

### **3. REGULATIONS FOR TRAINING AND PSYCHIATRIC PLACEMENT**

#### **3.1. REGULATIONS FOR TRAINING FOR THE DIPLOMA IN GESTALT PSYCHOTHERAPY**

GPTI does not itself as an organisation offer training courses. GPTI rather set the standards for GPTI trainers to follow within their own associated training centres. GPTI trainees are required to have a Training Consultant who will guide them through their course.

A Training Consultant is a GPTI Teaching and Supervising Member (TSM) or Associate Teaching and Supervising Member (ATSM).

#### **Eligibility and Acceptance**

The training is at postgraduate level. Applicants for training towards the Diploma in Gestalt Psychotherapy must be qualified in one of the “helping professions” (e.g. Counsellor, Social Worker, General Practitioner) or will be able to show that they have achieved “graduate level competence” and have experience of working with people in a helping capacity.

Applicants will normally demonstrate the capacity and commitment to develop the following qualities that will make them suitable for the profession of psychotherapy:

- a lively and enquiring mind
- a capacity for critical reflection and self-directed learning
- an ability to listen and respond with compassion and respect
- awareness of prejudice and the ability to respond openly to issues of race, gender, age, sexual preference, class, disability, ethnic, spiritual / religious and cultural difference, and diversity
- awareness and sensitivity in relation to the political, socio-cultural and religious / spiritual contexts of people's lives
- in-depth self-reflection
- self-awareness and commitment to self-development. Applicants should have sufficient emotional competence and the internal resources necessary to engage with the demands of the training and the work of psychotherapy

Applicants should have relevant experience of working with people in a responsible role. Training organisations should be able to substantiate the relevance of a candidate's experience.

**Signing the Training Contract with a GPTI Training Consultant** Training for the Diploma in Gestalt Psychotherapy with GPTI, is an individualised programme of training, supervision and tutorial support, negotiated between the Training Consultant, and trainee.

The trainee usually retains the same Training Consultant throughout training and should consult with her/him at least twice a year. Although trainees, through the signing of the Contract, establish an ongoing relationship with one Training Consultant, they are expected to retain major responsibility themselves for their own learning process, the design and pacing of their development as Gestalt psychotherapists, the completion of the pre-examination requirements, and for demonstrations of their eligibility and readiness to take the Diploma Examination. They are also responsible for ensuring they understand the regulations of the GPTI governing the completion of the Diploma and that they comply with them.

It is the responsibility of all Trainees to discuss with their training consultant how they can best fulfil the training requirements.

A Training Contract is signed usually in year 2 and is lodged in the office of the GPTI. The Contract is valid for three years and is renewable. Acceptance by the Training Consultant does not guarantee that the trainee will eventually receive the Diploma: it does signify, however, that the Training Consultant believes that there is a reasonable chance that the individual will eventually reach Diploma standard and that, if the Training Consultant subsequently thinks otherwise, the trainee will be informed.

The Institute reserves the rights:

- (a) to refuse to establish a contract
- (b) not to renew a contract after a three year period
- (c) to revoke a contract.

In all matters of dispute about Training Contracts the decision of the Executive Council in consultation with the TSC is final.

If time in excess of a year is taken out, then the training contract will lapse. Trainees would then need to find and meet with a training consultant to see what their current training needs are and negotiate a new training contract.

### **Pre-examination requirements**

The Institute has laid down minimum requirements for training and preparation for the Diploma examination.

#### **(a) Practical and theoretical training in the Gestalt approach:**

1. The norm for training in terms of years is five years part-time, **and no less than four years**. The training programme is individualised and completion depends on:

- (a) completion of all requirements
- (b) a sense of professional and personal maturation and readiness which is individually negotiated between Trainee and Training Consultant.

