

# Crossfields Institute

## Qualification Specification

Crossfields Institute Level 6 Diploma in the IFEEL Method  
of Equine Facilitated Psychotraumatology



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Crossfields Institute Level 6 Diploma in the IFEEL Method of Equine Facilitated Psychotraumatology

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Crossfields Institute  
Stroud House  
Russell Street  
Stroud  
Gloucestershire  
GL5 3AN  
Tel: 01453 808118

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## Introduction

This Crossfields Institute Level 6 Diploma in the IFEEL Method of Equine Facilitated Psychotraumatology is an Ofqual regulated qualification.

## About Crossfields Institute

Crossfields Institute is an awarding organisation and educational charity specialising in holistic and integrative education and research. The Institute develops specialist qualifications which aim to support the development of autonomous learners with the intellectual rigour, practical skills, social responsibility and ability to think creatively and act decisively. The Institute is also a higher education institute (HEI) and works in partnerships with universities in the UK and overseas.

## Guide to the Specification

We aim to support centres in providing a high quality educational experience. We also believe that for learners to get the most out of this qualification they should be encouraged to be autonomous and responsible in their approach to their studies. A clear, accessible qualification specification is key to this. This specification gives details about the qualification, explains how it is assessed and outlines important policies which support its delivery. It is an essential document for learners, centres and assessors, and has been written with all these audiences in mind.

The specification should be used as a reference source both before and during delivery of the qualification, and also signposts where further advice and support may be found.

## Key Facts

<b>Qualification Title</b>	Crossfields Institute Level 6 Diploma in the IFEEL method of Equine Facilitated Psychotraumatology
<b>Qualification Number</b>	603/4389/8
<b>Rules of Combination</b>	All units are compulsory.
<b>Total Qualification Time</b>	400 hours
<b>Guided Learning Hours</b>	177 hours
<b>Minimum age of learners</b>	21
<b>Assessment Methods</b>	Portfolio of evidence
<b>Grading system</b>	Pass/Fail
<b>How long will it take to complete?</b>	12 months' part time study recommended.
<b>Developed by</b>	The qualification has been developed by Crossfields Institute with subject specific expertise provided by IFEEL Qualifications Ltd -Equine Facilitated Human Development and Psychotraumatology

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## Section 1: About this Qualification

### 1.1 Qualification Objective and Rationale

This Crossfields Institute Level 6 Diploma in the IFEEL Method of Equine Facilitated Psychotraumatology has the following objectives:

- prepare learners to progress to studies in the area of Equine Facilitation at a higher level
- prepare learners to find employment as Equine Facilitated Practitioners
- support learners in their existing role in the workplace by adding additional services, skills and competencies to their existing practice and skill base
- support learners through personal development opportunities

This qualification aims to equip learners with the knowledge, skills and competencies to:

- understand trauma and how to apply this knowledge in client interventions
- safely and competently facilitate clients through activities with equines, on an individual 1:1 basis with a personal development and psychotraumatology focus
- safely and competently facilitate group trauma informed workshop activities with equines
- use the IFEEL Methodology in order to interpret and understand client sessions
- act as equine advocate in client sessions

#### **Rationale**

The IFEEL Method of Equine Facilitated Psychotraumatology (EFPT) is a form of psychotherapy that includes specialist traumatology training in evidenced based protocols specifically for Acute Stress Disorder (ASD), Trauma, Post Traumatic Stress Disorder (PTSD) and Complex Post Traumatic Stress Disorder (C-PTSD).

International Clinical Guidelines<sup>1</sup> state that treatment for PTSD should be Trauma Focused Cognitive Behavioural Therapies (TF-CBT) or Eye Movement Desensitization and Reprocessing Therapy (EMDR); however, therapeutic engagement remains low: 'PTSD often demonstrates a chronic course, with as many as 40% of individuals exhibiting significant

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<sup>1</sup> National Institute for Health and Care Excellence (NICE) Care Guideline 26 – 2005/13

VA/DoD Clinical Practice Guideline: The Management of Posttraumatic Stress Disorder and Acute Stress Disorder Version 3.0 – 2017

UKPTS Guidelines for the Treatment of C-PTSD – 2017

symptoms 10 years after onset' (Sharpless & Barber, 2011). There is a growing need for 'PTSD treatment diversity', (Mayfield, 2017) that addresses the needs of clients who do not suit room based clinical therapy. Notably, Dr. Hoge, who was director of the U.S. research program at Walter Reed Army Institute 2002 - 2009, when speaking at the 2017 UKPTS conference in Dublin, discussed the 'status of Trauma-Focused (TF) psychotherapies (equivalent efficacy, but no panacea)' and noted 'dropout rates are high; 50% is not uncommon; 30% with minimally adequate care and that recovery rates are not optimal at 40% overall (after accounting for drop-outs). Chronicity persists in high percentage of patients. How do we improve treatment engagement and retention? Are there any uniquely promising novel approaches that might improve efficacy?' (Hoge, 2017)

Some published reviews suggest that equine-assisted therapy had significant impact on the retention and motivation of patients hospitalised for substance abuse and that patients were more likely to complete treatment if they participated in equine-assisted therapy (Kern-godal, Arnevik, Walderhaug, & Ravndal, 2015). Additionally, Attention Restoration Theory (ART) indicates that patients are able to better regulate through being in nature (Kaplan & Kaplan, 1989) and that nature can be a significant factor for healing and recovery (Cimprich, 2007). 'Touch, proximity and mind-body interaction with animals have been found to contribute to stress reduction and trauma recovery' (Yorke et al., 2013). A Randomized Control Study of Equine Facilitated Therapy for Patients with Severe Chronic Psychiatric Disorders at Greystone Park Psychiatric Hospital, New Jersey reported that of the 103 patients identified as a risk for violence or highly regressed behaviours within the comparison intervention groups of canine assisted, psychosocial interventions, equine facilitated and control group, only the equine facilitated group showed a reduction in violent related incidents and aggressive assault against others (Nurenberg et al., 2013). Whilst these studies and a number of systematic reviews indicate equine facilitated interventions may be a suitable adjunct to current trauma focused therapies (Kendall et al., 2015), (Lentini & Knox, 2015), (Lee, Dakin, & Mclure, 2016), it is clear more robust development and research is needed.

In a recent blog post (Hallberg, 2018) states that, 'in reading over 350 peer-review published research articles, methodological issues severely limit our ability to understand what is *really* happening when horses and humans connect and this impacts the results and the overall validity of the research'. In her seminal book '*The clinical practice of equine-assisted therapy: including horses in human healthcare*' (Hallberg, 2017) she states that, 'there is a notable gap between the outcomes of scholarly research and the personal passions, beliefs, opinions, and practice patterns prevalent in the accessible literature'.

The IFEEL Method and Methodology is underpinned by a number of service evaluations that validate The IFEEL Method as a suitable adjunct protocol for ASD, Trauma, PTSD and C-PTSD: from 2011- 2014, 43 trauma participants were included in an IFEEL Method outcome study, in 2015, 6 veterans and their support persons took part in the Dare To Live 'Partners Programme' and 2017 -2018, 48 veterans took part in the Dare to Live 3 day 'Forces in Transition Programme'. All programmes include a review of quantitative and qualitative data outcomes.

Additionally, graduate case studies are being used as a continual process of systematic review of the IFEEL Method for one to one and group client sessions. The case studies and service evaluations demonstrate that EFPT has effected positive change in a range of client groups. These include: young adults who have committed violent crime including homicide, veterans and civilians with severe PTSD, C-PTSD and common mental health disorders, corporate and workplace employees with extreme or acute stress, clients with moral injury (Nash et al., 2013), primary carers/support workers who live and work with Children Looked After (CLA) and adopted children, young people not in education or employment, traumatised families, those affected by substance use disorders etc.

