

3.8 Appropriate management of clinical materials taking into account record keeping and data protection law.

3.9 Course Directors have a duty of care to trainees to ensure the course is financially viable and has a solid business plan.

3.10 The course must maintain rigorous standards, which ensure that trainees have the opportunity to develop professionally and operate independently providing sensitive, ethical, effective and safe therapy to the public.

3.11 The course must carry full and comprehensive insurance.

3.12 Courses must ensure all trainees are DBS screened.

4. Relationship with COSRT

4.1 All trainees are required to become General Members of COSRT and their membership is a professional requirement of the course accreditation process and must be in place as they

commence training. A reduced membership subscription fee will apply for two years from the commencement of the course.

4.2 Attendance at COSRT conferences is seen as part of professional development and courses are expected to encourage attendance and to make every effort to avoid course attendance date clashes.

4.3 COSRT will require courses that do not have university validation to submit a selection of the trainees academic work annually for quality control.

4.4 Course directors must be COSRT members.

4.5. COSRT will request an annual update of any changes on the training courses. This will be a brief form filling exercise.

5. Entry Requirements

5.1 Entry is at a level equivalent to a degree, relevant professional qualification or APEL and there should be a clear, systematic process in place to assess this.

5.2 Entrants to a two-year course should have a foundation training in counselling and sufficient competencies to enable them to meet the demands of the course, as judged by the Course Directors.

5.3 Applicants should demonstrate the potential to develop the personal qualities and attitudes that are essential for working as a sex and relationship therapist.

5.4 Applicants must evidence relevant experience of working in a responsible role with people. This may be in one of the recognised health or social care professions, counselling, the voluntary sector or through life skills that have been developed in other arenas.

5.5 They must have the opportunity for working with sexual and relationship problems in a supportive professional setting to meet the clinical requirements of the course. This must be face-to face practice.

5.6 The selection process must be clear and transparent.

5.7 Courses must have clear methods and regulations for processing APEL.

6. The Course Content and its Delivery

6.1 The curriculum must demonstrate how the requirements of the COSRT Theoretical Knowledge Syllabus (see appendix 2), the Clinical Competencies (see appendix 3) and Mental Health Familiarisation UKCP 2017 (see appendix 4) will be met. These criteria adhere to the current Standards of Education and Training as set by the UKCP College for Sexual and Relationship Psychotherapy (CSRP) 2017. This reflects the theory, practice and research in the field and is relevant to current practice in the public, private and voluntary sectors.

6.2 Trainees must have the opportunity to work with a range of sexual dysfunctions as listed on one of the recognised classification systems i.e. DSM 5, ICD 10 or New View, and be able to apply an appropriate range of tools.

6.3 A range of teaching methods appropriate to adult education and the teaching of sexual and relationship therapy theory and practice must be employed.

6.4 Teaching staff and visiting lecturers must be suitably qualified and knowledgeable. Ideally, training staff should be COSRT Accredited. Where they are not they should be familiar with the Code of Ethics and Practice for General and Accredited Members.

6.5 Trainees should have support and guidance in the development of a learning portfolio.

6.6 Appropriate facilities including advice about access to research materials must be provided, courses must demonstrate how they will ensure these resources are in place.

6.7 Trainees must have the opportunity to develop self-reflective practice and professional development in small facilitated groups which meet at regular intervals.

7. Safeguarding Children and Vulnerable Adults

Courses should promote a 'minimum standard of practice' with regard to safeguarding of children or vulnerable adults by ensuring that:

7.1 The issues are fully covered in the course so that trainees have a basic working knowledge regarding child and vulnerable adult welfare, neglect and abuse.

7.2 The trainee must be given the opportunity to familiarise themselves with current legislation as it applies to professional practice.

7.3 Data protection and confidentiality issues are respected as long as these do not put children or vulnerable adults at risk of abuse or harm.

7.4 Trainees understand that they have to balance the rights of clients with the safeguarding of children and vulnerable adults when considering disclosure and that this can be complex and may require them, with the guidance of their supervisor, to make difficult decisions.

7.5 There is awareness of, and adherence to, knowledge of local protocols and procedures in relation to local safeguarding of children and vulnerable adults.

7.6 There is a commitment to, and ability to work alongside other agencies/professionals as required.

7.7 Trainees should be aware that these issues need to be articulated to clients and that their client agreement should cover the boundaries of confidentiality issues, safeguarding and disclosure.

7.8 Trainees know when to break confidence without informing the client because of the risk of destroying evidence.

7.9 All trainees in England must be subjected to DBS screening because of the sensitive nature of the work. Scottish and Irish trainees will abide by their locality rules.

7.10 Support is provided to ensure that trainees learn to approach these complex issues in a sensible balanced manner with integrity and professionalism.