**2. Trainees are required to undertake a minimum of 500 GPTI accredited training hours for the GPTI Diploma.** Of these 500 hours:

- 360 hours are the minimum of the Core Curriculum provided by Training Centres in Years 1-3
- 140 hours are the minimum for further years e.g. year 4 of a Training Centre or a self agreed programme

Of this total of 500 hours (either the 360 hours years 1-3 or the 140 in further years)

- 120 hours must be with a Teaching and Supervising Member (see 3 below)
- No more than 120 hours can be credited from non-GPTI trainers (see 4 below)
- Training hours in the Gestalt approach that have been done with the Training Consultant or a TSM or an ATSM of GPTI before the signing of the Contract are usually allowable.
- GPTI Conferences may count as 6 training hours per day plus two extra hours if attending an evening workshop.

**NOTE: More hours than the minimum are now required for UKCP registration**

3. **120 hours with a TSM:** Training hours during the course and training hours in the Gestalt approach that have been done with the TSM of GPTI before the signing of the Contract are usually allowable. Hours with senior trainers from other leading Gestalt Institutes can count as GPTI accredited training hours, including counting towards the minimum 120 hours required with TSMs, provided that the trainer has equivalence with a TSM, and the specific workshop contributes towards the overall balance of the training programme, as agreed with the training consultant.

4. **Non-GPTI Trainers:** Credit may be given for training with other reputable Gestalt trainers, providing this has been agreed with the Training Consultant who, if in any doubt concerning any particular request, will refer the matter to the Training Standards Committee. The amount so credited (training from non-GPTI Trainers) will normally not exceed 120 hours towards the total hours of training required.

#### **5. UKCP Accreditation and Registration**

UKCP requirements are not less than 4 years of training plus an age requirement of 25 years.

900 hours of training and supervision are required

Note: this is 200 more hours than the current minimum for the GPTI diploma and will come into effect on June 2008

**GPTI courses are adult psychotherapy course. Adult psychotherapists are not accredited to work with children without additional training.**

The trainers of GPTI are committed both to continuous assessment via the training consultants and organisations associated with GPTI and to a summative assessment via GPTI's written and oral examination. The written and oral examinations are thus only part of the assessment procedure and all participants (examiners and examinees) are reminded that it should be seen within the context of the continuous assessment procedures as represented by the candidates training and letters of support from trainers associated with GPTI.

Candidates who take more than a year out of their training are required to gain the agreement of their Training consultant and notify the Training Standards Committee.

### **(b) Personal Psychotherapy**

Trainees will normally be in regular weekly personal psychotherapy during the course of their training. They are required to be in personal psychotherapy during the formal training period and the year preceding their final examination. The Training Consultant, in consultation with the trainee's trainers and supervisors, will be able to agree a break in therapy where this seems appropriate for the individual trainee.

Trainees need to have significant experience of personal psychotherapy congruent with the mode(s) of therapy that they practice. A minimum of 40 hours per year for four years is a UKCP requirement. The balance of their personal psychotherapy needs to be discussed with their training consultant. Ideally trainees will have experience of both individual and group psychotherapy during their training. Personal psychotherapy must normally be undergone with a UKCP registered psychotherapist or equivalent. Substantial proportions of this psychotherapy should be with a Gestalt U.K.C.P. registered psychotherapist. If this is not feasible then the Training Consultant has the discretion to agree that the psychotherapy could **either** be with a U.K.C.P. Registered Psychotherapist **or** with a Gestalt psychotherapist acceptable to the Training Consultant.

The choices regarding the type of psychotherapy and psychotherapist are sensitive and personal. So the exact nature and suitability of the psychotherapy chosen should be discussed (at intervals during training) with the Training Consultant. **The Training Consultant retains discretion regarding the interpretation and application of all of these guidelines re training, personal psychotherapy and supervision within the context of UKCP/HIPS requirements.** The Training Consultant will support trainees to follow these guidelines, while as far as possible flexibly respecting the context of the individual's life and personal and professional development.

### **(c) Supervision:**

A minimum of 200 hours supervision with TSMs, ATSMs, ASMs, SMs of GPTI . At least 60 of these 200 hours must be with the Training Consultant.

Recognition of Gestalt supervision undertaken with supervisors who are not Teaching and Supervising Members of the Institute is a subject for discussion between trainee and Training Consultant, and will normally not count for more than 50 hours (out of 200 required hours of supervision). The trainee's experience of Gestalt supervision will normally include individual and group supervision as well as some live supervision.