This qualification has been developed to provide trauma informed education for equine facilitation practitioners. It is based on empirically evidenced treatments that are specific for ASD, Trauma, PTSD and C-PTSD and that have clear, manualised protocols that mitigate risk to a client's wellbeing (Sharpless & Barber, 2011). This qualification also focuses on the

application of relationally based (somatically embodied) EFPT activities placing great emphasis on understanding and applying equine theory that includes equine psychology, behaviour, ethology and the importance of species-appropriate welfare and management for equines within EFPT work to ensure the highest standard of equine welfare and practice supported by the latest in equine ethological studies;(Foster, 2012), (Hartmann, Christensen, & McGreevy, 2017), (International Society for Equitation Science, n.d.), (McDonnell, 2003),(Draaisma, 2018) and (Dalla Costa et al., 2014).

Equine facilitated interventions are a relatively new area of practice. There are few regulated qualifications and no agreed occupational or equine welfare standards to date. This qualification can lead to a professional practice that is aligned with current national and international occupational and clinical guidelines, equine welfare standards and anticipates future regulation in this field.

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## 1.2 Overview of knowledge, understanding and skills

This qualification is designed for those wishing to professionally facilitate equine facilitated sessions in an individual and group context in the field of human development and psychotraumatology.

This qualification aims to provide a solid foundation for learners to understand the many different presentations of trauma, and how to conduct a differential formulation process to determine the hierarchy of treatment and the trauma treatment model most appropriate. It provides learners with the capability to work with clients who have presentations of ASD, Trauma, mild PTSD and mild C-PTSD, to determine when equine activities are appropriate within a treatment process, how to run trauma informed workshops and how to be a reflective practitioner. Learners will also learn the importance of assessment for treatment rationale and evidencing outcomes of all interventions, in order to provide the highest level of clinical governance that align with national and international clinical guidance practice care pathways.

This qualification draws on clinical skills that are evidenced as best practice for ASD, Trauma, PTSD and C-PTSD in order to give learners the tools and skills to help their clients through the delivery of individual and group processes.

The qualification consists of 8 units

### **Unit 1 - Understanding a Systematic Approach to Treating ASD, Trauma, PTSD and C-PTSD**

This unit introduces the learner to understanding a systematic approach to treating ASD (Acute Stress Disorder), Trauma, PTSD (post-traumatic stress disorder) and C-PTSD (complex post-traumatic stress disorder). This includes introducing the learner to what ASD, Trauma, PTSD and C-PTSD are and the contributing factors. This unit also introduces a phased approach, the comorbidities and the use of psychopharmacology within ASD, Trauma, PTSD and C-PTSD.

## **Unit 2 - Developing a Treatment Plan for ASD, Trauma, PTSD and C-PTSD**

This unit supports the learners' understanding of how to develop a treatment plan for clients with ASD, Trauma, PTSD and C-PTSD. This includes the initial intake process, treatment problems, identification and management of risk and developing a differential psychological formulation and treatment plan.

## **Unit 3 - Implementing Treatment Approaches for ASD, Trauma, PTSD (Mild) and C-PTSD (Mild)**

This unit introduces the learner to implementing treatment approaches for ASD, Trauma, PTSD (mild) and C-PTSD (mild). This includes the importance of emotional regulation and how to implement a differential psychological formulation and treatment plan and a client safety plan. The learner is also introduced to how EFPT can be used as part of the treatment process and using treatment protocols to work with ASD, Trauma, PTSD and C-PTSD.

## **Unit 4 - Applying the IFEEL Method of Relational EFPT Activities and the IFEEL Methodology**

The unit introduces learners to how to apply relational (somatically embodied) EFPT activities and the IFEEL Methodology. Learners are introduced to the rationale for using EFPT activities within a treatment plan and how to use these activities. The IFEEL Methodology is taught to enable learners to be able to evaluate client outcomes and recommend a range of next steps for the client.

## **Unit 5 – Understanding the IFEEL Method's Relational Horse-Human Approach to Equine Theory and EFPT Practice**

This unit explores key aspects of equine theory and practice using the IFEEL Method's Relational Horse-Human Approach. The theory includes equine psychology, behaviour, ethology and the importance of species-appropriate welfare and management for equines within EFPT work. This unit also supports learners in how to facilitate clients to effectively embody relational connection, communication and collaboration with horses.

## **Unit 6 - Understanding and Applying the Theories of Group Dynamics**

This unit introduces learners to the theory of group dynamics and how they apply in a workshop setting. This includes ethical and self-development considerations.

## **Unit 7 - Planning and Delivering a Trauma Informed Workshop**

This unit explains how to plan and deliver a trauma informed workshop in terms of planning, teaching, facilitating and creating a safe space for the workshop.

## **Unit 8 - Becoming a Reflective Practitioner**

This unit supports the learners understanding of how to become a reflective practitioner in terms of applying the evidenced based theories covered in the course

for their own self-development, analysing their own self-development requirements as an IFEEL Method EFPT practitioner. Professional practice guidance and clinical governance include the use of supervision and meeting the requirements of professional membership bodies such as the NCP, BACP UKCP, BPS, BPC.

## 1.3 Rules of Combination

All units are at level 6 and are mandatory.

The total qualification time is 400 hours, some of which is guided learning hours (GLH) i.e. face to face delivery time. The amount of GLH allocated to each unit is specified in the unit descriptors. Learners should bear in mind that these hours are given for guidance only and the amount of time required by individual learners will vary.

Learners also need to be aware that all units require the learner to be engaged in additional independent learning hours (ILH) to support their progress through the unit and for the preparation of work for assessment.

Total Qualification Time (TQT) is the sum of GLH and ILH and represents the total amount of time a typical learner may take to complete each unit.

## 1.4 Requirements for real work environments

Learners will be expected to complete two case studies and one workshop.

The case studies will be with two different clients and require at least 6-8 sessions. Sessions will be between 1.5 hours and 3 hours.

The trauma informed workshop will be between 1-3 clients per facilitator on the workshop.

For both of these, learners will need to find clients themselves. Clients should not be friends or family but can be friends of friends or friends of family. Additionally, learners can put posts on social media looking for clients and asking in any local groups they may be members of.

The centre may be able to offer support to the learner in finding individuals to participate and will provide suitably qualified clinical supervisors.

## 1.5 Delivery requirements

A full explanation of the delivery requirements for this qualification are included in section three. This explains the delivery requirements for all units, but where a unit has specific delivery instructions these are included in the unit.

This qualification can be delivered full time or part time or a combination of these in blended delivery. Whatever delivery methods are used, the centre must ensure that learners have sufficient access to the resources identified in the specification and to appropriately qualified subject specialists delivering the units.

## 1.6 Assessment overview

Assessment is an on-going process that is initiated in the earliest stages of the qualification and recorded in a portfolio of evidence. At the core of the process is observation of practice by experienced tutors, written assignments and reflective practice.

The portfolio of evidence may include feedback from an assessor, a learning journal, written assignments, self-reflective journals and witness testimony.

### Plagiarism

Plagiarism means claiming work to be your own which has been copied from someone or somewhere else. All the work you submit must be your own and not copied from anyone else unless you clearly reference the source of your information. Your tutor will explain how to provide a reference list that shows where you found your information. If your Centre discovers evidence that your work is copied from elsewhere, it will not be accepted and you may be subject to your Centre's or our disciplinary procedure. If this happens you will have to submit an additional piece of work for assessment. We will be notified of any cases of plagiarism.

### Buying and selling assignments

Offering to buy or sell assignments is not allowed. This includes using sites such as eBay. If this happens we reserve the right not to accept future entries from you

Full information about the assessment process is included in section four.

## 1.7 Levels of Attainment

This qualification is assessed at level 6 Unit learning outcomes are designed to fit this level. Tutors assess work for the qualification against this level descriptor throughout the qualification.

