**Couple Therapy for Depression Accredited Practitioner Training**

**Information and Application Form**

**Dates**: The training runs for 5 days on: **18th-22nd February 2019**

**Venue**: Tavistock Relationships, 70 Warren Street, London, W1T 5PB

**Fees:**The complete training (5-day course plus supervision and assessment) costs £3,300

Course code for admin purposes: 2019FEBPLONDON

**To access funding please contact your Local Education Training Board. You will need to access clinical work through an IAPT Service.**

**Self-funders who have access to couples are also eligible to apply for the training.**

About the Training

This CPD course is made up of 5 days of formal teaching and 20 sessions of supervision which enable practitioners to practice the NICE approved Couple Therapy for Depression approach as a treatment for mild to moderate depression in IAPT Services. Successful completion of the course and supervised clinical work allows accreditation as a ‘Couple Therapy for Depression IAPT Practitioner’.

About the Training Provider

The Tavistock Centre for Couple Relationships developed Couple Therapy for Depression for use in IAPT Services, having been commissioned by the Department of Health to create a competencies framework for this treatment with Relate. Tavistock Relationships subsequently produced the Training Course that leads to accreditation as a Couple Therapy for Depression IAPT Practitioner, and has successfully delivered it around England since 2010, as well as delivering Supervisor courses. Tavistock Relationships is currently the only Fully Accredited training provider for Couple Therapy for Depression.

What is Couple Therapy for Depression?

Based on NICE guidelines, Couple Therapy for Depression is a brief integrative-behavioural treatment for depression for couples where one of the partners is experiencing both relationship distress and depression. It has been developed by identifying best practice in a range of behavioural and other types of couple therapies evidenced in RCT effectiveness trials. Taken together these represent good clinical practice in the treatment of depression. Couple Therapy for Depression focuses on the relational aspects of depression and on factors that reduce stress and increase support within the couple.

Who is eligible for the training?

**An interest in developing and extending their practice to work with couples where one or both are diagnosed with depression** and, ideally applicants should be in an IAPT Service, or be able to access their clinical work through an IAPT Service. All applicants need to be able to access appropriate couple referrals from the outset of the course. Experience of working with couples is beneficial, although this is not a prerequisite.

Each application must include:

* a completed ‘Applicant’s Details’ form (below)
* a statement of support from a current supervisor (below)
* a statement of support from your line manager (below)
* a statement of intent to commission Couple Therapy for Depression by local Mental Health Commissioner if there is no current provision.

What are the supervision requirements?

Trainees will be expected to participate in fortnightly supervision sessions for approximately nine months. This will be facilitated by the training team and training consultants. Supervision will be conducted in groups and may require telephone or video conferencing. Trainees will be required to submit digital recordings of therapy sessions as well as verbal reports.

What accreditation will successful trainees receive?

When the criteria are met, the trainee will receive:

* Certificate of Satisfactory Attendance after course attendance and evaluation
* Certificate of Completion of Practitioner Training as a Couple Therapy for Depression IAPT Practitioner after supervision and assessment of two cases
* Upon full completion of the practitioner training their name will be included on the Couple Therapy for Depression website as an accredited Couple Therapy for Depression Practitioner. This will be displayed for 25 Years unless the person requests that their name be removed.

How will the application be assessed?

All applications will be screened by the Lead Trainer to ensure that the entry requirements of qualification, experience and setting have been met. Those that do not meet the criteria cannot be accepted. Places will initially be allocated on a first come, first served basis. Early application is encouraged.

**This training will take place subject to Tavistock Relationships recruiting the requisite number of applicants.**

Queries

If you have any queries, including if you are unsure if you meet the criteria, please contact a member of the Training Team:

Please use the course administration code as a reference, to help us to deal with your query efficiently.

**Email**: training@tavistockrelationships.org

**Phone**: 020 7380 8288

**Postal Address**:

IAPT Training Coordinator

Tavistock Relationships

70 Warren Street, London

W1T 5PB

(Please note that this is the address for queries and that the training may take place in another location)



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**www.TavistockRelationships.org |** **70 Warren Street, W1T 5PB** | **020 7380 1975** | **training@tavistockrelationships.ac.uk**

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 **Couple Therapy for Depression Accredited Practitioner Training**

**Applicant’s Details**

Please return completed form to: training@tavistockrelationships.org or

IAPT Training Coordinator, Tavistock Relationships, 70 Warren Street, London, W1T 5PB

|  |  |
| --- | --- |
| Course Administration Code: | 2019FEBPLONDON |
| Course Dates: | **18TH-22ND February 2019** |
| Full name:(This is how it will appear on the certificate) |  |
| Home Address: |  |
| Home Telephone no: Mobile no: Work Telephone no:  |
| Email address: |  |
| Role: |  |
| Base address: |  |
| Employing organisation: (Include full address if different from base address) |  |
| IAPT service name: |  |
| IAPT Clinical Service Lead: |  |
| LETB Education Commissioner: |  |