Group Supervision: A maximum of 5 supervision hours can be claimed for supervision groups and days. Group supervision should reflect the 1:6 ratio (i.e. minimum 10 minutes supervision per client hour) In a practicum, extra hours can be counted as training rather than supervision.

### **Recommended Ratio of Supervision:**

GPTI requires that GPTI trainees do one hour of supervision to every six hours of therapy with clients (1: 6). This recommendation is in line with UKCP recommendations. For the first two clients the trainee takes on, GPTI recommends trainees to do one hour of supervision to every three hours of therapy with clients (1: 3). Wherever geographically possible GPTI recommends that trainees have supervision every two to three weeks.

#### **(d) Work with clients:**

Six hundred hours of experience in seeing a range of clients of which at least 300 should be using the Gestalt approach. More hours may be required in the case of those not already in consulting working as counsellors or psychotherapists before they start Advanced Gestalt training.

Trainees should show that they have established themselves in practice with substantial experience in the kinds of psychotherapy that they intend to offer. In supervised psychotherapy practice, they should have demonstrated their competency for a minimum of a two-year period and have had a regular caseload of which at least two should be long-term contracts and that they are able to manage closure.

It is recommended that trainees have experience of working with clients in both long-term and time limited psychotherapy contracts.

#### **(e) Psychiatric Experience**

A psychiatric placement or an equivalent is required for those without relevant experience. The responsibility for finding and arranging a placement lies with the trainee, and plans should be discussed with his/her Training Consultant who can offer further details of the requirement, along with a letter of support or reference if required. (See section 3.3 The Psychiatric Placement.)

#### **(f) Accumulation and Recording of Hours**

Trainees are responsible for keeping an accurate log of all their Gestalt related activities throughout training, in the manner indicated below and in section 6.

#### **(g) UKCP Registration**

The manner of calculating the overall hours of training and supervision required for registration on the UKCP register for Psychotherapists is **NOT** the same as the requirements for qualification with GPTI. Trainees should read section 7 - UKCP Registration of GPTI Accredited Members. Trainees need to keep a log throughout training, recording the hours that can count towards GPTI Accreditation and **further hours for UKCP Registration**.

Graduates who have done less than 900 Training/Supervision hours need to complete their 900 hours before they can be on the UKCP Register. Once they have completed 900 hours, they need to submit their log to their Training Consultant. Their Training Consultant will write to GPTI to confirm that they are eligible for registration.

The extra 200 hours required for UKCP registration (over and above the 700 hours required for the GPTI diploma) can include supervision hours, UKCP level training (any modality) and guest trainers that are not UKCP registered but agreed with the training consultant. Conferences do not count towards the required hours.

#### **(h) First Aid Qualification**

GPTI recommends that all members have a basic first aid qualification. It is stressed that this is a recommendation, not a requirement.

**March, 2008**

## 3.2 TRAINING CONSULTANT

### Introduction

GPTI is a diverse organisation, both theoretically and geographically. Trainees need to be able to have a 'home base' where they can discuss their development: their achievements, their growing edges and their problems. Someone needs at times to fulfil the difficult functions of informing a trainee that they are not achieving the requirements for examination, or even for continuing training.

As well as being an important supporter for the trainee of Gestalt Psychotherapy, the Training Consultant has a number of formal roles to fulfil, from agreeing to sign a training contract to agreeing that a trainee is ready for examination. The trainee is required to have 60 hours of supervision with the Training Consultant.

### Who are Training Consultants?

All trainers (TSMs and ATSMs) of GPTI can be Training Consultants. All those who are TSMs have accepted that part of their function is to be willing to be a Training Consultant for GPTI trainees. In some of the larger trainings, the Training Consultant may not have acted as a trainer for much of the trainee's training; in the smaller trainings, the principal trainer and Training Consultant are likely to be the same person.

### How does the Training Consultant keep up-to-date with the trainee's progress?

This will be in a variety of ways: contact in training and/or supervision; formal training consultations; feedback from other trainers and supervisors; tapes and case study material. (There is no requirement within GPTI for confidentiality between Training Consultants, trainers and supervisors)

However it is done, there needs to be sufficient contact at any moment so that the Training Consultant can fulfil her/his formal roles.

