SPECIALIST PRACTICE QUALIFICATION ACCREDITATION

REQUIREMENTS AND INFORMATION

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College of Sexual and Relationship Therapists

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This document details the requirements that a qualification for practice in Psychosexual and Relationship Therapies must meet to be Accredited by COSRT.

These are courses designed to allow a graduate to practice as a Psychosexual and Relationship Therapist or Relationship Therapist and join the COSRT Specialist Public Registers using that qualification as evidence of training.

Contents

TYPES OF COURSES ACCREDITED

COSRT accredited courses that equip people to practice as Psychosexual and Relationship Therapists or Relationship Therapists - the professions for which COSRT acts as the specialist professional body.

LEVEL OF ACCREDITATION

Courses are accredited at a level informed by the Regulated Qualifications Framework (RQF), European Qualification Framework (EQF), and QAA benchmark standards for counselling and psychotherapy. This is known as COSRT Level Seven. It is based on advanced learning outcomes with formal RQF examples including master's degrees.

Graduation from a course at any this level will permit entry to the specialist registers.

Level	Knowledge	Skills	Responsibility and Autonomy
7	Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work/study, as the basis for original thinking and/or research. Critical awareness of knowledge issues in a field and at the interface between different fields.	Specialised problem-solving skills required in research and/or innovation to develop new knowledge and procedures and to integrate knowledge from different fields.	Manage and transform work and study contexts that are complex, unpredictable and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams.

The award of accreditation at this level is based on information provided within the accreditation application process. The three key elements are:

- Clear outcomes for course units which indicate that learning is at a particular level.
- A coherent link between content, outcomes and required professional competencies.

- A robust statement describing the course which articulates how graduates are equipped with skills and competences in line with generic descriptors above.

PROFESSIONAL COMPETENCES

COSRT's accreditation is based on courses equipping graduates with the competences required to practice as Psychosexual and Relationship Therapists or as Relationship Therapists. These competencies are in addition to general therapy skills and knowledge. They are broken down into four cross-cutting skills areas relating to specialist practice.

- Professional Practice.
- Clinical Assessment.
- Therapeutic Relationship.
- Core Specialist Knowledge.

Competences are aligned with the level which denotes how advanced they are. Courses must show how their content and assessment supports the achievement of each competence.

PSYCHOSEXUAL COMPETENCES

Accreditation of integrated Psychosexual and Relationship Therapy training requires that graduates are equipped with additional Psychosexual-only competences. This additionality reflects the advanced and specialist knowledge beyond that required for both generic and relationship therapies.

Course providers must demonstrate their training addresses these competences at Level 7.

CORE CURRICULA

COSRT encourages innovation and adaptation within training. However, to ensure consistent outcomes and public protection, courses must deliver a core curriculum defined by COSRT. These are included in Appendix 4.

QUALIFICATION TIME

Course size is shown using two key metrics - Total Qualification Time (TQT) and Guided Learning (GL). Organisations assign and justify figures for both to their training courses.

Values for TQT include GL. The TQT is calculated by considering the different activities that learners would typically complete to achieve and demonstrate the learning outcomes of a qualification. Values for TQT are estimates. Some examples of contributions to TQT include:

- Independent and unsupervised research/learning.
- Unsupervised compilation of a portfolio of work experience.
- Unsupervised e-learning.
- Unsupervised e-assessment.
- Unsupervised coursework.
- Watching a pre-recorded podcast or webinar.
- Unsupervised workplace-based learning.
- All Guided Learning.

GL is learning activity under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training. This includes the activity of being assessed if the assessment takes place under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.

Examples of Guided Learning include:

- Classroom-based learning supervised by a tutor.
- Work-based learning supervised by a tutor.
- Live webinar or telephone tutorial with a tutor in real time.
- E-learning taught or supervised by a tutor in real time.
- All forms of assessment which take place under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training, including where the assessment is competence-based and may be turned into a learning opportunity.

Supervised clinical placements contribute to TQT, including unsupervised sessions, reflective activities and setting up placement agreements. However, only clinical sessions observed by a supervisor and supervision sessions relating to the placement contribute to GL.

Qualifications accredited by COSRT must meet the following minimum standards:

Relationship Therapy	175 Guided Learning Hours
Psychosexual and Relationship Therapy	250 Guided Learning Hours This must include suitable training to deliver the Relationship Therapy curriculum as part of the integrated training and practice model. Courses are therefore required to show that at least 125 training hours explicitly link to the core Relationship Therapy curriculum.

DELIVERY MODES

To ensure appropriate outcomes and ultimately public protection, COSRT requires that:

- All teaching hours contained in Guided Learning are live. Where unforeseen and unavoidable circumstances mean a live session is not possible (for example, trainer sickness) contemporary recordings of the same session can be used as an exceptional measure.
- At least 70% of teaching and learning is delivered in-person.
- At least 70% of clinical placement hours are carried out in-person.
- Up to 100% of supervision for clinical placements can be online.

If a student is unable to secure adequate placement provision to meet the required number of hours at the ratios demanded, an application for an exceptional variation of standards can be made according to the relevant policy in place at the time.

Please note that where a student has a protected characteristic or serious health condition that requires reasonable adjustments, such adjustments will be presented to COSRT and agreed with an emphasis on legislative requirements.

TEACHING

All staff involved in teaching must be suitably experienced, trained, and skilled to teach. The course team must have a wide range of expertise and skills within Psychosexual and Relationship Therapies, including where necessary sexual health and medicine. Staff should remain up to date with evidence-based practice and use research-based evidence to inform teaching.

