Crossfields Institute
Qualifications | Education | Development

Qualification Specification

CFI

Level 6 Diploma in Transpersonal Psychology

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Key Facts

Qualification Title	CFI Level 6 Diploma in Transpersonal Psychology
Qualification Number (QAN)	610/4937/2
Qualification Type	VRQ
Sector	1.3 Health and Social Care
Level	6
Rules of Combination	All modules are compulsory
Total Qualification Time	370 hours
Guided Learning Hours	132 hours
Minimum age of learners	18
Assessment Methods	Portfolio of evidence
Grading system	Pass/Fail
How long will it take to complete?	This qualification can be completed over the course of a year
Developed by	The qualification has been developed by CFI with subject-specific expertise provided by the British Transpersonal Association

Section 1: About this Qualification

1.1 Why take this qualification?

The aim of this Level 6 Diploma in Transpersonal Psychology is to provide a qualification which offers a unique opportunity to explore the interconnectedness of psychology and spirituality, blending traditional psychological theories with holistic approaches. This field emphasises self-awareness, personal transformational and spiritual growth, going beyond symptom management to address deeper existential and spiritual concerns.

Learners will:

- gain insights into the human psyche, including neuroscience, states of consciousness, mystical experiences, death awareness and spiritual intelligence.
- develop skills in the practical application of various modalities to support individuals in their emotional and spiritual wellbeing.
- be equipped to work with individuals or groups, helping them find meaning, purpose and wholeness through a transpersonal approach.

Transpersonal Psychology

The term *transpersonal* itself means "beyond the personal", indicating an interest in experiences and states of consciousness that transcend the individual self, such as mystical experiences, spiritual awakenings and altered states of consciousness.

1.2 What are the entry requirements?

It is expected that learners will be:

- appropriately qualified within the psychology field

and/or:

- suitably experienced (at least five years' work) within a holistic health field, such as meditation, yoga, death doula, reiki practitioner etc.

The qualification is open to learners of all backgrounds, with a commitment to promoting diversity and inclusion. Applicants with disabilities are encouraged to apply and will be provided with the necessary support to succeed in the programme.

The awarding organisation does not determine the method of delivery for this qualification, and with this in mind the units have been designed for flexibility. Centres must ensure that learners have appropriate access to any resources listed in the units.

1.3 What does the qualification cover?

This qualification comprises eight modules:

1. **Current Mental Healthcare Provision in the UK**
2. **Introduction to Transpersonal Psychology**
    I. Key Concepts
    II. Numinous Experiences
    III. Transpersonal Psychology and "New Age" Approaches
3. **Transpersonal Neuroscience**
    I. Dual Brain Science & Integrated Consciousness
    II. The Left Hemisphere and the DMN/Verbal Centre & The Default Mode Network and the Ego/Self Esteem
    III. The Right Hemisphere's Connection to Spirituality
4. **The Science of Spirituality**
    I. Spiritual Competencies
    II. Spiritual Post-Traumatic Growth
5. **Thanatology**
6. **After-Death Consciousness**
7. **Neurobiology – Polyvagal Theory**
8. **Transpersonal Modalities & Plant Medicine**

This qualification is at Level 6 as defined by Ofqual:

Ofqual Handbook: General Conditions of Recognition - Section E - Design and development of qualifications - Guidance - GOV.UK (www.gov.uk)

Knowledge descriptor (the holder …)	Skills descriptor (the holder can …)
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. Understands different perspectives, approaches or schools of thought and the theories that underpin them. Can critically analyse, interpret and evaluate complex information, concepts and ideas.	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. Formulate and use appropriate methodologies and approaches. Use and, where appropriate, design relevant research and development to inform actions. Evaluate actions, methods and results and their implications.

1.4 What are the assessment methods?

You will create a portfolio of evidence throughout your time working towards this qualification. This may include:

- Observation of practice by experienced tutors
- Written assignments
- Reflective practice, e.g. a learning journal or self-reflective journals
- Peer observation or feedback as witness testimony
- Artefacts

The expectation for completion of this qualification is that learners will:

- engage in online discussion as part of the course
- attend at least 80% of the online class meetings
- complete written essays based on each module
- take part in Continued Professional Development, with monthly meetings for twelve months from completion of the course

There is no requirement for each unit to be assessed separately. Assessors are advised to adopt a holistic approach. One activity/piece of evidence can be used to demonstrate that multiple learning outcomes and assessment criteria from different units have been met. However, it is essential that evidence for the assessment criteria in each unit is identified individually.

Note: Plagiarism This 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. This includes the use of AI (please see our AI policy for further information). If there is evidence that your work is copied from elsewhere, it will not be accepted, and you may be subject to a disciplinary procedure.

1.5 Rules of Combination

All eight modules are mandatory.

Section 2: Units

2.1 Unit List

This qualification has 8 units in total, each of which contributes to the learner's development of knowledge, understanding and skill.