Level Descriptor from the Ofqual 2015

Knowledge Descriptor (the holder ...)	Skills Descriptor (the holder can...)
<p>Has advanced practical, conceptual or technological knowledge and understanding of a subject or field of work to create ways forward in contexts where there are many interacting factors.</p> <p>Understands different perspectives, approaches or schools of thought and the theories that underpin them.</p> <p>Can critically analyse, interpret and evaluate complex information, concepts and ideas.</p>	<p>Determine, refine, adapt and use appropriate methods and advanced cognitive and practical skills to address problems that have limited definition and involve many interacting factors.</p> <p>Use and, where appropriate, design relevant research and development to inform actions.</p> <p>Evaluate actions, methods and results and their implications.</p>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/461637/qualification-and-component-levels.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461637/qualification-and-component-levels.pdf)

## 1.8 Expectations of Learners

The entry requirements for learners are:

- Written and spoken English is a crucial aspect of this qualification and prospective learners for whom English is an additional language will need to demonstrate a level of competence equivalent to IELTS score of 6 in order to be able to access the qualification's content
- Applicants need to have completed the level 5 Diploma in Equine Facilitated Human Development with IFEEL or have completed a level 4 and above professional training in a counselling, psychotherapy, clinical psychology or related qualification, with a focus on working with clients.
- Applicants will need to evidence at least 50 hours of professional psychotherapeutic practice with clients post-graduation from a psychotherapeutic qualification.
- Applicants are required to complete a programme of personal development work with IFEEL within 6 months of starting this qualification. This is usually the equivalent of three workshop days or can be fulfilled through private sessions. How learners approach this personal development work should be approved by IFEEL faculty. This gives learners experience to draw on in their training, a chance for the faculty to meet and assess the learner's suitability for the qualification and to act as a personal development opportunity for the learner
- Learners must either own their own equine(s) or have routine access to a specific equine in order to practice with this equine throughout the qualification
- Applicants are required to have at least three years or 2,000 hours of equine experience. (This experience can include owning horses, riding lessons, participation in show circuits, instructing and/or training etc.) Applications from individuals who are fully committed to the qualification but who need additional support in their horsemanship will be considered
- Have an active interest in working towards change, growth and development in others and themselves
- Learners will be required to carry out a Disclosure and Barring Service (DBS) check if planning to work with children or vulnerable adults
- Due to the physical and psychological demands of this qualification, learners will require a good level of physical ability, emotional stability and be prepared to approach their learning with personal maturity
- Before commencing case studies, learners are required to gain professional indemnity insurance and professional membership to a recognised body, for example the BACP, NCP, UKCP or NCS.

The centre will conduct an application process, which requires learners to demonstrate their ability to meet these entry requirements. All enrolment processes should follow the centre's access and recruitment policy, in accordance with Crossfields Institute's requirements, to ensure equality and diversity in recruitment for this qualification.

## 1.9 Requirements for Centres

To offer this qualification, centres must be approved by Crossfields Institute. For more information about these processes, please contact us via email on [info@crossfieldsinstitute.com](mailto:info@crossfieldsinstitute.com) or phone 01453 808118.

In order to be approved to offer this qualification, centres must have:

- adequate resources to meet the delivery and assessment requirements for this qualification. Please contact Crossfields Institute for further information regarding this.
- tutors and assessors who have current and relevant understanding of the subject matter. Assessors will need to be both occupationally knowledgeable and qualified to make assessment decisions.
- mentors who have the ability to hold and facilitate a learner's personal development.
- Internal Quality Assurers who are both occupationally knowledgeable and qualified to make quality assurance decisions.
- skills and infrastructure to use IT systems in support of their delivery. This will include use of Crossfields Institute's centre management software
- sufficient horses (a 1 horse to 2 students ratio is suggested) living in a herd environment and trained using equine centred approaches
- appropriate enclosed spaces for equine sessions such as a sand school and round pen
- some units are delivered via Power Point, video presentations. A large presentation monitor is required as well as indoor room space for faculty to demonstrate processes and for learners to practice together in small groups.

## 1.10 Role of the Centre and Crossfields Institute

Each centre is required to work in partnership with Crossfields Institute to ensure that all learners have the best possible experience whilst taking this qualification and are treated fairly. Our commitment to this is supported by our Centre Handbook, which all centres should become familiar with ([www.crossfieldsinstitute.com/resources](http://www.crossfieldsinstitute.com/resources)). The handbook also explains a range of mandatory policies which are listed in section five.

If you have any queries or concerns about this qualification, or if you would like to suggest improvements to this specification or the qualification itself, please contact us by email at [info@crossfieldsinstitute.com](mailto:info@crossfieldsinstitute.com) or phone 01453 808118.

## Section 2: Units

### 2.1 Unit List

<b>Unit title</b>	<b>Ofqual unit ref</b>	<b>Guided learning hours (GLH)</b>	<b>Total qualification time (TQT)</b>
EFPT-L6-Unit1 Understanding a Systematic Approach to Treating ASD, Trauma, PTSD and C-PTSD	Y/617/5559	21	52
EFPT-L6-Unit2 Developing a Treatment Plan for ASD, Trauma, PTSD and C-PTSD	L/617/5560	21	49
EFPT-L6-Unit3 Implementing Treatment Approaches for ASD, Trauma, PTSD (Mild) and C-PTSD (Mild)	R/617/5561	21	39
EFPT-L6-Unit4 Applying Relational EFPT Activities and the IFEEL Methodology	Y/617/5562	22	45
EFPT-L6-Unit5 Understanding the IFEEL Method's Relational Horse-Human Approach to Equine Theory and EFPT Practice	D/617/5563	13	47
EFPT-L6-Unit6 Understanding and Applying Theories of Group Dynamics	H/617/5564	29	62
EFPT-L6-Unit7 Planning and Delivering a Trauma Informed Workshop	K/617/5565	32	65
EFPT-L6-Unit8 Becoming a Reflective Practitioner	M/617/5566	18	41
	<b>Total</b>	<b>177</b>	<b>400</b>

## 2.2 Guide to the Units

The qualification is split into units, which specify what knowledge and skills the learner must demonstrate in their assessments. Each unit covers one area of the qualification and includes:

<b>Unit Code</b>	a unique code assigned by Crossfields Institute
<b>Unit Level</b>	gives the level of demand placed upon learners in line with level descriptors published by the regulator
<b>Unit Aim and Rationale</b>	explains what is covered in the unit and how it contributes to the learners' learning journey
<b>Total Qualification Time (TQT)</b>	total hours required to complete the unit – including independent study and assessment
<b>Guided Learning Hours (GLH)</b>	total hours of face to face time, which can include classroom work, lectures, seminars, mentoring, and tutor facilitated webinars
<b>Credit value</b>	One credit is equivalent to one tenth of total qualification time
<b>Learning Outcomes</b>	Tell learners what they will know, understand and be able to do upon completion of the unit

There may also be specific instructions about requirements for delivery and assessment. This is only where guidance is needed in addition to the more general guidance provided in assessment and delivery sections.

In learning outcomes it is important to take note of the language used. In particular, the verbs have been selected to provide a clear indication of what is expected of the learners. For example, being asked to 'explain' a concept is very different from being asked to 'evaluate' an approach. An explanation of the verbs used and their meanings in this context is available from Crossfields Institute.

## EFPT-L6-Unit1

### Understanding a Systematic Approach to Treating ASD, Trauma, PTSD and C-PTSD

#### Aims and Rationale

This unit aims to introduce the learner to the current evidence based knowledge about ASD, *Trauma, PTSD and C-PTSD*; the etiological factors involved regarding its development, the specific diagnostic criteria that define the differences between ASD, Trauma, PTSD and C-PTSD.

This unit also aims to introduce the learner to the different evidenced based treatment options currently available. The IFEEL Method recognizes that in order for learners to administer the correct treatment protocol for the relevant Trauma Type, an understanding of the distinguishing features of ASD, Trauma, PTSD and C-PTSD is needed as well as an understanding of when to apply trauma treatment protocols that are either top down (cognitive) or bottom up (affect/sensorimotor).