OVERALL ASSESSMENT

Assessment must address both theory and competence. It will evaluate knowledge and competencies in relation to the learning outcomes. COSRT requires that qualification from a course is dependent on learning outcomes being demonstrated through assessment. The assessment may include gradings but must be based on a definitive pass/fail mechanism.

The learner should be ready to engage in clinical practice immediately after the qualification is awarded. Considerable weight will therefore need to be given to practitioner competence. Methods of assessment will reflect the independent learning and teaching methods employed and ensure that the student's work is evaluated from a variety of perspectives.

To allow this, assessment must combine formative and summative and include three methods – documentary, observational and testimonial. Organisations define the tools used under each method. The following table gives examples of tools that may be used:

Required Methods	Example Tools
Documentary	- Essays - Written exam
Observational	- Verbal presentation - Tutor report
Testimonial	- Clinical supervisor report

Each method and tool can be used to evidence multiple Criteria and Learning Outcomes. To support good governance of assessment, COSRT requires that organisations ensure:

- Clear information for students on methods of assessment and what is being measured.
- Written and verbal assessment of placement clinical work supported by supervisor's reports.
- Ongoing evaluation of the student's work through the course.
- Final assessment moderated by an independent external examiner.
- A clear and open marking system.

OVERALL LEARNING STRATEGY

The Learning Strategy is the key document in which organisations combine information to present their course for accreditation. This simple but comprehensive document shows how the course ensures graduates are equipped with the required competences for the profession.

The strategy will be presented in table format (example in Appendix 1) outlining the links between:

- Course unit. Description of the specific course teaching unit.
- Content. Taught content within the unit.
- Outcomes. Learning outcomes for the unit.
- Methods. Teaching tools and methods are used.
- Assessment. Assessment methods are used.
- Competences. Professional competences supported.

ADMISSIONS

Appropriate entry routes to specialist training are highly important. Courses must show that:

- Applicants have graduate status or equivalent experiential learning.
- There are clear and transparent APEL procedures in place.
- The selection process is clear and transparent.

Entrants must have demonstrable skills and knowledge in general therapy practice before starting specialist therapy training. This reflects Psychosexual and Relationship Therapy and Relationship Therapy's status as advanced specialities.

Courses can deliver this by allowing entry through:

- Possession of a COSRT Accredited Foundation Pathway qualification; or
- An RQF Level 4 (or equivalent) qualification in general psychotherapy that included at least 300 Guided Learning Hours and 100 clinical placement hours leading to the verifiable attainment of SCoPEd column A competences; or
- Demonstration of the equivalent through a formal APEL and/or APCL system.

Note that general psychotherapy training must have been delivered with all teaching live. At least 70% of that teaching and 51% of clinical placements must have taken place in-person.

COURSE GOVERNANCE

Good governance is vital for course integrity and maximising learning outcomes. COSRT therefore requires that the following policies and procedures are in place.

- Complaints, grievance and appeals procedure (publicly available).
- Policy and process for assessing fitness to practice of staff and students (publicly available).
- Fully embedded anti-discriminatory and equal opportunity policies and practice (publicly available).
- Mechanisms to gather and act on student feedback to support course standards.
- Full and comprehensive course insurance.
- Appropriate screening measures to ensure public protection for supervised placements.
- Safeguarding policy covering children and adults appropriate for therapy practice (publicly available).

CONDUCT AND ETHICS

Course providers will be responsible for dealing with complaints regarding the course, teaching, and related issues in the first instance. This should be based on policies and processes in line with COSRT's Code of Ethics.

COSRT retains the right to consider complaints about course quality or related issues. This reflects the position of COSRT as accrediting body. Where COSRT concludes that there is an issue with course provision or similar, it will seek resolution in line with the relevant policy in place at the time. Where COSRT is unable to resolve an issue relating to an accredited course, it can seek removal of accreditation through a Board decision.

COSRT also retains the right to consider complaints against any individual related to the course who is a COSRT Member. In such instances the COSRT Conduct Procedure will be followed in full.

SUPERVISED PLACEMENTS

Students must complete supervised clinical placements as part of their training. Before a qualification can be awarded, the following placement hours must be completed and assessed (note that placements should ordinarily take place during the same timescale as teaching with a deadline up to six months after teaching ends):

- 150 hours of clinical practice for Psychosexual and Relationship Therapy courses.
- 100 hours of clinical practice in Relationship Therapy courses.

To ensure students receive appropriate training to permit comprehensive practice, at least 70% of placement hours must be in-person (as opposed to online). Supervision for clinical placements must be conducted at a ratio of 1:6 and can be online or in-person. Up to 50% of those supervision hours can be used for session observation (see below).

Students can accrue their hours across multiple placements, but each placement must be for no less than 10% of the total required hours.

PLACEMENT QUALITY ASSURANCE

Quality assurance measures for placements must include the following:

- Course Directors approve the placement, including clinical supervision arrangements.
- A written agreement must exist between the training provider, student, supervisor and placement provider.
- All parties to the written agreement must acknowledge they understand and support the COSRT Code of Ethics.
- The training provider must provide a regular forum for discussing clinical work undertaken by students.
- Group supervision may form up to a maximum of 40% of supervision hours during training.
    - Where a group has 4 members or less, all time can be counted as supervision hours.
    - Where the group has more than 4 members, the length of time of the group is divided by the number of members and that amount counts towards supervision hours.