The formal roles of the Training Consultant are now commented on:

#### 1. Signing the Training Contract

This is usually done from the beginning of the second year of training. Both the trainee and the Training Consultant sign the contract: the trainee to signal willingness to work towards qualification with GPTI; the Training Consultant to "signify that the Training Consultant believes that there is a reasonable chance that the individual will eventually reach Diploma standard and that, if the Training Consultant subsequently thinks otherwise, the trainee is informed" (see Section 3, (1) Regulations for Training and Psychiatric Placement: Signing the Training Contract with a GPTI Training Consultant).

The year before the Training Contract is signed (when the trainee is usually expected to be a Pre-contract Member of GPTI) is meant to allow for a period of mutual assessment between the trainee and the trainers. The Training Contract should not be signed by either unless and until both are agreed on this trainee training to Diploma standard as a reasonable and desirable course of action. **It is not supportive of a trainee for a trainer to sign a Training Contract while major doubts exist about the trainee's suitability.**

#### 2. Offering 60 hours of supervision

Different Training Consultants organise these 60 hours in different ways, some offering a block near the beginning of training, some more spread out through the training. However this is done, the Training Consultant must be willing to offer the supervision the trainee needs to be able to apply for the examination, and must offer time towards the examination to hear tapes of the trainee's work, read case study drafts, and generally get a sense of the trainee's ability. (see Section 3, Regulations for Training and Psychiatric Placement: Pre-examination Requirements (c) Supervision).

#### 3. Ensuring Competent and Ethical Practice

The Training Consultant will often be involved with the decision when it is reasonable for a trainee to offer therapy, and whether there might, at some stages of training, be client groups the trainee is not ready to work with. S/he will also sometimes pick up potential ethical problems.

#### 4. Offering Training Consultations

Trainees should meet their Training Consultants at least twice a year for formal training consultations. Here the trainee can discuss any difficulties s/he is experiencing on the course, growing edges and how to tackle them, and have their personal and professional growth acknowledged. The trainee can also review the overall balance of training undertaken, identifying gaps and making plans for future training, including filling those gaps.

The trainee and Training Consultant between them need to keep track of formal requirements which still need to be fulfilled: training, supervision, personal therapy and client hours. Most trainees need to undertake a psychiatric placement. Some will have difficulties finding a therapist, or will want to have therapy which the Training Consultant considers inappropriate. The Training Consultant has wide discretion in terms of the trainee's therapy, and allowing hours with non-GPTI trainers and supervisors, **but this must be balanced by the need for the trainee to maintain their development, rather than just take the easiest option.** If the Training Consultant has agreed to a form of therapy, training, or supervision which may be questioned in the examination process, it is her/his responsibility to make this clear in either the trainee's Training Log or the letter of support for the oral examination.

GPTI is aware that trainees often find the period leading up to the Diploma examination stressful and restimulating, and that there are sometimes particular problems if the trainee is not in personal therapy that is both supportive and challenging at this time.

#### 5. Assessing examination tapes and case studies

Examination tapes and case studies submitted for the GPTI examination must be passed as being of adequate standard by the Training Consultant. The Training Consultant should not be presented with these as a *fait accompli* by the trainee. Rather, there should be sufficient consultation throughout this process that the trainee is aware throughout of particular and general problems in tapes or writing s/he is submitting. This is often a time when the trainee tightens up his/her work considerably, as the same problem comes up in many tapes which are considered. This learning can be lost if the Training Consultant is not willing to listen quite critically to the work.

The Training Consultant needs to clarify the fact that a tape of clinical work is not judged adequate or inadequate in isolation (either by the Training Consultant or an Exam. Board). The adequacy of a tape is always assessed in the context of a trainee's capacity to explain or support his/her work and interventions with reference to such factors as:

- client's background
- diagnostic picture
- previous or subsequent work and its outcome
- stage of the therapeutic relationship
- theory
- use of supervision
- context in which therapy is taking place, etc.

