

## STANDARDS FOR EDUCATION AND TRAINING (SET) for PSYCHODRAMA PSYCHOTHERAPY TRAINING

**Ratified by the BPA Full Executive on 29 January 2022.**

(One amendment made, to section 6.3.2, on 12<sup>th</sup> February 2024. Noted in italics in that section.)

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**This document is written to be consistent with the Standards of Education and Training (SET) specified by the United Kingdom Council for Psychotherapy (UKCP) Humanistic and Integrative College (HIPC) (2017).** It should be read and understood in conjunction with those standards. This document provides minimum standards for psychodrama psychotherapy training. The minimum standards and guidance relevant to sociodrama training is provided in a separate document.

### INTRODUCTION

#### Vision Statement

The BPA is an action-oriented organisation involved in the development, training and dissemination of the methods of psychodrama, sociodrama and Morenian action methods. The BPA seeks to enhance the quality of life through advancing a professionally respected method of psychotherapy, education and communication.

Psychodrama can enable people to make connections between their inner and outer worlds. This can facilitate self-actualisation and personal agency. In addition, psychodrama can promote social empowerment through encouraging the development of empathic relationships and the resolution of interpersonal conflict through non-violent, therapeutic means. In line with the vision of HIPC, the BPA believes in and supports the following ideas:

- i.** The importance of the therapeutic relationship as the medium for change.
- ii.** The importance of interdisciplinary dialogue and exploration, with emphasis on integration, respect for difference, and ability to work with diversity.
- iii.** A spiritual dimension to an individual's life and problems, the self-healing capacity of the individual, and the individual's sovereignty and responsibility.
- iv.** The centrality of social relationships in setting the framework in which individuals shape their lives.
- v.** The importance of political awareness and the understanding of the individual's experience, personal beliefs, and values.
- vi.** The integration of mind, body, feeling, soul and spirit.

### The Aims of the BPA are to:

- i.** Promote the appreciation, status and development of psychodrama and sociodrama in the UK, and maintain links with relevant international organisations.
- ii.** Oversee and support the training of competent psychodrama psychotherapists, trainers and educators using sociodrama and Morenian action methods.
- iii.** Provide minimum standards for the training and competence of psychodrama psychotherapists and sociodramatists.
- iv.** Provide comprehensive procedures for registration and continuing professional development (CPD) of psychodrama psychotherapists, trainers and clinical supervisors in the UK.
- v.** Provide an accessible platform for members to network and engage in appropriate continuing professional development activities including work within organisational structures.
- vi.** Promote confidence in the efficacy and safety of psychodrama psychotherapy for prospective clients, commissioners and professional peers.

### Objectives and Obligations of Training Organisations

- i.** Training Organisations (TOs) deliver psychodrama diploma training programmes which are accredited by the Training and Accrediting Committee (TAC), which is a sub-committee of the BPA Executive Committee (EC). TOs are accountable to the TAC, EC and their registered trainees.
- ii.** Psychodrama training programmes must provide a framework for the development of psychodrama training which recognises and facilitates the integration of psychodrama with other psychotherapeutic modalities to maintain its standing within the wider psychotherapy field in the UK. The programmes should actively encourage the positive use of individual and group experience in enhancing the use of psychodrama in personal, organisational and educational development.
- iii.** Training programmes must be underpinned by solid philosophical, theoretical, methodological, social and evidence-based foundations to enhance clinical outcomes for clients and patients who engage in psychodrama psychotherapy.
- iv.** TOs must ensure that trainees and graduates have a comprehensive understanding of the principles of ethical, anti-oppressive and anti-discriminatory practice and must be compliant with relevant BPA and UKCP guidance and professional codes of practice across the full scope of their clinical and non-clinical psychodrama activity.
- v.** TOs should have published policies which clearly address these issues and provide evidence that they are integrated throughout the training programme curriculum delivery and staff/trainee recruitment practices.
- vi.** TOs may set additional requirements to the minimum standards outlined in this document, but must demonstrate that the minimum standards are met fully before a trainee is permitted to proceed to qualification and be awarded a diploma in psychodrama psychotherapy.

**vii.** TOs should address succession planning proactively and encourage senior trainees to participate in the TO and BPA governance structures including attendance at the TAC and AGMs. TOs should provide support for and opportunities to appropriate senior trainees and graduates to develop trainer-specific competencies.

**viii.** TOs must appoint an **external course moderator** who is not directly associated with the TO (i.e. they may not be a graduate, trainer or ex-director/partner). The external moderator may be from another professional discipline such as another UKCP psychotherapy organisation or have appropriate skills in organisational consultancy.

The external moderator will critically evaluate the training programme with respect to policies and procedures, the quality of course documentation (e.g. handbook) and ensure that the TO is delivering the training programme as outlined.

The external moderator may be available to the trainers to review inter-trainer difficulties and reflect on any possible internal prejudices, collusion or dispute.

**ix.** TOs must appoint an **external academic examiner**, who will have a contracted relationship with each school and the BPA as a whole. The role of the external academic examiner is primarily to ensure that the TOs are delivering training programmes at Master's level and that there is, broadly speaking, parity of training between the TOs. (See also the HIPC document describing the roles of external course moderator and external academic examiner.)

**x.** TOs must provide trainees with a written policy and procedure for dealing with complaints, grievances and appeals against decisions that affect their training. The external course moderator will be involved in addressing any such issues (except in academic matters, which are under the purview of the external academic examiner). The external moderator may be available to trainees to act as an ombudsman to ensure fair treatment. Unresolved complaints, grievances or appeals must be referred to the TAC or BPA Ethics Committee where appropriate.

**xi.** TOs must ensure that there is a formal mechanism for consulting trainees in the organisational management and development of their training so that appropriate changes can be made to the structure, content and process of the training. Trainees should be allotted time during training events to review their training and hold peer trainee meetings, elect representatives and participate in the co-creation and development of the training organisation's procedures to assure quality.

**xii.** TOs must ensure that there is a formal written **policy and procedure for transferring trainees** between TOs. The TAC should oversee any transfers to ensure appropriate consultation between the different training organisations. TOs must not accept a transfer from another TO without consulting the former senior trainer first. TOs receiving the transferring trainee must prospectively, as part of the transfer application, assess which learning outcomes/competencies have been met in their previous training. TOs receiving the transferring trainee have the right to determine its policy in this matter, however in the event of a dispute, the matter must be referred to the TAC to ensure that standards of equitable and consistent training is delivered across TOs.

## **BPA STANDARDS OF EDUCATION AND TRAINING FOR PSYCHODRAMA PSYCHOTHERAPY TRAINING ORGANISATIONS (TOs)**

### **1. Trainee Selection Criteria and Procedures**

**1.1** TOs must publish comprehensive training programme information outlining their selection criteria. Applicants must be made aware of all components of the programme, including the requirement to undertake personal psychotherapy, and be informed of the associated time, financial and academic implications to ensure that the applicant has the resources to meet these requirements. TOs should be aware of the following entry requirements outlined by HIPC (HIPC SET, 2017):

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.

**1.2** TOs must have systems for applicants to confirm that they have an adequate command of written and spoken English (disability and equalities exceptions/adaptations to this requirement will always apply). Initially this will be assessed through the submission of a standardised application form and a written personal statement about the applicant's motivation to train in psychodrama. In some cases, registered trainees will be advised to engage a professional proof-reader in order to meet the appropriate standards of written English for the training. This will be at their own expense.

**1.3** Applicants must have prior experience of psychodrama through attending a BPA accredited certificate or introductory course, or the equivalent. Such attendance may contribute to accreditation of prior learning (APL) if the application is successful.