Unit title	Ofqual ref	Guided Learning Hours (GLH)	Total qualification time (TQT)	Credits
Current Mental Healthcare Provision in the UK	F/651/3923	12	33	3
Introduction to Transpersonal Psychology	H/651/3924	12	33	3
Transpersonal Neuroscience	J/651/3925	12	35	4
The Science of Spirituality	K/651/3926	12	35	4
Thanatology	L/651/3927	12	35	4
After-Death Consciousness	M/651/3928	12	33	3
Neurobiology – Polyvagal Theory	R/651/3929	12	33	3
Transpersonal Modalities & Plant Medicine	A/651/3930	48	133	13
Qualification total		**132**	**370**	**37**

Unit 1: Current Mental Healthcare Provision in the UK

Unit reference	F/651/3923	**Guided Learning Hours (GLH)**	12
Unit level	6	**Total Qualification Time (TQT)**	33
Unit aim	Learners will review the current healthcare provision in the UK today, including the two primary offerings of talk therapy and medication. They will understand the ways in which these provisions do help people, but also the shortcomings and challenges people experience when using talk therapy (CBT) and when deciding to cease use of medication. Learners will also understand the greater emphasis that the UK has placed on improving access, reducing stigma and integrating mental health services into general healthcare – as well as the waiting times and levels of staffing which remain concerns.		

Learning outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the benefits and challenges of talk therapy and medication	1.1 Compare the challenges and benefits of Cognitive Behavioural Therapy (CBT) and the provision of antidepressants
	1.2 Analyse the statistics on traditional mental healthcare in the UK
	1.3 Explain the importance of effective management of CBT and medication
2. Understand current issues related to medication and talk	2.1 Analyse information from various sources on why overprescribing takes place

therapy	2.2 Describe alternatives to medicine and talk therapy

Amplification

LO1, AC 1.2
This may include a focus on success rates of CBT and the increasing consumption of antidepressants.

LO2, AC 2.1
This should include reference to the All-Party Parliamentary Group for Prescribed Drug Dependence, as well as other sources through independent research.

LO2, AC 2.2
This should include both mainstream and transpersonal approaches.

Indicative Content

As part of this unit, learners will examine the following current NHS offerings:

- **Talk Therapy**: The most common form of talk therapy in the UK is cognitive behavioural therapy (CBT), which is widely available through the NHS. Other forms, such as counselling, psychodynamic therapy and mindfulness-based therapies are also provided, often through referral by a general practitioner (GP) or via the NHS's Improving Access to Psychological Therapies (IAPT) programme. The IAPT service aims to make evidence-based psychological treatments more accessible, particularly for conditions like depression and anxiety.
- **Medication**: Medication is another key component of mental healthcare, often prescribed alongside therapy. Antidepressants (such as SSRIs and SNRIs), antipsychotics and anxiolytics are commonly prescribed depending on the specific condition. GPs can prescribe medications, but more severe cases might require psychiatric referral.
- **Specialised Services**: For more complex mental health conditions, such as schizophrenia or bipolar disorder, there are community mental health teams, crisis services and inpatient care available.
- **Private Healthcare**: While the NHS remains the primary care provider, private mental health services also play a role, particularly for those seeking quicker access to treatment or specific therapies not readily available through the NHS.

Reading List and Other Information Sources

Books

Whitaker R. (2019) *Mad in America,* Basic Books

Moncrieff J. (2009) *A Straight-talking Introduction to Psychiatric Drugs*, PCCS

Organisations & Presented Articles

Mad in America
Mad in the UK

Unit 2: Introduction to Transpersonal Psychology

Unit reference	H/651/3924	**Guided Learning Hours (GLH)**	12
Unit level	6	**Total Qualification Time (TQT)**	33
Unit aim	This unit will give learners an understanding of what Transpersonal Psychology (TP) is and is not. They will explore the history of Transpersonal Psychology, key figures and theories within TP, and the progression of definitions for TP from 1968 to 2022. They will review prominent literature within TP, understand the critiques (and the opposing views) of TP, and will gain a thorough understanding of the 8 Foundational Principles of Transpersonal Psychology.		

Learning outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the foundational principles of Transpersonal Psychology	1.1 Compare and contrast the principles of TP with mainstream psychological beliefs
	1.2 Compare and contrast the roles involved in Transpersonal and mainstream psychology
	1.3 Evaluate the extent to which the principles of TP align with their own personal belief system
2. Understand the ethical guidelines for Transpersonal Practitioners	2.1 Analyse the importance of ethical guidelines in the work of Transpersonal Psychology

Amplification

LO1, AC 1.1
This should include the following:

- Depth Psychology
- Jungian Psychology
- Freudian Psychology
- Adler Psychology
- Rogers Psychology

Indicative Content

Learners will examine the key concepts and features of transpersonal psychology including:

The Eight Foundational Principles of Transpersonal Psychology

1. Our essential nature is spiritual. Transpersonal Psychology affirms that our being is both psychological and spiritual in nature, but the transpersonal view gives primacy to the spiritual source which supports and upholds the psychological structures of the self.
2. Consciousness is multidimensional. Spiritual experiences often catapult a person into realms and states of expanded consciousness that reveal how limited and restricted normal consciousness is.
3. Human beings have valid urges towards spiritual seeking, expressed as a search for wholeness through deepening individual, social and transcendent awareness. The transpersonal vision sees this entire psychological drama as a subset of a large quest for spiritual union. The definition of mental health must include a spiritual dimension to be complete.
4. Contacting a deeper source of wisdom and guidance within is possible and is helpful to psycho-spiritual growth. Transpersonal Psychology aims at assisting people in accessing their inner wisdom for greater emotional and psychological integration.
5. Uniting a person's conscious will and aspiration with the spiritual impulse is a superordinate health value.
6. Altered states of consciousness (such as psychedelics, meditation, breathwork and other practices), are a respected way of accessing transpersonal experiences and can be an aid to healing and growth.
7. Our life and actions are meaningful. Moving beyond a purely scientific, materialistic or existential perspective allows us to view life from a broader vantage point.
8. The transpersonal context shapes how a person is viewed. A transpersonal approach views an individual (and their therapist/practitioner/facilitator/teacher) as both fellow seekers and evolving beings.