8. Clinical Placements and Supervision

8.1 Course Directors must approve the placement, including clinical supervision arrangements. Placements must be face-to face practice.

8.2 Ideally trainees (no matter how experienced) should be in a clinical placement in an organisation as they benefit from the support and supervision that is provided. Trainees may only use their personal private practice to accrue clinical hours if they have completed and qualified on a recognised counselling or psychotherapy training course where they have undertaken at least 200 supervised hours of clinical practice as part of the qualification. They must be clear about their trainee status to clients and the courses should provide guidance on minimum professional standards of practice and insurance that are acceptable within a private practice.

This must be supported by the current supervisor. If there is any doubt about the trainees readiness for this step this must be referred to the professional standards board (PSB) for their decision.

8.3 A tripartite agreement must exist between the course, trainee and placement.

8.4 Supervisors must meet the requirements as laid down in this document and the Code of Ethics and Practice for Supervisors. They must be known to and approved by the course team. Supervisors should be COSRT Accredited or working towards this. Where this is not possible, they must work within the COSRT Code of Ethics and Practice for General and Accredited Members.

8.5 Written supervision contracts are required in accordance with COSRT Practice Guideline 1 – "Supervision and the Supervision Contract".

8.6 Where conflict arises in the supervisory relationship, the Supervisor is expected to manage the situation honestly, transparently, and to refer to the Course Director if the issues cannot be resolved.

8.7 The course must provide a regular forum for discussion of clinical work undertaken by trainees on external placement in addition to the required supervision.

8.8 Supervised Clinical Practice and Accreditation Guidelines.

Trainees are required to complete the following supervised clinical hours while training;

Two Year Course

Trainees are required to complete 200 hours of face-to-face clinical practice at the supervision ratio of 1:6. and must have completed a minimum of 10 cases, 5 of which must have been couples.

Four Year Course

Trainees are required to complete 450 hours of face-to-face clinical practice at the supervision ratio of 1:6. and must have completed a minimum of at least 20 cases, 10 of which must have been couples.

To achieve COSRT Accreditation the following clinical hours are required.

450 hours of clinical practice at a ratio of 1:6 are required for those who have not completed any clinical hours before this training.

Trainees who have completed Accreditation, or its equivalence, with BACP, UKCP HCPC i.e. 450 hours of clinical work, will need to complete 320 clinical hours for COSRT accreditation at a ratio of 1:6.

8.9 Documentation relating to supervision including assessment of clinical competence forms, attendance records and supervision reports must clearly state the stages that these are to be completed by.

9. Development of the Trainee as a Therapist

In a course of this nature there is a strong emphasis on the evolving process of developing effective practitioners, who are able to apply theory to practice, as well as showing attitudes and skills appropriate to the work of sexual and relationship therapy. Learning takes place in many different domains:

- cognitive
- emotional
- operational
- empathic
- ethical

All the above the trainee must integrate. The supervision groups, self development groups and individual supervision sessions are each fundamental to the achievement of this integration,

along with the invaluable contribution of the work with clients, without which none of the above would be possible.

9.1 Regular facilitated Personal Development Groups are aimed at enabling the development of self-reflection and reflexive practice, the integration of theory and practice, and the exploration of personal prejudices and attitudes.

9.2 Courses are responsible for ensuring that trainees complete, or have completed, 50 hours of personal therapy and/or group therapeutic work, focused on awareness of self in relation to the other, if attending a two-year course. 80 hours are required for those on a four-year courses or who intend to see UKCP registration.

This requirement should include a minimum of 20 hours one–to-one personal therapy.

The following would be acceptable as additional hours:

- Any personal therapy undertaken within the last 10 years
- Any couple therapy undertaken in the last 10 years
- All personal and professional development group hours attended during training.
- Any awareness group hours during training.
- Any therapeutic group work undertaken outside the training.

CPD activities do not generally count towards these hours, however, CPD where there is a significant experiential component may be counted at the course directors' discretion.

Trainees, who were required to include one-to-one personal therapy within their accreditation process for other professional bodies, may include this within the 50 or 80 hours requirement providing it is within the 10-year period.

9.3 Course Directors and/or Supervisors may on occasions use their discretion to request a Trainee undertakes a period of personal therapy, particularly if any issues of awareness of self in relation to others within the context of client therapy should arise and interfere with the work.

9.4 Group Supervision provides an opportunity to learn from the work of other therapists and explore varying attitudes to the clinical and course material.

9.5 Group supervision may form up to 25% of supervision hours during training and the pre-accreditation period. Where the group has 4 members or less, half of the time would be counted towards a supervision hour. Where the group has more than 4 members, the length of time of the group would be divided by the number of members present and that proportion would count towards a supervision hour. For example, 6 members in a 90 minute group would gain 15 minutes towards a supervision hour.