**1.4** The psychodrama diploma training programme is delivered at Master's level equivalent and prospective applicants must demonstrate that they are competent to meet the academic demands of the programme. Normally this means possessing a first degree (BA or equivalent) or a recognised professional training (or equivalent). In keeping with usual higher education procedures, applicants without prior tertiary qualifications may be considered based on accredited prior experiential learning (APEL ) associated with relevant life experiences. This is

consistent with anti-discriminatory and equal opportunity good practice, which does not disadvantage applicants from diverse backgrounds or those educated in countries outside the UK.

**1.5** Applicants must provide evidence that they have relevant experience of working with people in a responsible role and provide at least one professional and one personal reference.

**1.6** TOs must ensure that Disclosure and Barring (DBS) [PVG, in Scotland] checks are sought and confirmed before the trainee starts the training. Where a place is offered based on lack of transparency or fraudulent information on the part of the trainee / applicant, then the trainee shall be removed from the training.

**1.7** Applicants must be offered a formal in-person or online interview by at least two representatives of the TO, one of whom will be a senior trainer. This interview will also be used to assess whether the applicant has personal qualities, as outlined in 1.1, which make them suitable for the psychotherapy profession.

**1.8** If an application is unsuccessful, for whatever reason, the TO must provide the applicant, in writing and within one month of the interview, with a clear rationale for the decision. This should include recommendations regarding specific conditions to be fulfilled before attempting to re-apply or specific reasons why the applicant will not be able to meet the requirements of training at any time in the future. The application should be presented to relevant members of the TAC to facilitate a smooth and transparent process should the applicant decide to apply to an alternative TO.

## **2. Registration of Trainees**

**2.1** Following a successful application, the TO should enter into a formal written contract with the trainee which should provide details of commencement of training; fees; accreditation of prior learning (APL and APEL); confirmation of adherence to relevant codes of practice; and a named personal course tutor.

**2.2** The trainee **must** register with the BPA as a trainee member through submission of the appropriate form and fee. Other than where APEL / APL hours are granted, any training undertaken when the trainee is not registered with the BPA will not count towards the requirements for qualification. TOs will ensure that trainees are fully cognisant of this requirement.

**2.3** TOs should encourage trainees to register with the UKCP as trainee members.

**2.4** TOs must provide trainees with a comprehensive course handbook which includes detailed information about the curriculum; intended learning outcomes; assessment procedures; progression criteria; relevant academic material and resources; and complaints and disciplinary policies and procedures. The handbook must provide clear signposting to relevant BPA policies and codes of practice.

**2.5** TOs must provide trainees with a logbook (or its equivalent, e.g. electronic forms) that covers all aspects of the training curriculum. The training logs should be completed in a timely manner in order to enhance accuracy and also to provide opportunities for reflection on progress with the

trainee's tutor / course leader. The trainee log should be considered to be an important document that evidences the student's professionalism and development.

**2.6** TOs must ensure that trainees are clear about the principles of confidentiality and associated procedures specific to training. Material from training sessions is confidential to the specific group of trainees. The facilitating TO trainers will exchange information on the group process and on the progress of individual trainees, the content and process of psychodrama training sessions and their individual trainees' work as protagonists, auxiliaries, directors and as group members. The trainers will make written records which will be available only to the TO training team. Consistent with BPA codes of practice, external trainers and supervisors may share information with the TO about a trainee and be consulted by the TO. A trainee will normally be informed of these contacts.

### **3. Tutorial Support for Trainees**

**3.1** TOs must assign each trainee a named personal course tutor who is a BPA registered trainer with the TO. This tutor must not be their personal therapist or the supervisor of their clinical practice. TOs should have clear procedures to address the potential need for a change in tutor. TOs must ensure that trainers and tutors engage in appropriate supervision of their work with trainees.

**3.2** Each trainee must be offered and must participate in a minimum of three tutorials annually. Tutorials may be in person or via appropriate electronic platforms.

**3.3** Tutors should consider the individual trainee's learning style explicitly and support the trainee to match or adapt it appropriately to the identified learning needs and outcomes to maximise the development of competence.

**3.4** Tutors should assist trainees in focusing their academic activities appropriately and effectively to ensure that they meet the identified learning outcomes. This may include directing trainees to relevant literature, research and external training opportunities. This could be achieved through providing trainees with precise, positively critical, supportively challenging, and well-timed feedback.

**3.5** Tutors should support trainees to maintain a good work-life balance which is consistent with the demands of training and their personal circumstances.

**3.6** Training progression is subject to annual review with the tutor and senior trainer to ensure that the trainee has achieved the required learning outcomes for the specific components of the curriculum taught within that particular year.

**3.7** TOs should have clear procedures for identifying and supporting trainees in difficulty. This should include robust mechanisms for identifying specific areas of difficulty through triangulation of feedback from all professionals (internal and external to the TO) involved in observing and / or monitoring various aspects of a trainee's development and functioning. This process should be transparent and collaborative, encouraging self-reflection and agency for the trainee in addressing the difficulties and assessing progress.

#### 4. Procedures for Accrediting Prior Learning and Accredited Prior Experiential Learning

**4.1** TOs must have a formal procedure for approving accredited prior experiential learning (APEL) and accredited prior learning (APL).

**4.2** This procedure should describe the process and relevant criteria and provide scope for an appeals process. Normally no more than 50% of any training should be achieved through any of the above.

**4.3** APEL will comprise of experiences that either fulfil entry requirements or contribute towards achieving the diploma award, e.g. the 100 hours of mental health experience. TOs must confirm that the relevant learning outcomes identified in the curriculum are fully met by this prior experiential learning and document it explicitly.

**4.4** APEL cannot be counted twice, i.e. what is an entry requirement cannot also be counted as contributing to the diploma hours. For example, for an applicant who does not hold a degree, their life experience as a volunteer for MIND could be counted as relevant experience towards their entry onto the programme, but they may still be expected to undertake a 100-hour mental health placement during their training.

**4.5** APL for psychodrama training will be comprised of actual training course hours attended with BPA accredited trainers (or equivalent international psychodrama trainers) which contributes towards achieving the diploma award. Non-psychodrama training APL could be comprised of training courses which cover specific topics of knowledge outlined in the curriculum such as research or other psychotherapy modalities.

**4.6** Normally APEL or APL hours should not have been achieved prior to five years before the trainee registers with a TO.

#### 5. Personal Psychotherapy

**5.1** The UKCP and HIPC require all psychotherapists to engage in a continuous process of self-examination and reflection before, during and after training.

**5.2** The HIPC guidance (2017) further states that trainees “must have an experience of psychotherapy **congruent** with the psychotherapy in which they are in training, **a minimum of 40 hours per year for four years**, and normally be in psychotherapy throughout their training. This personal psychotherapy must **normally** be undergone with a UKCP registered psychotherapist, or equivalent.”

**5.3** TOs must obtain written confirmation that trainees undertake personal psychotherapy as per the HIPC guidance. This therapy must be with an appropriately accredited psychotherapist who is not their tutor, trainer, or clinical supervisor. The therapy should normally take place throughout their training should total a minimum of 160 therapy hours.

**5.4** As psychodrama training involves a significant experiential component, TOs must ensure that the boundaries between therapy, training and supervision is explicitly addressed with trainees.

**5.5** The TAC recommends that at least one year of this psychotherapy should be in a weekly psychodrama psychotherapy group run by a BPA registered psychodrama psychotherapist. However, should this be logistically impossible, TOs may consider alternative arrangements for trainees to have experience of personal psychodrama psychotherapy distinct from their experiential training, e.g. a trainee might attend a residential week and declare, with the agreement of the facilitating trainer, that this is for personal psychotherapy and should not be counted as training hours. This cannot, however, be with the student's trainer. This is to avoid the role conflict of therapist vs. trainer.

