

The Dr Margaret Lowenfeld
Trust

MSc in Lowenfeld Projective
Play Therapy

Jointly delivered with
Middlesex University

Programme Handbook
1999-2000

MIDDLESEX UNIVERSITY and its links with the DR MARGARET LOWENFELD TRUST

1. THE PROGRAMME

The programme is jointly delivered with the Dr Margaret Lowenfeld Trust by Middlesex University. This means that students successfully completing all parts of the programme will receive the Middlesex University award of MSc and may if they wish attend the appropriate Middlesex University graduation ceremony. Students will enrol at the Lowenfeld Room, Brookside Family Consultation Clinic, Trumpington Road, Cambridge, as students of Middlesex University.

If a student does not complete the full programme he/she will be given a transcript recording any individual elements of the programme successfully completed. The first year of a three year Honours degree represents a Certificate of Higher Education; two years of the degree represents a Diploma of Higher Education.

The programme is supervised by the University's School of Social Science, Dean of School: Dennis Parker, Campus: Enfield Address: Queensway, Enfield Middlesex, EN3 4SF Telephone (office contact) 0181 362 5515 Fax 0181 362 6538.

2. THE UNIVERSITY REGULATIONS

Students on this programme are bound by the University Assessment Regulations. Copies of the University Regulations for the current academic year must be given to all students on the Programme and to key members of its teaching staff. The Middlesex University *Charter for Students on Collaborative Programmes* is printed at the end of the Regulations section.

3. FURTHER DOCUMENTS HELD BY THE TRUST

The Trust holds reference copies of the following documents for consultation by the students and staff:

The *Memorandum of Co-operation* for the Programme. This is the formal agreement between the University and the Trust on the delivery of the Programme.

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MSc. in Lowenfeld Projective Play Therapy
Programme Handbook
in collaboration with Middlesex University.

This handbook must be read in conjunction with the Middlesex University Catalogue, the University Guide and Regulations and the University Handbook/Diary, all of which should be given to you at enrolment.

The material in this handbook is as accurate as possible at the date of production.

Your comments or any suggestions for improvement to this Handbook are welcome - please put them in writing to the Course Leader.

This is a four year postgraduate programme leading to an MSc. in Lowenfeld Projective Play Therapy.

1.0.Course Leader's Welcome

When, many years ago, I was being interviewed as an applicant to train as a child psychotherapist at Lowenfeld's institute, I was given a set of Lowenfeld Mosaics and found myself completely absorbed and infused with delight and satisfaction I had never felt before. It was my first step into my own inner world. This experience led me to understand why children so readily engage with the tools and techniques that Lowenfeld invented. It also convinced me that experiential learning must be the foundation of any course that seeks to teach Lowenfeld Projective Play Therapy.

Lowenfeld's first career was in paediatric research and she retained the attitude of a researcher when she developed her Projective Play Therapy. So it is inevitable that, research and what we now call clinical audit should form an important part of the Course.

It is with the greatest pleasure that I welcome you to the Master's Programme in Lowenfeld Projective Play Therapy and hope that you will enjoy a stimulating and rewarding experience.

1.1. Aims and Objectives of the Dr Margaret Lowenfeld Trust

The Dr Margaret Lowenfeld Trust was set up after her death in 1973. Its general aims and objectives are the maintenance, development and dissemination of the ideas and work of the late Dr. Margaret Lowenfeld, a pioneer of child psychotherapy. To these ends the Trust firstly ensures that Dr Lowenfeld's books are kept in print, and

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that the tools she invented for non-verbal communication and for experiential learning continue to be commercially available. Secondly, the Trust aims to ensure the continuing existence of professional practitioners trained to employ Dr. Lowenfeld's methods in their work with children, adolescents and their families. Thirdly, the Trust supports research into the application of Lowenfeld's ideas and methods in the contemporary world.

Underlying all these aims is Dr. Lowenfeld's ethos which is that each individual whether child or adult, has a singular view of the world based upon their constitution and personal experience.

The Lowenfeld approach is thus one of facilitating people's, particularly children's, understanding of themselves *in their own terms*. Change comes about through solutions that makes sense to the child/adult and which they can see as possible given their temperament and circumstances.

1.2. Background to the Development of the Programme

The course was originally set up within the Department of Developmental Psychiatry, University of Cambridge, by Therese Woodcock who trained with Dr Margaret Lowenfeld at the Institute of Child Psychology. The course went through several pilot versions, exploring what was needed by students and the best way to deliver the material. It was discovered that there was a depth of need for further and ongoing training within services for children and that the course appealed to a wide range of professionals. Past students have included child psychiatrists, clinical psychologists, mental health nurses, art therapists, hospital play specialists, occupational therapists, social workers and speech and language therapists.

It was felt that there was a need to provide a course that would lead to a validated award and therefore the Dr Margaret Lowenfeld Trust has been developing the course into a Master's Degree programme and looking for validation from a University that has experience of validating programmes and which is especially interested in developing programmes of lifetime learning, providing people with new skills within their workplace. Middlesex University is such a University and the jointly delivered Master's Programme was validated in February 2000.

1.3. General Introduction to the Programme

The MSc. course is structured in four modules each of which is self contained. Each module runs between February and November of the year in question. It is envisaged that Module 1 and 2 will normally be taken consecutively as will Modules 3 and 4. The maximum registration time for the MSc will be 8 years.

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1.4. Rationale for the Four Year Master's Programme

The Master's Programme in Lowenfeld Projective Play Therapy aims to equip students with understanding of the theoretical work of Dr Margaret Lowenfeld and with clinical skills to use Dr Margaret Lowenfeld's techniques with children adolescents and families. The third and fourth modules aim particularly to develop a research based evaluative approach so that research evidence can show the many ways in which Lowenfeld Projective Play Therapy is helpful for children. This is particularly important in the climate within the NHS where there is a demand for evidence based practice .

There is a recognised need for training for people working with children to provide them with tools to do their work more effectively. The Lowenfeld approach uses techniques and materials supported by theories derived from Dr Lowenfeld's observations of children's play. Thus Lowenfeld Projective Play Therapy facilitates communication with children from all backgrounds and cultures. This process allows the expression of the multidimensional nature of personal experience and thoughts and feelings which are not accessible through words. This communication forms the basis for the therapeutic process whereby children are enabled to effect change.

1.4.1. The aims of the MSc in Lowenfeld Projective Play Therapy are therefore to:

- enable students to understand the Lowenfeld approach to Projective Play therapy.
- enable students to understand how Lowenfeld's theories underpin her approach to Lowenfeld Projective Play Therapy.
- develop students' therapeutic clinical skills in using Lowenfeld's therapeutic techniques, with full awareness of ethical and professional considerations in clinical work.
- develop students' self-awareness in relation to their clinical work.
- enable students to become reflective practitioners and to develop their skills and techniques for evaluating the outcomes of therapy.
- encourage students to make comparisons with other non-verbal therapies.
- help students understand recent work in neuropsychology and its relevance to Lowenfeld's theory and practice.

A further aim is that students who have done the four year Master's Programme

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shall ultimately become eligible to be registered with the United Kingdom Council for Psychotherapy and with this in mind, the code of ethics and professional practice for course members will be in line with their requirements.

1.4.2. Pre-requisites for entry

Students must have a first degree or equivalent and/or a professional certificate or equivalent AND at least three years post-qualification professional experience of working with children are normally required. Prospective students need to be actively working with children from the outset of the course.

1.5. Structure of the MSc Programme

This will be a four year part-time programme. There will be 20 attendance days each year which will consist mainly of lectures/seminars, experiential sessions and clinical supervision. There is also time for individual study and research. The teaching of the first two modules takes place in the Lowenfeld Room at Brookside Family Consultation Clinic in Cambridge. The third and fourth modules will be taught within the Middlesex University School of Social Science, Enfield Campus. The Lowenfeld Archives are available for research study at pre-booked times, see yearly programmes for details.

Requirements for MSc. degree are 180 credits at postgraduate level, (Level 4). 40 credits are awarded for each of the first three modules and 60 for the fourth module. Before proceeding to the next module, the candidate must successfully have completed the previous module.

1.6. Overview of Course Content

This is a summary of topics covered.

1.6.1. Module One: SOC4500 Foundations of Lowenfeld Theory and Practice (Individual Therapy)

1. Basic Lowenfeld Theory.
2. Hands on experience of Worlds and Mosaics.
3. The Lowenfeld Projective approach to therapy with children.
4. Use of Mosaics and World Technique with children.
5. Essentials of conducting therapy.
6. Clinical Supervision.
7. Research time in Lowenfeld Archives.
8. Time with Personal Tutor reflecting on personal issues raised by the experiential sessions.
9. Time with Academic Tutor reflecting on study issues.

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1.6.2. Module Two: SOC 4510 Further Lowenfeld Theory and Practice (Adolescents and families)

1. The Lowenfeld approach in work with adolescents.
2. Use of Mosaics with adolescents.
3. The World Technique with families, assessment and treatment.
4. Specialist topics, Bereavement and loss, Fostering and adoption, Postnatal depression and Child protection.
5. Clinical Supervision.
6. Research time in the Lowenfeld Archives.
9. Time with Academic Tutor.

1.6.3. Module Three: SOC 4520 Lowenfeld work in specialist areas, clinical audit

1. Review of Lowenfeld Theory.
2. Specialist topics: Specific Language Impairment, Child and Adolescent Mental Health services, current legal issues.
3. Clinical audit and therapy outcomes with reference to use of the Lowenfeld Approach.
4. Qualitative Research methods and their application to Lowenfeld Projective Play Therapy.
5. Individual/small group meetings with research supervisors.
6. Clinical supervision.

1.6.4 Module Four: SOC4530 Clinically based research study.

1. Further specialist topics eg Autistic spectrum disorders children with ADHD, young people with eating disorders and children with severe illnesses.
2. Current thinking in Neuropsychology and its relation to Lowenfeld theory.
3. Comparative approaches to therapies for children, e.g. Art, music, drama & dance.
4. Research seminars.
5. Individual research supervision.
6. Clinical supervision.

2.0. General issues concerning Assessment

See Module descriptions for Assessment details

2.1. Progression through years

Progression from one year of the programme to the next will normally be subject to the student's achieving a pass on all the required written work submitted during the year. The student must also have satisfied the requirements for attendance during the year as specified below: however, each case will be considered on its own

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merits. If students take a year out from the course, they must, during the six months preceding application, have had a minimum of 10 hours of ongoing clinical supervision from an approved supervisor before they can proceed to the next year. Students wishing to be directed to a supervisor should contact the Course Director by March if they will be submitting an application to continue for the end of October.

2.1.1. Attendance

Students are normally expected to attend all taught sessions, clinical supervision sessions and individual tutorials.

In cases of illness, transport disruption, personal circumstances etc, students may miss two days of the ongoing programme in any given year. The Assessment Board may require a student who misses more than two days to attend missed days the following year before they can be deemed to have successfully met the requirements for that year's course.

In cases of absence attempts must be made to notify the Module Leader on the same day.

2.1.2. Grading

Personal Log: complete /incomplete.

Assessment of clinical write-ups: Pass/ Fail.