Reading List and Other Information Sources

Books

Young G., Knights J. & Grant D. (2018) *Leading Beyond the Ego*, Routledge

Papers

What is Transpersonal Psychology? A Concise Definition Based on 20 Years of Research – Glenn Hartelius

Brief History of Transpersonal Psychology – Stanislav Grof

Transcending Transpersonal: Time to Join the World – Jenny Wade

A Hermeneutic Analysis of Transpersonal Education – Scott Buckler

Unit 3: Transpersonal Neuroscience

Unit reference	J/651/3925	**Guided Learning Hours (GLH)**	12
Unit level	6	**Total Qualification Time (TQT)**	35
Unit aim	This unit will provide learners with an understanding of Dual Brain Science and Integrated Consciousness, with particular reference to Dr. Iain McGilchrist's work and the way in which this bridges neuroscience, philosophy, psychology and the understanding of human consciousness. Learners will explore how the brain's right and left hemispheres shape reality, perception and culture and will gain insight into the implications of these tendencies.		

Learning outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the principles of Dual Brain Consciousness and how it compares to mainstream theories	1.1 Explain the key differences between Consciousness theories
	1.2 Compare the two hemispheres of the brain in terms of their impact on perception, cognition and behaviour
	1.3 Explain how these hemispheric tendencies shape thought patterns, problem-solving and emotional processing
	1.4 Describe the right hemisphere's role in facilitating spiritual experiences, creativity, intuition and a sense of connection to the larger whole
	1.5 Analyse the consequences of an over-reliance on the left hemisphere's analytic and literal perspective

2. Understand the relationship between left-hemisphere thinking and modern society	2.1 Critically evaluate McGilchrist's argument that the dominance of left-hemisphere ways of thinking has led to disconnection from meaning, nature and community
	2.2 Explain how hemispheric balance has impacted on aspects of contemporary culture
	2.3 Discuss ways of restoring a more holistic, integrated worldview in modern society through a Vision of the Future
3. Understand how applying McGilchrist's insights into brain hemispheric function can foster balance between analytical and holistic thinking	3.1 Explain the importance of right hemisphere awareness in therapeutic settings
	3.2 Outline techniques for helping clients re-engage their right hemisphere through creative processes
	3.3 Give examples of ways in which practical tools for stimulating right hemisphere activity can be integrated with left-brain analysis to foster innovative solutions and personal insight
	3.4 Evaluate how the application of McGilchrist's theories can bridge the gap between science and spirituality in their personal and professional worldview
4. Understand how the interaction of hemispheres has historically shaped cultural and philosophical worldviews	4.1 Give examples of the different hemispheric approaches that different epochs and cultures have taken
	4.2 Analyse ways in which cultural trends and movements reflect the brain's dual modes of engagement with hyper-rationalism and materialism

5. Understand the benefits of balanced hemispheric engagement (Integrated Consciousness)	5.1 Outline ways in which they will use McGilchrist's theories to further their own personal growth
	5.2 Explain how balanced hemispheric engagement can lead to neuroplasticity development and personal growth

Amplification

LO2
This should include a focus on the fields of Education, Leadership, End-of-Life Management and Mental Healthcare.

LO2, AC 2.2
These aspects may include hyper-rationalism, materialism and over-dependence on technology.

LO3, AC 3.2
These techniques should include creative practices, mindfulness, metaphor and narrative therapy, thereby facilitating greater emotional integration and self-understanding.

LO3, AC 3.3
These tools may include creative arts, meditation, and non-linear thinking.

LO4, AC 4.1
This should include those that have taken a more balanced approach, alongside others which have emphasised left-hemisphere modes of thinking.

LO4, AC 4.2
This may include an analysis of art, science, religion and philosophy through the lens of hemispheric dominance.

Indicative Content

This unit will cover the following topics:

- A deep understanding of brain lateralisation and its influence on cognition, behaviour and culture.
- An ability to critically analyse contemporary culture through the lens of hemispheric dominance.
- Enhanced creativity, intuition and problem-solving through right hemisphere engagement.
- Skills for applying hemispheric theories in therapeutic practices and personal growth.
- Integration of philosophical, spiritual and scientific perspectives on consciousness and reality.

- A review of other key figures in the Dual Brain Science field such as Dr. Allan Shore and Dr. Frederic Schiffer.

Reading List and Other Information Sources

Summarised version of Dr. Iain McGilchrist's book *The Master and his Emissary*

Various videos and interviews with Dr. Iain McGilchrist

Unit 4: The Science of Spirituality

Unit reference	K/651/3926	**Guided Learning Hours (GLH)**	12
Unit level	6	**Total Qualification Time (TQT)**	35
Unit aim	In this unit, learners will examine definitions of spirituality, the ways in which it can manifest – including religious beliefs, meditation and activities that promote personal growth – and the virtues it seeks to cultivate. They will understand that spirituality can be deeply personal and subjective, and will explore the key elements that underpin many approaches. Learners will also explore the protective and transformative role of spirituality in mental health and personal development.		