**5.6** Personal psychotherapy should be at least as intensive in terms of frequency, method and duration as the trainee aspires to practice.

**5.7** Personal psychotherapy does not contribute to experiential training hours.

**5.8** TOs must ensure that trainees can identify and manage their personal involvement in and contributions to the dynamic processes of their practice of psychodrama. This may be particularly relevant when assessing the trainee's progression through the learning and development of generic psychotherapeutic competencies common to all psychotherapy modalities.

The following two sections, sections 6 and 7, should be considered together, as they cover the combined two core criteria (hours and competencies) for progression and completion of the training.

## **6. Minimum Hours Requirements of the Trainings**

**6.1** Psychodrama training should normally take place over a minimum of four years and a maximum of six years (excluding leave of absence or a period of deferral or remove). The time limit may be extended to a maximum of eight years in exceptional circumstances through written application to the TAC.

**6.2** Progress and completion of the diploma training courses will be based on a combination of hours completed and competencies evidenced.

**6.3** The following are the **minimum** hours requirements for a psychodrama psychotherapy training course (Note: in individual cases, these hours may need to be increased significantly, depending on the trainee's evidence of competency across a range of skills and criteria):

**6.3.1 1,200 hours, comprising core training hours** (i.e. direct contact) with accredited psychodrama trainers or apprentice trainers (normally, a minimum 600 hours), supervision of clinical practice (at least at the 1:6 ratio), mental health familiarisation placement (100 hours as a guideline), tutorials with a trainer, and self- and peer- directed learning (including essay writing, independent study and preparation, peer learning groups, attendance at external trainings in other modalities, and related activities). Of these 1,200 hours, a minimum of 50 hours should be sociodrama hours. Core training hours can be obtained with internal and external trainers, on residential, or at conferences, as long as the trainer is an



accredited psychodrama trainer or an apprentice trainer. Trainees should understand that there is an expectation of consistent attendance and engagement with the training throughout the training.

**Note:** The BPA minimum requirement for 1,200 hours overall is 300 hours more than the HIPC minimum requirement of 900 hours. This reflects on the one hand the fact that psychodrama training is for both group and individual psychotherapy, and on the other hand the fact that, in addition to normal clinical competencies, psychodrama psychotherapy requires competencies across multiple domains of expertise reflected in the complex artistry of the method.

**6.3.2** In addition to the core training hours, the trainee will undertake **450 hours of supervised clinical practice**, made up as follows:

- A **long-term group** with a minimum of **80 sessions**, achieving a minimum of **160 hours**. This can be a closed group or a slow-open group. If the minimum sessions are not achieved because the group must end prematurely, the length of time a further group must run will be agreed at the discretion of the senior trainer. *In exceptional circumstances, these group hours may be achieved in groups of a shorter duration as long as the trainee can evidence their ability to manage the group therapy process over a significant period of time.* (This sentence in italics was added by authority of the BPA TAC, 12-2-2024)
- An optional short-term group consisting of a minimum of **20 sessions**, achieving a minimum of **40 hours**.
- One-to-one sessions consisting of a minimum of **three** and a maximum of **five** training clients, one of whom will be a medium-term client for at least **40 sessions**. Total individual client practice should be a minimum of **80 hours**. If the medium-term client practice ends prematurely, then the same arrangement as applies to the long-term group practice applies.
- Clinical assessment practice consisting of a minimum of **20 sessions**, achieving a minimum of **20 hours**.

This leads to the achievement of **300 hours**, leaving a further **150 supervised clinical practice hours** to be achieved at the discretion of and with the approval of the senior trainer. These hours can be achieved through extended group or individual practice, working as a co-therapist / trained auxiliary, or leading psychodrama taster sessions, as long as they are supervised and have a therapeutic content. These hours can also be obtained through facilitating applied psychodrama sessions, e.g. working with children or in other educational contexts. If a trainee is in the role of trained auxiliary or assistant director, the maximum number of hours that can be counted towards clinical practice hours is 75 hours. If a trainee is co-facilitating a group, they will gain clinical practice hours only for those sessions in which they are the main director.

The trainee shall have **clinical supervision** throughout their clinical practice, at the minimum ratio of one hour of supervision to six hours (1:6) of clinical practice. At the start of clinical practice, it would be normal to have more frequent clinical supervision, e.g. at the ratio of 1:2 or 1:4. In group supervision contexts, the trainee should take responsibility for ensuring that they work pro-actively to ensure that they are making maximum use of the opportunity for learning and reflection (especially

when the focus is on other members of the supervision group). Where appropriate and necessary, the trainer may require that the trainee has individual supervision.

Trainees must adhere to the clinical placement procedures document issued by their training organisation. This will include specific guidance about communication with and between supervisors, the training organisation, with clients, and with the hosting agency.

**6.4** The psychodrama trainings authorised by the BPA are specific to adult psychotherapy. Should a trainee wish to practice child, couple, family or sexual therapy, they must ensure they have adequate further specialised training in these areas.

## **7. Minimum Competencies to be Evidenced by Trainees**

**Note:** All stages of the training must at present be at Master's level (Quality Assurance Agency for Higher Education (QAA) level seven). TOs must ensure that the training, in its content, delivery and assessment, explicitly meets Master's level equivalent as indicated by the overarching learning outcomes shown below. Specific learning outcomes should be identified for each aspect of the core curriculum.

**Preamble:** Qualification as a competent psychodrama psychotherapist requires training across a number of areas. It is expected that the achievement of the intended learning outcomes (ILOs) outlined below will not be a linear process. It is understood that these ILOs will form the basis of continuous assessments of trainees as their competence develops throughout training. Different TOs will develop programmes of learning which differ in their particulars but will enable trainees to demonstrate explicitly that they have achieved these minimum ILOs by the end of their training. **Note that throughout this document, the spirit and intention of the SET is that students should achieve minimum competencies rather than focus primarily on hours acquired.**

**Note:** The following section is adapted from and meant to closely parallel appendix 2 (HIPC Learning Outcomes') in the HIPC SET document 2017.

### **A. KNOWLEDGE BASE**

#### **A1: Knowledge and understanding**

Trainees should be able to:

**A1.1 HIPC outcome:** Demonstrate an advanced and detailed level of understanding of the theoretical and clinical principles of the psychotherapy they are studying, and how they relate to general humanistic and/or integrative principles.

#### ***Psychodrama-specific outcomes related to A1.1:***

##### **Methodology of psychodrama**

*The aim of this module is to enable trainees to integrate the theory and methodology of psychodrama.*

## **Intended Learning Outcomes**

Trainees should be able to:

1. Critically evaluate the psychodrama 'science of action' theory which outlines the rationale for the methodology comprising the application of numerous active techniques.
2. Demonstrate the full range of active techniques (e.g. double, mirror, role reversal) within a psychodrama enactment.
3. Understand and facilitate all the stages of a classical psychodrama.
4. Evidence sufficient understanding of the theory and practice of drama, theatre, stagecraft and improvisational skills necessary to manage the action in a psychodrama enactment.
5. Appropriately participate in training groups as an effective group member, auxiliary ego, protagonist or director, and demonstrate a capacity for effective self-reflection in the processing of their contribution.
6. Analyse and critically reflect upon the ethical implications of these techniques for contemporary clinical practice.
7. Critically analyse key frameworks for understanding group process, taking into account the views from (for example) systems theory, group work theory, group analytic theory and the psychodrama theory of social science.
8. Develop and enhance advanced clinical skills related to group process and sociometric exploration in action.
9. Critically evaluate the theory of group process and sociometry, and the clinical applications of these theories.
10. Demonstrate the ability to utilise self-evaluation effectively to evaluate their personal repertoire of clinical skills related to group process, sociometry and the use of active techniques.