To ensure public protection, Service Users must be made aware that a student is providing therapy within training at the point of contracting. Contracting must include clear statements that their therapy will be discussed with a supervisor and that a supervisor will observe some sessions.

Service Users must be formally pre-assessed as being suitable for the student's level of competence and the way the therapy will be delivered. Students must not treat Service Users with complex mental health needs. That pre-assessment must be carried out by a fully qualified professional who holds COSRT Accredited Membership or above. If that professional does not hold appropriate COSRT status, they should be:

- A regulated Psychologist or Psychiatrist, or
- On a PSA-accredited specialist Psychosexual and Relationship Therapy or Relationship Therapy register at Accredited level (or equivalent).

PLACEMENT HOST

Placements should be within an organisation. That can include the training organisation itself which is permitted to advertise student-provided therapy to the public as part of its provision.

Private practice is not ordinarily accepted as the placement 'host'. However, it can be used in exceptional circumstances where it is evidenced that alternatives are not possible. If private practice is proposed, the training provider must carry out a documented assessment to ensure safety and suitability. That must include confirmation that robust policies and procedures including but not limited to safeguarding, ethics, complaint, confidentiality, data handling, service user assessment and referral, and service user contracting are in place and at required standards.

PLACEMENT SUPERVISION

Students must have a placement supervisor who is independent of the placement itself. That supervisor should be on COSRT's Supervisor Register. Their primary task is to support the development of the student's skills and to assess their fitness to practice.

Where a placement organisation provides its own internal clinical supervision, that will be in addition to and separate from the placement supervision party to the agreement above.

PLACEMENT ASSESSMENT

Course assessment leading to the award of the qualification must include rigorous assessment of the student's clinical placement(s) focusing on their demonstration of professional competences. That will lead to a fitness to practice report based on various evidence sources.

Supervisor observation and assessment of the student's practice are vital. Observation can be live (in-person or remote) or based on recordings that allow insight into all aspects of the student's work.

The student should carry out an assessment of each Service User (in addition to pre-assessment carried out by qualified professionals). That must be observed and assessed by their placement supervisor. Where online therapy is proposed that assessment must include the student confirming

the suitability of the Service User and their presentation for that mode. No online therapy will be used if there is any potential for it to be unsuitable for a particular Service User or presentation, for example, avoidance, relational issues, or safeguarding issues.

At least one subsequent general session carried out with each Service User will be observed and assessed by their placement supervisor. The purpose of the observation is to examine the demonstration of professional competences through high quality service provision. Where online therapy is being observed, analysis should extend to the appropriateness of therapy setting, the proper application of technology and the approaches taken to maximise the impact of the online therapy. Training providers should work with placement supervisors to design and use clinical rating scales to enable reporting. An example generic rating scale is included in Appendix 5.

All Service Users receiving therapy from a student must be asked to provide feedback in a pre-determined format. That feedback should be incorporated into the assessment of the placement.

The placement assessment should also include feedback and observations from the person responsible for managing the host service and any clinical supervisor within the host service.

Assessment should also include elements where the student, through measures such as case studies, demonstrates their understanding of the attainment and practical application of professional competences.

STUDENT PERSONAL DEVELOPMENT

Courses are responsible for ensuring that students complete during training and before the award of qualifications:

- 50 hours of personal therapy and/or group therapeutic work, focused on awareness of self in relation to the other.
- These should include a minimum of 20 hours one–to-one personal therapy.

RELATIONSHIP WITH COSRT

COSRT is the professional body for Psychosexual and Relationship Therapists and Relationship Therapists. It sets professional standards, ethical codes, training and practice guidelines dedicated to these professions.

To uphold standards and protect the public, COSRT requires training providers ensure that:

- Course Directors should be COSRT Accredited Members as a minimum.
- Course staff (involved in teaching, learning, supervision and assessment) should be COSRT Registered at a minimum.
- If this is not possible, at least 50% of core staff must hold this status.
- Courses must promote and uphold the COSRT Codes of Ethics and Practice.
- All students are required to become Student Members of COSRT and to maintain that status throughout their studies.
- Students must have COSRT Membership in place as they commence training.

The entry of students into COSRT Student Membership ensures they are subject to the most rigorous, specialised ethical and conduct frameworks when in training – including clinical placements.

ACCREDITATION COSTS AND DURATION

COSRT is a non-profit organisation and seeks only to cover incurred costs for accreditation. Accreditation lasts for five years from the point of award. A non-refundable fee is paid for the initial assessment. Once accreditation is awarded, it is valid for 5 years and is ordinarily only terminated in the event of course closure or standards-related procedure instituted by COSRT. Standard costs are as follows.

Initial accreditation assessment:	£400
Five-year accreditation fee:	£750
Re-assessment fee:	£350

ACCREDITATION BENEFITS

Accreditation brings the following core benefits to providers:

- Tailored logo indicating accreditation and level
- Limited rights to use COSRT 'marks' (logo and other elements)
- Listing on COSRTlearn and COSRT websites for duration of accreditation
- One full page advert per year in COSRT's Good Therapy periodical
- One free staff member place at each COSRT conference

APPENDIX 1.
SAMPLE LEARNING STRATEGY

Unit	Content	Unit outcomes	Learning Methods	Assessment	Professional Competencies Supported
Ethical and legal practice	• Ethical frameworks and codes of ethics • The role of professional bodies. • Responsibility for good practice. • Laws applicable to specialist psychotherapy practice.	• Able to understand and work within the regulatory and non-regulatory framework for therapy. • Able to take responsibility for independent decision making and ensure	• 2 Lectures. • 1 Seminar. • 5 hours recommended Self-study.	• 3,000 word written essay. • 2 verbal presentations.	• 1.2, 2.2, 3.2

APPENDIX 2. COSRT RELATIONSHIP THERAPY COMPETENCES

The table below shows competences that professionals practicing Relationship Therapy should be able to demonstrate according to their level of seniority. These competences will be in addition to those that registrants should have in relation to general therapy (gained via general training). They will be expected to be held by practitioners working with Psychosexual and Relationship Therapy practice (COSRT considers PRT to be additional to RT in terms of skillset).