Learning outcomes The learner will:	Assessment Criteria The learner can:
1. Understand how personal spiritual beliefs and biases can impact upon therapeutic practice	1.1 Critically reflect on the extent to which their own spiritual beliefs and biases may influence their therapeutic practice
	1.2 Explain how to maintain professional boundaries when working with clients of diverse spiritual backgrounds
2. Understand the role of spirituality in mental health as it relates to therapeutic practice	2.1 Analyse the ways in which spirituality can act as a protective factor against mental health issues
	2.2 Evaluate how to use the spiritual competencies outlined by Vieten in therapeutic practice
	2.3 Explain how to assess clients' spiritual needs and incorporate relevant practices into therapy, when appropriate and consented to

3. Understand ethical considerations in addressing spirituality in therapeutic practice	3.1 Summarise ethical considerations that apply to addressing spirituality in therapy
	3.2 Explain their own approach to managing ethical considerations in interactions with clients
	3.3 Explain how to adapt their therapeutic approach to meet the spiritual needs of clients from various traditions
4. Be able to integrate neuroscientific insights into spiritual practices in the fields of Education, Leadership, End-of-Life Management or Mental Healthcare	4.1 Explain the neuroscientific basis of spiritual experiences
	4.2 Design therapeutic interventions that use brain-based evidence to support clients' mental health through spiritual practices in one of the following fields: • Education • Leadership • End-of-Life Management • Mental Healthcare
5. Understand how to manage spiritual crises and existential issues	5.1 Explain how to distinguish between spiritual crises and psychological disorders
	5.2 Analyse how to apply appropriate therapeutic techniques to help clients navigate these crises in a way that fosters growth and resolution
	5.3 Explain when and how to refer a person to external spiritual resources, such as religious leaders or spiritual communities
6. Be able to plan for professional and personal growth through spiritual competency	6.1 Evaluate how their personal and professional growth plan will ensure continuous development of their spiritual competency

Amplification

LO 2, AC 2.1
This may include depression, fostering resilience and emotional wellbeing, and is likely to focus especially on adolescents.

LO 2, AC 2.2
This should include how to respect and integrate clients' spiritual beliefs.

LO 3, AC 2.3
These practices are derived from the Wellspring of Modalities.

LO 4, AC 4.1
This may include the way in which practices like meditation affect brain activity and emotional regulation.

LO 5, AC 5.1
Such crises may include spiritual emergence, existential crises or dark nights of the soul.

Indicative Content

This unit will cover the following topics:

- Cassandra Vieten's Spiritual Competencies
    - This framework is a set of guidelines designed to help Transpersonal Practitioners integrate an exploration of spirituality within the fields of Education, Business Leadership, End-of-Life Management and Mental Healthcare in a respectful and effective manner. These competencies focus on developing awareness, knowledge and skills related to clients' spiritual beliefs and practices.
    - Key aspects include:
        - Self-awareness: Transpersonal Practitioners should explore their own spiritual beliefs and biases to avoid influencing clients.
        - Respect for diversity: Recognising and respecting the wide range of spiritual and religious beliefs that clients may hold.
        - Assessment: Learning how to assess the role that spirituality plays in a client's life without imposing or dismissing it.
        - Intervention: Using spiritual themes, practices or discussions in therapy when appropriate, in ways that support the client's wellbeing.
        - Ethics and Boundaries: Ensuring that spiritual discussions align with ethical standards, maintaining appropriate boundaries.
- Dr. Lisa Miller's research on spirituality
    - This research focuses on the psychological and neuroscientific aspects of spirituality, particularly its impact on mental health and wellbeing. Her key findings highlight the profound connection between spirituality and mental resilience, particularly in adolescents and adults.
    - Key aspects include:
        - Spirituality as a Protective Factor: Miller's studies show that individuals with a strong spiritual foundation, particularly during adolescence, are

significantly less likely to suffer from depression, anxiety and substance abuse. Spirituality provides resilience against life stressors.
        - Neuroscience of Spirituality: using brain-imaging techniques, Miller has found that spirituality activates specific regions of the brain associated with empathy, emotional regulation and self-awareness. Spiritual practices like meditation and prayer can strengthen these neural networks over time.
        - Transcendence and Wellbeing: Miller posits that the experience of transcendence – connecting to something greater than oneself – is crucial for developing a sense of meaning and purpose in life. This sense of purpose fosters emotional wellbeing.
        - Spirituality in Parenting and Education: her work emphasises the role of spirituality in parenting, showing that children and young adults raised in spiritually-aware households/educated in spiritually-aware schools tend to be more optimistic, compassionate and emotionally stable.
- Reflective self-awareness and management of personal biases
- Practical integration of spirituality into therapeutic interventions
- Competency in addressing spiritual crises and existential concerns
- Cultural sensitivity in spiritual and religious matters
- Understanding of neuroscientific and psychological impacts of spirituality
- Ethical decision-making in handling clients' spiritual beliefs and practices

Reading List and Other Information Sources

Books

Miller L. (2021) *The Awakened Brain*, Allen Lane

Vieten C., Scammell S., Siegel D. (2015) *Spiritual & Religious Competencies in Clinical Practice*, New Harbinger Publications

Unit 5: Thanatology

Unit reference	L/651/3927	**Guided Learning Hours (GLH)**	12
Unit level	6	**Total Qualification Time (TQT)**	35
Unit aim	This unit aims to provide learners with a comprehensive understanding of the biological, psychological, social, cultural and spiritual aspects of death. They will gain a more nuanced appreciation of the end-of-the-life process, death anxiety, grief and societal attitudes towards death, and will also develop their skills in providing emotional and spiritual support to dying individuals and the bereaved.		