## **Psychodrama in individual psychotherapy**

*The aim of this module is to facilitate a critical understanding of how psychodrama methodology can be adapted for effective use in one-to-one settings.*

## **Intended Learning Outcomes**

The trainee should be able to:

1. Critically appraise the available literature in the area.
2. Effectively adapt the methodological techniques of psychodrama group practice to the one-to-one clinical setting.
3. Critically self-evaluate their competence in one-to-one psychodrama practice.
4. Critically compare and contrast one-to-one psychodrama practice with other modalities.

## **Non-clinical applications of psychodrama**

*The aim of this module is to ensure that trainees develop a critical understanding of the non-clinical applications of psychodrama and sociodrama.*

### **Intended Learning Outcomes**

The trainee should be able to:

1. Demonstrate understanding and integration of the different aims and practices related to clinical and non-clinical uses of Morenian methods, including sociometry and sociodrama.
2. Critically compare and contrast the application of psychodrama in clinical and non-clinical contexts.
3. Demonstrate skills in applying psychodrama and sociodrama in non-clinical contexts such as education (children and adults), team and organisational development, conflict resolution, leadership training, etc.

**A1.2 HIPC outcome:** Demonstrate a general level of understanding of other major models and approaches of psychotherapy

### ***Psychodrama-specific outcomes related to A1.2:***

## **Psychodrama and other psychotherapy modalities**

*The aim of this module is to facilitate an understanding of psychodrama's place within the wider psychotherapy context and in relation to other psychotherapy modalities.*

### **Intended Learning Outcomes**

The trainee should be able to:

1. Demonstrate a basic understanding of and psychoanalytic/psychodynamic modalities including group analysis; humanistic, existential and integrative modalities; and other modalities from the broad spectrum of current psychotherapy practice.
2. Critically reflect on current psychotherapy research.
3. Demonstrate more detailed knowledge of the principles which underlie one other modality to appropriately apply techniques and interventions characteristic of the modality in clinical practice.
4. To purposefully integrate and assimilate the knowledge and techniques of this other modality safely and effectively into their psychodrama practice and to evaluate this integration critically.

**A1.3 HIPC outcome:** Show an ability to understand and evaluate research methods relevant to all models of psychotherapy, and critiques of 'objective' research within humanistic models.

### **Psychodrama-specific outcomes related to A1.3:**

#### **Research**

#### **Research Awareness Module: Understanding methodology and critical appraisal for psychodrama psychotherapists.**

*The aim of this module is to ensure that trainees become informed and reflective consumers of research (i.e. to be able to critically evaluate published research) and to begin to develop the roles of the 'scholar-practitioner' and 'practitioner-researcher' as an important aspect of their professional identity. The related aim of this module is to ensure that trainees develop specific skills in objective- and self-evaluation of psychodrama clinical practice as a tool for improving outcomes of clinical interventions in psychodrama.*

#### **Intended Learning Outcomes**

On successful completion of this module trainees will be able to:

1. Understand the basic theoretical frameworks of a range of quantitative and qualitative methods and how these apply to psychodrama research in practice.
2. Use this methodological understanding to critically appraise the quality (validity and reliability) of current research and literature in the field of psychotherapy. This critical appraisal can include a reflective summary of relevant meta-analyses and critical reviews that are already published.
3. Either compile a literature review on a specific topic or do a detailed critique of a piece of research relevant to the study of psychodrama psychotherapy.

Note: These three learning outcomes can be met in one or more of the following ways (some of this will depend on the learning styles of the student):

- Written work, e.g. a case study paper which includes a review of relevant literature; Psychopathology paper; Child development paper; Dissertation.
- Discussion during training workshops.

#### **A2: Analysis**

Trainees should be able to:

**A2.1 HIPC outcome:** Formulate a model of human functioning, including a model of individual development and a model of therapeutic change using the theoretical approach of their chosen model of psychotherapy.

**A2.2 HIPC Outcome:** Use the above model [under A2.1] to analyse complex situations and conceptualise a range of therapeutic interventions. In particular, the student will be expected to be able to engage in a therapeutic relationship congruent with their chosen approach, which will be a central factor in the practice of the therapy.

***Psychodrama-specific outcomes related to A2.1 and A2.2***

*The aim of this module is to ensure that trainees develop a comprehensive understanding of the broad philosophical and theoretical constructs underpinning psychodrama.*

**Intended Learning Outcomes**

Trainees should be able to:

1. Critically reflect on the development of psychodrama psychotherapy within a historical, psychological and philosophical context.
2. Critically evaluate the psychodrama theory of human development including child development theory and role theory/dynamics, and compare these with other theories of child development.
3. Identify and analyse the factors influencing human development, including familial, environmental, cultural and biological components.
4. Understand the psychodrama theory of interpersonal relations (including the concept of tele) and contextualise it in relation to other relevant psychotherapy theories and concepts (e.g. transference, countertransference, parallel process).

(Psychodrama-specific outcomes related specifically to A2.2 – see also sections B and C below.)

**A3 Synthesis and creativity**

Trainees should be able to:

**A3.1 HIPC outcome:** Use an advanced level of theoretical knowledge to develop hypotheses and generate therapeutic responses to clinical situations. This may involve creativity and openness to change on the part of the therapist.

**A3.2 HIPC outcome:** Synthesise their own personal integration of theory and clinical practice.

**A3.3 HIPC outcome:** Be able to go beyond set techniques to engage with the client/patient.

***Psychodrama-specific outcomes related to A3.1, A3.2 and A3.3:***

The student will be expected to be able to:

Synthesise available information related to psychodrama psychotherapy practice, through consideration of theory, practice, research findings, systematic reflection, and evaluation in informing decisions to enhance ethical, professional practice.

(See also sections B and C below.)

#### **A4: Evaluation**

Trainees should be able to:

**A4.1 HIPC outcome:** Use critical reflection and ongoing supervision to assess and report on their own and others' work with clients/patients.

**A4.2 HIPC outcome:** Critique the chosen model of psychotherapy, assess its limitations and compare it with alternative approaches.

**A4.3 HIPC outcome:** Critically evaluate the implications of issues of culture, race, gender, sexual orientation and disability in psychotherapy.

#### ***Psychodrama-specific outcomes related specifically to A4.1, A4.2 and A4.3:***

See sections below on practical evaluation (the practicum examination and viva) and sections describing the processing of every piece of directing.

### **B. PERSONAL SKILLS**

#### **B1: Therapeutic skills**

Trainees should be able to:

**B1.1 HIPC outcome:** Assess clients/patients for suitability for their chosen psychotherapy.

**B1.2 HIPC outcome:** Establish and work with a therapeutic relationship congruent with the chosen approach.

**B1.3 HIPC outcome:** Formulate and apply appropriate therapeutic processes.

**B1.4 HIPC outcome:** Make appropriate therapeutic interventions and manage appropriate endings.

#### ***Psychodrama-specific outcomes related to B1.1, B1.2, B1.3 and B1.4:***

Trainees should be able to:

1. Undertake a generic psychotherapy assessment, using psychodrama techniques as appropriate.

2. Make robust risk assessments and safety plans.
3. Engage the client/patient using the psychodrama methodology; facilitate and maintain an appropriate boundaried therapeutic alliance, use appropriate therapeutic interventions, enable emotional expression and exploration, and manage therapeutic endings appropriately.
4. Apply the theory and methodology of psychodrama competently in directing clinical psychotherapy groups.
5. Demonstrate competence in appropriate record-keeping and professional correspondence.
6. Critically appraise the clinical impact of their interventions.