Guided Learning Hours (GLH)	21	Total Qualification Time (TQT)	52	Level	6
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#### Learning Outcomes - on successful Unit completion learners will be able to:

1	Define ASD, Trauma, PTSD and C-PTSD with reference to current research and guidance
2	Evaluate the <i>biopsychosocial</i> factors involved in the development of ASD, Trauma, PTSD and C-PTSD
3	Evaluate a <i>phased based model</i> for working with clients who are affected by ASD, Trauma, PTSD and C-PTSD
4	Explain dissociation and the common comorbidities of ASD, Trauma, PTSD and C-PTSD.
5	Explain the use of psychopharmacology according to current research and guidance of NICE.

#### Indicative Content

Learners will be introduced to relevant areas of trauma theory and supported in developing their understanding of:

- Type I and Type II Traumas according to Terr (1991) and how they relate to the categories of ASD, Trauma, PTSD and C-PTSD
- biopsychosocial implications of the Adverse Childhood Experiences (ACEs) Study
- the relationship between attachment styles and responses to trauma
- the fragmentation of the three domains in ASD, Trauma, PTSD and C-PTSD and its relevance when administering treatment protocols
- a phased treatment model
- etiological and epidemiological factors involved in depression and anxiety
- clinical presentation and features of mild, moderate and severe depression and anxiety; include Dysthymia, Cyclothymic, SAD, Postnatal Depression, minor affective disorders and mixed anxiety and depressive disorders.

- neuroscience, dissociation and psychopharmacology of ASD, Trauma, PTSD and C-PTSD and the impact of dissociation in Trauma, PTSD and C-PTSD clients and their treatment needs.

**Additional Requirements for Assessment and Delivery**

None

**Key Learning Resources**

A full list is included in Appendix 1.

## EFPT-L6-Unit2

### Developing a Treatment Plan for ASD, Trauma, PTSD and C-PTSD

#### Aims and Rationale

The primary aim of this unit is for learners to consider how to apply the data outcomes when using validated assessment tools to identify whether a client is within a learner's scope of practice, what treatment protocols to apply, and to understand the level of risk associated with mild, moderate and severe symptomology.

In order to screen for the high prevalence of psychiatric comorbidities, within the ASD, Trauma, PTSD and C-PTSD populations, the use of validated assessment tools and processes is essential, especially when mitigating and managing risk.

Subsequent aims of this unit are for the learner to understand and apply the use of a range of relevant, validated assessment tools in order to track the effectiveness of any interventions, track risk throughout treatment, and to evaluate the client's progress and outcomes pre, during and post treatment.

In order for learners to develop objective, systematic, empirical and coherent evaluation of a client's treatment needs and progress, quantitative data, as well as qualitative data, is needed, for differential psychological formulation and treatment plans and to consider treatment options and outcomes in supervision or when working with/ alongside other practitioners for case studies, method or service evaluations.

Guided Learning Hours (GLH)	21	Total Qualification Time (TQT)	49	Level	6
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#### Learning Outcomes - on successful Unit completion learners will be able to:

1	Evaluate the key components of a client intake process that includes life and psychiatric history information and a range of validated psychological instruments
2	Apply the key components of a client intake process <i>Includes using validated psychological instruments to assess for ASD, Trauma, PTSD, C-PTSD, dissociation and associated common comorbidities, and a Structured Assessment Process that includes a History Intake Form – Adult (HI-A)</i>
3	Analyse the type of treatment problems that can arise during treatment of ASD, Trauma, PTSD, C-PTSD clients; including therapeutic relationship problems.
4	Demonstrate an understanding of identification and management of risk when completing the intake process and the <i>Differential Psychological Formulation and Treatment Plan</i>
5	Develop a full <i>Differential Psychological Formulation and Treatment Plan</i> based on the Biopsychosocial Report

#### Indicative Content

Learners will be supported in developing an understanding of assessment, differential psychological formulation and treatment plan for ASD, Trauma, PTSD and C-PTSD, including:

- Administration and understanding of a range of validated psychological instruments to assess for ASD, Trauma, PTSD, C-PTSD and associated common comorbidities to produce a Summary Assessment Table

- Formulation of a *Biopsychosocial* Report (BPSR) based on the administration and application of data from:
  - History and Intake – Adult Form (HI-A)
  - DSM-5 Check List
  - ICD-11 Check List
  - Structured Trauma Interview Form (STI)
  - Initial Trauma Review (ITR-3)
  - Mental State Examination Form (MSE)
  - Data Outcomes Summary - Adult (DOS - A)
- Completion of Differential Psychological Formulation and Treatment Plan (DPFTP) based on the biopsychosocial Report and Adult - Data Outcomes Summary. The DPFTP must include identification and management options of treatment problems, including risk and therapeutic relationship issues that are likely to arise during treatment.

**Additional Requirements for Assessment and Delivery**

None

**Key Learning Resources**

A full list is included in Appendix 1.

## EFPT-L6-Unit3

### Implementing Treatment Approaches for ASD, Trauma, PTSD (Mild) and C-PTSD (Mild)

#### Aims and Rationale

The aim of this unit is for learners to understand how to implement a phased treatment approach that employs the three domains of cognition, affect and sensorimotor, as advocated by evidence-based treatment models and according to The National Institute for Health and Care Excellence (NICE), Veterans Affairs, Department of Defense (VA/DoD) APA, ISTSS, and UK Psychological Trauma Society (UKPTS) Clinical Practice Guidelines.

This unit also explores the different evidenced based treatment options currently recommended by NICE, VA/DoD APA, ISTSS and UKPTS Clinical Practice Guidelines to treat ASD, Trauma, PTSD and C-PTSD

An additional aim of this unit is for learners to understand how and why EFPT can be used as an adjunct treatment approach to treating ASD, Trauma, PTSD and C-PTSD.

Guided Learning Hours (GLH)	21	Total Qualification Time (TQT)	39	Level	6
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#### Learning Outcomes - on successful Unit completion learners will be able to:

1	Critically analyse emotional regulation as an important adjunct to stabilisation
2	Implement a differential psychological formulation and treatment plan
3	Implement a client safety plan
4	Demonstrate understanding of the role of EFPT as an adjunct for treatment to treating ASD, Trauma, PTSD and C-PTSD.
5	Use treatment protocols to work with clients with ASD, Trauma, PTSD (mild) or C-PTSD (mild)

#### Indicative Content

Learners will be supported in:

- Evaluating the role of client psychoeducation, safety, containment, legitimatisation, normalisation, stabilisation and regulation
- Evaluating the frequent need for emotion regulation and the role of horses throughout treatment of ASD, Trauma, PTSD and C-PTSD
- Understanding a range of individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring options currently recommended either by NICE, VA/DoD, APA, ISTSS, UKPTS Clinical Practice Guidelines to treat ASD, Trauma, PTSD and C-PTSD
- Understanding a range of individual, manualized non-trauma-focused psychotherapies options currently recommended either by NICE, VA/DoD, APA, ISTSS and UKPTS Clinical Practice Guidelines to treat ASD, Trauma, PTSD and C-PTSD
- Understanding a range of Psychotherapies where there is insufficient evidence to recommend for or against and are not specified in other recommendations to include:

- Implementing a Differential Psychological Formulation and Treatment Plan with the rationale for using imaginal, in-vivo, cognitive, affective and/or sensorimotor treatment protocols
- Implementing a Client Safety Plan
- Demonstrating a range of imaginal and in-vivo protocols, including EFPT, for the treatment of ASD, Trauma, PTSD (mild), C-PTSD (mild).

**Additional Requirements for Assessment and Delivery**

None

**Key Learning Resources**

A full list is included in Appendix 1.