10. Learning Outcomes

By the time of qualifying, trainees should have:

10.1 Acquired the knowledge, attitudes and skills to assess, formulate and manage treatment of the full range of sexual dysfunctions, sexual difficulties, the aftermath of sexual abuse, and to recognise if more specialist intervention is required than they are able to offer.

10.2 The knowledge, acceptance and understanding of the various ways in which intimate and sexual relationships are constructed, the range of sexual and gender orientations they may encounter in therapy practice and appropriate management. Training organisations must ensure that their training prepares the Trainee to sufficient levels of competency so they can work effectively with LGBT (Lesbian Gay and Bi-sexual) and Transgender) clients.

10.3 The ability to recognise their own internal biases when working with people from different cultures and lifestyles, and to strive to overcome them as far as possible.

10.4 Developed an ethical stance which recognises issues of power imbalance, inequality, discrimination and injustice in any aspect of their work. Whether this occurs with clients or colleagues they should be able take appropriate professional action.

10.5 The ability to respond to new ideas and recognise their own needs for support and further knowledge appropriately, thus demonstrating commitment to the ongoing development of themselves as practitioners.

10.6 A readiness to act as an independent practitioner, organising their own practice, developing a network of other professionals to whom they may refer and ensuring that their own support networks are in place, as well as remaining up to date with professional developments in the field.

10.7 An understanding of the use of outcome measures in psychotherapy and the importance of client feed back.

11. Assessment

Courses must have assessment procedures that enable judgements to be made about the suitability of trainees to qualify as a Sexual and Relationship Therapist. Courses may choose to organise their assessments in a variety of ways but the assessment process should be based on the following principles:

11.1 Clear information for trainees on methods of assessment and what is being measured.

11.2 A mixture of summative assessment (i.e. assessment which measures attainment) and formative assessment (which allows feedback to trainees to help them improve their performance).

11.3 Written and verbal presentation of clinical work supported by supervisor's reports which make clear the level of practise attained with recommendations about the trainees readiness for independent practise.

11.4 Documented evidence of clinical work undertaken outside the course by means of log books signed by supervisors and relevant performance reports.

11.5 Ongoing evaluation of the trainee's work, by essay, case studies, clinical presentations and observed practice, such as role-play, audio or video recordings.

11.6 Final assessment will be through accumulation of all reports and written work in the learning portfolio, the requirement of a research-based dissertation, a literature search, or an extended case study. This will be marked by both an internal and external examiner. Supervisors' reports will comment on the standard of clinical work.

11.7 A clear and open marking system with a transparent feedback process with a clear appeals procedure.

11.8 The appointment of external examiner who has extensive knowledge and experience in the field who can moderate the internal marking.

SECTION TWO

1. Procedure for Course accreditation

The following describes the steps in the accreditation process all documents must be submitted to the business office (address on the front sheet of this document) for the attention of the Business Manager:

New Courses

New courses may seek advice to enable their course to meet COSRT's criteria for accreditation. COSRT is available for consultation on course development by contacting the Chair of the PSB; this may incur extra costs for the course if a preliminary visit or extensive communications are needed.

If a new course meets COSRT's criteria on paper as assessed by PSB, they may be granted the title "COSRT accreditation – Pending", the course must be advertised as such until a full course accreditation visit has been conducted with the first cohort of trainees, and full accreditation granted.

Fees

The fee for new courses accreditation-pending is £ 750.

The fee for course accreditation is £2000.

Accreditation takes place every five years but could be requested more frequently in response to ongoing concerns about the course..

1.1 Step 1 - Making an Application

1.1.1 New courses, those granted COSRT accreditation-Pending, or existing courses may apply to COSRT for accreditation.

1.1.2 Courses are advised to use this document as a reference when developing a new course or making changes to an existing course. COSRT offers a consultation service for which a fee and expenses are charged. If this is required the Chair PSB and the Chair of Assessor Panel will read and comment on documentation and be available for telephone discussion.

1.1.3 Application forms for accreditation can be downloaded from the website www.cosrt.org.uk or obtained by post from: Business Manager, COSRT, PO Box 13686, London, SW20 9ZH. The application form should be completed and submitted with the appropriate fee to COSRT.