(See also section C below.)

## **B2: Self-appraisal and reflection on practice**

Trainees should be able to:

**B2.1 HIPC outcome:** Critically reflect consistently on therapeutic process and on own functioning to improve practice.

**B2.2 HIPC outcome:** Engage with their own therapeutic process and self-actualisation.

**B2.3 HIPC outcome:** Demonstrate a method of understanding recognising and responding to counter transference issues.

### ***Psychodrama-specific learning outcomes related to B2.1, B2.2 and B2.3:***

Students are expected to reflect on their way of being in life, in the training environment, and in clinical practice, through the lens and language of psychodramatic role theory. This will be evidenced through processes including group process, group-based learning and participation, directing psychodrama, protagonist and auxiliary work, processing of psychodramas, critical reflections, essay writing, peer learning groups, and tutorials.

## **B3: Planning and management of learning/practice**

Trainees should be able to:

**B3.1 HIPC outcome:** Autonomously use resources for learning.

**B3.2 HIPC outcome:** Engage in activities for personal growth and development congruent with the chosen approach.

**B3.3 HIPC outcome:** Prepare for and make effective use of supervision.

**B3.4 HIPC outcome:** Identify, clarify, assess and manage resolution of most clinical problems.



***Psychodrama-specific learning outcomes related to B3.2, B3.3 and B3.4:***

With regard to items B3.2 and B3.4, the student is encouraged to utilise psychodrama and action methods generally in meeting these learning outcomes. With regard to item B3.3 the student must work with a qualified clinical supervisor who is able to support their psychodrama-specific training. In order to develop psychodrama directing competencies to be evidenced in a practicum exam, students must have psychodrama-specific supervision to help them prepare for this.

**B4: Communication and presentation**

Trainees should be able to:

**B4.1 HIPC Outcome:** Engage confidently and respectfully in professional communication with others.

**B4.2 HIPC Outcome:** Present their clinical work for discussion and mutual learning.

**B5: Interactive professional and group skills**

Trainees should be able to:

**B5.1 HIPC Outcome:** Negotiate and handle conflict confidently and respectfully. This will include ability to relate to clients who are angry or dismissive, or who break boundaries.

**B5.2 HIPC Outcome:** Work co-operatively with others.

**B5.3 HIPC Outcome:** Where this is part of the approach, work effectively with psychotherapy groups, and/or with co-therapists.

***Psychodrama-specific learning outcomes related to B5.3:***

It is understood that clinical practice hours will include some individual practice and also group practice as outlined in section 6.3. The role of trained auxiliary is recognised as a specialised and psychodrama-specific version of the co-therapist role. In addition, clinical practice hours can be gained when students share the direction of a group.

**C. CONTEXT OF PRACTICE**

**C1: Characteristics of Professional Setting**

Trainees should be able to demonstrate:

**C1.1 HIPC Outcome:** Awareness of the setting in which psychotherapy takes place, and capacity to adapt the chosen approach to the setting in which it is to be applied.

**C1.2 HIPC Outcome:** Awareness of what might not be possible in a particular professional setting.

**C1.3 HIPC Outcome:** Awareness of boundary issues, including confidentiality, in specific settings.

**C1.4 HIPC Outcome:** A capacity to handle complex, unpredictable and specialised situations.

***Psychodrama-specific guidance related to items C1.1 to C1.4:***

With regard to the mental health familiarisation placement and the clinical practice hours, trainees should be able to:

1. Show an awareness of the organisational structures of NHS mental health and psychiatric provision, particularly in the trainee's intended region and specialty of clinical practice.
2. Show an awareness of the current mental health legislation including the mental health act (MHA), the mental capacity act (MCA) and deprivation of liberty (DoLs) safeguards if the latter is relevant to the trainee's clinical practice environment.
3. Critically appraise the different discourses and models used to understand human functioning, adaptation and mental ill-health, with reference to Morenean theory and philosophy. This should include an understanding of strengths-based and bio-psycho-social models.
4. Show an awareness of the main classification systems in psychiatric diagnosis e.g. ICD or DSM, and the role and application of these diagnostic systems in their placement setting.
5. Identify clinical features of common psychiatric disorders including depression, mania, anxiety, psychosis, substance misuse and personality disorder.
6. Demonstrate awareness of NICE guidance for treatment of these disorders including pharmacological interventions and common side-effects which may impact on psychotherapy.

**Note:** This section should be read in conjunction with the UKCP document entitled: The UKCP Guidelines for Mental Health Familiarisation 2017. The learning aims in that document (and its subsequent iterations) will also apply to this document.

**Note:** It is understood that in some cases, the hours requirement for the mental health familiarisation will include a combination of placement hours and other forms of agreed structured learning.

**C2: Responsibility**

Trainees should be able to demonstrate:

**C2.1 HIPC Outcome:** Autonomy in professional practice.

**C2.2 HIPC Outcome:** Responsibility for self-monitoring.

**C2.3 HIPC Outcome:** Awareness of issues and procedures relevant to professional practice.

**C2.4 HIPC Outcome:** Awareness that regular on-going supervision and CPD are part of being a psychotherapist. [BPA clarification of this item: The BPA understanding of this item is that the student will demonstrate their understanding and appreciation that regular ongoing supervision and CPD are part of being a psychotherapist. They will understand that the five-year reaccreditation process will form a critical part of their ongoing professional lives.]

***Psychodrama-specific guidance in relation to item C2.1:***

It is understood that the notion of autonomy is intricately related to the student's progress and development during the course. Therefore, autonomy and the need for structured guidance from trainers and supervisors will need to be consistently revisited. Students are expected to actively seek out guidance and support within their zone of proximal development (i.e. their current knowledge and skills, and the 'growing edge' of their knowledge and skills). Their ability to identify when they need support and guidance is a crucially important self-awareness skill as a developing professional.

**C3: Ethical Understanding**

Trainees should be able to demonstrate:

**C3.1 HIPC Outcome:** Awareness of the ethical and professional practice responsibilities of being a psychotherapist.

**C3.2 HIPC Outcome:** Awareness of and ability to manage the implications of ethical issues and dilemmas.

**C3.3 HIPC Outcome:** A basic awareness of legal issues relating to psychotherapy.

**C3.4 HIPC Outcome:** Ability to work proactively with others to formulate potential solutions.

**C3.5 HIPC Outcome:** Ability to predict and manage consequences of applied solutions.

***Psychodrama-specific guidance in relation to items C3.1 to C3.5:***

Trainees should develop an understanding of the importance of the ethical and safety issues related to touch, boundaries, the limits and uses of personal disclosure, and the critical importance of clearly demarcating imaginative and reality-oriented explorations during psychodrama sessions (this includes protagonists always ending in the present and in their own role). Trainees should develop a well-grounded understanding of the ethical issues involved with psychodrama as a highly immersive, embodied and active form of therapy. Trainees will also:

- Demonstrate an appropriate level of knowledge of the broad regulatory frameworks in the UK, with specific emphasis on the UKCP and BPA Ethical Principles and Code of Professional Conduct policies.
- Manage informed consent and confidentiality appropriately.
- Recognise when any personal impairment could affect their fitness to practice and to respond appropriately to prevent potential harm to clients/patients or self.
- Effectively assess risks related to the interventions or clinical environment and safeguarding clients/patients from harm.
- Manage conflicts of interest and/or power dynamics with clients/patients sensitively and effectively.
- Demonstrate cultural competence through an explicit awareness of potential impacts of differences such as nationality, ethnic origin and heritage identity, gender and gender identity, sexual preferences or orientation, marital or partnership status, age, socio-economic class, disability, political, religious or spiritual persuasion or practice.