Accredited courses must ensure graduates are equipped with all competences contained in the first column at least (R denoting Registered Member level, a is Accredited and SA is Senior Accredited).

Professional Framework		R	A	SA
1.1	In depth knowledge of and ability to operate within professional, legal and ethical frameworks specific to Relationship Therapy including family and related law.			
1.2	Knowledge of other parts of the professional community related to Relationship Therapy.			
1.2a	Ability to provide Relationship Therapy as part of an inter-professional and multi-agency approach to mental health.			
1.2b	Ability to take an active role – advocating and delivering Relationship Therapy - within the professional community locally and nationally. Be able to communicate effectively with other professionals in sharing information, advice, instruction and professional opinion.			
1.3	Knowledge of safeguarding and appropriate pathways.			
Assessment		R	A	SA
2.1	Ability to make an initial and ongoing assessment of the Service User's problems and suitability for Relationship Therapy.			

2.1a	Critically evaluate a wide range of advanced psychotherapeutic concepts and apply them to Relationship Therapy assessment and interventions.			
2.1b	Ability to conceptualise and (or) formulate ways of providing Relationship Therapy with Service Users with chronic and enduring mental health conditions depression, anxiety, personality disorders, and neurodivergence.			
2.1c	An ability to assess factors that may inhibit or proscribe effective Relationship Therapy, and where appropriate to incorporate their management into the treatment plan (including referral), for example: • substance misuse, gambling and other addictive behaviours in one or both partners • severe contextual adversity (for example, homelessness) • co-morbid mental illness (for example, disorders arising from post traumatic stress, dissociation and borderline states) • anger problems, including associated actual or threatened domestic violence • each partner's level of commitment to the relationship and to couple therapy, including any differences there may be between them • assess couples and relationships for the ability to utilise remote access rather than in-person therapy			
2.2	Ability to draw on knowledge of common mental and physical health problems and their impact on relationships during assessment and treatment.			
2.3	Ability to identify and evaluate how defence mechanisms develop and operate during comprehensive assessment processes.			
2.4	Analyse the complex roots of conflicted relationships issues			
2.5	Ability to make initial and ongoing risk assessments regarding Service User's and (or) others' safety within relationship dynamics and models, and comply with safeguarding guidance, appropriate			

	to the therapy setting taking into account own limits of competence.			
2.5a	Ability to devise and use a comprehensive risk assessment strategy linked to relationship dynamics, models and behaviours including ability to work with the confines of remote access			
2.5b	Ability to make complex judgments about ongoing work with Service Users involved in relationship dynamics, models and/or behaviours that lead to high risk and take appropriate action as needed.			
2.6	Ability to collaborate with Service Users and (or) others as appropriate to assess risks, needs and strengths when working with imminent and ongoing: • suicidal ideas and (or) behaviour • self-harming ideas and (or) behaviour • risk of harm to Service Users or others through situations of domestic abuse or other relationship dynamics.			
	An ability to assess a sexual relationship in order to: • identify potential sexual dysfunction • ascertain its potential to trigger and/or maintain depressive symptoms or relationship challenges • evaluate if treatment of sexual dysfunction may alleviate depressive symptoms or relationship challenges.			
Therapeutic relationship		R	A	SA
3.1	Ability to understand the unique role and purpose of the therapist within Relationship Therapy.			
3.2	Ability to work effectively to identify rupture and repair in both the Service User and therapeutic relationship.			
3.3	An ability to work collaboratively with the Service User to achieve formulations about, or understandings of, their relationship problems, strengths and the Relationship Therapy strategies that are appropriate to their needs.			

3.4	An ability to work collaboratively with one or more Service Users to draw up a therapy plan with clear, specific and achievable goals to which they can agree and subscribe.			
3.5	Ability to understand and work with cultural and inter-cultural factors affecting relationships to inform the therapeutic relationship.			
3.6	Ability to understand and value the Service User's unique personal background and context and how that impacts on their relationships and Relationship Therapy needs.			
3.7	Ability to explore how the Service User's relationship experiences may affect expectations, understanding of and engagement with therapy and the relationship with the therapist.			
3.7a	Ability to critically reflect on the Service User's process to enhance their self-awareness and understanding of themselves and relationship behaviours within therapy.			
3.8	Ability to clearly communicate about endings with Service Users affected by relationship challenges, and work to ensure these are managed safely and appropriately.			
3.8a	Ability to consider and manage complex issues arising when ending therapy in the light of the Service User's previous experience of endings.			
3.8b	An ability to liaise about the ending appropriately with practitioners who made the referral for Relationship Therapy, and to refer on to other services where required and agreed			
3.8c	An ability to prepare a relapse prevention plan collaboratively with multiple Service Users that addresses both individual problems (e.g. depression in one partner) and couple problems (e.g. communication patterns) and sets out realistic interventions for these both to maintain gains and manage potential deterioration.			
3.9	An ability to build and balance collaborative alliances between multiple Service Users in their relationship and with the therapist within Relationship Therapy.			