1.1.4 The following documentation (with three copies of each) should be included with the accreditation application:

- 1.1.4.1 Course curriculum
- 1.1.4.2 Course publicity
- 1.1.4.3 Reading lists
- 1.1.4.4 List of faculty and supervisors with brief CVs, including qualifications, practice and teaching experience, professional background and current work setting
- 1.1.4.5 Reports on the course including those from the external examiner
- 1.1.4.6 The complaints procedure and details of any upheld complaints or complaints in progress against the course
- 1.1.4.7 All documentation relating to general course requirements under section 3 and any other course documentation and material that the applicants consider would be helpful to the Assessors
- 1.1.4.8 Trainee handbook
- 1.1.4.9 Course insurances

1.2 Step 2 - Appointment of Assessors

1.2.1 Following the receipt of the application, documents and accreditation fee, COSRT will appoint two Assessors to visit the site. Their names will be sent to the course for any conflict of interest. If the course reasonably objects to a particular Assessor, a replacement will be suggested.

1.2.2 Once the Assessors are appointed, copies of the documentation will be sent to them by the COSRT Business Manager and they will proceed with the assessment process. One Assessor will be designated the 'lead' and will communicate with the Course Director during the process. They will be responsible for writing the final report and submitting it to PSB.

1.3 Step 3 - The Assessment Process

1.3.1 The Assessors will read the documentation and may request further information as necessary. An assessment date will be agreed between the Assessors and the Course Director or Administrator. The Course Director or Administrator will then make arrangements for the formal presentation of the course. This will usually be at the course venue.

1.3.2 Courses are free to present themselves in any way they wish but the format should be agreed ahead of time with the lead Assessor and the presentation should include the following:

1.3.2.1 Presentation of the course philosophy, aims and objectives.

1.3.2.2 An overview of course structure, curriculum, and teaching staff. This should inform the Assessors how the theoretical knowledge syllabus and clinical competencies are taught and by whom.

1.3.2.3 Courses must provide evidence of trainee feedback. On the assessment visit COSRT Assessors must meet with trainees without course staff being present.

1.3.2.4 COSRT will contact trainees and supervisors not present on the day for further feedback. The Assessors will require a contact list for these interviews.

1.3.2.5 An opportunity to view teaching, live or from video, of a typical teaching event.

1.3.2.6 A sample of completed written work from each cohort.

1.4 Step 4 - Feedback and Report

1.4.1 The Course Directors will be given immediate feedback following their presentation, highlighting good practice and making suggestions for the future. The accreditation process is intended to act as a useful focus for course

development. A written report with recommendations will follow within four weeks and will be forwarded to the Course Directors who will have an opportunity to correct any factual inaccuracies. It will then be submitted it to the PSB for ratification.

There are three possible outcomes:

1.4.2 accreditation given for five years. Some requirements may be stipulated by the assessors and compliance with these will be monitored by the assessors. Failure to meet these requirements in the allotted time frame may result in the course losing the Course accreditation. Any cost involved in this process will be the responsibility of the course.

1.4.3 accreditation not given. In this situation courses will need to take account of feedback and reapply if they wish to continue to have COSRT accreditation.

1.4.4. Conditional accreditation. In cases where the assessors require the course to make some major changes before giving full accreditation, conditional accreditation can be given pending the changes being put into place within the time frame that the Assessors set. The Assessors will monitor this process to ensure that their set criteria have been met. Failure to meet these requirements in the allotted time frame may result in the course losing the Course accreditation Any cost involved in this process will be the responsibility of the course.

1.5 Re- accreditation Procedure

The re- accreditation process follows the same procedure as for accreditation except that one year prior to re- accreditation, COSRT will write to the Course Director or Administrator to advise that re- accreditation is due on a specific date. Six months before the due date the Course Director or Administrator must apply by completing the application form CA2 and sending the required information together with the fee. The procedure will then be as for initial accreditation.

1.6 Courses which run at more than one centres

Courses which offer training at multiple locations, will be required to submit for additional course accreditation. Depending on the circumstances and faculty personnel involved this may range from a paperwork exercise, to a full course accreditation. This will be decided on a case-by-case basis by PSB to whom the course should apply. An independent external examiner must be appointed to monitor training to ensure consistency across all locations.

Courses must not train at multiple centres without informing COSRT and going through this process.

1.7 Complaints about the process

Although the decision of the Professional Standards Board is final, course leaders may wish to make a complaint about the process. Initially, concerns should be raised in writing with the Chair of the PSB who will refer the matter to Management Board and the CEO.

1.8 Appeals can only be made on the following grounds

- There was a procedural impropriety which had a material impact on the fairness of the accreditation process
- The findings and decision of the accreditation panel were so irrational and beyond what any accreditation panel, acting reasonably, could have concluded
- The decision is wholly disproportionate to the findings of the accreditation panel

APPENDIX ONE

COSRT- accredited training

COSRT welcomes trainees from many professions who meet the entrance criteria onto its approved training courses. COSRT is committed to improving public protection and professional standards in psychosexual therapy. The ethical principles that our members commit to abide by when they join our organisation, and the complaints process used to investigate allegations of misconduct are at the centre of that.

