



Empsy® (Empowerment Psychology) **Cambridge Coaching Psychology**

Module Handbook

Module Title:
Health Coaching
Module Code: EPN 7004
Level 7

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1 Introduction

Welcome to Health Coaching Psychology. This module is part of Masters-level (Level 7) continuing professional development (CPD) programmes in Coaching Psychology. In this module, we explore health coaching over six sections as follows:

1. Introduction to health coaching

This section explores the nature of coaching psychology in general and health coaching specifically. Health coaching with individuals will be contrasted to public health and clinical approaches. National and International trends in health and illness will be discussed – Covid-19, obesity, diabetes, depression, and other long-term conditions – as well as how healthcare systems are responding to these trends. As an example, we set the context within the UK with reference to the National Health Services (NHS) England Model for Personal Care and Health Coaching Quality Framework. Relevant health psychology theories and models will be introduced. Three relatively distinct and proven coaching approaches to helping people protect and improve their health and wellbeing will be introduced – mindfulness, motivational interviewing and cognitive behavioural techniques (CBT). Most of these approaches combine well with Positive Psychology.

2. Mindfulness and Positive Psychology

This section explores the spirit and principles of mindfulness; and practise some of the mindfulness exercises. If you can practise mindfulness exercises regularly, then it is much more likely that you will maintain your health and wellbeing.

3. Health coaching skills - Motivational interviewing, strategies, and tools

This section explores the principles and 'micro skills' of motivational interviewing. If you are able to manifest the spirit of the approach, have your practice informed by the principles, and use the micro skills well and in the right ratio, then it is much more likely that your coachees will change their behaviour. We then examine the strategies and tools which MI based health coaches sometimes use with their coachees to increase the likelihood of sustained health behaviour change.

4. Advanced Cognitive behavioural approaches in health coaching

While you may have already come across CBT in the Coaching Psychology module, this section explores CBT further - when, why and how to use third wave CBT within health coaching, and how to move into these approaches from a starting or default style of motivational interviewing.

5. Health coaching for stress prevention and management

Many people report being under stress and desire to reduce the amount of stress in their lives. And while acute or short term stress can be helpful, chronic or sustained stress can also be associated with a range of unwanted health outcomes including heart disease, depression, anxiety, weight loss, sleep disturbance, infection, overeating and increased drinking, smoking or drug taking. Health coaches are in a good position to help people reduce their levels of stress and the likelihood of experiencing unhealthy stress levels in the future. They can guide their coachees towards and support their coachees in making changes in the way they think, feel and behave – helping them recover lost health and wellbeing and develop their levels of resilience.

6. Evaluation, Monitoring and Sustainability of Health coaching for individuals and organizations

Finally, but importantly, we encourage coaches and health care professionals (practitioners) to evaluate their practices and services to ensure that the positive outcomes are sustainable. Impact evaluation links input, process to output and outcome respectively. It requires practitioners to identify outcome measures at baseline and end point with a follow up stage to check that it has been embedded in the process. *Process Evaluation* assesses the quality of the services delivered to check if the delivery is in line with programme premises, design, and integrates evidence (*Faithful to its premises*). The process measures include not only to direct measures such as attendance record, attrition note, but also *proxy measures* to assess how effective the intervention is being implemented and has been well understood by clients. Quality *is assured* systematically by using clear criteria by peers or independent reviewers. Learning is integrated for consistent improvement and shared with wider health networks. Outcome data for impact evaluation include existing and shared measures. *Existing measures* include: The Patient Activation Measure (PAM), Patient satisfaction measures (double *feedback loops*), Longitudinal survey, Biometric data from National Diabetes Audit, Practitioner wellbeing. *Shared measures* are designed to draw on measures that are in use across the healthcare system and triangulate relevant findings to establish long term outcomes, for instance, tracking clients' progress to establish long term outcomes consistently through all interventions and at follow up using findings to make improvements, sharing findings with wider healthcare networks. To ensure that positive changes are sustainable. practitioners can help develop local capacity at the organization level such as developing local champions, train the trainer programmes, and building a participant pathway.

I hope you enjoy this module and are encouraged in your curiosity and critical thinking about health coaching.