The final essay in each Module will be graded on a six point scale:

Excellent	3-1	Distinction
Good	8-4	Merit
Satisfactory	15-9	Pass
Marginal	16	Marginal pass
Fail	17-18	Condonement allowed
Unsatisfactory	19-20	Condonement not allowed

2.1.3. Failures

Students who fail any component of the course will not normally be allowed to continue to the following year. The reassessment will be submitted to the following Assessment Board.

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2.1.4. Reassessment of written work

See Middlesex University Guide and Regulations

A student can resubmit a write-up for clinical supervision which has failed to reach a Pass standard at the July assessment. Students will be given feedback and tutorial support on any failed work so that they have the best chance of improving their grade to a pass. If the write-up is still not of a pass standard, it will be considered a fail.

A failed final essay, clinical write-up or incomplete Personal log in Modules 1,2 and 3 may be resubmitted. The student who resubmits will have to wait until the following year before proceeding if they reach a satisfactory standard. (Though every case will be considered on its merits)

The final dissertation in Module 4 can only be resubmitted at the discretion of the Assessment Board.

2.1.5. Deferrals

It is not normally possible to defer any aspect of the course except where attendance has been missed. See section on attendance requirements.

2.2. Accreditation of Prior Learning (APEL)

The details will be arranged in conjunction with the Middlesex University Centre: National Centre for Work Based Learning Partnerships.

2.3. Arrangements for external examiners

External Examiners will be appointed in accordance with the University's Quality Assurance and Audit Service(QAAS) Procedures Handbook

2.4. Board of studies

All students are entitled to attend the Board of Studies(Course Board.) Each year group of students will be asked to nominate a student representative and if there is more than one who wishes to stand there will be a secret ballot conducted by the Academic Tutor. Student reps will normally consult their year group and represent their opinions at the meeting. There is a MUSU short training course run by the Students' Union for Course Board student representatives.

2.5. Assessment Board

The Assessment Board meets once per year to review the marks for final essays or project dissertations. It will review whether the Personal Logs have been completed

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and whether or not the two write-ups for clinical supervision have passed. The Board will be comprised of members of the teaching staff involved in the assessments, the Middlesex University Link Tutor and the External Examiner (s).

2.6. "Avoiding Academic Dishonesty: Unless there are specific instructions or guidelines to the contrary, the University expects that work submitted by a student is the work solely of that student. Please read carefully the University regulations in Section F on **The Infringement of University Regulations.**"

2.7. The role of the Academic Tutor

The Academic Tutor will meet with each student individually at least twice a year. Students may telephone the Academic Tutor at the number listed in this Handbook preferably on a Monday between 6-8pm. Appointments can be made for Monday lunchtimes on teaching days but must be made in advance. The Academic Tutor can give support with study skills and any other matters that may be connected to the student's time on the course, such as personal matters that are affecting the ability to study. The Academic Tutor will support students with their learning and overview Personal Logs as a basis for discussion. If the Tutor thinks it advisable, they may direct the student to other sources of support, for example a clinical supervisor if the clinical work is proving to be an area of difficulty. Alternatively, students may be directed to the University Student Counselling Services for support.

2.8. The role of the Personal Tutor

The Personal Tutor has two sessions with each student in the first year of the course. This is an opportunity for students to explore any issues that may have arisen during the experiential sessions. The sessions are confidential and the content is not communicated to any other staff member. If students wish to pursue these issues further, they may make private arrangements for more sessions. The personal Tutor is not involved in the assessment of students.

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3.0 List of modules

Module One: Foundations of Lowenfeld Theory and Practice (Individual Therapy)

Module Two: Further Lowenfeld Theory and Practice (Adolescents and families)

Module Three: Lowenfeld work in specialist areas. Clinical Audit.

Module Four: Clinically based research project.

3.1 Detailed Course Description

Module Description: Section 1

Module Code SOC 4500 40 Credit Points

3.1.1. Module One: Foundations of Lowenfeld Theory and Practice (Individual therapy)

Owning Subject: SOC Level: 4

Pre requisites: Entry requirements for MSc Programme

Barred Combinations: N/A

Cross Accredited subjects: N/A

Self deferral permitted: No

Study Commitment

(i) Contact Hours per teaching day

Lectures 2

Seminars 4

Total for Module 120

(ii) Out of hours study commitment

per week: 3, Total for Module 120

(iii) Total study commitment

for Module 1, 330 Hours including clinical hours.

360

Other requirements

Recommended clinical hours in workplace, per week: ³2. Total for Module ¹²⁰90 hours.

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3.1.2. Outline of content of Module One syllabus in 2000

- Feb 21 Welcome and Introductions: 1) Staff and students;
2) To the Lowenfeld Projective Play Therapy
MSc Programme.
Lowenfeld Mosaics & World techniques: languages of
communication: Experiential 1; Guidelines on the therapeutic setting,
including playroom rules.
- Mar 6 Social and Developmental History in Therapeutic Work; Issues arising
from adapting the workplace to Lowenfeld work; The Lowenfeld World
Technique: Experiential 2.
- Mar 20 The Lowenfeld Approach to a Clinical Session; The Lowenfeld Mosaics:
Experiential 2; Guidelines for Using Lowenfeld Mosaics; Clinical
Supervision.
- Apr 3 Introducing the World Material to a Child; Clinical Supervision; The
Lowenfeld World Technique: Experiential 3.
- Apr 17 Study Day, Academic and Personal Tutors.
- May 15 The Lowenfeld World Technique: Guidelines for the Use of the Lowenfeld
World Technique: Clinical Supervision.
- June 12 Theory of Protosystem Thinking and the Lowenfeld Projective Approach
illustrated with case material; Clinical Supervision
- June 26 Theory of "E" & Protosystem Thinking illustrated with case material;
Clinical Supervision.
- July 10 Emotional Development, Protosystem Thinking & "E"; Clinical
Supervision.
- July 24 The Lowenfeld Mosaics: Experiential 3; The Mosaic Developmental
Profile, including examples from students; Clinical Supervision
- August Three Mondays, Research in Lowenfeld Archives.
- Sep 4 Study Day; Preparing for the Final Essay; Academic & Personal Tutors
- Sep 11 Study Day Research for essay in Archives
- Sep 25 The Clinical Use of the Lowenfeld Mosaics, including examples from
student; Clinical Supervision
- Oct 9 Culture & Therapy; Clinical Supervision
- Oct 23 Emotional Development, Protosystem Thinking & "E" illustrated with
material from a treatment case; Clinical Supervision
- Nov 6 Assessment for & Ending Therapy: Clinical Supervision
- Nov 20 The Lowenfeld Mosaics & World Technique: Experiential 4, Review of
Clinical Practice & Ending

Module Leader: Therese Woodcock, 020 8889 3353

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Catalogue Entry: This module introduces Lowenfeld's theories and the Lowenfeld approach to clinical work with children including The Lowenfeld Mosaics and World Technique.

Learning Unit Run: 0 Min number: 4 Max number: 10

MODULE DESCRIPTION: SECTION 2

Module Code SOC 4500

3.1.3. Aims

1. To establish a learning climate for developing Lowenfeld Projective Play Therapy skills for working with children.
2. To introduce the main techniques and theories of Protosystem Thinking and Theory of "E" originated by Margaret Lowenfeld.
3. To introduce the Lowenfeld approach to therapeutic work with children.
4. To introduce use of Lowenfeld Mosaics and World Technique in therapy.
5. To provide students with opportunities for experiential learning of these Lowenfeld techniques.
6. To assist the student in adapting these clinical skills within their own work setting.

3.1.4. Learning outcomes: knowledge

Students will:

- Understand the main theories of Protosystem thinking and Theory of "E" of Dr. Margaret Lowenfeld .
- Know how to conduct a therapy session according to Lowenfeld principles, including professional and ethical considerations.
- Know how to use the Lowenfeld World Technique and the Lowenfeld Mosaics in therapy.

Learning outcomes: skills

- Be able to set up a playroom appropriately.
- Be able to introduce a Lowenfeld session to a child in the appropriate manner.
- Be able to conduct a play therapy session in a Lowenfeld manner.
- Be beginning to use techniques such as reflecting back and linking .
- Be able to write up sessions fully, accompanied by appropriate visual material to enable them to develop an ability to reflect on their own work.

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3.1.5. Teaching methods and learning strategies

A selection of the following methods will be employed.

- lecture
- seminar discussion of lecture material
- analysis of slides of Worlds and Mosaics
- experiential learning of Lowenfeld techniques in pairs
- case presentations and discussion by staff and students
- individual academic tutorials
- individual personal tutorials
- self directed reading at Lowenfeld Archives

3.1.5. Assessment weighting

Exam - weight %	Coursework - weight %
None	Final essay 100%

3.1.7. Assessment Scheme

Coursework:

The personal log, content

This comprises notes on the taught component and descriptions of the experiential learning process (which should always be accompanied by drawings of own and study partner's Worlds and Mosaics.) These are accompanied by comments by the student on their thoughts and feelings during the day and after.

Students are encouraged to reflect upon their own learning process in terms of both theoretical and practical aspects of the course.

See full guidelines in Appendix 1.

Personal log, assessment

Students compile a written log and notes for each teaching day and submit them to the relevant tutor. These are read and written feedback is given. Logs are brought by the student to meetings with the Academic Tutor when they form a basis for discussion of progress. Personal logs are assessed on a successfully completed basis at the end of the course..

Write-up for clinical supervision

Each student will have a regular opportunity to write up case for clinical supervision. This will be submitted before the supervision session. The student's write-up will be seen by the supervisor who will give written comments and feedback.

A selection of cases will be discussed in the supervision group where the student

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will make an oral presentation of a case which will be discussed in detail by the supervisor and fellow students. Each student will do at least one case presentation to the group.

See full guidelines for writing up in Appendix 1

Clinical supervision assessment

Students submit two written up cases to be marked by the clinical supervisor and another tutor. Normally the first case is expected to be submitted by the end of July and the second is due by the final day of the course.

The written-up cases are graded in terms of pass/fail.

Marking criteria for written up notes for clinical supervision

Pass

1. Has followed guidelines for the writing up of clinical sessions.
2. Ability to observe and record.
3. Use of drawings.
4. Shows how Lowenfeld techniques have been used.
5. Can separate own thoughts and feelings from those of the child.
6. Shows awareness of background information relating to the case.
7. Use of "reflecting back" and the manner in which this is done.
8. Shows use of "linking", discusses the timing and how it was done.
9. Shows awareness of what they have done that is helpful or not helpful within the session.
10. Makes suggestions for alternatives.

Fail

1. Material is lacking sufficient background information on the case.
2. Little reporting of what was said and what happened in the session.
3. Student describes inappropriate interventions or conduct of the session.
4. Lowenfeld approach is not sufficiently considered.
5. The student does not take account of his/her own thoughts and feelings.

Final Essay assignment: Module 1

This is an essay discussing an aspect of the module chosen by the student from specific titles given each year. The student must demonstrate the ways in which they have developed their own practice of Lowenfeld Projective Play Therapy. (5000 words) The student must demonstrate that they are achieving the learning outcomes specified for the Module.