As such all trainees must become COSRT Members prior to starting training and must remain in membership until they qualify. They cannot qualify without meeting this criterion.

COSRT encourages all trainees to remain in Membership on qualifying and work towards Accreditation.

APPENDIX TWO

COSRT Theoretical knowledge

Introduction

It is recognised that the topics below do not present an exhaustive list of what could be taught, and course directors will exercise their own judgement in deciding on any further topics they wish to include. Course directors are also free to decide which topics require particular emphasis, and how they will be presented to the students.

Since students are accepted from a variety of professional backgrounds, extra clarification, support and advice may be needed in relation to some topics. For example, medically trained students will be familiar with the physical and medical parts of the syllabus, whilst the psychotherapy aspects may be new. Similarly, for those from psychotherapy backgrounds, the medical components of the training may present a challenge.

When dealing with a lifestyle or culture different from their own, students are encouraged to seek guidance with regard to specialised reading and supervision if they feel they need it. It is not appropriate to ask clients to be an educational resource.

COSRT are signatories to The Second Memorandum of Understanding against Conversion Therapy and are bound to adhere to the training requirements of that document details of which are found here - https://www.cosrt.org.uk/wp-content/uploads/2017/10/MoU2_FINAL.pdf.

The Memorandum clearly states that "new and existing psychological therapists are appropriately trained". The syllabus of any new or existing course must clearly demonstrate that training in the topics of gender and sexual diversity form part of the core curriculum. Ethical practice requires practitioners to have adequate knowledge and understanding of gender and sexual diversity, and to be free from any agenda that favours one gender identity or sexual orientation over others.

Ethical thinking, attention to issues of diversity and equality, and safeguarding will underpin all teaching on all courses.

1. Sexual Facts

1.1 Classification and formulation of sexual and relationship problems from a range of recognised classification systems, such as DSM 5, ICD 10, and 'New View'.

1.2 Knowledge of sexual orientations, sexual preferences, and sexual diversity. Sufficient to enable the therapist to work sensitively with lifestyles different from their own, or to refer on appropriately. This would include knowledge about and awareness of the implications of open non-monogamy, BDSM etc.

1.3 The biology of sexuality to include anatomy and physiology, hormones, the male and female reproductive systems, neurobiology of sex and relationships.

1.4 Psychosexual development and sexuality throughout the life cycle including the effects of adolescence, ageing, sexual orientation, faith, culture and parenthood.

2. Gender Facts

2.1 Knowledge of gender classifications, trans, non-binary and cis and the associated language of gender diversity. Classification of Gender Dysphoria within DSM V and ICD 10 and treatment protocols.

2.2 Understanding of Queer Theory and Intersectionality when applied to gender diversity. Clarity on the differences between Gender and Sex, the influences of biology and societies expectations of gender and how identity develops.

2.3 The route of transition, legal issues, effects of cross sex hormones and surgical interventions for both M to F and F to M transitioners.

2.4 Awareness that trans and non-binary individuals are sexual beings, Sexual health and post-operative care.

3. Psychological Facts

3.1 Psychological development from infancy to adulthood, to include emotional, attachment and sexual perspectives, and the impact of trauma, loss, violence, neglect.

3.2 Psychotherapeutic approaches to the treatment of sexual and relationship problems, to include a range of theoretical modalities and ways of working. How these may bring about change for individuals and couples.

3.3 Stages and dynamics of the development of relationships and intimacy; the principles of couple interaction, taking into account cultural diversity and difference.

3.4 Knowledge of the assessment and management of sexual and relationship problems, to include psychological factors, mental and physical health, disability, including learning disability, cultural and inter-cultural factors, educational ability, religious and social factors, etc.

4. Medical Facts

4.1 Organic factors in sexual problems, including effects of illness, surgery, medication and substance misuse.

4.2 The impact of the use of recreational drugs and alcohol, the impact of chem sex, and guidelines for sober sex.

4.3 Knowledge of the relevant physical investigations, (such as prolactin, glucose, testosterone) and how to facilitate them, such as referring to GP or other resource, if an underlying medical condition is suspected.

4.4 Mental illness, the impact of psychiatric medication.

4.5 Genito-Urinary disease, STI's, HIV and AIDS.

4.6 Pregnancy, abortion, contraception, infertility and assisted conception in relation to sexual and relationship problems.

5. Treatment Options

5.1 Specific sex therapy interventions, e.g. sensate focus, arousal circles, psychosexual educational tools, and specific relationship enhancement tools, communication skills, conflict resolution.