Learning outcomes The learner will:	Assessment Criteria The learner can:
1. Understand key concepts related to death and dying	1.1 Explain the stages of physical death and medical definitions of death
	1.2 Describe the psychological processes involved in dying and acceptance of mortality
2. Understand the diverse cultural, religious, societal and spiritual beliefs surrounding death, dying and the afterlife	2.1 Outline how different cultures and religions approach death rituals, funerary practices and beliefs about the afterlife
	2.2 Critically evaluate the social significance of these rituals in providing meaning, closure and support for grieving individuals and communities
	2.3 Summarise the history of death practices, focusing on an era of their choice
	2.4 Analyse the influence of medical and technological advancements on attitudes towards death from the

	last twenty years
3. Understand the different theories of grief and various grieving patterns and coping mechanisms	3.1 Summarise both the traditional stages of grief and alternative models
	3.2 Analyse the differences between normal grief, anticipatory grief and complicated grief
	3.3 Explain the implications of the above types of grief and variations in grief responses for the support of bereaved individuals
4. Understand key ethical and legal issues surrounding the end of life	4.1 Summarise ethical debates from the past ten years over voluntary euthanasia and physician-assisted suicide
	4.2 Outline the legal requirements surrounding end-of-life care, autopsies, burials and cremation
	4.3 Explain the role of death-related institutions
5. Understand the emotional and physical needs of caregivers of the terminally ill	5.1 Explain the role hospice care, palliative care teams and family caregivers
	5.2 Analyse the emotional and physical toll of caregiving and the impact this may have
	5.3 Explain how to provide support to caregivers
6. Be able to apply modalities for supporting individuals who are facing their own mortality	6.1 Demonstrate compassionate listening, holding space for emotional expression, and helping individuals reflect on their life and meaning
	6.2 Explain strategies for helping the dying process difficult emotions and find peace

7. Understand how to provide support for individuals and communities impacted by sudden deaths	7.1 Analyse the psychological and social impact of unexpected and traumatic deaths
	7.2 Outline crisis intervention strategies for survivors experiencing shock, anger or guilt
8. Understand what constitutes a "good death" and how individuals can achieve a dignified and peaceful death	8.1 Explain the role of hospice care in facilitating a death with dignity
	8.2 Describe spiritual traditions that emphasise preparation for death
	8.3 Analyse psychological factors that contribute to a sense of peace at the end of life

Amplification

LO1
This should include the biological, medical, social, psychological and spiritual aspects of the dying process.

LO 1, AC 1.1
Including e.g. brain death, clinical death.

LO2, AC 2.1
This should include Western, Eastern and Indigenous traditions.

LO3, AC 3.1
This could be any era from early human societies to modern times, and may focus on a country or region of the learner's choice.

LO2, AC 2.4
This may include prolonging life, ICU deaths etc.

LO3, AC 3.1
This may include continuing bonds theory and meaning-making approaches.

LO3, AC 3.2
This may be in the context of therapeutic, clinical or pastoral settings.

LO4, AC 4.1
This should focus on the UK, but include information from various countries.

LO4, AC 4.3
This is likely to include funeral homes, medical examiners and legal professionals.

LO5, AC 5.2
This should include caregiver burnout and compassion fatigue.

Indicative Content

This unit will cover the following topics:

- A comprehensive knowledge of death, dying and grief from biological, psychological and cultural perspectives.
- Skills in providing emotional and spiritual support to dying individuals and the bereaved.
- Ethical decision-making related to end-of-life care and patient rights.
- Personal mortality, self-reflection, compassion and professional resilience.

Reading List and Other Information Sources

Books

Becker E. (2011) *The Denial of Death*, Souvenir Press

Solomon S., Greenberg J., Pyszczynski T. (2015) *The Worm at the Core*, Penguin

Unit 6: After Death Consciousness

Unit reference	M/651/3928	**Guided Learning Hours (GLH)**	12
Unit level	6	**Total Qualification Time (TQT)**	34
Unit aim	This unit is designed to give learners an understanding of theories around the continuation of after-death consciousness and the surrounding phenomena, a profound and interdisciplinary topic that blends science, philosophy, spirituality and cross-cultural beliefs. They will evaluate near-death experiences (NDEs), shared death experiences (SDEs), reincarnation, out-of-body experiences (OBEs) and theories from both materialistic and non-materialistic perspectives on whether consciousness survives bodily death. The unit draws on the work of Dr. Raymond Moody, Dr. Jim Tucker, Dr. Bruce Greyson and Dr. William Peters.		

Learning outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the main theories regarding the continuation of consciousness after death	1.1 Summarise the major theories on post-mortem consciousness
	1.2 Critically analyse and compare these theories, focusing on the philosophical, spiritual and scientific bases for each
2. Understand key research into near-death experiences and out-of-body experiences	2.1 Describe the key characteristics of NDEs and OBEs
	2.2 Critically analyse studies from neuroscience, psychology and parapsychology into whether these phenomena suggest survival of consciousness after death
	2.3 Explain the distinction between brain function and subjective experience and self-awareness