## EFPT-L6-Unit4

### Applying EFPT Activities and the IFEEL Methodology

#### Aims and Rationale

The aim of this unit is for learners to know how to facilitate EFPT activities and evaluate client sessions through a rigorous and systematic methodology to create a Facilitator-Horse-Client alliance that enables the client to see new possibilities for their lives and their ways of being in the world.

A well-constructed, systematic methodology better ensures professional competency as it is useful in helping facilitators identify unrecognised personal projections and transferences and/or over-reliance on the use of subjective opinions, often incorrectly labelled as 'intuition'.

In order for learners to work as trauma informed IFEEL EFPT practitioners or to run trauma informed workshops, this unit explains how the learning contained within units 1-3 can be applied and how to integrate this with equine activities or interventions.

Guided Learning Hours (GLH)	22	Total Qualification Time (TQT)	45	Level	6
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#### Learning Outcomes - on successful Unit completion learners will be able to:

1	Apply the IFEEL Methodology to evaluate client outcomes in both one to one sessions and workshops.
2	Recommend a range of next steps or practice assignments for clients based on the client session outcomes and narrative
3	Give a rationale for using EFPT activities as a part of a treatment process for ASD, Trauma, PTSD, and C-PTSD
4	Critically evaluate a range of EFPT activities and psychological frameworks to treat ASD, Trauma, PTSD, and C-PTSD
5	Demonstrate a range of facilitation skills when treating ASD, Trauma, PTSD and C-PTSD

#### Indicative Content

Learners will be taught how to use of the IFEEL Methodology as a process to evidence application and understanding of facilitation techniques relevant to behaviour change theories, the psychological frameworks and the treatment protocols, including EFPT activities, relevant to treating ASD, Trauma, PTSD and C-PTSD. This will include:

- Differential Psychological Formulation and Treatment Plan information (Unit 2) to demonstrate the importance of understanding an individual's presentation before commencing with an EFPT session.
- Debrief notes at the end of each session identifying i) client growth, based on client narrative and outcomes, and how this relates to the Differential Psychological Formulation and Treatment Plan ii) client practice assignments and planning of next session iii) facilitator learning outcomes.

Facilitation skills include active listening and questioning skills, as well as facilitating equine activities.

#### Additional requirements for Assessment and Delivery

In order for learners to demonstrate facilitation skills using EFPT activities, equines and relevant facilities are required and space for faculty observation.

**Key Learning Resource**

A full list is included in Appendix 1

## EFPT-L6-Unit5

### Understanding the IFEEL Method of Relational Equine Theory and Practice

#### Aims and Rationale

This unit looks to support learners to focus on both the theory and practical aspects of equine involvement in EFPT. Learners will need to understand key information about equine psychology, behaviour and ethology and be able to apply this to the EFPT field. Ethical considerations are also important, including welfare and suitability of equines. Finally learners will be required to show relational horsemanship skills, moving horses on a lead line and at liberty and also how to teach this to clients. This means that learners will be able use this knowledge and skills safely within their facilitation practice.

#### Details

Guided Learning Hours (GLH)	13	Total Qualification Time (TQT)	47	Level	6
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#### Learning Outcomes - on successful Unit completion learners will be able to:

1	Discuss the key aspects of equine psychology, behaviour and ethology in relation to EFPT
2	Apply equine psychology, behaviour and ethology theories in planning and facilitating EFPT
3	Critically analyse ethical and welfare issues for equines engaged in EFPT
4	Assess the suitability of equines for EFPT work
5	Be able to support clients in developing a range of relational horsemanship skills, including moving an equine at liberty and on line.

#### Indicative Content

Learners will explore key aspects of equine psychology, behaviour and ethology, including the following:

- Natural horse behaviour in the wild
- The innate needs of horses
- Domesticated horse behaviour
- Horse body language and communication
- Equine senses
- Equine learning theory (including operant and classical conditioning)
- Emotions

This is then applied to planning and facilitating EFPT in terms of being able to use equine psychology, behaviour and ethology theories to interpret a client experience in an EFPT session and to explain horse behaviour and body language to a client.

The above points also serve to illustrate what is and is not ethical in regards to the training and management of horses. In addition to this, models of welfare are introduced to ensure welfare of the horses engaged in EFPT work.

In order to assess the suitability of horses for EFPT work, the learner will need a firm grasp of the above and how to apply this in practice. This ensures client, equine and facilitator safety, welfare and wellbeing within sessions through working with appropriate equines. This includes both how to build an EFPT herd and includes being able to assess the needs and emotional state of horses moment by moment during EFPT sessions to ensure they're suitable to work on that day.

Learners will be taught a range of relational horsemanship skills to move an equine at liberty and on line to enable them to be able to give clear and appropriate direction to clients on how to move an equine at liberty.

**Additional requirements for Assessment and Delivery**

This unit will require learners to engage in either horsemanship lessons, or in research, in order to deepen their current understanding of theory and practical aspects. This is tracked through a CPD log.

Learners will need to complete an essay to show understanding of theory aspects of this unit and practical aspects will require direct observation of the learner's horsemanship skills, which can be supported by professional discussion.

LO 5 must be assessed by direct observation of the learner working with an equine and with an equine and client

**Key Learning Resources**

Full list is included in Appendix 1.

## EFPT-L6-Unit6

### Understanding and Applying Theories of Group Dynamics

#### Aims and Rationale

This unit supports learners in understanding the theory of group dynamics and how this can be applied in a workshop setting and also applied for self-development. This includes understanding a range of group dynamics theories, using this knowledge to analyse ethical and emotional safety issues that may arise in a group setting and to apply this knowledge to a workshop setting. Finally, using this knowledge to facilitate self-development through focusing on the learners' own self-development in terms of; being part of a student group; being part of a facilitator team; being part of the wider workshop group. This supplies the theory which underpins Unit 7; Planning and Delivering a Workshop.

#### Details

Guided Learning Hours (GLH)	29	Total Qualification Time (TQT)	62	Level	6
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#### Learning Outcomes - on successful Unit completion learners will be able to:

1	Critically analyse a range of group dynamic theories
2	Analyse the ethical and emotional safety issues that may arise when in a group setting
3	Apply group dynamics theory in an workshop setting
4	Critically analyse own self-development requirements in relation to working as part of a team
5	Reflect on own competence as an group workshop leader

#### Indicative Content

Learners will be supported in considering a range of Group dynamics theories, which may include:

- David Kantor's theory of Group Dynamics
- Linda Kohanov's Power of the Herd
- Bruce W. Tuckman (1965), William Schutz (1971) Wilfred Bion (1961) and Richard C. Weber theories of group cycles and stages.
- Teams Effectiveness (Richard Hackman & Ruth Wageman)
- Self-Managed Teams (Frederic LaLoux)

They will also explore ethical and emotional safety issues, including:

- Awareness of ethics
- Emotional Contagion in a group
- Group Dynamics theories (as above)
- Setting and maintaining group agreements
- Authentic Community

- Demonstrate emotional resilience during group work
- Demonstrate awareness of and commitment to the principles of authentic community

Learners will be supported in applying group dynamics theory, including:

- Recognising group dynamics in client group
- Recognising group dynamics in own facilitator group

Learners will be supported in demonstrating how to manage group dynamics, including:

- Recognising there is an issue
- Managing the issue through effective communication
- Ensuring resolution

In order to manage group dynamics, learners will also explore:

- Bob Wall's challenging conversations, AID & Thomas-Kilmann Model of Conflict.
- Understanding of patterns of communication and group interaction.
- Understanding how to manage challenging behaviours

As part of critically analysing their own self-development requirements for working in a team and reflecting on their competence as a workshop leader, learners will be supported to:

- Use group dynamic theories to support self-development
- Analyse scenarios in which supervision may be required when facilitating a Trauma Informed workshop
- Demonstrate effectively the ability to give and receive feedback
- Identify areas for own personal and professional development as a group workshop leader
- Own ability to deal with conflict within a group setting (Thomas-Kilmann Model); own ability to hold sacred space; professional approach to working in a group; ability to teach frameworks; ability to facilitate EFPT activities, ability to manage horse handlers and support staff

#### **Additional requirements for Assessment and Delivery**

None

#### **Key Learning Resources**

A full list is included in Appendix 1.