5.2 Physical treatments and sex aids in the management of sexual problems. Medical interventions and medication.

6. Specialist areas

6.1 An understanding of the complexity of compulsive sexual behaviours and the debates around the research in the field.

6.2 An understanding of sexual anorexia and sexual aversion.

6.3 Knowledge of the impact of sexual trauma, abuse, rape.

6.4 Sufficient competency to work effectively with GSRD clients.

7. Research

7.1 Knowledge of research methods and how to evaluate research findings.

7.2 Basic understanding of different approaches to research in sexual, gender and relationship therapy practice.

7.3 A critical knowledge of relevant research and social sciences as applied to sexual, gender and relationship therapy.

8. Underpinning Values

8.1 A knowledge of the 2nd Memorandum of Understanding against Conversion Therapy is deemed essential along with any subsequent amendments or updates thereto. Understanding of the application of equal opportunities and anti-discriminatory practice, working with diversity, the meaning of safeguarding in clinical practice.

8.2. Ethical and moral issues as they relate to sexual, gender, and relationship therapy. Legal aspects of sexual, gender and relationship therapy to include current relevant legislation, and any regional and global variations.

8.3 Practising within the Code of Ethics for General and Accredited Members.

APPENDIX 3

Clinical Competencies for COSRT

Introduction

The competencies outlined below offer a summary of what the therapist needs to be able to do to perform as a sexual and relationship therapist. The manner and timing in which they are taught on COSRT training courses is a matter for the judgement of the course directors and their teams, but is always aimed at the integration of theory into practice.

The integration of theory into practice continues in supervision, self reflection and reflection groups. The importance of supervision cannot be over-emphasised, and although only one item below refers directly to its use, it is recognised that for students their supervision represents a fundamental source of learning. It is also a way monitoring the student's ability to use the therapeutic interventions effectively, ensuring that clients receive a good standard of care and treatment.

1. Assessment

1.1 Ability to establish, sustain and end a therapeutic relationship with couples and individuals, within an agreed verbal or written contract.

1.2 Ability to take a comprehensive and relevant history, showing understanding and awareness of the origins of an individual's and a couple's psychosexual dysfunction and function from biopsychosocial, psychodynamic and or integrative/humanistic, attachment and neurobiological perspectives.

1.3 Ability to make a formulation/treatment plan which is congruent with the client's race, culture, religion and any aspects of gender sexual or relationship diversity, and explain it to clients so they understand and are in agreement.

1.4 Ability to make an assessment in the event of coercion, emotional abuse or domestic abuse.

1.5 Ability to use outcome measurement tools and be able to gather client feedback.

2. Treatment

2.1 As appropriate within the therapeutic model the ability to create, negotiate and implement a treatment strategy. Always being flexible about its implementation as more information emerges from the clients during the course of the therapy. Time and availability of clients to complete tasks are also be taken into account.

2.2 Ability to agree homework tasks with the client(s) collaboratively as appropriately and to use the feedback from the tasks constructively in the furtherance of the therapy.

2.3 Ability to use the specific sex therapy tools, techniques and strategies flexibly, sensitively and constructively giving a clear rationale for their implementation.

2.4 Ability to enable couples to use specific relationship enhancement tools and interventions, and manage relationship differences and disagreement constructively where they occur.

2.5 Ability to manage and direct the therapy sensitively and appropriately, showing ability to support positive changes.

2.6 Ability to set and maintain appropriate boundaries to the therapy, and deal with any boundary breaches that may occur, whether deliberately or inadvertently, in an ethical and constructive manner. This would include use of electronic communication.

2.7 Ability to end therapy constructively and evaluate the therapeutic process and outcome.

3. Awareness of Own Limitations and Limitations of Therapy

3.1 Ability to recognise any psychopathology or other factors which may render therapy inappropriate for a given client, and to make appropriate referrals if in any doubt as to the client's capacity. This would include a recognition by the therapist of their own limits in expertise or competency in these areas.

3.2 Ability to work appropriately with diversity in the broadest sense of the word, which would include all aspects of gender, gender identity, gender expression, sexuality, sexual expression, sexual practices, relationship diversity, including cultural diversity, disability and legal restrictions and to be aware of own prejudices and judgements which may interfere to the ability to do this.

3.3 Ability to recognise own limitations and to act appropriately when faced with a situation which is beyond their own ability.

4. Personal Awareness, Growth and Supervision

4.1 Ability to demonstrate awareness of the potential for conscious and unconscious bias in all aspects of the above, and how any biases can be recognised and resolved.

4.2 Ability to demonstrate awareness of personal development needs and the processes by which those needs may be met.

4.3 Ability to use supervision constructively to further the work of sexual and relationship therapy and the therapist's own growth and development as a practitioner.

4.4 Ability to use self reflective processes in the furtherance of both the therapy and their own professional development, and use developing self reflexivity to inform their practice.

4.5 Ability to work in accordance with the COSRT Code of Ethics and Practice at all times and in all interactions with clients.