	2.4 Analyse how theories of consciousness may offer explanations for the persistence of consciousness after death
	2.5 Analyse theories that attribute NDEs and OBEs to brain activity
	2.6 Explain the challenges of conducting rigorous research on post-mortem consciousness
3. Understand different cross-cultural beliefs and practices	3.1 Describe and compare afterlife beliefs and death rituals in two religions, indigenous traditions or spiritual systems
	3.2 Explain the role of karma in shaping future existences, as viewed in Hinduism, Buddhism and other Eastern philosophies
	3.3 Evaluate spiritual teachings and anecdotal evidence of reincarnation in light of both spiritual and empirical frameworks
4. Understand the relationship between beliefs in the continuation of consciousness after death and ways of dealing with loss	4.1 Evaluate the impact of afterlife beliefs on death anxiety, grief processing and coping mechanisms for dealing with loss
	4.2 Explain how near-death experiences and spiritual beliefs in an afterlife can lead to positive transformations, reduced fear of death and greater meaning in life
	4.3 Analyse ways of incorporating an understanding of the psychological effects of afterlife beliefs into therapeutic practices
5. Understand the ethical issues related to the study of post-mortem	5.1 Outline ethical considerations when dealing with individuals who have had NDEs or OBEs, or when conducting research that touches on deeply personal

consciousness	spiritual beliefs
	5.2 Explain how to maintain scientific rigour while being respectful of diverse cultural, spiritual and existential worldviews

Amplification

LO1
This should include materialist, dualistic and non-dualistic views.

LO 2, AC 2.2
This should include an evaluation of the validity of these studies, the strengths and limitations of their empirical evidence and how they contribute to the wider debate.

LO 2, AC 2.4
This may include panpsychism, integrated information theory and quantum consciousness.

LO 2, AC 2.5
These may include oxygen deprivation, chemical changes or hallucinations caused by trauma.

LO2, AC 2.6
This should include the role of sceptical inquiry in evaluating extraordinary claims and the application of Occam's razor.

LO3, AC 3.3
This should include the framework of The Division of Perceptual Studies (DOPS), a research unit within the Department of Psychiatry and Neurobehavioural.

LO5
This should include issues of respect for cultural beliefs, scientific integrity and therapeutic support for individuals seeking meaning in death.

Indicative Content

This unit will cover the following topics:

- Both scientific and spiritual approaches to post-mortem consciousness.
- Empirical evidence, philosophical arguments and spiritual beliefs about the afterlife.
- Supporting individuals grappling with existential questions, death anxiety and near-death experiences.
- Personal reflection on life, death and the nature of consciousness, fostering growth, empathy and a more meaningful approach to living.

Reading List and Other Information Sources

Books

Moody R. (2016) *Life after Life*, Ebury

Greyson B. (2021) *After: A Doctor Explores What Near-Death Experiences Reveal about Life and Beyond*, Transworld

Peters W. (2022) *At Heaven's Door*, Simon & Schuster

Tucker J. (2021) *Before: Children's Memories of Previous Lives*, St. Martin's

Blackmore S. (2005) *Beyond the Body*, Academy Chicago

Unit 7: Neurobiology - Polyvagal Theory

Unit reference	R/651/3929	**Guided Learning Hours (GLH)**	12
Unit level	6	**Total Qualification Time (TQT)**	34
Unit aim	This unit aims to provide learners with an understanding of Polyvagal Theory, developed by Stephen Porges. They will explore insights into the relationship between the autonomic nervous system, emotional regulation, social behaviour and trauma. This theory explains how different branches of the vagus nerve influence states of safety, stress and social engagement, making it highly relevant to the field of Transpersonal Psychology.		

Learning outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the structure and functions of the autonomic nervous system	1.1 Describe the anatomy and function of the vagus nerve and its role in regulating physiological states
	1.2 Explain how the ventral vagal system supports safety, social engagement and connection
	1.3 Describe the role of the sympathetic nervous system in activating fight-or-flight responses
	1.4 Describe the role of the dorsal vagal complex in immobilization, dissociation and shutdown during extreme stress
	1.5 Explain the mind/body connection through a neurobiological and brain hemisphere lens

2. Understand how Polyvagal Theory underpins emotional regulation	2.1 Describe the hierarchical organisation of the nervous system in response to perceived safety or threat
	2.2 Explain how neuroception influences shifts between states of calm (ventral vagal), fight-or-flight (sympathetic) and immobilisation (dorsal vagal)
	2.3 Explain the importance of environmental and relational cues in triggering different autonomic states
3. Understand how the ventral vagal system influences attachment empathy and connection in social interactions	3.1 Explain how facial expressions, vocal tone and eye contact are linked to the ventral vagal system and promote social bonding
	3.2 Analyse ways in which activating the ventral vagal system can enhance relational dynamics and foster a sense of security in clients
	3.3 Explain the role of the ventral vagal system in promoting relaxation, recovery and homeostasis
4. Understand how Polyvagal Theory applies to early development and attachment processes	4.1 Explain how early attachment relationships with caregivers influence the development of the autonomic nervous system and the capacity for emotional regulation
	4.2 Analyse the long-term effects of early trauma, neglect or insecure attachment on autonomic function and social behaviour
	4.3 Evaluate how to integrate Polyvagal Theory into transpersonal practice
5. Understand and be able to apply techniques for self-regulation and co-regulation	5.1 Explain the importance of co-regulation where the Transpersonal Practitioner's regulated state can help guide the client into a more relaxed, connected state

	5.2 Demonstrate practical skills in autonomic regulation that can be used in therapy, coaching or everyday life to promote emotional resilience and reduce stress
6. Understand the mind-body connection through a Transpersonal Psychology perspective	6.1 Explain how somatic therapies use the body as a gateway to emotional healing by engaging the nervous system
	6.2 Evaluate ways of integrating body-based interventions into therapeutic practice to promote emotional regulation and healing
	6.3 Describe how Polyvagal Theory provides a neurophysiological explanation for many of the emotional states and experiences that Transpersonal Psychology examines

Amplification

LO 1
This should focus on the three neural circuits identified in Polyvagal Theory: the ventral vagal complex, sympathetic nervous system and dorsal vagal complex. There should be a focus on the mind/body connection through neurobiology and hemispheric function – how the brain and nervous system regulate emotions, social behaviour and physiological states.