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Guidelines for essay

- a) Ensure that you address the question.
- b) Clinical examples should be illustrated with relevant copies of Mosaics and Worlds, placed in the context of the session.
- c) Students should describe ways in which they have adapted Lowenfeld's techniques in their own practice and how the Lowenfeld approach has influenced their clinical work. In Module 3 this should focus on the evaluation of clinical outcomes.
- d) Students should include their own critical evaluation of their work as presented.
- e) The essay should be 5000 words in length.
- f) The essay should be typed.
- g) Three copies should be submitted by the last day of the Module.

Assessment criteria

Demonstrates a clear response to the essay title.
Clarity of organisation and presentation including use of visual materials.
Demonstrates understanding of a chosen aspect of Lowenfeld's theory.
Use of case material to illustrate theoretical points.
Shows development of clinical work.
Ability to self reflect and evaluate the therapeutic process.

Marking Scheme for Final Essay

These will be assessed on the 20 point scale defined by Middlesex University; essays will be double marked.

Excellent	3-1	Distinction
Good	8-4	Merit
Satisfactory	15-9	Pass
Marginal	16	Marginal pass
Fail	17-18	Condonement allowed
Unsatisfactory	19-20	Condonement not allowed

Excellent Has demonstrated an excellent grasp of an aspect of Lowenfeld Theory with good use of examples. A clear discussion of cases with material showing development of therapy work and describing insights into the child's thinking. Critical approach to self evaluation, should demonstrate both positive and negative aspects with reasons and suggestions for modifications.

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Good Theory presented in a coherent way. Clear presentation and discussion of case material. Use of evidence from therapy sessions to show how work with the child has developed. Evaluation of own work should show some recognition of positive and negative aspects.

Satisfactory Evidence of some understanding of Lowenfeld's theory but few examples and some lack of clarity. Presentation of case material showing use of Lowenfeld's techniques e.g. linking and reflecting back and some discussion of how the work has developed. Some evaluation.

Marginal Some presentation of Lowenfeld theory though this fails to show that all aspects have been fully grasped. Evidence of clinical work using Lowenfeld techniques but student not fully able to recognise own role in the therapy process.

Fail Poorly understood theory. Case evidence contains little discussion of Lowenfeld techniques. Case material presented may show misuse of techniques, over directiveness or attempts to advise or teach that are inappropriate. Little attempt at self evaluation.

Unsatisfactory Poorly understood theory. Case evidence contains little discussion of Lowenfeld techniques. Case material presented may show misuse of techniques, over directiveness or attempts to advise or teach that are inappropriate. Little attempt at self evaluation.
The standard is so poor as to not permit condonement.

3.1.8. Core Learning Materials

Abel, T.M. & Metraux, R. (1974) Culture and Psychotherapy. Newhaven, Conn. College and University Press.

Ames, L.B. (1986) The Lowenfeld Mosaic Test: review of its use. Journal of Personality Assessment 50.

Ames, L.B. and Ilg, L. (1962) Mosaic Patterns of American Children. New York, Harper & Bros, Hoeber Medical.

Andersen, V. & Hood-Williams, J. (n.d.) Handbook for Use with the Lowenfeld Mosaic Test. London, Dr Margaret Lowenfeld Trust.

Burford, E. (1998) Gravity and the Creation of Self: an exploration of self-representations using spatial concepts. London, Jessica Kingsley.

Cameron, S. (1995) Balancing the Request to be Good: an account of a visit to the outskirts of child psychotherapy. Free Association Books.

Cattanach, A. (1998) The Role of Play in the Life of the Child. Child Psychology and Psychiatry Review. 3:3 113-114.

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Cytowic, R. (1994) *The Man who tasted shapes*. London, Abacus.

Donaldson, M. (1993) *Human Minds*. London. Penguin Books.

Goleman, D. (1996) *Emotional Intelligence: why it can matter more than IQ*. London, Bloomsbury.

Gregory, R. (1997) *Mirrors in Mind*. London, Penguin Books..

James, A. (1998) *Play in Childhood: An Anthropological Perspective*. *Child Psychology and Psychiatry Review*, 3:3 104-109.

Karmiloff-Smith, A. (1995) *Annotation: The Extraordinary Cognitive Journey from Foetus Through Infancy*. *Journal of Child Psychology and Psychiatry*, 36:8 1293 - 1314.

Lowenfeld, M. (1934) *Psychogenic Factors in Chronic Disease in Childhood*. In *Medical Women's Federation Newsletter*, Lowenfeld Archives.

Lowenfeld, M. (1937) *A Thesis Concerning the Fundamental Structure of the Mento-Emotional Processes in Children*. Talk given to the General Section of the BPS, Manchester, Lowenfeld Archives.

Lowenfeld, M. (1944) *Direct Projective Therapy*. Paper given at the Education Section, British Psychological Society AGM, Glasgow Lowenfeld Archives.

Lowenfeld, M. (1944) *A Discussion of the Relationship between Child Psychiatry and Children's Medicine*. Paper read to Child Psychiatry Sub-committee of the RMPA, London Medical Society, Lowenfeld Archives.

Lowenfeld, M. (1948) *The Nature of the Primary System*. In the 1948 Institute of Child Psychology Report on the Conference, On the Psychotherapy of Children, London, Lowenfeld Archives.

Lowenfeld, M. (1950) *The Nature and Use of the Lowenfeld World Technique in Work with Children and Adults*. *Journal of Psychology* 30 325-331.

Lowenfeld, M. (1951) *Asthma in Childhood*. Paper read to the Alfred Adler Medical Society, London. Lowenfeld Archives.

Lowenfeld, M. (1954) *The Structure of the Transference*. Paper read at the International Congress of Psychotherapy, Zurich. Lowenfeld Archives.

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- Lowenfeld, M. (1960) The World Technique. Topical Problems in Psychotherapy 3 247-263.
- Lowenfeld, M. (1964) Poleidoblocs in Mathematics Teaching. Bulletin of the Association of Teachers of Mathematics Lowenfeld Archives.
- Lowenfeld, M. (1964) The non-verbal "thinking" of children. In The non-verbal "thinking" of children and its place in psychotherapy. London ICP Lowenfeld Archives.
- Lowenfeld, M. (1967) On Normal Emotional and Intellectual Development of Children. Paper read at St Edmund's College, Ware Lowenfeld Archives.
- Lowenfeld, M. (1979) Understanding Children's Sandplay/The World Technique. London, Allen and Unwin.
- Lowenfeld, M. (1988) Selected papers, Child Psychotherapy, War and the Normal Child, in C. Urwin & J. Hood-Williams (Eds) Selected Papers of Margaret Lowenfeld. Free Association Books.
- Lowenfeld, M. (1991) new edition, Play in Childhood. London, MacKeith Press.
- Lowenfeld, M. (1995) new edition, The Lowenfeld Mosaic Test. Quainton, Margaret Lowenfeld Trust.
- Metraux, R. (1975) Eidos and Change: Continuity in Process, Discontinuity in Product. In Ethos 3:2.
- Mitchell, R.R. & Friedman, H.S. (1994) Sandplay; Past, Present and Future. Routledge.
- Pellegrini, A.D., & Smith, P.K. (1998) The Development of Play During Childhood: Forms and Possible Functions. Child Psychology and Psychiatry Review, 3:2 51-57.
- Perticone, E. & Tembeckjian, R. (1987) The Mosaic Technique in Personality Assessment: A Practical Guide. New Jersey, Programs for Education Inc.
- Pinker, S. (1994) The Language Instinct. London, Penguin.
- Robertson, I.H. (1999) Mind Sculpture: your brain's untapped potential. Bantam Press.

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Rowles, F. & Traill, P. (1964) Non-verbal "Thinking" in Child Psychotherapy. In The non-verbal 'thinking' of children and its place in psychotherapy. London ICP.

Slade, P. (1998) The Importance of Dramatic Play in Education and Therapy. Child Psychology and Psychiatry Review, 3:3 110-112.

Urwin, C. and Hood-Williams, J. (1988) Selected Papers of Margaret Lowenfeld. Free Association Books.

Woodcock, T. (1984) The Use of the Lowenfeld Mosaic Test in Child Psychotherapy. Journal of the British Society for Projective Psychology. 29:2.

Woodcock, T. (1986) The Lowenfeld Mosaic Test in the Study of Cultural Differences. Journal of the British Society for Projective Psychology. 31:1.

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3.2.MODULE TWO:

MODULE DESCRIPTION; SECTION 1

Module Code: SOC 4510 Credit points 40

**3.2.1.Module Title: Further Lowenfeld Theory and Practice
(Adolescents and families)**

Owning Subject: SOC Level 4

Pre-requisites: Successful completion of Module 1

Barred Combinations: N/A

Cross Accredited Subjects: N/A

Self Deferral permitted: No

Study Commitment:

(i) Contact hours per teaching day:

Lectures 2

Seminars 4

Total 120

(ii) Out of class study commitment

per week, 3 hours. Total 120

(iii) Total study commitment

Per Module 2, 360 hours

Other restrictions/Requirements

Recommended Clinical hours in the workplace per week, 3. Total for Module 120 hours

3.2.2. Outline of the Syllabus for Module 2 in 2000

- Feb 28 The Lowenfeld Mosaics & World Technique: Experiential; Review of the Lowenfeld Projective Approach to Clinical Work.
- Mar 13 Bereavement and Loss; Clinical Supervision: Individual cases.
- Mar 27 The Lowenfeld Approach to Adolescence.
- Apr 10 Mosaic Work with Adolescents; Clinical Supervision: Individual cases.
- May 8 Using Worlds in Family Therapy.
- May 22 Academic Tutor & Preparing for the Essay + Study Day.
- Jun 19 Using Worlds with Families as an Assessment Tool.

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- July 3 Using Worlds in Working with Families.
July 17 Clinical Supervision: Individual cases.
July 31 Fostering & Adoption; Clinical supervision.
August Research time in Lowenfeld Archives.
Sept 4 Study Day Academic Tutor.
Sept 18 Clinical Supervision: Working with Adolescents and/or Families.
Oct 2 Clinical supervision: Using Worlds with Families as an Assessment Tool.
Oct 16 Postnatal Depression: Clinical supervision: Individual cases.
Oct 30 Clinical Supervision: Work with Adolescents and/or Families.
Nov 13 Child Protection; Clinical supervision; Individual cases.
Nov 27 Clinical supervision: Experiential & Review of clinical practice.

Module Leader: Christine Heath, telephone 01582 708140

Catalogue Entry: Module 2 builds on the clinical skills learned in Module 1 and considers working with adolescents using Lowenfeld's techniques and theories. It also considers Family Therapy and Lowenfeld approaches to assessment and therapy with families.

Learning Unit Run: 0 **Min number** 4 **Max number** 10

Module Description: Section 2

Module Code: SOC 4510

3.2.3. Aims

1. To establish a learning climate for further developing Lowenfeld Projective Play Therapy skills for working with children, adolescents and families.
2. To introduce Lowenfeld's theories about adolescence.
3. To introduce theories of Family Therapy and their relation to clinical work using Lowenfeld techniques.
4. Presentation of special topics of relevance to the work of therapists using Lowenfeld techniques.
5. To extend Lowenfeld Projective Play Therapy skills with children, and the addition of such to working with adolescents and families within specific clinical settings.

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3.2.4. Learning Outcomes: Knowledge

The student will:

- Understand Lowenfeld's approach to adolescence.
- Understand aspects of Family Therapy and how they relate to Lowenfeld's approach.
- Be aware how children in special situations may be affected and give these consideration in their clinical work.