APPENDIX FOUR

Mental Health Familiarisation

Guidelines for Mental Health Familiarisation 2017

Mental Health Familiarisation is a required component of UKCP accredited trainings, this document must be read in conjunction with UKCP Standards of Education and Training.

Accreditation with UKCP is at Masters level or equivalent and the title of 'Psychotherapist' assumes some generic knowledge and understanding about how differing models of personhood and community understand mental wellbeing and mental illness. Whilst College-level SETs will have specific guidelines on how to approach curriculum content in this area, we expect that *all UKCP accredited Psychotherapy trainings will embrace the following:*

Awareness of diagnosis and treatment

This should include a working awareness of diagnosis and treatment in the context of UK mental health care services.

This should also include an understanding of:

- how mental illnesses are classified
- how to recognise more complex, significant or enduring mental health issues
- the reflexive awareness of context in diagnosis e.g. socio-economics, class, gender, disability, body type, age, culture, religion, race and sexuality
- how and when to refer on to appropriate professional agencies
- how to work in a client-centered way which safeguards the wellbeing of the client (and their dependents) and ensures that the psychotherapy a client receives forms part of an appropriate package of care.

A Range of Models of Assessment

Training Organisations should ensure that students and trainees are introduced to a range of appropriate models of assessment. Models of assessment should include (but not be restricted to) learning about how the medical model understands mental wellbeing and mental illness.

A medical model of assessment should include (as a minimum) awareness of the following in its curriculum:

- Assessment;
- The place of safeguarding in assessment;
- Diagnosis and classification of mental illness;
- Collaborative care: access to appropriate services;
- Recognising complex, significant and enduring mental illness;
- Awareness of current debates around evidence based research, practice, and treatment;
- How and when to refer.

Working within a social responsibility framework

Psychotherapists will require an understanding of their role within a system of restoring balance and justice towards better treatment of people with exceptional needs and prevention of additional mental heath distress caused by normative social expectation and exclusion.

Opportunity for trainees to develop reflexivity in the social responsibility framework should include (as a minimum) relevant coverage of the following:

- Historically and culturally sited models of mental health, mental illness and mental health care.
- The influence of socio-economics, class, gender, disability, age, culture, religion, race and sexuality on the incidence, definition, diagnosis and treatment of mental illness and mental health.
- The intensifying impact of intersectionality (where a person belongs to more than one marginalised group).
- Familiarity with the role of minority community organisations and mental health advocacy organisations and how to engage with them.
- Practices for non-discriminatory service provision.

Working within a wider system of care

Psychotherapists will also require knowledge and understanding that equips them to work within or

alongside other mental health services, with clients who have extraordinary needs and with family members of mental health service users.

Trainees and students should therefore be introduced to the wider contexts and considerations of mental health provision, inorder to develop sensitive and reflexive practice of psychotherapy appropriate to the needs of people who experience greater mental and emotional distress.

This would include understanding and appreciation of:

- the impact on mental health service users and their families of diagnosis, stigma, normativity and minority experience
- the different professional and personal roles in mental health care
- the psychotherapist's role in provision of collaborative care
- the psychotherapist's role in provision of non-discriminatory service
- the role of medication (prescribed and non-prescribed), and its impact
- ethical and legal considerations pertaining to the above, including appropriate familiarity

with the Mental Health Act 2007 and the Equality Act 2010.

There is no one way of meeting these standards. Colleges and training organisations may choose how to fulfil these standards which may be via lectures, videos, a formal placement, or other methods.

APPENDIX FIVE

Glossary

COSRT - This is the abbreviation for the College of Sexual and Relationship Therapists.

CSRP - The UKCP College for Sexual and Relationship Psychotherapy is the section to which COSRT UKCP Registrants are listed. COSRT is an Organisational Member of UKCP and is classed as an accrediting organisation.