LO2
This should include a focus on how individuals shift between states of safety, arousal and shutdown.

LO6, AC 6.2
These interventions may include somatic experiencing or movement therapy.

Indicative Content

This unit will cover the following topics:

- A deep understanding of autonomic nervous system regulation and how it shapes behaviour, emotions and social connections.
- The ability to apply trauma-informed practices based on Polyvagal Theory to help individuals recover from dysregulation and stress.
- Self-regulation and co-regulation, and how these can shift individuals from states of stress to safety.

- The mind-body connection and how physiological states influence mental health.
- Compassionate listening and fostering social engagement in therapeutic settings.

Reading List and Other Information Sources

Books

Porges S. (2011) *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication and Self-Regulation*, W.W. Norton

Unit 8: Transpersonal Modalities & Plant Medicine

Unit reference	A/651/3930	**Guided Learning Hours (GLH)**	48
Unit level	6	**Total Qualification Time (TQT)**	133
Unit aim	This unit is designed to provide learners with an understanding of a range of modalities which access the right hemisphere, integrate consciousness, strengthen the Autonomic Nervous System, support holistic healing and address the spiritual and transcendent aspects of life that are often overlooked in conventional psychotherapy.		

Learning outcomes The learner will:	Assessment Criteria The learner can:
1. Understand Body-Focused Modalities	1.1 Explain the distinctions between different breathwork methods
	1.2 Demonstrate an experiential understanding of what Somatic Sensing is
	1.3 Evaluate personal intuitive responses
	1.4 Explain the uses of intuitive awareness
	1.5 Evaluate the components of a trance state and how that connects to expanded consciousness
	1.6 Analyse the current uses of Eye Movement Desensitisation and Reprocessing (EMDR) for mental wellbeing

2. Understand Mind-Focused Modalities	2.1 Evaluate the benefits and challenges of meditation, and the differences between various meditative methods
	2.2 Explain the main Jungian theory Active Imagination
	2.3 Analyse the current use of Internal Family Systems (IFS) in therapeutic contexts
	2.4 Explain the concept and application of Ally work
	2.5 Explain the differences between mainstream hypnotherapy and transpersonal hypnotherapy
	2.6 Analyse the beneficial effects of Automatic Writing
3. Understand the background, principles and practice of Plant Medicine	3.1 Compare various plant medicines to other mind-altering substances
	3.2 Summarise the history of plant medicine in the Western world from 1950 to the present day
	3.3 Outline the various uses for plant medicine from current university research projects in the UK and the US
	3.4 Explain the neurological changes that may be caused by the use of plant medicine
	3.5 Analyse the risks, limitations, challenges and beneficial effects of plant medicine
	3.6 Evaluate and compare key current research in plant medicine

	3.7 Describe ethical guidelines in the use of plant medicine

Amplification

LO 1 & 2, AC 1.5, 2.1, 2.3 & 2.5
Learners will take part in Foundational Experiential Practice, which will entail developing an understanding of the practice of the modality.

LO 1 & 2, AC 1.1, 1.2, 1.3, 2.4 & 2.6
Learners will take part in Full Experiential Practice, which will entail developing the skill to practice the modality.

LO2
This may include how certain practices can induce expanded consciousness leading to mystical or spiritual experiences.

LO3, AC 3.1
The learner should focus on two or three medicines of their choice for the purposes of this comparison.

LO3, AC 3.6
This should include an examination of evidence from the perspectives of patients and groups.

Indicative Content

This unit will cover the following topics:

- A deep understanding of Transpersonal Modalities, including:
  - Breathwork
  - Somatic Sensing
  - Intuition
  - Trance States
  - EMDR
  - Meditation
  - Active Imagination
  - IFS
  - Ally Work
  - Transpersonal Hypnotherapy
  - Automatic Writing
- A Plant Medicine review including:
  - A comparison to other mind-altering substances, the history, the uses, the neuroscience behind plant medicine, the risks, limitations, challenges and beneficial effects of plant medicine, current research, patient perspectives and ethical guidelines.

Reading List and Other Information Sources

Yugler S. (2024) *Psychedelics and the Soul: A Mythic Guide to Psychedelic Healing, Depth Psychology and Cultural Repair*, North Atlantic Books

Section 3: Delivering this qualification

3.1 Requirements for Centres

Centres must be approved by CFI. In order to be approved to offer this qualification, centres must have:

- Staff who are appropriately qualified and experienced
- A learning environment that combines both theoretical and practical experiences