3.10	An ability to mediate between partners by avoiding taking sides or being drawn into an adjudicatory role and avoiding forming a coalition with either partner against the other.			
3.11	An ability to integrate the content of sessions into relationship themes, using these to promote understanding in partners, for example by: • identifying overarching themes that link specific conflicts (for example, identifying the difficulty balancing the need for intimacy and autonomy that runs through different arguments between Service Users) • using themes to encourage the partner's understanding of their problems • providing a sense of hope through helping people deepen their understanding of their relationship			
3.12	An ability both to participate in and observe interactions between people involved in a relationship.			
3.13	An ability to move between engaging each partner directly and working with the relationship between them			
3.14	An ability to manage the boundary of Relationship Therapy, in relation to: • any other therapy partners might be undergoing • out of session contact with either or both partners • behaviour within or outside therapy that might compromise confidentiality or safety			
3.15	An ability to structure the therapeutic process, for example by: • scheduling sessions, maintaining time boundaries, staying on task and avoiding being sidetracked • helping partners (where applicable) to formulate and prioritise their agendas for change • holding in focus the negotiated goals of therapy • maintaining the therapeutic 'conversation' by:			

	○ moving in and out of engagement with each partner ○ encouraging partners to speak directly to each other			
Knowledge and skills		R	A	SA
4.1	The ability to clearly articulate the clinical rationale and impact of Relationship Therapy and the specific approach used.			
4.2	Demonstrate an understanding of and ability to apply the theoretical base that underpins Relationship Therapy from assessment to ending including: • psychological development from infancy to adulthood including but not limited to emotional, attachment and sexual factors. • stages and dynamics of the development of relationships and intimacy. • psychosexual development and sexuality through the life cycle. • separation, divorce, conflict and the impacts on relationships. • the impact of sexual trauma, abuse, rape. • divergent identities including race, gender and sexual and erotic orientation and their impacts on relationships. • divergent relationship models • impacts of neurodivergence on individuals with regards to relationships			
4.2a	Demonstrate an advanced knowledge of complex theoretical concepts, and their application to relationships.			
4.2b	Critically reflect upon an extended range of thought/research findings and evaluate their relevance to the couple relationship and practice, including the sexual relationship.			
4.2c	Ability to work with cultural variants of multiple partner relationships including polygamy and arranged marriages.			
4.3	An ability to conceptualise and then frame Relationship Therapy interventions in ways that take account of knowledge that:			

	• all close relationships contain personal incompatibilities that may find expression in depressive symptoms and relationship concerns • reactions to such symptoms and concerns can be as problematic as the symptoms or concerns themselves • attempts to change depressive symptoms or relationship concerns can consequently be a problem for people in relationships as well as a solution • accepting what cannot be changed may constitute an important change.			
4.4	An ability to integrate the content of sessions and theory, linking them to relationship themes, using these to promote understanding for Service Users, for example by: • identifying overarching themes that link specific conflicts (for example, identifying the difficulty balancing the need for intimacy and autonomy that runs through different arguments between the partners) • using themes to encourage the Service User's understanding of their problems • providing a sense of hope through helping partners deepen their understanding of their relationship			
4.5	An ability to identify factors in presentation that are amenable to change and the resources available to the Service User to achieve this, for example by: • focusing on the strengths of their relationships • inviting partners to identify challenges they have successfully overcome together as a couple.			
4.6	An understanding of interpersonal factors that may contribute to depression and relationship concerns, for example: • communication patterns, such as criticism, defensiveness, contempt and 'stonewalling'			

	• interactive processes, such as cycles of withdrawal and pursuit • affective cycles, such as the escalation of anger or depression			
4.7	An understanding of the nature and impact of affective disorders on relationships, including the history and current presence of psychotic symptoms, severe depression, hypomania and mania.			
4.8	An ability to understand developmental factors that may contribute to relationship challenges and dynamics including: • the effects of family of origin, childhood and earlier partnership experiences on each partner's assumptions about and expectations of their relationship • the ways in which couple and family relationships and meanings have been changed by predictable life events (such as the birth of a child) • the ways in which couple and relationships and meanings have been changed by unpredictable life events (such as unemployment, illness, or bereavement)			
4.8a	An ability to understand and apply advanced theory and practice on how personal and cultural values, beliefs and meanings affects how Service Users interpret events occurring inside and outside their relationships.			
4.8b	An ability to conceptualise, understand, and work with work with hostile enmeshed relationships plus co-dependent relationships.			
4.9	Ability to help the Service User become aware of recurring patterns in their own behaviours that may impact on relationships.			
4.9a	Ability to use the therapeutic relationship to work with the Service User's 'unconscious' or 'out of awareness' perceptions, experiences and distortions of the therapist and the therapeutic relationship to enhance therapeutic change.			
4.10	Ability to understand the relationship issues linked to neurodivergence and then apply within tailored service delivery.			