(See Section 5: Examination for Qualification as Accredited Member)

#### 6. Supporting the trainee to take the Diploma - or not

The trainee cannot enter for the GPTI Diploma unless s/he is supported in this by both the Training Consultant and the current supervisor. Often this is unproblematic, and both will agree on the trainee's readiness. However, this can be a very difficult time for both the trainee and the Training Consultant. In particular, the Training Consultant will probably have known the trainee for a number of years, and may experience considerable discomfort in refusing to pass a case study, or support entry into the oral examination. **Yet, it is not in the end supportive to let a trainee go for examination who seems ill-prepared or personally ungrounded.** The experience of being deferred by an examination board is usually more painful than being asked to wait a further year by the Training Consultant.

It is important that a Training Consultant does not take on the task of telling a trainee to wait to qualify, while simultaneously being the major supporter of the trainee. In many training institutions, it does happen, for example, that trainees are not ready to take the examination through personal ungroundedness, and yet are not in a therapy which will provide that grounding. They then rely heavily on the Training Consultant for affirmation, will obviously

feel devastated if they are told they are not ready to qualify, and the Training Consultant is reluctant to face their devastation and anger. They go for examination, do not qualify, and then are enraged at the examiners instead. The Training Consultant is then in a dilemma when they want to appeal!

(See Section 5: Examination for Qualification as Accredited Member)

#### 7. Changing Training Consultants

It is open to trainees to change Training Consultants if this seems most appropriate (e.g. geographically, or if the relationship becomes untenable for some reason). However, it is important that this does not become a means of avoiding uncomfortable feedback, or of more quickly gaining consent to take the oral examination, or a pass for the Case Study. In general, there will be transference issues to be worked through with trainers, and this should normally be done between the trainer and trainee, with the background support of the trainee exploring the relational issues in therapy and of the Training Consultant exploring the relational issues in her/his own therapy and/or supervision of supervision and training.

#### 8. Ending the Training Contract

Once a trainee passes the GPTI Diploma, or otherwise ends training, it is important for this to be acknowledged between the trainee and her/his Training Consultant. The relationship is an important one, and, just as the agreement to co-sign a Training Contract is a weighty decision, so the ending of the contract needs marking formally.

This will particularly be the case if there is likely to be a different relationship between the two people in future years: as colleagues (psychotherapists, supervisors, and/or trainers) often based in a similar area, and both part of GPTI. The change in roles must be enacted with awareness on both sides.

#### 9. Responsibilities of a Training Consultant within GPTI

- (a) To be available to act as an examiner at the oral examinations held in June.
- (b) To be available for the examination of case studies – particularly in February and occasionally at other times.

#### Conclusions

It is clear from the above that the Training Consultant/trainee relationship is a very significant one within GPTI, and one which requires much commitment from both parties. It is important that the relationship avoids the extremes of, on the one hand, the critical and unapproachable schoolteacher, and, on the other hand, the vague 'supporter', who has given up the ability to confront trainees with their growing edges or to say a clear 'no' about the trainee's standards, practices, readiness for examination, appropriateness of appeal, etc. Trainees need to be clear that at times they need to seek personal support and validation elsewhere, while the Training Consultants carry out their more formal duties.

Training Consultants will sometimes need discussion and support for particular aspects of their role from other trainers or from the Training Standards Committee.

Address lists for Teaching and Supervising Members (TSMs) and Associate Teaching and Supervising Members (ATSMs) can be found in Appendix III.

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### **3.3. THE PSYCHIATRIC PLACEMENT**

The general aim of the psychiatric placement is for trainees to gain familiarity and first hand experience of the thinking and clinical methods used in the psychiatric profession and the main mental health delivery system in Britain. The duration of the placement should not be less than twenty days, this being either in a single spell, or in several short blocks, or as a regular weekly commitment over a number of months. Experience has shown that trainees benefit considerably from longer psychiatric placements or from more than one placement.

Ideally the placement will involve attendance at case conferences, patient contact and initial assessment interviews; and, if possible, active participation (e.g. co-leading) in psychotherapy or other groups.