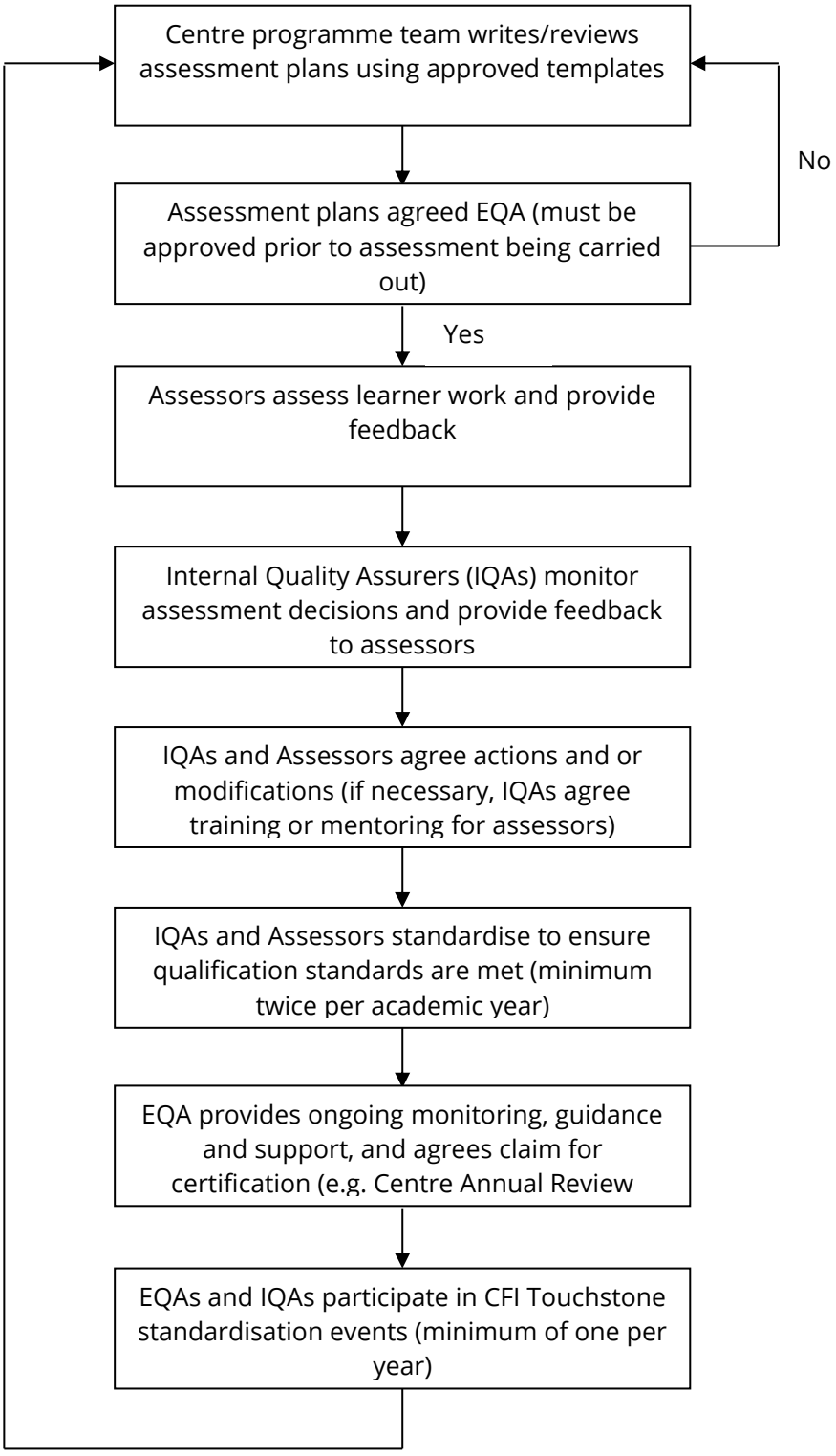
For more information about the process of becoming a centre, please contact us at info@cfiwarding.com or refer to our Centre Handbook (www.cfiawarding.com).

3.2 Quality Assurance

The CFI approach to quality assurance is underpinned by educational values which address the holistic development and transformation of the learner. In this qualification teaching, learning and assessment should be interconnected in order to support each individual to reach their full potential.

The primary aim of the CFI 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 CFI QA Team.

Centres delivering this qualification are required to follow this CFI Quality Assurance process:


Centre programme team writes/reviews assessment plans using approved templates
Assessment plans agreed EQA (must be approved prior to assessment being carried out)
No
Yes
Assessors assess learner work and provide feedback
Internal Quality Assurers (IQAs) monitor assessment decisions and provide feedback to assessors
IQAs and Assessors agree actions and or modifications (if necessary, IQAs agree training or mentoring for assessors)
IQAs and Assessors standardise to ensure qualification standards are met (minimum twice per academic year)
EQA provides ongoing monitoring, guidance and support, and agrees claim for certification (e.g. Centre Annual Review
EQAs and IQAs participate in CFI Touchstone standardisation events (minimum of one per year)

3.3 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 assessment criteria
- 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

3.4 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. CFI 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 CFI QA Team
- Where required, a customised Quality Assurance Action and Development Plan will be provided by CFI for centres

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

3.5 Policies and Procedures

Each centre is required to work in partnership with CFI 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.

CFI has policies and procedures in place to support centres and learners. All centres must also implement their own policies, which comply with CFI'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 Policy: which allows learners to take action if they feel they have been treated unfairly
- Learner Appeals Policy: which allows learners to appeal decisions made by centres
- Reasonable Adjustments Policy: which allows centres to make any necessary adjustments to assessments in the light of learners' individual circumstances at the start of the programme
- Special Considerations Policy: which allows centres to request extensions for learners in light of learners' individual circumstances which have delayed their completion of the programme
- 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

CFI policies and other key documents are available on our website at www.cfiawarding.com or upon request via info@cfiawarding.com