## **8 Requirements for training organisations**

### **8.1. Trainer qualifications and teaching activities**

TOs must ensure that trainers and teachers are appropriately qualified to deliver the curriculum. This may require the engagement of visiting trainers/teachers to deliver particular components of the programme or that trainees are signposted to relevant appropriate external TOs or educators.

TOs should, in accordance with current evidence in adult learning theory, employ a variety of teaching and learning activities including:

- Programme of lectures, seminars, group work, presentations, and group and individual tutorials.
- Written assignments and feedback.
- Self-directed research, independent study and project work with tutorial guidance and peer discussion.
- Utilisation of a range of action-based methodologies including sociodrama, psychodrama, sociometry, role development, role taking and role training to enhance and consolidate learning.
- Demonstrations of practice, i.e. trainers directing psychodrama in front of trainees.

- Supervised clinical practice. The utilisation of live supervision (including live coaching while the student directs) within the context of the training group to enhance here-and-now learning.
- Presentation of case specific material through both individual and group methods.

## 8.2 Academic Texts and Reading

TOs should provide a list of core and supplementary texts. TOs should have a library system available to trainees which provide the core texts and at least some of additional recommended texts. This may include online / electronic material.

TOs should signpost trainees to relevant research articles. TOs should encourage trainees to use free electronic search engines including:

- Connectpapers.com
- pdbib.org, which hosts a comprehensive international bibliography of psychodrama
- Google scholar
- PubMed
- ResearchGate
- Psycheinfo
- Medline
- Academia.edu

## 9. Assessment, Written Work and Progression

**9.1** TOs must appoint an **external academic examiner** to moderate the quality of academic assessments to ensure that Master's level or equivalent is demonstrated. The TAC should encourage different BPA TOs to appoint, where practicable and logistically possible, a common external academic examiner to promote consistency across all the training programmes.

**9.2** TOs must ensure that assessment processes provide a broad range of opportunities to respond to the diversity of learning styles of trainees. Assessment should avoid over-emphasis on one particular range of skills. Types of assessments include written portfolios, case studies, spoken presentations, practical assignments, directing psychodrama sessions, clinical placement practice and practice reports. The assessments should reflect the trainee's ability to work intentionally, analytically, ethically and proactively, in the specialist field of psychodrama psychotherapy.

**9.3** TOs must ensure that assessment processes are balanced appropriately within the training programme to enhance successful progression. Assessment should be an ongoing process addressed in each tutorial session to ensure that learning needs are identified by trainees, trainers and tutors.

**9.4** TOs must ensure that self- and peer-assessment is included in the learning process.

**9.5** TOs must ensure that assessment criteria and marking/grading of assessment submissions consistently demonstrate compliance with Master's level or equivalent academic standards and that grading is done according to the criteria outlined in **table 9.5.1. A minimum of six written assignments should be submitted by trainees**, including:

- one paper of 4,000 to 6,000 words on theory,
- one case study of 4,000 to 6,000 words;
- a paper examining research or doing a focused literature review; and
- a final paper (dissertation / research thesis / extended case study) of 10,000 to 16,000 words.

Shorter written submissions (e.g. less than 6,000 words) should normally be supplemented with appropriate presentations and / or creative, multi-modal forms of consolidating and evidencing learning.

**9.6** TOs must ensure that the assessment criteria for each module or practical assignment is clearly outlined in terms of appropriate content, word length, submission and feedback deadlines and procedures to address a 'fail' grade. Trainees should normally be given feedback on formally assessed work within four to six weeks after the submission of the work.

**9.7** TOs must ensure that all written submissions are consistent with an accepted academic convention i.e. either APA or Harvard and that trainees have adequate access to information and tutorial support to enable them to meet this requirement.

**9.8** TOs must ensure that all written submissions are double marked and a percentage will be moderated by the external academic examiner as agreed with the TAC (normally not less than three per student, i.e. final dissertation + two other papers). The final dissertation submission must be moderated by the external academic examiner.

Note: It is advised, but not required, that the external practicum examiner read the student's dissertation (or another paper submitted as part of the course).

<b>Table 9.5.1 – Marking Criteria for Written Work</b>				
<b>Grade</b>	<b>RANGE OF SOURCES</b> (Range of sources, and demonstrated understanding of these sources; synthesis and focusing of ideas on the topic)	<b>CONTENT</b>	<b>PRESENTATION</b> (Length; use of academic conventions; spelling, grammar, paragraphing, etc; layout; proof-reading)	<b>RESEARCH Specific Written Assignments</b>  This column only applies where a student undertakes a piece of research.
<b>70-100%</b>	Comprehensive range of sources, including sources beyond the most common, i.e. reading and integrating beyond the core curriculum; evidence of scholarship in understanding of ideas and focus on the topic. Excellent theoretical background, showing critical appreciation of underlying ideas.	Shows originality through critical questioning of received ideas; and awareness of alternative perspectives; meticulous, well-supported analysis; insightful evaluation/conclusion/implications.	Is concise within the requirements of the task; skilled use of academic conventions; skilful layout etc.; accurate proof-reading.	Originality in identification of question. Excellent theoretical background showing critical appreciation of underlying ideas. Skilled research design, carefully and critically applied. Insightful analysis with critical and innovative interpretation of any implications.
<b>60-69%</b>	Competent coverage of major relevant sources; shows depth of understanding of the topic; relationships between ideas cogently made.	Critical review and synthesis of ideas; coherent, realistic and well-supported argument; insightful use of own ideas and experience; perceptive appraisal of any implications. Cogent, theoretically-based rationale.	Competent control of length; skilled use of academic conventions; clear layout etc.; almost all errors eliminated in proof-reading.	Perceptive presentation of questions; cogent, theoretically-based rationale; good research design with critical analysis of data where appropriate; careful appraisal of any implications.
<b>50-59%</b>	Shows acquaintance with and understanding of relevant key concepts and issues from a range of sources; ideas synthesised and related to the topic.	Ideas organised and grouped to present a coherent argument; some critical analysis of ideas/evidence. Some relation to underlying theories made.	Length requirements observed; appropriate use of academic conventions; effective uses of spelling etc; careful proof-reading.	Clear statement of research question; a rationale is provided for research approach taken and some relation to underlying theories made; some critical analysis, discussion and presentation of any results; appropriate implications drawn from the study.
<b>40-49%</b>	Evidence of appropriate reading in the field; identification of some pertinent issues; some superficiality in treatment of the topic.	Appropriate organisation; some evidence of understanding of ideas and ability to relate ideas and experience; mainly descriptive with limited attempt critical judgement; occasional inconsistencies. Some theoretical background attempted.	Length requirements observed; basic command of academic conventions; some errors in proof-reading but largely accurate spelling, etc.	A research question is given though it may not be fully contextualised; limited rationale; some theoretical background attempted; data collection methods relevant; analysis attempted but may lack depth; some implications examined.
<b>0-39%</b>	Limited range of ideas; shows weak acquaintance with sources; ideas unfocused.	Disjointed organisation; unsupported arguments; little use of relevant experience; descriptive without critical analysis. Theoretical background very limited.	Length requirements not observed; use of un-attributed material; incomplete referencing; presentation marred by language errors affecting comprehensibility.	Research question is unclear; rationale is weak; theoretical background very limited; methods not well chosen or misapplied; analysis sketchy or unjustified by data; implications not asserted or untenable.