In more detail, the intended outcomes of the placement are as follows:

- (a) Knowledge of professional etiquette, administrative procedures or referral, as well as an immersion in the institutional psychiatric milieu.
- (b) Familiarity with psychiatric assessment and treatment practices;
- (c) Familiarity with specific categories of patients - i.e. those specific categories of patients who are seen in the centre where the placement takes place (schizophrenia, major affective disorders, organic brain syndromes and many others)
- (d) Awareness of how a psychiatric diagnostic system, such as the ICD-10 or DSM IV is used, with special reference to psychosis and some awareness of how differential diagnoses are made.

#### **1 Further Notes**

1. The psychiatric placement is appropriate for those trainees without relevant experience in their normal working life. Those trainees who are in positions such as clinical psychologists or psychiatric nurses or psychiatric social workers, are for obvious reasons, not required to undertake a placement.
2. The responsibility for arranging the placement lies with the trainee herself/himself, though she/he will consult and collaborate with her/his Training Consultant who will, if requested, provide further information about the GPTI and a letter of recommendation, if either of these are requested by the host organisation. Trainees are also encouraged to consult other trainees who have successfully completed placements.
3. Trainees should be aware that the placement will usually be on an unpaid basis, although final details of the terms of contract will, of course, be separately negotiated with the psychiatrist in charge or the institution where the placement is undertaken.
4. Trainees must submit written reports of their experience to the Training Consultants, and if possible to obtain some feedback from an appropriate person in the host organisation. Questions concerning this document should be addressed to your Training Consultant, not to the GPTI office.

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#### **4. THE "CORE CURRICULUM"**

Note G.P.T.I. is committed to owning its diversity of approaches to Gestalt psychotherapy as a strength. The following thirteen 'clusters' will probably be covered in different ways by different trainers. G.P.T.I. requires that the areas of the clusters are all adequately covered in training programmes and by trainees, but not that all subheadings within the clusters are necessarily covered.

You will appreciate that the division into clusters is artificial, and some items could equally appear in more than one cluster.

G.P.T.I. recommends that trainees attend workshops with a variety of trainers, and are aware of the diversity of approach within the Gestalt community.

All aspects of the "Core Curriculum" are to be taught with an awareness of multi-cultural, race, gender and sexuality issues.

##### Cluster 1: The field of psychotherapy

- ◆ Overview of the psychotherapy field.
- ◆ Nature of psychotherapy; the therapeutic frame; therapeutic holding.
- ◆ The historical and philosophical development of Gestalt psychotherapy within the field; Gestalt in relation to other psychotherapies.
- ◆ Critiques of psychotherapy in general and Gestalt in particular.

##### Cluster 2: Gestalt psychology and field theory

- ◆ Holism, field and systems theory; nature of Gestalt as a field theoretical approach.
- ◆ Figure/ground, awareness
- ◆ Principles of field theory
- ◆ Meaning arising in the field; fixed patterns of configuring or making meaning in the field; possibilities for remaking the relationship between figure and ground.
- ◆ Zeigarnik effect/unfinished business
- ◆ Self-actualisation (Goldstein).
- ◆ Variability of therapeutic intervention in response to varying field conditions. Appropriate grading of all interventions in response to field conditions.

##### Cluster 3: Existentialism and phenomenology

- ◆ Existentialism, phenomenology and phenomenological methods
- ◆ Therapy as sustained collaborative phenomenological enquiry
- ◆ Responsibility.
- ◆ Paradoxical theory of change
- ◆ Theories of anxiety

##### Cluster 4: Contact

- ◆ Contact, contact boundary, organism and environment, contact functions
- ◆ Perls/Goodman contact cycle.
- ◆ Cleveland contact cycle.
- ◆ Middle mode

##### Cluster 5: Self Theories

- ◆ Self theories
- ◆ Gestalt theories of self
- ◆ Individualistic and intersubjective models of self and their different implications.
- ◆ Id, ego and personality functions; polarities.

- ◆ some theories of child and adult self development (e.g. Mahler, Stern, Winnicott, Perls) and their relationship to Gestalt psychotherapy.
- ◆ self process; self organisation; fragile self process.