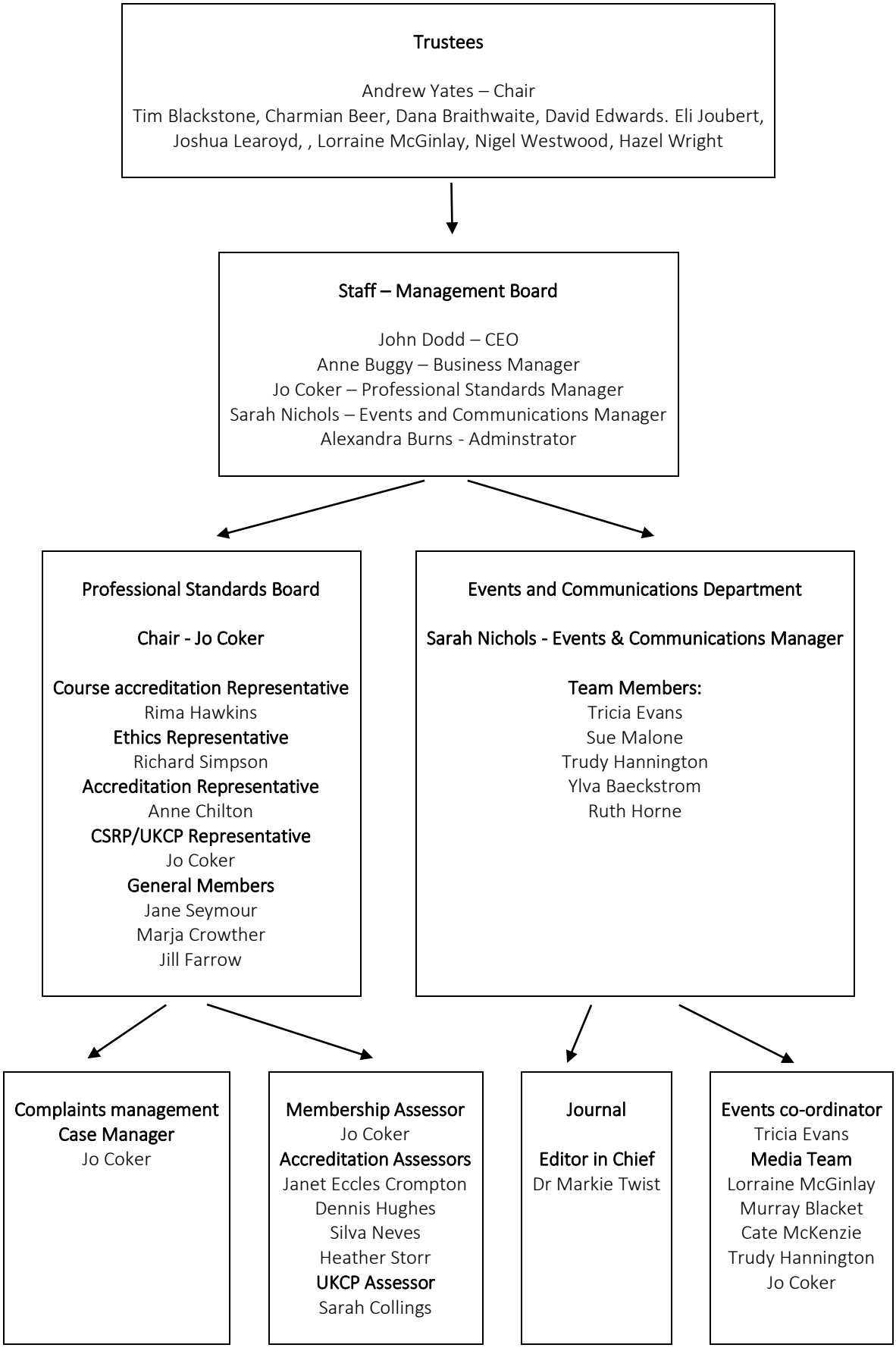
UKCP - United Kingdom College of Psychotherapy. This body represents a range of different psychotherapies and sets standards in all areas of psychotherapy practice and training. It keeps a register of accredited psychotherapists and those who have successfully completed an approved four-year training programme are eligible to apply for registration following one year of practice in which they fulfil the professional development requirements of their section.

COSRT Code of Ethics and Practice for General and Accredited Members - These can be obtained from the COSRT Business Manager and downloaded from the COSRT website (www.cosrt.org.uk).

COSRT Code of Ethics for Supervisors - These can be obtained from the COSRT Business Manager and downloaded from the COSRT website (www.cosrt.org.uk). All courses, staff and trainees must abide by this code.

Professional Standards Board (PSB) - This is the committee within COSRT entrusted with the task of assessing sexual and relationship psychotherapy courses and making recommendations for accreditation based on the criteria laid down in this document. PSB tasks the Assessor Panel to appoint Assessors to assess courses on behalf of the UKCP College for Sexual and Relationship Psychotherapy. PSB also has the responsibility for writing and reviewing documents, training standards, contributing to discussions about training and identifying and sharing good practice.

COSRT Business Manager – Anne Buggy - This is the person to contact at COSRT, PO Box 13686, London, SW20 9ZH for application forms and further information. Tel: 020 8543 2707. Email: info@cosrt.org.uk.

COSRT Assessors - COSRT have a register of experienced accredited therapists, involved in training, who have been appointed by COSRT to carry out course accreditations. It is from this register that Assessors will be chosen to assess a course. The choice is made on the basis of experience, knowledge and impartiality. The lead Assessor is the Assessor appointed to liaise with the course and take responsibility for completing the report.

COSRT Committee Structure 2018 -2019