Learning Outcomes: Skills

The student will:

- Demonstrate more confident use of Lowenfeld techniques with children, with evidence of use of appropriate techniques and ability to use Lowenfeld's theories in their thinking about children.
- Demonstrate competence in their use of the World Technique as an assessment tool with families and be able to use Worlds as a way of working with a family if appropriate.
- Demonstrate competence in deciding on appropriate ways to work with an adolescent and when and how to use the World Techniques and Mosaics.
- Extend their ability to self-reflect and evaluate their clinical work.

3.2.5. Teaching Methods and Learning Strategies

A selection of the following methods will be employed.

- lecture
- seminar discussion of lecture material
- presentation and discussion of video taped material
- analysis of slides of Worlds and Mosaics
- case presentations and discussion by staff and students
- individual academic tutorials
- self directed learning at Lowenfeld Archives

3.2.6. Exam weight % Coursework weight %

None

Final essay 100%

3.2.7. Assessment Scheme:

The personal log, content

This comprises notes on the taught component and descriptions of the experiential learning process (which should always be accompanied by drawings of own and study partner's Worlds and Mosaics.) These are accompanied by comments by the student on their thoughts and feelings during the day and after.

Students are encouraged to reflect upon their own learning process in terms of both

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theoretical and practical aspects of the course.

See full guidelines in Appendix 1

Personal log, assessment

Students submit their Logs when they meet with the Academic Tutor. Logs are brought by the student to meetings with the Academic Tutor when they form a basis for discussion of progress. Personal logs are assessed at the end of the course on a successfully completed basis.

Marking criteria

Personal logs are marked on a successfully completed basis, it is expected that each student produces their log for discussion with the Academic Tutor.

Write-up for clinical supervision

Each student will have a regular opportunity to write up case for clinical supervision. This will be submitted before the supervision session. The student's write-up will be seen by the supervisor who will give written comments and feedback.

A selection of cases will be discussed in the supervision group where the student will make an oral presentation of a case which will be discussed in detail by the supervisor and fellow students. Each student will do at least one case presentation to the group.

See full guidelines for writing up in Appendix 1

Clinical supervision assessment

Students submit two written up cases to be marked by the clinical supervisor and another tutor. Normally the first case is expected to be submitted by the end of July and the second is due by the final day of the course.

The written-up cases are graded in terms of pass/fail.

Marking criteria for written up notes for clinical supervision

Pass

1. Has followed guidelines for the writing up of clinical sessions.
 2. Ability to observe and record.
 3. Use of drawings.
 - 4.a Show how Lowenfeld techniques have been used in individual therapy.
- OR
- 4.b Shows how Lowenfeld techniques have been used in assessment and treatment with families.
 5. Can separate own thoughts and feelings from those of the child, adolescent or family.
 6. Shows awareness of background information relating to the case.
 7. Use of "reflecting back" and the manner in which this is done.
 8. Shows use of "linking", discusses the timing and how it was done.
 9. Shows awareness of what they have done that is helpful or not helpful within the

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session.

10. Makes suggestions for alternatives.

Fail

1. Material is lacking sufficient background information on the case
2. Little reporting of what was said and what happened in the session.
3. Student describes inappropriate interventions or conduct of the session.
4. Lowenfeld approach is not sufficiently considered.
5. The student does not take account of his/her own thoughts and feelings.

Final Written essay assignment, Module 2.

5000 words

This is an essay discussing an aspect of the module chosen by the student from specific titles given each year. The student must demonstrate the ways in which they have developed their own practice of Lowenfeld Projective Play Therapy especially in relation to the topics studied in Module 2, including work with children, adolescents and/or families. The student must demonstrate that they are achieving the learning outcomes specified for the Module.

Guidelines for essay

- a) Ensure that you address the question.
- b) Clinical examples should be illustrated with relevant copies of Mosaics and Worlds, placed in the context of the session.
- c) Students should describe ways in which they have adapted Lowenfeld's techniques in their own practice and how the Lowenfeld approach has influenced their clinical work.
- d) Students should include their own critical evaluation of their work as presented.
- e) The essay should be 5000 words in length.
- f) The essay should be typed.
- g) Three copies should be submitted by the last day of the Module.

Assessment criteria

Demonstrates a clear response to the essay title.

Clarity of organisation and presentation including use of visual materials.

Demonstrates understanding of a chosen aspect of Lowenfeld's theory.

Use of case material to illustrate theoretical points.

Shows development of clinical work with children and includes work with children, adolescents and/or families.

Ability to self reflect and evaluate the therapeutic process.

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Marking Scheme for Final Essay

These will be assessed on the 20 point scale defined by Middlesex University, Essays will be double marked.

Excellent	3-1	Distinction
Good	8-4	Merit
Satisfactory	15-9	Pass
Marginal	16	Marginal pass
Fail	17-18	Condonement allowed
Unsatisfactory	19-20	Condonement not allowed

Excellent Has demonstrated an excellent grasp of an aspect of Lowenfeld Theory with good use of examples. A clear discussion of cases with material showing development of therapy work and describing insights into the child's/adolescents thinking or, includes consideration of family material. Critical approach to self evaluation should demonstrate both positive and negative aspects with reasons and suggestions for modifications.

Good Theory presented in a coherent way. Clear presentation and discussion of case material. Use of evidence from therapy sessions to show how work with the child, adolescent or family has developed. Evaluation of own work should show some recognition of positive and negative aspects.

Satisfactory Evidence of some understanding of Lowenfeld's theory but few examples and some lack of clarity. Presentation of case material showing use of Lowenfeld's techniques e.g. linking and reflecting back and some discussion of how the work has developed. Some evaluation.

Marginal Some presentation of Lowenfeld theory though this fails to show that all aspects have been fully grasped. Evidence of clinical work using Lowenfeld techniques but student not fully able to recognise own role in the therapy process.

Fail Poorly understood theory. Case evidence contains little discussion of Lowenfeld techniques. Case material presented may show misuse of techniques, over directiveness or attempts to advise or teach that are inappropriate. Little attempt at self evaluation. Has not directly related to question.

Unsatisfactory Poorly understood theory. Case evidence contains little discussion of Lowenfeld techniques. Case material presented may show misuse of techniques, over directiveness or attempts to advise or teach that are inappropriate. Has made no attempt to relate to the question asked. Little attempt at self evaluation. The standard is so poor as to not permit condonement.

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3.2.8.Core Learning Materials

Family Therapy

Burnham, J. Family Therapy.

Byng-Hall J. (1995) Rewriting Family Scripts. The Guilford Press.

Campbell & Draper (1985) Applications of Systemic Family Therapy: The Milan Approach. Grune & Stratton.

George, Iveson & Ratner. (1990) Brief Therapy with individuals and Families. BT Press.

Moffit, T.E., & Caspi, A. (1998) Implications of violence between intimate partners for child psychologists and psychiatrists. Journal of Child Psychology and Psychiatry, 39:2 137-144.

Hayley, J. (1976) Problem Solving Therapy. Harper and Row.

Hoffman, L. (1981) Foundations in Family Therapy. New York: Basic Books.

Kramer, L. (1996) What's Real in Children's Fantasy Play? Fantasy Play Across the Transition to Becoming a Sibling. Journal of Child Psychology and Psychiatry, 37:3 329-338.

Walsh, F. (Ed)(1982) Normal Family Processes. Guilford Press.

Watzlawick, P., Bavelas, J.B. & Jackson, P.P. (1967) Pragmatics of Human Communication. W.W. Norton & Co.

Adolescence

Coleman, J., & Hendry, L. (1999) The Nature of Adolescence, 3rd Edition. Routledge.

Ferguson, D.H., Horwood, L.J., & Lynskey, M. (1994) The childhoods of multiple problem adolescents: a 15-year longitudinal study. Journal of Child Psychology and Psychiatry, 35:6 1123-1140.

Haley, J. (1980) Leaving Home, McGraw Hill.

Lowenfeld, M. (1966) The Adolescent's Search for Identity. Paper read to the 6th International Congress of Child Psychiatry, Edinburgh. in C. Urwin and J. Hood Williams (Eds) Selected Papers of Margaret Lowenfeld.

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Maternal depression

Murray, L. Sinclair, D., Cooper, P., Ducournau, P., Turner, P., and Stein, A., (1999) The socioemotional development of 5-year-old children of postnatally depressed mothers. *Journal of Child Psychology and Psychiatry*, Vol 40 N0 8.

Murray, L., Hipwell, A., Hooper, R., Stein, A., & Cooper, P.J. (1996) The cognitive development of 5-year-old children of postnatally depressed mothers. *Journal of Child Psychology and Psychiatry*. 37 927-935.

Sinclair, D., & Murray, L., (1998) Effects of Postnatal depression on children's adjustment to school: Teachers' reports. *British Journal of Psychiatry* 172, 58-63.

Fostering and Adoption

Gaber, I., & Aldridge, J.(Eds) (1994) *In the Best Interests of the Child: culture identity and transracial adoption*. Free Association Books.

Brand, A.E. & Brinich, P. (1999) Behaviour problems and mental health contacts in adopted, foster and non-adopted children. *Journal of Child Psychology & Psychiatry* 40 1221 -1230.

Child Protection

Bannister, A. *From Hearing to Healing: Working with the Aftermath of Child Sexual Abuse*.

Cattanach, A., (1992) *Play Therapy with Abused Children*, London: Jessica Kingsley.

Fawcett, J. Morrison, T., Stevenson, O. *The Treatment of Child Sexual Abuse*.

Furniss, T. *The Multiprofessional Handbook of Child Sexual Abuse*.

Glaser, D., & Frosh, S. (1988) *Therapeutic Intervention: in Child Sexual Abuse*. London: Macmillan Education.

Bereavement

Anthony, S. (1973) *The Discovery of Death in Childhood and After*, Penguin Education.

Boyd Webb, N. *Helping Bereaved Children*.

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Klass, D., Silverman, P.R., Nickman, S.L. (eds) (1996) Continuing Bonds - new understandings of grief. Washington: Taylor & Francis.

Pincus, L. Death and the Family.

Wells, R. Helping Children Cope with Grief.

Worden, J.W. (1996) When a Parent Dies. New York: Guilford Press.

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3.3.MODULE THREE

Module Description: Section 1

Module Code: SOC 4520 **Credit Points 40**

3.3.1. Module Title: Lowenfeld work in specialist areas and clinical audit.

Owning subject: SOC **Level: 4**

Pre requisites: Successful completion of Module 2.

Barred Combinations: N/A

Cross Accredited Subjects: N/A

Self deferral permitted: No

Study Commitment:

(i) Contact hours per teaching day:

Lectures 1
Seminars/Tutorial 5
Total 120 hours

(ii) Out of class study commitment:

per week, 5 hours
per Module 3, 200 hours

(iii) Total study commitment:

per Module 3, 500 hours

Other restrictions/requirements

Recommended Clinical hours in the workplace per week 4.5, Total for Module 180.

3.3.2.Outline of Syllabus

Content of specific weeks may vary

Week 1 Clinical supervision: Review of Lowenfeld Theory and Practice including Experiential Mosaics and Worlds.

Week 2 Clinical supervision: Research methods.