## EFPT-L6-Unit7 Planning and Delivering a Trauma Informed Workshop

### Aims and Rationale

The aim of this unit is to have the learner create, plan, teach and facilitate a group workshop with a team of other learners. This draws on the theory covered in previous units and putting this into practice through running a workshop. The workshop will involve having clients attend for a full day/s and will incorporate the teaching of different psychological frameworks in a classroom setting and also taking the learning from this out with the equines to put into action with the equine facilitated activities. This workshop will be for between 3-12 clients depending on the learner facilitator team size, with no more than a 3:1 client to learner facilitator ratio.

### Details

Guided Learning Hours (GLH)	32	Total Qualification Time (TQT)	65	Level	6
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### Learning Outcomes - on successful Unit completion learners will be able to:

1	Plan a trauma informed workshop
2	Teach frameworks and activities in a workshop setting
3	Facilitate clients within a workshop setting
4	Demonstrate how to create a safe space for a group workshop
5	Critically evaluate own planning and delivery of a trauma informed workshop

### Indicative Content

The learner will be guided through the process of planning a workshop. The key stages are:

- Design a workshop schedule
- Formulate a marketing plan
- Design an intake procedure
- Design a feedback and follow up procedure
- Analyse the effectiveness of the marketing plan
- Analyse the effectiveness of the intake process
- Analyse what is required in a workshop premises
- Analyse equines in terms of appropriateness for group workshop exercises
- Analyse staff and facilitator requirements when running workshops

The exploration of teaching frameworks and activities in a workshop, will support the learner to:

- Analyse which psychological frameworks are suitable for the client base
- Design a presentation of a psychological framework
- Analyse the use of different Learning/Representational styles within a group setting
- Demonstrate a variety of teaching activities
- Demonstrate how to teach a framework

Within facilitating clients in a group experience, the learner will consider how best to:

- Demonstrate how to open and close a group workshop
- Demonstrate core facilitation skills in a group setting
- Demonstrate how to explain the purpose of the horse activity to the group
- Evaluate the suitability of activities that contain more than one human and/or more than one horse
- Facilitate appropriate activities in workshop setting, to include classroom and equine activities
- Be able to manage the client feedback/check in/sharing process in the classroom

Within demonstrating how to create a safe space for a group workshop, the learner will be supported to:

- Demonstrate how to create a safe space for classroom activities during a group workshop
- Demonstrate how to create a safe space for horse activities during a group workshop
- Demonstrate effective horse handling
- Demonstrate creating a supporting staff space
- Show awareness of effective staff levels
- Demonstrate how to hold the space for the group

#### **Additional requirements for Assessment and Delivery**

None

#### **Key Learning Resources**

A full list is included in Appendix 1

## EFPT-L6-Unit8 Becoming a Reflective Practitioner

### Aims and Rationale

In this unit, learners will be looking at developing their own reflective practice. Learners will be using the psychological theories learnt in previous units and applying them to themselves and their professional practice. This includes where supervision may be required and awareness of and commitment to the principles and authentic community.

### Details

Guided Learning Hours (GLH)	18	Total Qualification Time (TQT)	41	Level	6
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### Learning Outcomes - on successful Unit completion learners will be able to:

1	Apply psychological theories to support self-development
2	Analyse own self-development requirements in relation to your professional practice
3	Critically reflect on own ability to self-regulate during student group process work, client sessions and workshop presentations
4	Analyse scenarios in which supervision may be required in your professional practice
5	Give examples of use of the principles of authentic community whilst working in your team

### Indicative Content

Learners will review psychological theories to support self-development already covered in units 1-4. They will also consider the use of:

- The Emotional message chart
- False self / authentic self
- Adult development theories
- A range of frameworks from Daniel Siegel's 'Mindsight'
- Boundaries
- The Karpman Triangle
- Projection, transference and countertransference
- The Johari Window
- Implicit / explicit knowing
- Shadow work
- Thomas Lewis' 'Limbic resonance, regulation and revision'

In working on their own self-development, learners will be supported in:

- Managing own triggers with self-compassion
- Staying within own window of tolerance
- Awareness of projection, transference and counter transference
- Being able to effectively give and receive feedback
  - AID model
  - Bob Wall model
  - Active Listening
- Use of Kolb Learning Cycle
- Gallup Strengths Assessment
- Emotional Intelligence

They will also be supported in developing their skills including their own:

- ability to deal with conflict within a group setting (Thomas-Kilmann Model)
- ability to hold sacred space
- professional approach to working in a group
- ability to teach psychological frameworks
- ability to facilitate EFPT activities
- ability to manage horse handlers and support staff
- ability to adhere to *The Principles Of Authentic Community*.

**Additional requirements for Assessment and Delivery**

None

**Key Learning Resources**

A full list is included in Appendix 1

## Section 3

# Delivery Requirements

This qualification is vocational in nature, so it is vital that the learning experience allows for self-direction and is an experiential and active process. The learner should be given plenty of opportunity to reflect on knowledge and skills as well as developing practical skills with the support and supervision of tutors and assessors.

The units have been designed to support learner centred approaches, which encourage learner investigation, enquiry and reflection, alongside more traditional teacher centred techniques. The delivery process should be based around a facilitation and coaching model, which should create a supportive and dynamic environment, designed to inspire learner participation, enquiry and learning.

It is important that the approach to delivery acknowledges multiple learning styles e.g. reading/writing, auditory, auditory visual, visual and kinaesthetic. These should all be equally recognised, and course material and class activities should be designed to appeal to all learning styles.

Independent study should be supported by a variety of resources and group and individual mentoring. The learner should also have access to tutorial support and engage in self-assessment throughout the units to allow them to monitor their understanding.

Some units are delivered via Power Point, video presentations and practical demonstrations followed by learner practice. A large presentation monitor is required as well as indoor room space for faculty to demonstrate processes and for learners to practice together in small groups.

## Section 4

# Assessment & Quality Assurance

### 4.1 Our Approach

The Crossfields Institute approach to quality assurance is underpinned by educational values which address the development and transformation of the whole human being. In this qualification teaching, learning and assessment should be interconnected in order to support each individual to reach his or her full potential.

The following guidance is provided to support centres and learners in understanding this qualification's requirements for assessment and how the assessment processes will be monitored.

### 4.2 Assessment Requirements

This qualification is assessed through a portfolio of evidence. The learner must meet all learning outcomes in the unit before they can be awarded that unit.

We encourage a holistic approach to assessment where appropriate, this means using assessment tasks which can cover elements of more than one unit.