**1. Do you have a qualification as a Couple Therapist? YES NO**

**2. If YES, please give details of the qualification level, awarding body and date:**

**3. If NO, please give details of your equivalent experience in the following two areas:**

* **working with couples/more than one individual with common mental health problems under supervision**
* **CPD activities related to working with couples**

**4. Please give details of your professional accreditations e.g. BACP, HPC etc.:**

**5. Have you had training in risk issues, safeguarding and clinical governance?**

**YES NO**

**6. If YES, please give details of this training or courses where these areas were covered:**

**7. If you have also done a CBT training please give details of the level and dates:**

**8. Do you require any special facilities to attend the five day training course?**

**9. Please enclose a passport size photograph with your application.**

**10. Where did you see this course advertised?**

Our Website                      Our Email                     Social Media Colleague

Other Website (please specify)

Publication     (please specify)

Other              (please specify)

**11. We’d like to keep you updated on our range of training opportunities, CDPs and events, and how you can support us via, our newsletter.**

**Please indicate that you are happy to receive this information about Tavistock Relationships’ work:**

Yes No

**12. Do you wish to receive information from Tavistock Relationships notifying you of our other Couple Therapy events and trainings?**

 Yes                  No

**How would you like to be contacted (tick all that apply)**

Email Post Phone

**We will never sell your data and promise to keep your details safe and secure. You can change your mind at any time and stop receiving updates by emailing us at** **training@tavistockrelationships.org**

**Please use this email address to notify us of changes to you details.**

**By signing this form you are confirming that you have read and accept the Tavistock Relationships Training Privacy Notice. (Provided as a separate document with this application)**

**Applicant Signature: Date:**

 **Couple Therapy for Depression Accredited Practitioner Training**

**Supervisor Statement (Supervisor to complete)**

Please return completed form to: training@tavistockrelationships.ac.uk or

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|  |  |
| --- | --- |
| Course Administration Code: | 2019FEBPLONDON |
| Course Dates: | **18th – 22nd February 2019** |
| Applicant’s Full Name: |  |
| Your Full Name (Supervisor) |  |
| Your email address |  |
| Your phone number |  |

The training is for practitioners who have an interest in developing and extending their practice to work with couples where one or both are diagnosed with depression, and although experience of working with couples is beneficial, it is not a prerequisite.  However, applicants must be currently working with couples or have a couple waiting list so that they are able to begin immediately after the five day course.

The IAPT training programme involves a five day course following which trainees will be expected to participate in weekly supervision sessions over twenty weeks of at least two cases over nine months. This will be facilitated by the Training team and Training consultants. Supervision will be conducted in groups and may require telephone conferencing. Trainees will be required to submit digital recordings of therapy sessions as well as verbal reports.

**Please provide a statement commenting on his/her suitability as a candidate for training. Your statement should reflect current and recent practice. (Please use as much space as you need.)**

1. **Please comment on general competence in couples work.**
2. **The applicant’s aptitude for working in a time limited way.**

**3. Please confirm that the applicant has received training in risk issues, safeguarding and other clinical governance areas Yes No**

**By signing below;**

* **You are confirming that you support the application.**
* **You also understand that we may contact you as part of the selection process for trainees.**
* **You are confirming that you have read and accepted the Tavistock Relationships Training Privacy Notice. (Provided as a separate document with this application) If your details change, please notify us.**

**Supervisor Signature: Date:**

 **Couple Therapy for Depression Accredited Practitioner Training**

**Manager Statement (Manager to complete)**

Please return completed form to: training@tavistockrelationships.ac.uk or

Training Coordinator, Tavistock Relationships, 70 Warren Street, London, W1T 5PB

|  |  |
| --- | --- |
| Course Administration Code: | 2019FEBPLONDON |
| Course Dates: | **18th-22nd February 2019** |
| Applicant’s Full Name: |  |
| Your Full Name (Manager): |  |
| Your Current role: |  |
| Your Employing Organisation: |  |
| Your Work Address: |  |
| Your E-mail Address: |  |
| Your Work phone number: |  |

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**By signing this form you:**

* **Agree to proactively support the applicant’s access to appropriate treatment cases and their release for supervision sessions, and confirm that you understand and support the requirements of this application going forward.**
* **If you are not the Clinical Service Lead for IAPT, you are indicating that this application has been discussed with them and that you are satisfied that they have approved of the application.**
* **You are in support of the applicant completing the IAPT minimum data set.**
* **You are confirming that you have read and accepted the Tavistock Relationships Training Privacy Notice. (Provided as a separate document with this application) If your details change, please notify us.**

**Manager Signature: Date:**

**Payment**

We require the following information for the invoice:

|  |  |
| --- | --- |
| **Purchase Order number** *(PO number)* |  |
| **Contact name** |  |
| **Contact email address** |  |
| **Contact full address incl. postcode** |  |
| **VAT applicable** *(circle appropriate)* | Yes / No  |

We will only send an invoice for the course fee upon participant’s acceptance of a place. **NB:** there will be a 10% charge if you withdraw after acceptance of a place. Tavistock Relationships reserve the right to cancel or postpone a course if insufficient bookings have been received. Delegates will be offered an alternative date or a full refund of the course fee.

**Name: Signature: Date:**