Week 3 Clinical supervision: Clinical Audit.

Week 4 Clinical supervision: Research Methods.

Week 5 Study day including research seminar and library time.

Week 6 Clinical supervision: Clinical Audit.

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- Week 7 Clinical supervision: Research Methods.
- Week 8 Clinical supervision: Clinical Audit.
- Week 9 Study day including research seminar and meeting with Academic Tutor/research supervisor, library time.
- Week 10 Clinical supervision: Language impairment and Lowenfeld theory and therapy.
- Week 11 Clinical supervision: Language impairment and Lowenfeld Theory and Therapy 2.
- Week 12 Clinical supervision: Current issues in Child and Adolescent Mental Health services.
- Week 13 Study day, research seminar and meeting with research supervisor, library time for literature searches.
- Week 14 Clinical supervision: Current Legal issues relating to children, adolescents and families.
- Week 15 Clinical supervision: special topic to be decided.
- Week 16 Study day, research supervisor/Academic Tutor, library time.
- Week 17 Clinical supervision: special topic to be decided.
- Week 18 Clinical supervision: Summary of special topics and their implications for Lowenfeld Projective Play Therapy.
- Weeks 19 & 20 Two further study days for research supervision/library work and computer time.

Module leader Susie Summers, telephone 020 7267 7439

Catalogue Entry This unit covers further aspects of Lowenfeld Projective Play Therapy with special groups of children. It also explores aspects of audit and the evaluation of clinical outcomes. Qualitative research methods are studied in preparation for Module 4.

Learning Unit Run: 0 Min number 4 Max number 10

MODULE DESCRIPTION: SECTION 2

Module Code SOC 4520

3.3.3. Aims

Continuing development of clinical skills using Lowenfeld Projective Play Therapy incorporating a higher level of clinical awareness and ability to use Lowenfeld's techniques.

To enable students to have a broad view of current mental health issues for children.

To enhance student's awareness of current legal issues relating to children, young people and families.

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To present specialist topics and discuss their relation to Lowenfeld Projective Play Therapy.

To equip students with the skills to evaluate the effectiveness of their clinical work using Lowenfeld Projective Play Therapy.

To familiarise students with relevant research methods for evaluating Lowenfeld Projective Play Therapy, and give them opportunities to consider literature that relates to possible research topics.

To provide opportunities for planning a research project.

3.3.4. Learning Outcomes: Knowledge

Students will:

- Understand particular ways of working with some children with special needs, e.g. Children with Language Impairment.
- Understand the range of approaches to clinical audit and when they may be applicable.
- Know about a range of qualitative research methods and when they may be applied to clinical research.
- Understand current issues in Child Mental Health.
- Appreciate the implications of current legal issues for children, young people and families.

Learning Outcomes:Skills

Students will:

- Demonstrate an ability to use audit methods on own caseload.
- Demonstrate ability to consider and use appropriate research methods.
- Demonstrate extended ability in using Lowenfeld Projective Play Therapy with children, adolescents and families, including families with a range of special needs.

3.3.5.Teaching Methods and Learning Strategies

- specialist lecture topics
- practical experiential sessions learning research methods
- seminar discussion of lecture material
- research seminars
- case presentations and discussion by staff and students
- individual academic and research supervision tutorials
- student directed learning

3.3.6.Exam - weight Coursework weight %

None

Final essay 100%

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3.3.7. Assessment scheme

The personal log, content

This comprises notes on the taught component. These are accompanied by comments by the student on their thoughts and feelings during the day and after. Students are encouraged to reflect upon their own learning process in terms of both theoretical and practical aspects of the course.
See full guidelines in Appendix 1.

Personal log, assessment

Students submit their Logs when they meet with the Academic Tutor. Logs are brought by the student to meetings with the Academic Tutor when they form a basis for discussion of progress. Personal logs are assessed at the end of the course on a successfully completed basis.

Marking criteria

Personal logs are marked on a successfully completed basis, it is expected that each student produces their log for discussion with the Academic Tutor.

Write-up for clinical supervision

Each student will have a regular opportunity to write up a case for clinical supervision. This will be submitted before the supervision session. The student's write-up will be seen by the supervisor who will give written comments and feedback.

A selection of cases will be discussed in the supervision group where the student will make an oral presentation of a case which will be discussed in detail by the supervisor and fellow students. Each student will do at least one case presentation to the group.

See full guidelines for writing up in Appendix 1.

Clinical supervision assessment

Students submit two written up cases to be marked by the clinical supervisor and another tutor. Normally the first case is expected to be submitted by the end of July and the second is due by the final day of the course.

The written-up cases are graded in terms of pass/fail.

Marking criteria for written up notes for clinical supervision

Pass

1. Has followed guidelines for the writing up of clinical sessions.
2. Ability to observe and record.
3. Use of drawings.
- 4.a Show how Lowenfeld techniques have been used in individual therapy.

OR

- 4.b Shows how Lowenfeld techniques have been used in assessment and treatment

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with families.

5. Can separate own thoughts and feelings from those of the child, adolescent or family.
6. Shows awareness of background information relating to the case.
7. Use of "reflecting back" and the manner in which this is done.
8. Shows use of "linking", discusses the timing and how it was done.
9. Shows awareness of what they have done that is helpful or not helpful within the session.
10. Makes suggestions for alternatives.

Fail

1. Material is lacking sufficient background information on the case
2. Little reporting of what was said and what happened in the session.
3. Student describes inappropriate interventions or conduct of the session.
4. Lowenfeld approach is not sufficiently considered.
5. The student does not take account of his/her own thoughts and feelings.

Final Written essay assignment, Module 3

5000 words

This is an essay discussing an aspect of the module chosen by the student from specific titles given each year. The student must demonstrate the ways in which they have developed their own practice of Lowenfeld Projective Play Therapy especially in relation to the topics studied in Module, including issues relating to audit and the evaluation of outcomes. The student must demonstrate that they are achieving the learning outcomes specified for the Module.

Guidelines for essay

- a) Ensure that you address the question.
- b) Clinical examples should be illustrated with relevant copies of Mosaics and Worlds, placed in the context of the session.
- c) Students should describe ways in which they have adapted Lowenfeld's techniques in their own practice and how the Lowenfeld approach has influenced their clinical work. Especially focussing on issues of audit and clinical outcomes.
- d) Students should include their own critical evaluation of their work as presented.
- e) The essay should be 5000 words in length.
- f) The essay should be typed.
- g) Three copies should be submitted by the last day of the Module.

Assessment criteria

Demonstrates a clear response to the essay title.

Clarity of organisation and presentation including use of visual materials.

Demonstrates understanding of a chosen aspect of Lowenfeld's theory.

Use of case material to illustrate theoretical points.

Shows development of clinical work with children, adolescents and/or families.

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Discusses audit and measurement of clinical outcomes.

Ability to self reflect and evaluate the therapeutic process.

Marking Scheme for Final Essay

These will be assessed on the 20 point scale defined by Middlesex University,

Essays will be double marked

Excellent	3-1	Distinction
Good	8-4	Merit
Satisfactory	15-9	Pass
Marginal	16	Marginal pass
Fail	17-18	Condonement allowed
Unsatisfactory	19-20	Condonement not allowed

Excellent, Has demonstrated an excellent grasp of an aspect of Lowenfeld Theory with good use of examples. A clear discussion of cases with material showing development of therapy work and describing insights into the child's/adolescents thinking or, includes consideration of family material. Critical approach to self evaluation as well as other ways of auditing clinical work and evaluating outcomes. Should demonstrate both positive and negative aspects with reasons and suggestions for modifications.

Good, Theory presented in a coherent way. Clear presentation and discussion of case material. Use of evidence from therapy sessions to show how work with the child, adolescent or family has developed. Evaluation of own work should show some recognition of positive and negative aspects and methods of evaluating therapy outcomes.

Satisfactory, Evidence of some understanding of Lowenfeld's theory but few examples and some lack of clarity. Presentation of case material showing use of Lowenfeld's techniques e.g. linking and reflecting back and some discussion of how the work has developed. Some evaluation.

Marginal Some presentation of Lowenfeld theory though this fails to show that all aspects have been fully grasped. Evidence of clinical work using Lowenfeld techniques but student not fully able to recognise own role in the therapy process.

Fail Poorly understood theory. Case evidence contains little discussion of Lowenfeld techniques. Case material presented may show misuse of techniques, over directiveness or attempts to advise or teach that are inappropriate. Little attempt at self evaluation. Has not directly related to question.

Unsatisfactory

Poorly understood theory. Case evidence contains little discussion of Lowenfeld techniques. Case

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material presented may show misuse of techniques, over directiveness or attempts to advise or teach that are inappropriate. Has made no attempt to relate to the question asked. Little attempt at self evaluation. The standard is so poor as to not permit condonement.

3.3.8. Core Learning Materials

Language and Communication impairment

Beitchman, J.H., Brownlie, E.B., Inglis, A., Wild, J., Ferguson, B., & Schachter, D. (1996) Seven Year Follow-up of Speech/Language Impaired and Control Children: Psychiatric Outcome. *Journal of Child Psychology and Psychiatry*, 37:8 961-970.

Beitchman, J.H., Brownlie, E.B., & Wilson, B. (1996) Linguistic impairment and psychiatric disorder: Pathways to outcome, In J.H. Beitchman, N.J. Cohen, M.M. Konstantaras, & R. Tannock (Eds) *Language, learning and behaviour disorders: Developmental, biological and clinical perspectives*. New York: Cambridge University.

Kopp, S. & Gillberg, C. (1997) Selective Mutism: a population based study: a research note. *Journal of Child Psychology and Psychiatry*, 38: 2 257-262.

Conti-Ramsden, G., & Botting, N., (1999) Characteristics of children attending language units in England: a national study of 7-year-olds. *International Journal of Language and Communication Disorders* Vol 34 No.4 359-366.

Locke, J. (1995) Development of the Capacity for Spoken Language, In P. Fletcher & B. MacWhinney (Eds) *The Handbook of Child Language*. Oxford: Blackwell.

Rapin, I. (1996) Developmental Language Disorders: a clinical update. *Journal of Child Psychology and Psychiatry* 37:6 643-656.

Therapy outcome measures and Audit

Audit Commission (1994) *Seen but not Heard: Co-ordinating Community Child Health and Social Services for Children in Need*. Audit Commission, London.

Blackman, C. (1998) Auditing CAMHS. *Young Minds Magazine*, Number 33, 7-8.

Callias, M. (1992) Evaluation of interventions with children and adolescents, In D.A. Lane & A. Miller, *Child and Adolescent Therapy A Handbook*. Buckingham Open University Press.

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Graham, P. (1997) Meshing Science, Practice and Management. *Young Minds Magazine*, Number 28 18-19.

Knapp, M. (1997) Economic evaluations and instruments for children and adolescents with mental health problems. *Journal of Child Psychology and Psychiatry*, 38: 1 3-26.

Weiss, B. (1998) Routine monitoring of the effectiveness of child psychotherapy. *Journal of Child Psychology and Psychiatry*, 39: 7. 943-951.

Research Methods

Bryman, A. & Burgess, R.G. (Eds) (1994) *Analyzing Qualitative Data*. Routledge.