4.11	Ability to understand the relationship issues linked to key physical disabilities and then apply within tailored service delivery.			
4.12	An ability to draw on and apply knowledge of the varieties of sexual, gender and relationship expression and issues arising from them in relationships, including: • Gay, Lesbian and Bisexual social (public) and sexual (private) identities • the impact of emerging technologies on sexual activities (for example, the use of the internet). • Critical awareness of culture, language and other epistemologies			
4.12a	An ability to draw on and apply knowledge of how sexual paraphilias might impact on relationships (for example, identifying risk associated with activities such as autoerotic asphyxia and unprotected sex).			
4.12b	Ability to recognise and explore with the Service User the assumptions that underpin understanding of identity, culture, values and worldview.			
4.12c	Ability to integrate relevant theory and research in the areas of diversity and equality into clinical practice.			
Self-awareness and reflection		R	A	SA
5.1	Ability to ensure personal views including moral opinions do not bias or negatively impact on clinical practice.			
5.2	Ability to challenge biases, societal norms and cultural blind spots relevant to relationships.			

APPENDIX 3. PSYCHOSEXUAL AND RELATIONSHIP THERAPY COMPETENCES

The table below shows competences that professionals practicing integrative Psychosexual and Relationship Therapy should be able to demonstrate according to their level of seniority. These competences will be **in addition** to those that registrants should have in relation to general therapy (gained via general training) and **Relationship Therapy** practice (COSRT considers PRT to be additional to RT in terms of skillset).

Accredited courses must ensure graduates are equipped with all competences contained in the first column at least (R denoting Registered Member level).

Professional Framework		R	A	SA
1.1	Knowledge of and ability to operate within professional, legal, and ethical frameworks specific to Psychosexual and Relationship Therapy.			
1.2	Knowledge of other parts of the professional community related to Psychosexual and Relationship Therapy.			
1.2a	Ability to take an active role within the Psychosexual and Relationship community including collaboration with sexual health teams, specialist nurses, and other health and social care professionals.			
1.2b	Ability to provide specialist psychotherapeutic interventions as part of a broader treatment pathway after referral from the wider professional community.			
1.3	Knowledge of safeguarding legislation related to abuse and appropriate pathways.			
Assessment		R	A	SA
2.1	Knowledge of and ability to use assessment approaches tailored to Psychosexual and Relationship Therapy as the starting points for all assessment and treatment.			

2.2	Ability to assess Service Users within a biopsychosocial framework.			
2.3	Knowledge of and ability to base assessments and interventions on anatomy and physiology of the human sexual response cycle.			
2.4	Ability to formulate treatment pathways for Service Users suffering from comorbidities that impact psychosexual function.			
2.4a	Ability to provide Psychosexual and Relationship Therapy as part of an inter-professional and multi-agency approach to mental health.			
2.5	Ability to formulate approaches to work with Service Users whose Psychosexual function may be impacted by neurodivergence or developmental complexities.			
2.6	Ability to draw on knowledge of common mental and physical health problems and their interaction with psychosexual function during assessment and treatment.			
2.7	Ability to conceptualise and evaluate signs of general mental and physical challenges during assessment and therapy and adapt psychosexual interventions appropriately.			
2.8	Ability to understand the evolving language and discourse around medical diagnosis, treatments and recovery for issues which can impact psychosexual function.			
2.9	Ability to take a comprehensive and relevant history, showing understanding and awareness of the origins of an individual's and a couple's (or more people's) psychosexual dysfunction and function from biopsychosocial, psychodynamic and or integrative/humanistic, attachment and neurobiological perspectives. As well as the history and current issues of romantic and /or sexual relationships to assess the context of sexual function/dysfunction.			
Therapeutic relationship		R	A	SA
3.1	Ability to understand the unique role and purpose of the therapist within Psychosexual and Relationship Therapy.			

3.2	Ability to understand and work with cultural and inter-cultural factors affecting sex and sexual behaviours to inform the therapeutic relationship.			
3.3	The ability to create and maintain effective boundaries that permit the exploration of sensitive, sexually focused issues.			
3.4	Ability to understand and value the Service User's unique personal background and context and how that impacts their psychosexual function and needs, as well as being able to deal with personal philosophy theoretical integration related to PRT.			
Knowledge and skills		R	A	SA
4.1	The ability to clearly articulate the clinical rationale and impact of Psychosexual and Relationship Therapy on individuals, couples (and other groups) in choosing the appropriate interventions tailored to Service Users.			
4.2	Demonstrate an understanding of and ability to apply the theoretical base that underpins Psychosexual and Relationship Therapy from assessment to ending including: • Common organic and non-organic psychosexual dysfunctions. • Desire disorders. • Physiological development and challenges through the lifecycle. • the impact of illness, surgery, medications on psychosexual function. • Pharmacology and its impact on sexual and emotional function. • biology and neurobiology linked to sexual function and behaviour. • trauma informed approach and impact of trauma.			
4.2a	Demonstrate an advanced knowledge of complex theoretical concepts, and their application to relationships.			
4.2b	Critically reflect upon an extended range of thought/research findings and evaluate their relevance to Psychosexual and Relationship Therapy practice.			

4.3	Demonstrate an understanding of sex and intimacy across the lifespan including: • Psychosexual development • Contraception, abortion, infertility, childbirth, parenthood • Sex after menopause and in later life • Sex after illness • Impact of loss			
4.4	An ability to understand and work with complex biological presentations in Psychosexual and Relationship Therapy.			
4.5	Ability to understand and work with complex trauma and its impacts within Psychosexual and Relationship Therapy.			
4.6	Ability to demonstrate an advanced understanding of divergent identities including race, gender, sexual and erotic orientation and their impact on sexual behaviours and relationships.			
4.6a	The ability to work with and support Service Users who are exploring their sexual and gender identity whilst understanding and respecting the role of legally regulated professionals in exploration, assessment or making recommendations around gender dysphoria or incongruence.			
4.7	Ability to understand the Psychosexual and Relationship issues linked to neurodivergence and then apply within tailored service delivery.			
4.8	Ability to understand the Psychosexual and Relationship issues linked to key physical disabilities and then apply within tailored service delivery.			
4.9	Understanding and being able to address Compulsive Sexual Behaviours with a primary Psychosexual and Relationship lens.			
4.9a	Understanding, identifying, and addressing harmful sexual behaviours both within and outside of the law.			
4.10	Ability to help the Service User become aware of recurring patterns in their own behaviours that may impact on psychosexual function.			