#### Cluster 6: The Therapeutic Relationship

- ◆ Gestalt as a relational psychotherapy
- ◆ The therapeutic relationship including working alliance, person to person, transference and countertransference relationships and Gestalt approaches to working with each of these strands of the relationship
- ◆ Projective identification and the Gestalt approach
- ◆ Intersubjective and dialogic approaches to self and relationship; dialogue; commitment and Buber and I-Thou and I-It relating; creating the conditions for I-Thou meeting (inclusion, presence, non-exploitation, commitment to living the relationship).

#### Cluster 7: Body Process

- ◆ Bodywork
- ◆ Self Regulation
- ◆ Emotional expression and containment
- ◆ Sexuality
- ◆ Use of Touch

#### Cluster 8: Creative and Experimental Approaches

- ◆ Experiment; design and grading of experiments in relation to field conditions.
- ◆ Relationship of experiment and dialogue
- ◆ Integration of creative and non-verbal modes of expression (e.g. use of fantasy, visualisation, metaphor, stories, art, movement etc).
- ◆ Dream work, transpersonal work

#### Cluster 9: Psychotherapeutic Practice

- ◆ Themes and their development over long term therapy and in individual sessions and the relationship between the two.
- ◆ Impact of culture, race and gender on the establishment of a working alliance, on transference and counter-transference phenomena and on the person to person relationship
- ◆ Support and challenge; support and its relationship to development of self and shame
- ◆ Shame, shame binds and fragile self process
- ◆ Impasse between urge to change and fixed styles of relating and experiencing the world.
- ◆ 'Resistance' to and working with and against resistance
- ◆ Types of psychotherapy: individual, group, couple, family, brief/long-term therapy

#### Cluster 10: Psychopathology and Mental Health

- ◆ Gestalt Typology or description of process
- ◆ Evaluating and using psychiatric diagnostic systems (e.g. DSM-IV) and linking these with a Gestalt approach.
- ◆ Theories of neurosis.
- ◆ Interruptions to contact; bipolar dimensions of contact
- ◆ 5-layer theory
- ◆ Gestalt approach to working
- ◆ Work with particular client types (e.g. adult survivors of child abuse, people with particular styles of personality disorder, people with eating disorders).
- ◆ Skills in assessing and responding to the range of responses to shock and trauma, bereavement and spiritual crisis and differentiating these from severe mental illness.

- ◆ The capacity to recognise severely disturbed clients and when the practitioner should seek other professional advice.
- ◆ An understanding of the procedures used in psychiatric assessment and liaison with other professionals involved in mental health.

#### Cluster 11: Practice Management

- ◆ Ethics, ethical dilemmas and professional guidelines
- ◆ Initial interviews and the Gestalt approach to problem formulation, therapeutic strategies and treatment design; contracting.
- ◆ Management of a therapy practice; boundaries; developing therapy over the long term and focused Gestalt therapy
- ◆ Use of supervision
- ◆ Therapist self-support
- ◆ Assessment and management of risk (e.g. suicide).
- ◆ Limitations of Gestalt psychotherapy.
- ◆ Limitations of personal competence.
- ◆ Knowledge of relevant legislation.

#### Cluster 12: Gestalt as a lived experience

- ◆ Gestalt as a personal discipline e.g. Jungian, Zen, Taoist approaches.
- ◆ Personal experience of Gestalt psychotherapy.
- ◆ Gestalt's approach to the transpersonal and/or spiritual.

#### Cluster 13: Groups, Systems and Organisational Issues

- ◆ Different Gestalt theoretical models of groups and approaches to group therapy.
- ◆ Working with groups, small groups and large groups; working with systems, levels of systems and organisational issues.

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## **'Gestalt descriptor'.**

Gestalt psychotherapist trainees are expected to demonstrate both an integrated understanding of Gestalt psychotherapy, and professional skill as Gestalt psychotherapists. They are expected to demonstrate the ability to reflect on their practice, to integrate personal self-awareness and to use such skills in practice and in personal supervision. They are expected to show understanding of how the GPTI code of ethics is integrated into their practice.

They are expected to demonstrate the ability and confidence to evaluate critically Gestalt philosophical tenets, Gestalt theory and the practice of Gestalt psychotherapy. They should be able to discuss and critique contemporary psychotherapies and show awareness of research findings related to the practice of psychotherapy.