**The criteria above are to be used as a guide by markers to help to establish an overall mark.**

**Overall mark: Less than 50% = Fail, 50% - 59% = Pass, 60% - 69% = Merit, Over 70% = Distinction**

**9.9** TOs must ensure that progression through training is associated with stages of academic learning and development of practical skills and competencies. Trainees must be assessed at least once a year to enable progression through the programme (i.e. progression to the next academic year or stage of the programme is not automatic, but is dependent on satisfactory completion of the requirements of the current year). Trainees must be made aware of the fact that training may be delayed or terminated at the discretion of the senior trainer or TO based on factors including, for example:

- Non-compliance with ethical standards;
- Extreme delay in meeting course requirements and progression criteria;
- Inability to perform at the required academic level and / or practical skill level for the student's stage of training;
- Non-compliance with the requirements of the course.

## **10. Practical Skills Assessment**

**10.1** Trainees must demonstrate practical competence in directing a full psychodrama under examination conditions before being awarded the diploma.

**10.1.1** This comprises a final practical examination (practicum) and verbal reflection on the practicum directing (viva voce) which are assessed by the individual trainee's senior trainer, tutor and an **external practicum examiner**, who must be a BPA registered psychodrama trainer not affiliated to the TO.

**10.1.2** The external practicum examiner must provide a written assessment of the practicum and viva to the training organisation, which will then pass the written assessment to the student.

**10.1.3** The external practicum examiner must be available for a consultation to a trainee who has queries or complaints about their assessment. This must be done in coordination with the TO.

**10.1.4** The external practicum examiner should normally be the person who re-assesses any trainee who, having failed a practicum and viva, retakes the examination.

**10.1.5** There will be no contact with the trainee apart from an introduction and explanation of the role. If the external practicum examiner has had previous contact with the trainee, any potential conflict of interest should be addressed beforehand.

**10.1.6** A trainee who fails a practicum and viva can re-take the final practical examination after three months.

**10.2** The practicum and viva must be conducted under thoughtful examination conditions where time boundaries of the session must be agreed at the start of the exam, which should normally last between 2.5-3 hours. Adjustments will be agreed in advance where needed and appropriate. The ability to stay within agreed time boundaries for a session is an important skill for clinical and non-clinical professional practice.



**10.2.1** During the practicum, the trainee will be responsible for conducting a full psychodrama session. Adjustments will be agreed in advance where needed and appropriate.

**10.2.2** At the end of the psychodrama session, the trainee will withdraw from the group for a period of time to prepare for the viva session (a sample viva structure: ten minutes for the student to present their self-assessment of their directing, ten minutes for the group to ask questions of the student director, and ten minutes for the trainers and external practicum examiner to ask questions of the student director). During this time the group may have a break and the external practicum examiner discusses the examination with the trainer/s. During the break period, students should use this time to prepare questions for the student director. In considering whether a student will pass or fail a practicum and viva, the external practicum examiner must explicitly consider the psychological complexity of the material presented by the protagonist and the group.

**10.2.3** After the viva, either on the same day or the next, the piece of work will be processed (led by the external examiner), and the result given.

The reasons why a piece of directing may pass include:

- The director handled the process safely, therapeutically and creatively. (See table 10.3.1 for indicative assessment criteria, which may vary somewhat in each TO.)
- The quality of the director's relationship with the protagonist and group was therapeutic, demonstrating warmth, empathy and congruence.
- Techniques were used correctly.
- Sufficient awareness of and trust in the process/method was demonstrated.
- The director displayed an understanding of applied psychodramatic theory in their work with the protagonist.
- The work was good enough: perhaps there were mistakes, but the protagonist and the group gained some therapeusis and the director demonstrated sufficient skill to satisfy the group and examiner that their practice is safe and efficacious.

The reasons why a piece of directing may fail include:

- The director's practice was unsafe, power was misused or misdirected.
- The director did not attend to the needs of the group.
- The director lacked spontaneity and creativity.
- The director did not trust or use the method sufficiently.
- The director avoided significant material, gave up, froze, collapsed or abandoned the group or an individual in the group.
- The director became entangled in their own material and confused this with an individual's material; not noticing the transference or becoming caught up in the countertransference.
- The director did not complete the process, failing to achieve appropriate closure or hold the boundaries.
- The director did not show sufficient awareness of social, political, or cultural issues.
- The contract with the group was not kept and not re-negotiated when necessary.
- The director did not adhere to time boundaries (the examiner will consider the level of difficulty of the work when considering this criterion).

**10.2.4** Any trainee who has failed an exam (practicum and viva) must be offered a follow-up tutorial to process their learning experience and to provide clear feedback on their grade.

**10.3** TOs should normally provide trainees with sufficient opportunities to direct psychodramas on training workshops under examination conditions to prepare for the final practicum and viva. At the same time, it is understood that a *majority of the preparation for the practicum assessment* will take place during the student’s supervised clinical practice – which *includes* their use of clinical supervision. For this reason, students are strongly encouraged *not* to end their clinical practice until *after* they have taken their practicum exam. Even in circumstances where the student has ended their clinical practice, they should normally retain use of regular clinical supervision while they are in training.

Trainees must be given clear guidance on how to prepare for the final practicum and viva.

**Competencies to be evidenced during student directing** (including the practicum exam and viva): The following checklist of competencies can be used and adapted by TOs when assessing student directors and their competence at various stages of training, including the practicum and viva. Trainees should be encouraged to take responsibility for their own learning and development, and should undertake self- and peer-assessment using this or similar / adapted processing checklists:

**Table 10.3.1.** Psychodrama Director Processing Checklist

This checklist is adapted from Kellerman (1992) <i>Focus On Psychodrama</i> , London: Jessica Kingsley.	Yes (correct performance)	No (incorrect performance)	Inadequate information or questionable performance
<p><b>A. WARM-UP</b></p> <p>1. Was the director able to stimulate individual group members sufficiently and warm them up to action?</p> <p>2. Was the director able to build sufficient cohesion and a constructive working climate in the group?</p> <p>3. Was the type of warm-up exercise/s appropriately chosen?</p> <p>4. Were the instructions to warm-up exercise/s sufficiently clear?</p> <p>5. Was there adequate follow up to warm-up exercise/s?</p> <p>6. Was the director able to help the group develop a specific theme upon which to focus?</p> <p>7. Did the director consider group dynamic aspects and sociometry sufficiently at the beginning of the session?</p> <p>8. Was the director sufficiently warmed up to directing?</p>			

**B. SELECTING THE PROTAGONIST**

- 9. Was the protagonist selected in a suitable manner?
- 10. Were other potential protagonists considered and taken care of?

**C. THERAPY CONTRACT (action-preparation)**

- 11. Were overall time-boundaries of the session taken into consideration sufficiently before the session?
- 12. Was the stage, or action-space, prepared sufficiently?
- 13. Was a therapeutic alliance (tele) established?
- 14. Was a treatment contract sufficiently negotiated?
- 15. Was the protagonist assisted in the transition from audience to drama in a manner which developed the warm-up process?

**D. INTERVIEWING (focusing)**

- 16. Was the protagonist interviewed adequately with respect to time, i.e. not too long or too short?
- 17. Was a basic theme or focal issue identified correctly?
- 18. Was the protagonist given sufficient freedom to select the focus of exploration?
- 19. Were other concerns adequately identified?
- 20. Were non-verbal messages of the protagonist identified?
- 21. Were unconscious, symptomatic, and/ or other essential clinical information sufficiently gathered?