Self-awareness and reflection		R	A	SA
5.1	Ability to ensure personal views including moral opinions do not bias or negatively impact on clinical practice. And be aware when own personal therapy might be indicated to negate impact on clinical practice.			
5.2	Ability to challenge biases, societal norms and cultural blind spots relevant to relationships.			
5.3	Ability to understand manage and work through erotic transference phenomena.			

APPENDIX 4.
COSRT CORE CURRICULA

The following curricula are designed to recognise variation in teaching, whilst ensuring commonality across key themes. They are the minimum that courses should include:

Relationship Therapy

- Good professional practice including:
  - ethics and legislation
  - wider professional communities and actors
  - confidentiality
  - assessment and history taking
  - clinical note taking

- Overarching principles including:
  - role of the therapist in Relationship Therapy
  - working with more than one party in therapy
  - managing therapeutic relationships.

- Models and concepts including:
  - transactional analysis
  - behavioural approaches
  - emotionally focused therapy
  - narrative therapy
  - solution focused therapy.
  - Psychodynamic.

- Relationship development and stages including:
  - symbiosis to differentiation
  - practicing
  - rapprochement
  - mutual interdependence.

- Relationship challenges including:
    - affairs
    - non- monogamy
    - divorce & separation
    - re-formed families
    - inter-generational conflict
    - communication
    - conflict

- Attachment including:
    - adult attachment
    - relationships as attachment mechanisms.
    - childhood adverse experiences

- Mental health including:
    - narcissism
    - general mental health issues and relationships
    - depression and anxiety including relational impact
    - trauma
    - major mental health issues

- Diversity and difference including:
    - disability
    - ageing
    - culture
    - gender and sexuality
    - intersectionality
    - neurodiversity

- Safeguarding and risks including:
    - domestic abuse
    - safeguarding awareness and understanding
    - assessment and reporting.

Psychosexual and Relationship Therapy

All elements contained within the Relationship Therapy Curriculum plus:

- Overarching principles including:
    - professional frameworks and communities
    - biopsychosocial framework
    - specialist boundaries and erotic transference
    - key theoretical frameworks

- Biological including:
    - organic and non-organic psychosexual dysfunctions
    - physiological development and challenges through the lifecycle
    - illness, surgery, medications and psychosexual function
    - biology and neurobiology linked to sexual function and behaviour
    - contraception, fertility and childbirth
    - menopause

- Difference and identity including:
    - sexual and erotic orientation
    - trans and non-binary
    - kink and wider lifestyles

- Behaviours including:
    - compulsive Sexual Behaviours
    - technology use
    - harmful sexual behaviours
    - consent

- Mental health, wellbeing and context including:
    - complex PTSD
    - shame
    - common mental health issues and impacts on sexual function.

APPENDIX 5.
EXAMPLE GENERIC COMPETENCE RATING SCALE

Rating Scale

Competence not demonstrated or requires major development		
	Relevant technique or process is not present, but should be	1
	Relevant technique or process is barely present and/or it is applied in a manner that is ineffective* for this Service User	
Competence only partially and/or poorly demonstrated and requires significant development		
	Only some aspects of the relevant technique or process are apparent, and/or it is applied in a manner that is only marginally effective* for this Service User	2
Competence demonstrated but requires further development		
	Relevant technique or process is present but delivered in a manner that is partial and so not as effective* as it could be for this Service User, with a number of aspects requiring development (for example because it needs to be targeted more accurately to the Service User's presentation, or applied more consistently or coherently)	3
Competence demonstrated well but requires some specific development		
	Relevant technique or process is applied well and delivered in a manner that is effective* for this Service User; however there are some specific (but not critical) areas for development	4
Competence demonstrated very well and requires no substantive development		
	Relevant technique or process is applied fluently and coherently, in a manner that is demonstrably effective* for this Service User	5

** in this context, "effective" means that the action being rated would be expected to produce the desired or intended result. As such it is a reference to within-session behaviours/reactions, rather than longer-term clinical change.*

Rating an item as 'not applicable'

This rating is used if an area of activity is not present, AND (in the rater's view) does not need to be present because it is not relevant to, or required in, the specific session being rated.

If an area of activity is not present but (in the rater's view) it should be, then it should be rated as '1' (indicating that the competence was not demonstrated and should have been).

Shading indicates areas of competence that may or not be present in a session (e.g. because of the stage of the intervention, or the Service User's background/ presentation

1	Establishing the context for the intervention (usually associated with initial session(s))	1	2	3	4	5
Does the therapist establish the professional and clinical context appropriately (e.g. introduce themselves clearly, explain their role and the structure of the session, and invite and respond to relevant queries from the Service User?						
Does the therapist clearly explain legal and management issues (e.g. boundary issues, management of confidentiality, risk management, consent to treatment and treatment choice) and invite and respond to relevant queries from the Service User?						