Assessment methods for this qualification will include:

- Written and Audio Work Products
  - Essays
  - Case studies
  - Reflective journal
  - Handouts
- Tutor Observation
  - Presentations
  - Role play exercises
  - Equine skills observations
- Professional practice
  - Live individual and group workshop sessions
  - Workshop paperwork and records

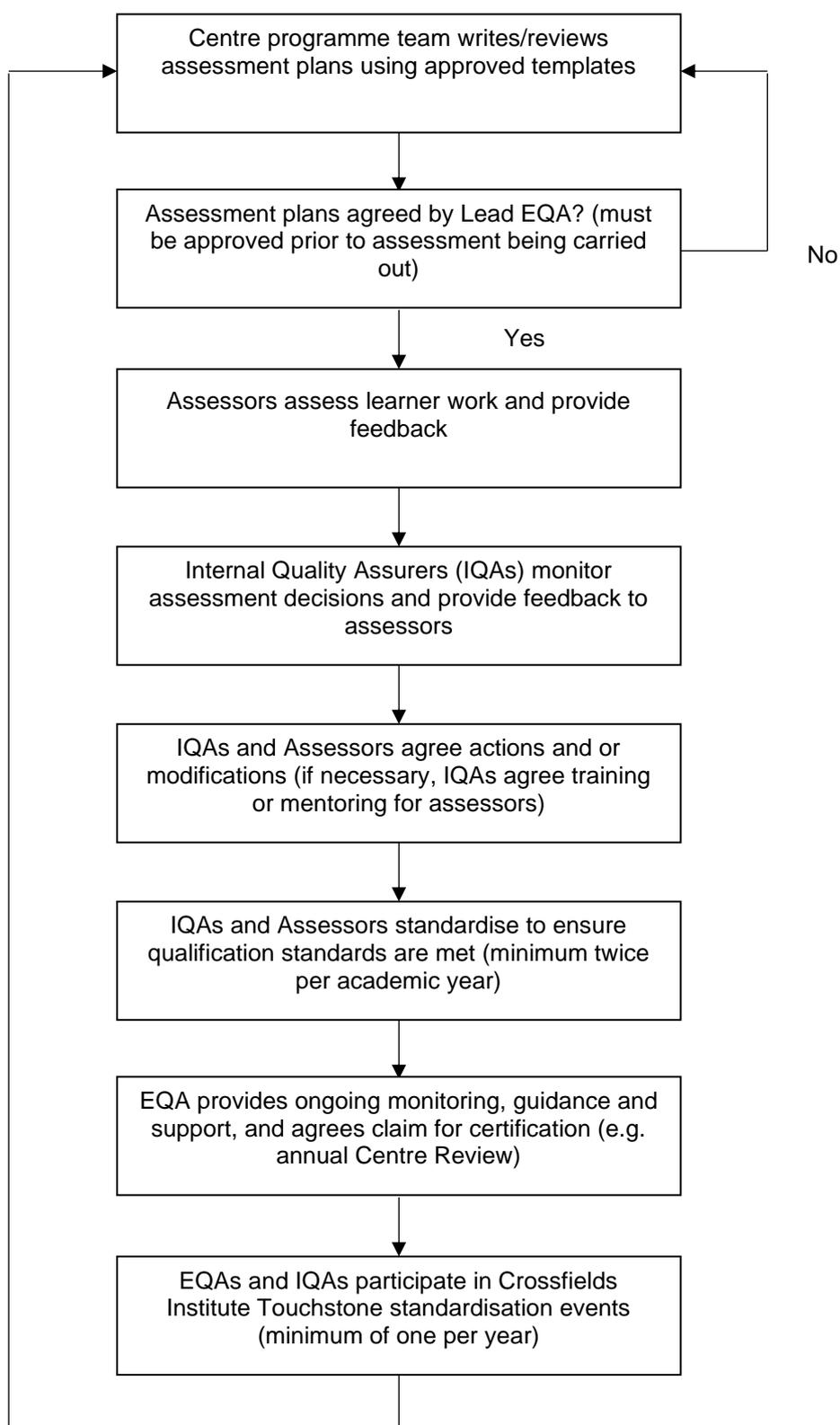
An Exemplar Assessment Plan is included in Appendix 2

### 4.3 Quality Assurance Process

The primary aim of the Crossfields Institute Quality Team is to support centres in delivering the best possible learning experience and high levels of achievement for learners.

Centres will be allocated an External Quality Assurer (EQA) by the Crossfields Institute Quality Team. The Lead EQA for this curriculum area will also be involved in reviewing assessment plans.

Centres delivering this qualification are required to follow this Crossfields Institute Quality Assurance process



## 4.4 Assessment Planning Guidance

This qualification uses a centre devised approach to assessment. In planning their assessments, centres should ensure that assessment activities:

- are fit for purpose
- can be delivered efficiently
- meet the learning outcomes
- permit Reasonable Adjustments to be made, while minimising the need for them
- allow each learner to generate evidence which can be authenticated
- allow the specified level of attainment detailed in this specification to be reached by a learner who has attained the required level of knowledge, skills and understanding
- allow assessors to be able to differentiate accurately and consistently between a range of attainments by learners

They should also ensure that:

- sufficient time is allowed for assessment planning
- assessment tasks do not produce unreasonably adverse outcomes for learners who share a common attribute
- methods of assessment are in line with the assessment requirements in this specification
- reasonable timescales for assessment and feedback are given to learners
- a timely quality assurance process is conducted

## 4.5 Training and Support

To support centres in carrying out high quality assessment and quality assurance practice, the following training and support measures have been put in place for this qualification:

- All centre assessors and quality assurance staff for this qualification are required to meet National Occupational Standards for assessors and IQAs. National qualifications (NVQs) are available for these roles. Crossfields Institute can also provide customised assessor and IQA education as well as review of assessor and IQA practice.
- Assessors and IQAs must keep an up to date CPD log and be able to demonstrate the relevance of their CPD to this qualification and their role.
- Handbooks, exemplars and templates are available from the Crossfields Institute Quality Team.
- Where required, a customised Quality Assurance Action and Development Plan will be provided by Crossfields Institute for centres.

Please note: there may be a charge for training and resources provided by Crossfields Institute.

## Section 5: Policies and Procedures

Crossfields Institute has policies and procedures in place to support centres and learners. All centres must also implement their own policies, which comply with Crossfields Institute's requirements – these will be checked during centre approval and in subsequent centre monitoring activities. It is the centre's responsibility to make relevant policies available to learners.

### Relevant policies include:

- Learner Complaints and Appeals Policy: which allows learners to take action if they feel they have been treated unfairly.
- Reasonable Adjustments and Special Considerations Policy: which allows centres to make any necessary adjustments to assessments in the light of learners' individual circumstances.
- Malpractice and Maladministration Policy: which gives a framework through which concerns about the delivery and assessment of the qualification can be addressed.
- Equality and Diversity Policies: which ensures centres treat learners fairly and without any bias.

Crossfields Institute Policies, and other key documents, are available on our website at [www.crossfieldsinstitute.com/resources](http://www.crossfieldsinstitute.com/resources) Learners should ensure they also refer to the policies and procedures of the centre with which they are registered.

## Appendix 1: Recommended Reading

**NB: The recommended reading list will be amended and added to periodically throughout the delivery of the qualification. Delivery of individual units will include additional reference lists of essential and recommended reading. This may include web-based material and research papers.**

<b>ESSENTIAL READING</b>	
Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment: DSM-5 Update (Revised, Expanded)	John N. Briere (2014)
The Clinical Practice of Equine-Assisted Therapy: Including Horses in Human Healthcare	Leif Hallberg (2017)
The Equine-Assisted Therapy Workbook: A Resource Guide for Professionals and Students	Leif Hallberg (2018)
Equine-Assisted Mental Health for Healing Trauma, edited by	Kay Sudekum Trotter and Jennifer N. Baggerly (2018)
Counselling Skills for Working with Trauma: Healing From Child Sexual Abuse, Sexual Violence and Domestic Abuse (Essential Skills for Counselling).	Christiane Sanderson (2013)
Trauma Therapy and Clinical Practice: Neuroscience, Gestalt and The Body	Miriam Taylor (2014)
Trauma and Recovery: The Aftermath of Violence--From Domestic Abuse to Political Terror	Judith Herman (2015)
The Body Remembers Casebook: Unifying Methods and Models in the Treatment of Trauma and PTSD.	Babette Rothschild (2003)
The Body Remembers: Volume 2: Revolutionizing Trauma Treatment	Babette Rothschild (2017)
The CBT Handbook: A comprehensive guide to using Cognitive Behavioural Therapy to overcome depression, anxiety and anger.  <b>OR</b>  Cognitive Behavioural Counselling in Action Third Edition.	Pamela Myles and Roz Shafran (2015)  Trower, Jones, Dryden (2015)
Once Upon a Group: A Guide to Running and Participating in Successful Groups	Maggie Kindred (2010)