### **GPTI LEARNING OUTCOMES**

1. The student will be expected to:
  - Discuss in detail the principles of Gestalt psychology and field theory, and demonstrate their application in clinical practice.
  - Show awareness of other major psychotherapeutic approaches, and their relationship to Gestalt Psychotherapy.
  
2. The student will be expected to:
  - Demonstrate understanding of existentialist thinking as it applies to the practice of Gestalt psychotherapy.
  - Understand and demonstrate competence in the use of phenomenological method.
  - Understand Beisser's 'Paradoxical theory of change', and demonstrate application of this theory in clinical practice.
  
3. The student will be expected to discuss the principles of the dialogic approach and demonstrate this approach in a variety of settings, e.g. clinical practice, training settings, supervision.
  
4. The student will be expected to:
  - Discuss in detail the theory of contact and withdrawal processes in the context of field theory and dialogue.
  - Demonstrate the ability to maintain contact with self and others in a variety of situations.
  
5. The student will be expected to discuss and critically evaluate:
  - The Gestalt theory of self, including id, ego and personality functions.
  - Gestalt and compatible theories of human development.
  
6. The student will be expected to demonstrate knowledge and competence in the:
  - Initial and ongoing assessment of the client and the clinical work in relation to:
    - the therapist's limits of competence

- the form of therapy offered
  - the prevailing field conditions, including setting
  - the form of therapy offered
  - the limitations of the Gestalt approach.
- Development of the therapeutic alliance.
  - Identification of the processes of transference and counter transference, and ways of working with them in the therapeutic relationship.
  - Maintenance of the psychotherapeutic relationship, e.g. dealing with issues that may confront the psychotherapist, including conflicts, over identification and boundary issues.
  - Ending of the psychotherapeutic relationship.

7. The student will be expected to map the process, direction and progress of the psychotherapy:

- Through recognition and identification of an overall shape or form to the clinical work, as well as patterns and themes emerging both spontaneously and over time.
- Identification of the foci for change, the nature of the change process and the patterns of resistance to change and their meaning.
- Understanding of cultural, racial, age, disability, sexual orientation, class and gender dynamics within the psychotherapeutic relationship.
- Understanding of the variety of psychotherapy forms available, i.e. individual, group, couple, family, brief and long-term psychotherapy.
- Awareness of how therapeutic choices are made in the context of the chosen mode of psychotherapy, e.g. brief term, group, individual.

8. The student will be expected to demonstrate theoretical and clinical competence in working with body process including:

- An awareness of the client's and their own sensory, physical, physiological and affective experience,
- Awareness of sexuality, and how this may impact on the therapeutic relationship
- Knowledge and skill in the use of touch in the psychotherapy relationship.

9. The student will be expected to demonstrate understanding, skill and creativity in the practice of experiment within the context of the psychotherapeutic relationship.

10. The student will be expected to demonstrate understanding of the:

- Gestalt concepts of creative adjustment and contact styles and how awareness of the concepts may enhance client understanding.
- Gestalt forms of diagnosis and psychopathology e.g. fixed gestalts, decreased ego functioning.

- Other diagnostic categories related to Gestalt diagnoses, e.g. DSM-IV.
- Implications of working with specific client groups on clinical practice.

11. The student will be expected to show awareness of Gestalt psychotherapy as a lived discipline and relate his/her own growth to professional Gestalt psychotherapy practice.

12. The student will be expected to:

- Demonstrate their integration of professional and ethical principles into their clinical practice.
- Use reflection, discussion and ongoing supervision to assess and report on their own and others' work with clients.
- Autonomously use resources for learning.
- Prepare for and make effective use of supervision.
- Engage confidently, respectfully and co-operatively in professional communication with others.
- Show awareness of boundary issues, including confidentiality, in specific settings.
- Show a basic awareness of legal issues relating to psychotherapy.

13. The student will be expected to understand Gestalt approaches to group process and how these relate to other approaches within groups and organizations.

14. The student will be expected to demonstrate awareness of research findings appropriate to Gestalt psychotherapy.