2	Non-verbal behaviour Throughout the session, does the therapist demonstrate non-verbal behaviours appropriate to the context and congruent with the Service User's presentation (e.g. posture, level of eye contact, facial expression; linguistic features such as tone of voice)	1	2	3	4	5

3	Working with difference* [where significant areas of difference are apparent and/ or where the Service User raises difference as an issue]	1	2	3	4	5
Does the therapist identify areas of "difference" between them and the Service User (e.g. showing curiosity about / noticing /commenting on areas of difference)						
Does the therapist engage in a collaborative discussion that considers the implications of difference for the Service User and for the session/intervention						

* *"Difference" refers to variations such as culture, ethnicity, gender, sexuality, class, age, or disability*

4	Structure and pacing	1	2	3	4	5
Does the therapist establish an appropriate structure/framework/ agenda for the session (e.g. one that is congruent with the approach being taken, that covers the areas that need to be covered, that is realistic for the time available)						
Does the therapist adopt an appropriate pace for the session (not too rushed or too slow, adapted to Service User presentation and appropriate to the approach employed)?						

5	Active listening and empathy	1	2	3	4	5
Does the therapist make empathic comments that accurately reflect the Service User's concerns and that are delivered with an 'authentic' emotional tone?						
Does the therapist make strategic use of explicit summaries and/or hypotheses (e.g. to convey their understanding, to check-in with the Service User to ensure that they are 'on the right track', to elicit feedback from the Service User)						

6	Undertaking a generic initial assessment	1	2	3	4	5
Does the therapist use an appropriate range of interrogative styles (e.g. using open questions to encourage exploration or closed questions to help focus on issues)?						
Does the therapist make appropriate use of follow-up questions (i.e. responding actively to information the Service User offers)?						
Does the therapist obtain a general idea of the nature of the Service User's problem (by discussing/eliciting an appropriate range of issues e.g. psychological problems, past history, present life situation, attitude about and motivation for intervention)?						
Does the therapist actively help the Service User to identify the matters that seem to be of most concern to them?						
Does the therapist help the Service User translate vague/ abstract complaints or concerns into more concrete and discrete problems?						
Does the therapist assess and act on any indicators of risk (of harm to self or to others)?						

7	Communicating a formulation	1	2	3	4	5
Does the therapist share and discuss their hypotheses and/or formulation with the Service User and invite them to comment on it (and adapt it in the light of this discussion)?						
Does the formulation include consideration of the Service User's strengths and resources, including the wider interpersonal/cultural "systems" in which they are located?						
Does the formulation include consideration of the interpersonal/cultural "systems" in which the Service User is located?						
Does the therapist identify patterns and/or themes which help to make sense of the Service User's presentation?						

8	Discussing the intervention plan	1	2	3	4	5
Does the therapist explain the plan for intervention and make links between this plan and the formulation?						
Does the therapist explain the model of intervention that is proposed and ensure that the Service User knows what this will entail in practice?						
Does the therapist ask for feedback so as to check the Service User's understanding of the intervention model and intervention plan?						

Does the therapist ensure that the Service User is giving informed consent to proceeding (e.g. by discussing any alternative options with them)?

9	Responding to emotional content	1	2	3	4	5
Does the therapist identify and respond to emotional content (as communicated both by what the Service User says and through non-verbal cues)?						
Does the therapist help the Service User to express their feelings (e.g. explicitly acknowledging and responding to emotional expression and facilitating discussion of emotional issues)?						

10	**Collaboration** Across the session as a whole, does the therapist encourage the Service User to take as active a role as possible with the aim of ensuring that the Service User and therapist function as a "team"?	1	2	3	4	5

11	Developing and fostering the therapeutic alliance*	1	2	3	4	5
Does the therapist listen to the Service User's concerns in a manner which is non-judgmental, supportive and sensitive, and which conveys a comfortable attitude when the Service User describes their experience?						
Do the therapist's communications convey a sense that they are able to grasp the Service User's 'world view' and perspective, and do so in a manner that would allow the Service User to correct any misapprehensions?						
Does the therapist seem responsive to discussion of the direction that therapy is taking (e.g. checking that this is congruent with the Service User's expectations, following up any concerns or doubts Service Users express about the therapy and/or the therapist, especially where this relates to mistrust or scepticism)						

**. Alliance has 3 components: 1. The relationship between therapist and Service User (bond) 2. Agreement over direction of the intervention and the techniques being employed 3. Activities used in the intervention*

12	Management of threats to the alliance*	1	2	3	4	5
If there is evidence of difficulties in/ threats to the alliance and/or explicit alliance ruptures:						
	does the therapist notice that there is a threat to the alliance?					
	does the therapist comment on and draw attention to the issue?					
	does the therapist actively work with the Service User to understanding and attempt to 'repair' the alliance?					

** Alliance has 3 components: 1. The relationship between therapist and Service User (bond) 2. Agreement over direction of the intervention and the techniques being employed 3. Activities used in the intervention*

13	Using measures	1	2	3	4	5
Does the therapist make use of measures that are appropriate both to the Service User's presentation and the approach being taken?						
Does the therapist use measures collaboratively (e.g. inviting discussion about the rationale for their use, discussing scores and their implications for the intervention)?						

Does the therapist administer and interpret the measure/s correctly?
Does the therapist help the Service User to use and review any systematic self-monitoring techniques, and (e.g. keeping a diary or structured record)

14	Ending the session	1	2	3	4	5
Does the therapist clearly signal the ending of the session and help the Service User 'wind-up' any issues they have been discussing?						
Does the therapist finish the session on time, and address any challenges to so doing?						

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