Coolican, H. (1996) *Introduction to Research Methods and Statistics in Psychology*. 2nd Edition. Hodder & Stoughton.

Dey, I. (1993) *Qualitative Data Analysis*. Routledge.

Richards, M. (1998) Genetic research, family life and clinical practice. *Journal of Child Psychology and Psychiatry* 39: 3 291-306.

Robson, C. (1993) *Real World Research*. Oxford: Blackwell.

Robson, S. & Foster, A. (1989) *Qualitative Research in Action*. Edward Arnold.

Rutter, M. (1998) Routes from research to clinical practice in child psychiatry: retrospect and prospect. *Journal of Child Psychology and Psychiatry*. 39: 6 805-816.

Volkmar, F.R. & Schwab-Stone, M. (1996) Childhood disorders in DSM IV *Journal of Child Psychology and Psychiatry*. 37:7 779-784.

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3.4. MODULE FOUR

MODULE DESCRIPTION: SECTION 1

Module Code SOC 4530 Credit points 60

3.4.1. Module Title: Module Four, Clinically Based research project

Owning subject: SOC Level: 4

Pre requisites: Successful completion of Module 3

Barred combinations: N/A

Cross Accredited Subjects: N/A

Self Deferral permitted: No

Study Commitment

(i) Contact hours per teaching day

Lectures 1

Seminars/Tutorials 5

Total 120

Out of class study commitment

per week 9 hours, Total 360 hours

(iii) Total study commitment

per Module 4, 660 hours, including clinical hours

Other restrictions/Requirements

Recommended Clinical hours in the workplace per week 4.5 Total for Module 180 hours.

3.4.2. Outline of the Syllabus

content of specific weeks may vary

Week 1 Clinical supervision: Neuropsychology.

Week 2 Clinical supervision: Neuropsychology.

Week 3 Student directed study/meeting with supervisor/research seminar.

Week 4 Clinical supervision: Neuropsychology.

Week 5 Clinical supervision: Autism I.

Week 6 Student directed study/meeting with supervisor/research seminar.

Week 7 Clinical supervision: Autism II.

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- Week 8 Clinical supervision: Comparative Therapies.
Week 9 Student directed study/meeting with supervisor/research seminar.
Week 10 Clinical supervision: Comparative Therapies.
Week 11 Clinical supervision: Comparative Therapies.
Week 12 Student directed study/meeting with supervisor/research seminar.
Week 13 Clinical supervision: Children with ADHD.
Week 14 Student directed study/meeting with supervisor/research seminar.
Week 15 Student directed study/meeting with supervisor/research seminar.
Week 16 Clinical supervision: Young people with eating disorders.
Week 17 Clinical supervision: Children with severe illness.
Week 18 Student directed study/meeting with supervisor.
Week 19 Student directed study/meeting with supervisor.
Week 20 Clinical supervision: Summary of special topics and their relation to Lowenfeld Projective Play Therapy.

Module leader: Susie Summers, 020 7267 7439

Catalogue Entry: This Module develops advanced clinical skills in Lowenfeld Projective Play Therapy, it explores further specialist topics and gives an opportunity to carry out a clinically based research project.

Learning Unit Run : 0 Min number: 4 Max number 10

MODULE DESCRIPTION; SECTION 2

Module Code SOC 4530

3.4.3.Aims

- Advanced development of clinical skills using Lowenfeld Projective Play Therapy especially with populations with special needs e.g. autism and terminal illness.
- Presentation of specialist topics and their relation to Lowenfeld Projective Play Therapy.
- Discussion and comparison of other mainly non-verbal therapies for children e.g. music and dance and movement.
- To support the planning and execution of a clinically based research study.

3.4.4. Learning Outcomes: Knowledge

Students will:

- Understand further specialist areas where Lowenfeld Projective Play Therapy is used.
- Have the ability to design, carry out and write up a clinically based research project.

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- Know of other approaches to therapy with children and young people and when they may be used and how they compare with Lowenfeld Projective Play Therapy.

Learning Outcomes: Skills

Students will:

- Demonstrate advanced development of clinical skills using Lowenfeld Projective Play Therapy.
- Demonstrate practical skills in undertaking clinical research.
- Consider the implications of their research in relation to their own work and the wider arena of child mental health.

3.4.5. Teaching Methods and Learning Strategies

- lecture
- seminar discussion of lecture material
- group presentation and discussion research projects in progress
- case presentations and discussion by staff and students
- research seminar groups
- individual academic and research supervision tutorials
- student directed learning both group and individual

3.4.6. Exam weight % Coursework weight %

None

Final essay 100%

3.4.7. Assessment Scheme

The personal log, content

This comprises notes on the taught component. These are accompanied by comments by the student on their thoughts and feelings during the day and after. Students are encouraged to reflect upon their own learning process in terms of both theoretical and practical aspects of the course. In this year this should pay particular attention to the research project supervision. See full guidelines in Appendix 1.

Personal log, assessment

Students submit their Logs when they meet with the Research Supervisor. Logs are brought by the student to meetings with the Research Supervisor when they form a basis for discussion of progress. Personal logs are assessed at the end of the course on a successfully completed basis.

Marking criteria

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Personal logs are marked on a successfully completed basis, it is expected that each student produces their log for discussion with the Research Supervisor.

Write-up for clinical supervision

Each student will have a regular opportunity to write up a case for clinical supervision. This will be submitted before the supervision session. The student's write-up will be seen by the supervisor who will give written comments and feedback.

A selection of cases will be discussed in the supervision group where the student will make an oral presentation of a case which will be discussed in detail by the supervisor and fellow students. Each student will do at least one case presentation to the group.

See full guidelines for writing up in Appendix 1

Clinical supervision assessment

Students submit two written up cases to be marked by the clinical supervisor and another tutor. Normally the first case is expected to be submitted by the end of July and the second is due by the final day of the course.

The written-up cases are graded in terms of pass/fail.

Marking criteria for written up notes for clinical supervision

Pass

1. Has followed guidelines for the writing up of clinical sessions
2. Ability to observe and record
3. Use of drawings
- 4.a Show how Lowenfeld techniques have been used in individual therapy
- OR
- 4.b Shows how Lowenfeld techniques have been used in assessment and treatment with families.
5. Can separate own thoughts and feelings from those of the child, adolescent or family.
6. Shows awareness of background information relating to the case.
7. Use of "reflecting back" and the manner in which this is done.
8. Shows use of "linking", discusses the timing and how it was done.
9. Shows awareness of what they have done that is helpful or not helpful within the session.
10. Makes suggestions for alternatives.

Fail

1. Material is lacking sufficient background information on the case
2. Little reporting of what was said and what happened in the session.
3. Student describes inappropriate interventions or conduct of the session.
4. Lowenfeld approach is not sufficiently considered.
5. The student does not take account of his/her own thoughts and feelings.

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3.4.8. Final Project dissertation Module 4

This will be a piece of research conducted in the student's own clinical setting using their own caseload. A range of techniques will be available and may be chosen. The research undertaken will be mainly qualitative but may include some quantitative elements.

Aim of the project dissertation

To study in depth an aspect of clinical work using Lowenfeld Projective Play Therapy. This might be a single case study or a study using several subjects. It may involve evaluating outcomes of therapy with particular diagnostic groups of children, using clinical evidence and interviews with parents and teachers. It may involve examining the comparisons that can be made between Mosaics from children in particular diagnostic groups, or from a range of cultural backgrounds etc. Students should choose a research topic in discussion with their research supervisor during Module 3 and should have reached a firm decision about the research topic by the end of Module 3.

The project should include the following sections:

Title - This should be brief and to the point.

Abstract - A brief summary (usually one page) of what you tried to do, the findings and what they mean.

Introduction - This should include the background to the research study and a clear statement of the hypothesis or the research question. There should be a review and critical evaluation of relevant literature.

Description of topic choice - Explanation of why this research topic was chosen.

Method - Design of the research study (where appropriate)
Describe the methodology used. Describe sample selection, procedures, recording data and method of analysis.

Presentation of findings - these should be presented as clearly as possible. If quantitative data are used these should be presented in tables and with appropriate statistical analysis. Qualitative data should aim to present themes across subjects. Issues should be summarised.

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Discussion

- Interpretation relating key themes to current literature or lack of it.
- What questions have been answered and what new questions have been raised.
- Critique of methodology and of the constraints and problems associated with the study.
- Ways in which the study could have been improved.
- Questions requiring further investigation.
- Recommendations and implications if any.

Appendices -These should contain all raw data. Ethical guidelines, samples of consent forms (not filled in by participants).

Bibliography

- Use agreed conventions for referencing. Be consistent.
- References should be listed alphabetically, and chronologically if more than one by the same author.
- References by a single author precede references in which that author is the first of several.

The due date for the final dissertation to be six months after the final teaching date of the course.

Length 15,000 words.

Assessment criteria for final year project

These will be assessed on 20 point scale defined by Middlesex University, Projects will be double marked.

Excellent	3-1	Distinction
Good	8-4	Merit
Satisfactory	15-9	Pass
Marginal	16	Marginal pass
Fail	17-18	Condonement allowed
Unsatisfactory	19-20	Condonement not allowed

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3.4.9. Ethics for the project

Students will submit a completed form for their research study at the end of Module 3. (See Appendix 2) This will be reviewed by the research supervisor and the Academic Tutor. In addition, students will probably need to obtain ethical approval from their employer before embarking on a research project.

Ethics Guidance Notes

The purpose of scrutinising Ethical Approval forms will be :

- To protect subjects from harmful or unnecessarily distressing procedures.
- To ensure that subjects and/or their parents are informed about the purpose of the research and have consented to participate.
- To ensure that subjects' confidentiality is respected.
- Forms must be accompanied by a sample information sheet about the proposed research and a sample consent form.

3.4.10. Core Learning Materials

Autism

Baron-Cohen, S., Tager-Flusberg, H., & Cohen, D.J., (1999) Understanding Other Minds. Oxford. Oxford University Press.

Grandin, T. & Scario, M. (1986) Emergence: Labeled Autistic. Tunbridge Wells: Costello.

Howlin, P. (1998) Children with Autism and Asperger Syndrome, Chichester, Wiley.

Rutter, M., (1999) Autism: two-way interplay between research and clinical work. Journal of Child Psychology and Psychiatry Vol 40 No 2.

Williams, D. (1992) Nobody Nowhere: The remarkable autobiography of an autistic girl. Doubleday.

Williams, D. (1994) Somebody Somewhere: the sequel to Nobody Nowhere. Doubleday.

Lowenfeld Projective Play Therapy Programme Handbook Neuropsychology

Butterworth, B. (1999) *The Mathematical Brain*. Macmillan.

Cody, H. & Hynd, G.W. (1999) *Neuropsychological Advances in Child and Adolescent Mental Health: The Decade of the Brain*. *Child Psychology and Psychiatry Review* 4:3 103-108.

Cytowic, R. (1994) *The Man Who Tasted Shapes*. London, Abacus.

Filipek, P.A. (1999) *Neuroimaging in the developmental disorders: the state of the science*. *Journal of Child Psychology and Psychiatry*, Vol. 40 No. 1.

Horgan, J. (1999) *Undiscovered Minds: How the Brain Defies Explanation*. Weidenfeld & Nicolson.