## Appendix 2: Exemplar Assessment Plan

<i>Unit</i>	<i>Assessment task</i>	<i>Learning outcomes covered</i>	<i>Date due for Completion</i>
Unit 1 Understanding a Systematic Approach to Treating Trauma, PTSD and C-PTSD	Trauma Essay (2000-2500 words)	1.1, 1.2, 1.3, 1.4	
	Group trauma presentation (1 hour)	1.1, 1.3, 1.4, 1.5	
	Psychoeducation document (1 page handout)	1.1, 1.2, 1.5	
Unit 2 Developing a Treatment Plan for Trauma, PTSD and C-PTSD	Trauma Essay (2000-2500 words)	2.1, 2.3	
	EFPT for Trauma essay (2000 words)	2.3	
	Case studies (2 case studies of 6-8 sessions each) including supervision	2.1, 2.2, 2.3, 2.4, 2.5	
Unit 3 Implementing Treatment Approaches for Trauma, PTSD (Mild) and C-PTSD (Mild)	Trauma Essay (2000-2500 words)	3.1	
	Group trauma presentation (1 hour)	3.1	
	Case studies (2 case studies of 6-8 sessions each) including supervision	3.2, 3.3, 3.5	
	EFPT for Trauma essay (2000 words)	3.4, 3.1	
Unit 4 Applying EFPT Activities and the IFEEL Methodology	Case studies (2 case studies)	4.1, 4.2, 4.5	
	Case studies (2 case studies of 6-8 sessions each) including supervision	4.1, 4.2, 4.3, 4.4, 4.5	

<i>Unit</i>	<i>Assessment task</i>	<i>Learning outcomes covered</i>	<i>Date due for Completion</i>
	EFPT for Trauma essay (2000 words)	4.3	
	Assessor observation reports of practice sessions during on-site days	4.5	
Unit 5 Understanding Equine Theory and Practice	Equine Essay (2000 words)	5.1, 5.2, 5.3, 5.4	
	Case studies (2 case studies of 6-8 sessions each) including supervision	5.2, 5.3, 5.4, 5.5	
	EFPT for Trauma essay (2000 words)	5.3	
	Equine skills assessment observation (30 min)	5.5	
Unit 6 Understanding and Applying the Theories of Group Dynamics	Group dynamics essay (2000 words)	6.1, 6.2, 6.3	
	Workshop Considerations and Rationale Essay (2000 words)	6.2, 6.3	
	Records of Professional Discussions throughout and following workshop delivery	6.2, 6.3, 6.4, 6.5	
	Reflective journals for reflection on self-development and theoretical application (5 journal entries throughout the course- maximum word count 1000 words. 1 larger final entry maximum word count 2000 words).	6.2, 6.3, 6.4, 6.5	
Unit 7	Group production of workshop marketing and planning materials and completion of pre-workshop planning activities (including marketing plan,	7.1	

<i>Unit</i>	<i>Assessment task</i>	<i>Learning outcomes covered</i>	<i>Date due for Completion</i>
Planning and Delivering a Trauma Informed Workshop	production of schedule, intake process, feedback process and workshop presentation materials)		
	Workshop Considerations and Rationale Essay (2000 words)	7.1	
	Running a workshop in a group with associated materials. Assessed through observation.	7.2, 7.3, 7.4	
	Professional discussion post workshop	7.5	
	Reflective journals for reflection on self-development and theoretical application (5 journal entries throughout the course- maximum word count 1000 words. 1 larger final entry maximum word count 2000 words).	7.5	
Unit 8 Becoming a Reflective Practitioner	Reflective journals for reflection on self-development and theoretical application (5 journal entries throughout the course- maximum word count 1000 words. 1 larger final entry maximum word count 2000 words).	8.1, 8.2, 8.3, 8.4, 8.5	
	Case studies (2 case studies of 6-8 sessions each) including supervision	8.4	

## Appendix 3: Glossary of Specialist Terms

<u>Terms</u>	<u>Explanation</u>
Adult Client Intake and History Form	Forms used to gather information about clients
Biopsychosocial	The biopsychosocial model is a broad view that attributes disease outcome to the intricate, variable interaction of biological factors (genetic, biochemical, etc.), psychological factors (mood, personality, behaviour, etc.), and social factors (cultural, familial, socioeconomic, medical, etc.).
Comorbidities (Common)	Comorbidity is the presence of one or more additional disorders co-occurring with (that is, concomitant or concurrent with) a primary disorder; in the countable sense of the term. A comorbidity (plural comorbidities) is each additional disorder or disease.
C-PTSD	Type II Trauma. Complex post-traumatic stress disorder (C-PTSD; also known as complex trauma disorder) is a psychological disorder thought to occur as a result of repetitive, prolonged trauma involving sustained abuse or abandonment by a caregiver or other interpersonal relationships with an uneven power dynamic
Differential Psychological Formulation	A hypothesis about a person's difficulties, integrating a range of biopsychosocial causal factors
Dissociation	A separation from the self, with the most severe resulting in Dissociative Identity Disorder. Most of us experience this in very mild forms such as when we are driving long distance and lose time or find ourselves day dreaming longer than we thought.
EFHD	The IFEEL Method of EFHD is synonymous with 'equine facilitated learning' as described by Pendry & Roeter (2013) to 'combine[s] the experience of equine human interaction with counselling-based processing skills to increase participants' awareness and control of their emotions, cognitions, and behaviours'. EFHD has a time focus orientation on the 'here and now' with an outwardly defined, solution focused facilitation approach to address behaviour changes for the future. This is a behaviour change model that can be used with any non-clinical population.
EFPT	The IFEEL Method of EFPT is a form of psychotherapy that includes specialist traumatology training in evidenced based protocols specifically for Common Mental Health Disorders: Trauma, ASD, PTSD and C-PTSD (all include Anxiety and Depression) . EFPT has a 'dual attention' time focus orientation on the 'here and now' whilst systematically working with the clients inward traumagenic narrative and comorbid clinical symptomology. EFPT practitioners work within a Multi-Disciplinary Teams (MDT) that must include either GPs and/or Psychiatrists.
Equine Centred™	An approach to the management and training of equines which prioritises the equine, their welfare and wellbeing, which draws on evidence based information, research and the science of animal behaviour.

Ethology	Ethology is primarily the scientific study of animal behaviour, especially as it occurs in a natural environment; applied ethology being the study of animal behaviour in the human domain.
Equine Psychology	The study of equine behaviour and mind. This can be applied to handling, training and riding of horse.
IFEEL Method™	A defined model/approach to deliver Equine Facilitated Interventions in EFHD and EFPT
IFEEL Methodology™	A systematic process to evaluate an Equine Facilitated Client/Group session
Phased based model	3 phases of treatment used in trauma, originally proposed by Herman (1992), phase 1 stabilisation, phase 2 trauma processing and phase 3 reintegration
PTSD	Type I Trauma. Post-traumatic stress disorder (PTSD) is a mental health disorder caused by exposure to a traumatic incident which was highly stressful, frightening or distressing.
Relational Horse-Human Approach™	The IFEEL Method's Relational Horse-Human Approach focuses on the application of relationally based (somatically embodied) EFHD and EFPT activities with great emphasis on understanding and applying equine theory that includes equine psychology, behaviour, ethology and the importance of species-appropriate welfare and management for equines within EFHD and EFPT work
Structured Assessment Process	A structured way of gathering information on a client.
Trauma	Psychological trauma may result after exposure to highly stressful, frightening or distressing events.
Treatment Plan (TP)	A plan of how a psychological therapy will progress.
The Principles of Authentic Community	A set of 12 principles which guide groups which wish to have an authentic community, principles includes maintaining confidentiality and not using other vulnerabilities against them. Authors include Kathleen Barry Ingram, Epona and IFEEL.