**Action Phase:**

**E. SCENE SETTING**

- 22. Was the first scene chosen properly in terms of protagonist warm-up and relevance to the focal issue?
- 23. Were subsequent scenes chosen properly?
- 24. Were the scenes sufficiently 'anchored', in time (when)?
- 25. Were the scenes sufficiently 'anchored' in place (where)?
- 26. Were symbolic scenes, representing the imaginary world of symbols and dreams, properly staged?

<p>27. Was the director able to capture the overall atmosphere of location properly, so as to arouse the group's imagination?</p> <p>28. Were light and sound used properly to enhance atmosphere?</p> <p>29. Were relevant (and/or significant) objects used correctly?</p> <p>30. Were transitions between scenes correctly handled?</p> <p>31. Could the group hear and see the action sufficiently?</p> <p>32. Was the stage properly set for action (taking into consideration the positioning of walls and furniture, for example)?</p> <p>33. Was the stage adequately 'cleared' between scenes?</p> <p>34. Were relevant clues adequately picked up?</p> <p><b>F. PUTTING AUXILIARIES INTO ROLE</b></p> <p>35. Were the auxiliaries chosen properly?</p> <p>36. Were the auxiliaries put into role properly, receiving sufficient instructions on their role performance?</p> <p>37. Were the auxiliaries optimally mobilised to function as extensions of the director and protagonist?</p> <p>38. Were dysfunctional auxiliaries tactfully dismissed?</p> <p>39. Were auxiliaries sufficiently protected against physical harm?</p> <p><b>G. ENACTMENT</b></p> <p><b>Beginning</b></p> <p>40. Was the director able to perceive important clues, identify the central issues, and translate them into action?</p> <p>41. Was the protagonist instructed to act in the here-and-now?</p> <p>42. Was the protagonist instructed to 'show' the group what happened rather than talk about it?</p> <p>43. Were resistances properly identified, concretised and worked through before and during the action?</p> <p>44. Was reality enacted before surplus reality (affirmation before correction)?</p> <p>45. Were the various time dimensions; past, present, and future, properly differentiated?</p>			
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<p>46. Were the various reality dimensions; subjective, objective and surplus reality, properly differentiated?</p> <p>47. Was the protagonist helped to make a transition from the world of experience to the world of representation?</p> <p><b>Middle</b></p> <p>48. Did the sequence of events and scenes move logically?</p> <p>49. Was the technique of role reversal used correctly?</p> <p>50. Was the technique of doubling used correctly?</p> <p>51. Was the technique of mirroring used correctly?</p> <p>52. Was the technique of soliloquy used correctly?</p> <p>53. Were other techniques and adjunctive methods, such as dream work, axiodrama, bibliodrama, playback theatre, living newspaper, magic shop, and role training used correctly?</p> <p>54. Did the session move from the periphery to the centre?</p> <p>55. Was the physical contact between director and protagonist adequate?</p> <p>56. Was the tempo of the director the same as, or in tune with, that of the protagonist?</p> <p>57. Were abstractions concretised correctly?</p> <p>58. Were emotional expressions maximised correctly in accordance with the need of the protagonist?</p> <p>59. Was catharsis allowed to emerge spontaneously in its own time?</p> <p>60. Was catharsis allowed to be fully expressed?</p> <p>61. Was the protagonist encouraged to complete his or her actions and given the opportunity to undo and to do again'?</p> <p>62. Were insights correctly induced?</p> <p>63. Were new behaviours suggested and trained correctly?</p> <p>64. Was the involvement of the group taken into consideration, and did the director maintain contact with the group, during the session?</p> <p>65. Was the protagonist sufficiently protected against physical harm?</p>			
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<p><b>End</b></p> <p>66. Was the psychodrama allowed to evolve by itself, without a Pre-fixed strategy or a 'script'?</p> <p>67. Did action end in reality?</p> <p>68. Did action end in here-and-now?</p> <p>69. Was the protagonist in his/her own role at the end of action?</p> <p>70. Were adequate suggestions from the group encouraged?</p> <p><b>H. CLOSURE</b></p> <p>71. Was sufficient closure provided at the end of the session?</p> <p>72. Did the director assist the protagonist in integrating material from the session?</p> <p>73. Were hints for further exploration proposed?</p> <p>74. Did the director encourage constructive feedback and/or alternative solutions from the group?</p> <p>75. Was the protagonist sufficiently helped to re-enter the group after the session?</p> <p><b>I. SHARING</b></p> <p>76. Was the protagonist's need for 'recovery time' satisfied?</p> <p>77. Was the audience allowed its catharsis of integration in the sharing portion of the drama?</p> <p>78. Was de-roling of the auxiliaries encouraged when needed?</p> <p>79. Was role-feedback encouraged?</p> <p>80. Was the group allowed to respond honestly?</p> <p>81. Was the director able to protect the protagonist from well-meaning advice and interpretations?</p> <p>82. Did the director share with the group?</p> <p><b>J. PROCESSING</b></p> <p>83. Was the director willing to ask for help when stuck or in need of assistance?</p> <p>84. Was there a clear rationale, a theoretical assumption, or a working hypothesis behind the direction?</p>			
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<p>85. Was the director able to provide a sound evaluation of his or her own work?</p> <p><b>K. GENERAL</b></p> <p>86. Were instructions and interventions verbalised clearly?</p> <p>87. Were transference issues properly handled?</p> <p>88. Were countertransference issues identified and properly handled?</p> <p>89. Did the director practice according to the code of ethics; (responsibility, moral standards, confidentiality, client welfare, public statements, client relationships, etc.)?</p> <p>90. Did the director seem to understand the protagonist (empathic ability)?</p> <p>91. Was the director able to hear correctly what was said?</p> <p>92. Was the director able to identify emotionally with the protagonist?</p> <p>93. Was the director able to comprehend the underlying messages which were communicated by the protagonist?</p> <p>94. Was the director able to report back to the protagonist, at The right moment, what was understood? (timing)</p> <p>95. Was the director able to verify his or her understanding and correct it if mistaken?</p> <p>96. Did the director find the proper balance between support and confrontation?</p> <p>97. Did the director function well in the role of group leader (establish group norms - build cohesion, encourage active participation by all members, and facilitate interaction)?</p> <p>98. Did the director find the proper balance between leading and following (working together)?</p> <p>99. Did the director function well in the role of therapist (influencing, healing, changing)?</p> <p>100. Did the director seem to trust the potential power of the psychodramatic method?</p>			
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## **11. Training Logbook and Reflections Portfolio**

**11.1** TOs must ensure that trainees, upon registration with the BPA, commence the use of a training logbook. This should include dates and details of all training activities (internal and external) attended (with the trainers' names and signatures and any attendance certificates), supervision and tutorials. This logbook will provide evidence of the hours gained in various training domains. The logbook will also include details of all APEL and APL agreed with the TO. Trainees are encouraged to upload the records into an electronic portfolio which can be shared with their tutor prior to each tutorial session.

**11.2** Trainees should be encouraged to use a reflective journal to record their reflections on theory and practice and any other relevant learning experience. This will not be formally assessed but should inform aspects of tutorial sessions.

## **12. Completion of Training, and Practitioner Registration**

**12.1** After a trainee has met all the requirements of psychodrama training, the TO will award the trainee a diploma in psychodrama psychotherapy.

**12.2** Trainees may then apply to the TAC for registration as a psychodrama practitioner. Trainees must submit a completed application form electronically to the BPA Administrator, accompanied by a copy of their diploma, a letter from their supervisor confirming their qualifications and supervision arrangements, and the appropriate fee.

**12.3** As a new psychodrama practitioner, they must register as a psychotherapist with the UKCP HIPC.