Ramachandran, V.S. & Blakeslee, S. (1998) *Phantoms in the Brain*. London, Fourth Estate.

Robertson, I.H. (1994) *Mind sculpture: your brain's untapped potential*. Bantam Press.

Comparative Therapies

Axline, V. (1947) *Play Therapy*. Boston, Mass.; Houghton Mifflin.

Jennings, S. (1987) *Dramatherapy: theory and practice for teachers and clinicians*. Routledge.

Jennings, S. (Ed.) (1992) *Dramatherapy: theory and practice 2*. Routledge.

Jennings, S. (1990) *Dramatherapy with Families, Groups and Individuals*. Jessica Kingsley.

Jennings, S. (1993) *Playtherapy with Children: a Practitioners Guide*. Blackwell Scientific Publications.

Clements K. (1996) *The Use of Art Therapy with Abused Children*. *Clinical Child Psychology & Psychiatry* 1 181-198.

Malchiodi, K. (1991) *Breaking the silence: Art Therapy with children from violent homes*. New York: Brunner/Mazel.

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Parker Hurston, M.J. (1990) Analyses of Response of M.R. Autistic and MR Non-Autistic Children to Art Therapy and Music Therapy. *Journal of Music Therapy*.

Read Johnson, D. (1987) The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy* 14 7-13

Children with severe illness

Eiser, C. (1996) Children with Chronic Disease. *Clinical Child Psychology & Psychiatry* 1 551-562.

Noble-Jamieson, G. Cook, P. Parkinson, G. & Barnes, N. (1996) Coping Strategies of Parents of Children Receiving Liver Transplants. *Clinical Child Psychology & Psychiatry* 1 562-574.

Rushforth, H. (1999) Communicating with Hospitalised Children: Review of research pertaining to children's understanding of health and illness. *Journal of Child Psychology & Psychiatry* 40 683-692.

Eating disorders

Caplan, P. (1996) Why do People Eat What They Do? Approaches to Food and Diet from a Social Science Perspective. *Clinical Child Psychology & Psychiatry* 1 213 - 228.

Honig, P. & Bentovim, M. (1996) Treating Children with Eating Disorders- Ethical and Legal Issues. *Clinical Child Psychology & Psychiatry* 1 287 - 294.

Timimi, S. & Adams, R. (1996) Eating Disorders in British-Asian Children and Adolescents. *Clinical Child Psychology & Psychiatry* 1 441-456.

Tonkin, R. (1996) Camp Elsewhere: A Summer Program for Adolescents with Eating Disorders. *Clinical Child Psychology & Psychiatry* 1 597-606

ADHD

Overmeyer, S. & Taylor, E. (1999) Principles of treatment for hyperkinetic disorder: practice approaches for the U.K. *Journal of Child Psychology & Psychiatry* 40 1147-1158.

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3.5. SUPPLEMENTARY READING LIST

- Aries, P. (1973) *Centuries of Childhood*. Penguin.
- Asen, E. (1995) *Family Therapy for Everyone*. BBC Books.
- Bee, H. (1998) 7th Edition, *The Developing Child*. Harper Collins.
- Boswell, J. (1988) *The Kindness of Strangers*. Penguin Books.
- Bower, T. (1977) *The Perceptual World of the Child*. Fontana/Open Books
- Bowyer, R. (1970) *The Lowenfeld World Technique*. Pergamon.
- Braudel, F. (1995) *History of Civilisations*. Penguin.
- Bruner, J.S. et al. (eds) *Play - its Role in Development and Evolution*. Penguin Books.
- Bradway, K. (1990) *Sandplay Studies*, Boston: Sigo Press.
- Bradway, K. & McCoard, B. (1997) *Sandplay - Silent Workshop of the Psyche*, Routledge.
- Claxton, G. (1998) *Hare Brain and Tortoise Mind*. London, Fourth Estate.
- de Bono, E. (1972) *Children Solve Problems*. Penguin Books.
- Donaldson, M. (1978) *Children's Minds*. Fontana/Collins.
- Dunbar, R. (1997) *Grooming, Gossip and the Evolution of Language*. Faber & Faber.
- Dunn, J. & Kendrick, C. (1982) *Siblings: love, envy & understanding*. London, Grant McIntyre.
- Fraiberg, S. (1977) *Insights from the Blind*. London. Souvenir Press.
- Garvey, C. (1977) *Play*. Fontana/Open Books.
- Goodnow, J. (1977) *Children's Drawing*. Fontana/Open Books.
- Hayden, Torey L. (1981) *One Child*. London, Souvenir Press.

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Harris, P.L. (1989) *Children and Emotion: the development of psychological understanding*. Basil Blackwell.

Kalff, D. (1980) *Sandplay*, Sigo Press.

Landes, D. (1998) *The Wealth and Poverty of Nations*.

Langer, S.K. (1953) *Feeling and Form*. New York. Charles Scribner's Sons.

Langer, S.K. (1978) 3rd Edn. *Philosophy in a new key*. Harvard U.P.

Lessing, D. (1994) *Under My Skin*. Harper Collins.

Machover, K. (1980) *Personality Projection in the Drawing of the Human Figure*. Springfield, Illinois, Charles C. Thomas Pub.

Mead, M. & Wolfenstein, M. (eds) *Childhood in Contemporary Cultures*. University of Chicago P: Phoenix Books.

Millar, S. (1971) *The Psychology of Play*. Pelican.

Pickford, R. (1992) *The Sand Tray: Update 1970-1900*. *British Journal of Projective Psychology*

Ramachandran, V.S. & Blakeslee, S. (1998) *Phantoms in the Brain*. London, Fourth Estate.

Rubin, Z. (1980) *Children's Friendships*. Fontana.

Ruskowski, J.B. (1992) *The Lowenfeld Mosaic Test: an illustration of its application in schools*. *British Journal of Projective Psychology*.

Ryce-Menuhin, J. (1992) *Jungian Sandplay*, London: Routledge.

Semeonoff, B. (1976) *Projective Techniques*, London, Wiley & Sons.

Smith, H. (1995) *Unhappy Children*. Free Association Books.

Stallibrass, A. (1977) *The Self-respecting Child: a study of children's play and development*. Penguin Books.

Tucker, N. (1977) *What is a Child?* Fontana/Open Books.

Vurlipot, E. (1976) *The visual World of the Child*. Allen & Unwin.

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4.0 KEY STAFF

Course leader and Module 1 Leader: Therese Woodcock Telephone/fax 0208 889 3353.

Course Administrator/Academic Tutor: Susie Summers telephone 020 7267 7439 fax 020 7813 2143.

Module 2 Leader: Christine Heath 01582 708140.

Module 2 Clinical Supervisor/Tutor: Shona Comben 01480 415300

Course Secretary: Sue Barnard 01223 872291.

From Middlesex University School of Social Science:

Link Tutor: Bernard Burgoyne 020 8362 5000.

Teaching takes place in Year 1 and 2 in the Lowenfeld Room, Brookside Family Consultation Clinic, Trumpington Road, Cambridge, telephone 01223 746001.

Study days for Modules 1 and 2 are held in the Lowenfeld Archives, Centre for Family Research, Free School Lane, Cambridge. 01223 334510.

Teaching and Study days in Years 3 and 4 takes place at Middlesex University Enfield Campus, Queensway, Enfield, Middlesex. EN3 4SF 0208 362 5000

Access to Lowenfeld Archives can be obtained on the same study days as arranged for Modules 1-3 or by appointment.

4.1. Programme Calendar 2000

The course takes place between February and November

Essay due dates: Module 1 November 20th.
 Module 2 November 27th.

Boards of Studies: March 29 December 4th.

Assessment Board: Mid January 2001, date to be arranged.

4.2. List of Staff

Teaching Staff

Shona Comben, Clinical Supervision and special topics Module 2, 01480 415300

Barbara Hales, Personal Tutor: 079 58 742289

Christine Heath, Module 2 Leader. Further Lowenfeld theory and practice with Adolescents and Families and related clinical Supervision 01582 708140

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Susie Summers, Academic Tutor Modules 1 and 2, teaching aspects of Lowenfeld Theory in Year One, Module 3 & 4 Leader 0207 267 7439 fax 0207 813 2143

Therese Woodcock, Course leader and Module 1 Leader, teaching Lowenfeld Theory and Practice and Clinical Supervision Module 1. Telephone/fax 0208 889 3353

Support Staff

Sue Barnard, Secretary, 01223 872291

Middlesex University Staff

Will be involved in Module 3 Research 'Methods and Audit of clinical effectiveness.

Research supervision and seminars

Module 4 Research Supervision, Neuropsychology, Comparative Therapies.

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5.0. Appendices

Appendix 1 Coursework: Guidelines for writing up.

Clinical write-ups for supervision and experiential.

Appendix 2 Application for Ethical Approval for an MSc Student Research Study

Appendix 3 Specialist Equipment required:

Appendix 4 Middlesex University Section on General University Information

Categories of work:

Log - should be in two sections:

(1) notes of the day's teaching and your own feelings and thoughts about that, at the time and later;

(2) 22/23/24 write up observations of partner making a Mosaic or a World including your own thoughts and feelings in response to these observations at the time and later, and a copy of your partner's World or Mosaic - preferably colour, and - for 22/23 - 24 defines for clinical write-ups for supervision, in particular for Worlds and Mosaics;

(3) write up your own experiential, including your own feelings and thoughts about the experience, at the time and later.

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Appendix 1

Coursework: Guidelines for writing up

Please write your name, the category of work, its page number and date at the top of all pages.

Each page must be identified by category (i.e. L for log notes on the day, LE for experiential and C for clinical write-ups), followed by its page number and its date: for example

L5: 21/2 = page 5 of log for February 21 attendance.

LE3:21/2 = page 3 of experiential of that day

C4: 6/3 = page 4 of clinical write-up for supervision on March 6

Categories of work:

Log - should be in two sections:

(1) notes of the day's teaching and your own feelings and thoughts about that, at the time and later;

(2) experiential: write up observations of partner making a Mosaic or a World including your own thoughts and feelings in response to these observations at the time and later, and a copy of your partner's World or Mosaic (preferably coloured in) - see also guidelines for clinical write-ups for supervision, in particular for Worlds and Mosaics.

& write up your own experiential, including your own feelings and thoughts about the experience, at the time and later.

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Appendix 1

**Clinical write-ups for supervision and experiential,
for experiential use * headings**

Name of student

Date of Hand in: for Experiential write-ups: the date of the next course attendance:
for Clinical write-ups: the Friday before the day of supervision.

Please number all pages: eg either LE6 for experiential or C4 for clinical write-up

Copy of plan of Playroom used and summary of your Playroom Rules to accompany every sessional write up.

Name/identification of child

Reason for referral.

Background (including any updated information since original data collection),
The full background should accompany every sessional write-up.

*Date of session

*Appearance: Physical and emotional

*Manner: How the child approached the session, including any changes during the session.

*Process: Work in the session in narrative form - describe in detail where, how and with what the person started, how s/he proceeded, what s/he said and how you responded to both the proceedings and the conversation - all in sequence.

Any thoughts and feelings of yours not articulated during the session.

World drawings and Mosaics (coloured in) with child's identity and date of session should be attached to sessional notes but detachable for ease of reference.

Children, adolescents and adults may not only do Mosaics and Worlds. Thus, any other activity should be recorded in similar detail in narrative form.

All conversation should be identified by speaker and speech marks.

Your own unspoken thoughts and feelings, either during or after the session, should be separated from the above, either within brackets in the text of the narrative (to show when these thoughts and feelings occurred) or at the end of the sessional notes.

Any comments or queries should be clearly identified as such and separately put to

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the supervisor.

This same schema should be used to record sessions with families.

Worlds

1. Orientate your drawings, show your position in relation to the child, the sandtray and the room in general.
2. Label all items used, clearly and distinctly, showing which way objects face by an ->.
- 3a. Action may be recorded by use of ----->, numbering all new positions in the sequence.
- 3b. Use your discretion if a numbered series of drawings would elucidate the movements better or if you prefer.

Mosaics

1. The general principles governing the recording of Worlds should apply, with special reference to the particularities of Mosaic making, e.g. the need to identify the different triangles (equilateral = largest of the triangles; scalene = half the equilateral; isosceles = half the square).
2. Make sure you have a clean piece of paper for each Mosaic and be prepared to take in several pieces in one session, do not use the back of another Mosaic.
3. Be aware of the Total Response and describe:
 - (a) the individual approach to the task,
 - (b) how you perceive the self-portrait has been realised.

This task will be more easily achieved the more detail you are able to record.

One copy of all work should be handed in, you should make sure you keep a copy for yourself.

For work required for assessment and for hand in dates see the main Handbook.

Hand in dates

In module one, Logs for each day are expected to be handed in on the next course attendance date.

Clinical write-ups for supervision are expected to be submitted before the supervision day. Those which have been posted to the supervisor, and arrive not later than the Friday before the supervision day will have the supervisor's written comments. All cases submitted on the day of supervision should be fully written up.

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Appendix 2

Application for Ethical Approval for an MSc Student Research Study

1. Title of study
2. Start date
3. Anticipated completion date
4. Name of investigator, Contact address and telephone number.
5. Name of Supervisor
6. Brief description of background to study
- Aims of study
- Design of study
- 7 Where will study take place?
8. Subjects
recruitment criteria.
9. What will be required of each subject, time commitment, tasks to carry out etc.
- 10 Will subjects benefit from being involved? If so, how?
11. Will the study disrupt subjects's regular care or education and if so to what extent?

Can this be justified?

12. Informed consent

How will you ensure that your subjects and/or their parents/carers understand the purpose of the research and what is involved?

How will your subjects give their consent?

Attach a copy of the information sheet and consent form. These should be written in terms which are accessible to your subjects and/or their parents/carers.

13 Confidentiality/ Record keeping

What records will you keep of your subjects? (e.g. research notes, computer records, tape and video recordings)

How will you ensure the confidentiality of these records?

What will happen to these records at the end of the study?

Do you require additional ethical approval from your workplace?

Signature of student investigator.....Date.....

Signature of supervisor.....Date.....

Signature of Academic Tutor.....Date.....

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Appendix 3

Specialist Equipment required:

For the World Technique

Toy cabinets with removable plastic trays can be obtained from Galts Educational Catalogue or NES Arnold, telephone 0115 9717700, Ludlow Hill Road, West Bridgford, Nottingham NG2 6 HD

Sandtrays should be of the following measurements approx. 75cm x 50cm x 7cm these can be made to order by Kris Black: 55a Carysfort Road, London N16 9AD 020 7275 9449 write or ring for an order form.

Suppliers of catering equipment often have large plastic trays with lids that are near the right dimensions.

Preferably two sandtrays should be available, one for wet sand and one for dry sand.

Sandtrays are usually placed on child height tables.

Miniature objects of the following kinds should be collected. It is appreciated that this will take time to collect: the immediate aim should be for a variety from each category rather than quantity, but the ultimate aim should be 'a wide variety of objects in ample number, including many of each kind. It is often possible to collect some of these items at car boot sales and charity shops.

Living creatures: Ordinary men, women and children of different races; soldiers including knights, Wild West characters, entertainers, sports people, medical personnel; prehistoric, wild and domestic animals etc.

Fantasy and Folklore: Figures including astronauts, aliens, cartoon characters, animals including dragons and monsters etc.

Scenery: Buildings of every kind (houses, farm buildings, churches etc.) trees, bushes, flowers, hedges, fences, gates and bridges.

Transport: For road, rail, sea and air (especially emergency/rescue vehicles)

Equipment for: Roads (especially traffic lights) towns (especially street lights, telegraph poles) farms and gardens, schools and playgrounds, hospitals etc.

Miscellaneous: For example wood and stones, plasticene or playdough for modelling objects of child's choice.

Lowenfeld Mosaics: These are available from the Dr Margaret Lowenfeld Trust and can be purchased on teaching days during the course.

MIDDLESEX UNIVERSITY**1999-2000****SECTION ON
GENERAL UNIVERSITY INFORMATION**

KEY UNIVERSITY PUBLICATIONS

- * **The University Module and Programme Guide 1999-2000**
This includes the full list of Subjects, Programmes and all current modules. It also includes academic advice to students on how to select their study programmes. All students should refer to this and be familiar with the regulations relating to their programmes.
- * **The University Guide and Regulations 1999-2000**
This includes the University regulations, including regulations on awards and assessment.
- * **The University Handbook/Diary 1999-2000**
In addition to the diary section, this provides (in alphabetical order) a brief description of the main University structures, student services and names of key staff etc.

The publications above are re-issued at the beginning of each academic year, and each student should have a current copy.
- * **The North Circular**
Don't forget this useful weekly University paper, published every Wednesday/Thursday during semesters, and in shortened form during the holidays
- * **The Internal Telephone Directory**
This gives University staff grouped by School or Service area, and provides other useful information.

STUDENT PUBLICATIONS AND OTHER INFORMATION**All produced by the Middlesex University Students' Union (MUSU)**

- * **Freshers' Handbook 1999-2000** and * **The Clubs and Societies Handbook 1999-2000**
Information on student Sabbatical Officers for the year, Campus Union Offices and staff, student societies and how to start a new society, etc.
- * **Raw**
The Middlesex Student newspaper. Issued monthly: student news and articles of interest written by students, read by students.

* **The Website**

MUSU's updated information can be accessed on: www.mdx.ac.uk/www/inusu/

* **Planet Raw FM (under development)**

MUSU are hoping to start this radio station during the academic year.

* **Student Representative Support & Training for Programme Boards of Studies**

MUSU provides a Rep Resource Pack and runs short, accredited, training courses for students. For more information on these, ask your Curriculum Leader or contact Selena Bolingbroke (6481) or Charron Culnane (6754).

THE STUDENT VOICE

The University attaches great importance to the opinions of its students on the teaching and facilities provided for them. There are a number of formal and informal ways of collecting this information.

Questionnaires

Every two years, each student is asked to complete the Student Service Survey, on a range of services provided by the University: libraries, counselling, catering, childcare, transport etc. Response to this is analysed in May/June and dealt with by the relevant Heads of Services, Deans of School, and other staff. Feedback is published in the *North Circular*.

Feedback on Subjects and Programmes

Each Curriculum Leader is expected to gather systematic feedback from students on their opinion of the way in which their academic programme is delivered. This can be collected by one or more methods: module questionnaires, group discussion, individual comment. This feedback is submitted for annual monitoring surveys and periodic reviews of the Subjects or Programmes. The action taken by the teaching team on the feedback is also monitored.

Boards of Studies

Each Subject or Programme is required to have a Board of Studies. This is a group of academic staff, and usually two student representatives from each year of the Programme. They meet once a semester to discuss strengths or weaknesses of the programme, and to make recommendations for action to relevant staff. The student members represent their year, and are responsible for notifying the Board of issues which have been brought to them by their fellow students. Boards of Studies reports are carefully monitored for issues arising, and action taken on them. MUSU run short training courses for students intending to become representatives (see Student Information - last bullet point - above).

Suggestions and Concerns

Students can, individually or by group, make suggestions or raise concerns relating to general University facilities or aspects of a study programme. If there is no relevant staff member to contact, these can be left (in writing) with the Campus Student Office staff.

THE STUDENT CHARTER

Middlesex University aims to ensure that you are provided with an experience that enables you to develop your full potential in an open, honest, supportive and stimulating environment

As a student on this Joint Programme, your rights are set out in the Middlesex University Charter for Students on Collaborative Programmes, details of which can be found at the following web site:

http://www.mdx.ac.uk/www/quality/chr_home.htm

This web page also contains useful information about the services which may be available to you, and your responsibilities and rights as a student of the University. The Charter is also printed as an appendix to the University's Guide and Regulations document.

Your attention is especially drawn to your right to inspect the Memorandum of Co-operation relating to your Programme, and to the Link Tutors, to whom you should refer if you are in any doubt about your rights, or in the case of any difficulty. As a student on a Joint Programme, your attention is also drawn to your right of membership of the Middlesex University Students' Union, as explained in the Charter.

ABBREVIATIONS

These are the main abbreviations used across the University.

AAM	(School) Academic Administration Manager
ADPA	(School of) Art, Design and Performing Arts
APC	Academic Planning Committee
AP(E)L	Accreditation of Prior (Experiential) Learning
ASQC	Academic Standards and Quality Committee
CCSS	Computing and Communication System Services
CDOS	Campus Dean of Students
CFM	Campus Facilities Manager
CL	Curriculum Leader
CLD	The Centre for Learning Development
CLRM	Campus Learning Resources Manager
CS	(School of) Computing Science
CSM	Computer Support Manager
CSO	Campus Student Office
CSS	Corporate Student System (computerised database)
DA	(Campus) Data Administrator
DCLQ	Director of Curriculum, Learning and Quality
DL	Distance Learning
DORA	Director of Resources and Administration
DOS	Dean of School
DRPS	Director of Research and Postgraduate Studies
Edexcel	Formerly operated as BTEC
ENB	English National Board (Nursing Studies)
ES	(School of) Engineering Systems
FTE	Full time equivalent (method of counting part time students)
HEBES	(School of) Health, Biological and Environmental Sciences
HETP	(North London) Higher Education and Training Partnership
HCS	(School of) Humanities and Cultural Studies
HNC/HND	Higher National Certificate/Diploma Run by Edexcel (formerly BTEC)
ILRS	Information and Learning Resource Services (includes Library and Computing)
LLE	(School of) Lifelong Learning and Education
MASN	Maximum Allowable Student Numbers (HEFCE enrolment quota for each University)
MDP	Multidisciplinary Programme
MSG	Management Services Group (IT Systems Development and Training)
MUBS	(School) Middlesex University Business School
MUSU	Middlesex University Students' Union
NCWBLP	National Centre for Work Based Learning Partnerships
PDS	Planning and Development Services
PVC	Pro Vice-Chancellor
QA	Quality Assurance
QAA	Quality Assurance Agency for Higher Education
QAAS	Quality Assurance and Audit Service
QTS	Qualified Teacher Status (relating to a school teaching degree)
RAP	Review of Academic Provision
RBL	Resource-based Learning
RSP	Review of Service Provision
SAPC	School Academic Planning Committee
SASQC	School Academic Standards and Quality Committee
SS	(School of) Social Science
VC	Vice-Chancellor
WBL	Work Based Learning