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2 Module Schedule

The Learning Schedule below gives an indication of how you will spend your time over a typical study period. Broad areas to be covered during the Semester:

No.	Activities
0	Induction Week: getting started, introductions
1	Section 1: Introduction to health coaching --What is health coaching?
2	--Theories & Models of health coaching -- Applications of health coaching
3	Section 2: Mindfulness and Positive Psychology -- Mindfulness and well being
4	--Positive psychology and well being --Mindfulness in Coaching
5	Section 3: Health coaching skills - Motivational interviewing, strategies, and tools --Principles and practice of motivational interviewing (MI)
6	-- MI strategies and tools which to increase the likelihood of sustained health behaviour change --MI coaching
7	Section 4: Advanced Cognitive behavioural approaches in health coaching
8	-- CBT within health coaching -- third wave CBT, Mindfulness & Positive Psychology
9	Section 5: Health coaching for stress prevention and management -- Stress and changes in physiology
10	-- Stress and well being -- Stress prevention & management in coaching
11	Section 6: Evaluation, Monitoring and Sustainability
12	-- Complete and submit assessment for accreditation

2.1 Managing your time

This module requires approximately 300 study hours in total. These are made up of:

- around 10-15 hours of reading and activities for Induction Week (for new you)
- around 25-30 hours of reading and activities for each of the five main sections
- around 25-30 hours of coaching practice
- your own private study, research, review and reflection
- time to complete your assessed work.

3 Module specification

Module Title: Health coaching (Personal Coaching Psychology)	Module Code: EPN7004 Level: 7 Credit: 15 ECTS credit: 7.5	Module Leader: Prof. Ho Law Additional Tutors: TBC
Pre-requisite: qualification in Health & Care Profession (e.g. Nursing, Psychology)	Pre-cursor: N/A	
Co-requisite: Coaching Psychology	Excluded combinations: N/A	
Is this module part of the Skills Curriculum? Yes	University-wide option: No	
Location of delivery: Virtual Learning Environment (VLE)		

Aims of the module

The module aims to help you to:

1. understand health psychological theories and how these theories can be applied to interventions (within coaching context) that contribute to the maintenance of individuals' health and well being, and health professionals in their delivery of care (Learning outcomes: 1 & 2).
2. Develop practical approaches to health coaching that are underpinned by health psychological theories (Learning outcomes: 3, 6, 7, 8 & 9).
3. Critically evaluate health coaching intervention (Learning outcomes: 4 & 5).

Main Topics of Study

You will learn about

Theoretical

- Understanding health psychological theories, models of dysfunction, for example personal stress.
- Developing psychological approaches for health coaching.
- Developing a coaching model for working within health settings.
- Effectiveness of coaching to address health issues.

Practical

- Skills: working with coachees in addressing health issues.
- Addressing health concerns through coaching using approaches such as mindfulness, motivational interviewing and cognitive behavioural techniques (CBT).
- Evaluating the impact of health coaching.

Learning Outcomes for the Module

At the end of this Module, you will:

Knowledge

1. Develop an informed perspective on the major health psychological theories & theoretical models of health coaching.
2. Be able to compare and contrast psychological theories & models of behavioural change appropriate to health settings.
3. Understand approaches to health coaching including mindfulness, motivational interviewing and cognitive behavioural techniques.
4. Critically discuss the empirical research on health coaching.

Thinking skills

5. Evaluate, explore and debate current and potential issues arising from the application of coaching psychology in health.

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6. Critically reflect. discuss how existing theories inform health coaching and 6a) reflect on and evaluate their own practice through discussion, feedback and supervision practices.

Subject-based practical skills

7. Be able to demonstrate a competent use of a range of tools and techniques which can be used with clients in health settings.

Skills for life and work (general skills)

8. Undertake self directed study.

9. Use a range of learning styles.

Teaching/ learning methods/strategies used to enable the achievement of learning outcomes:

Lectures, demonstrations, workshops, experiential activities, discussions and supervision on VLE (e.g. Teams / Zoom).
Self-study, reading and exercises, Study Guide/session handout will be provided.

Assessment methods which enable you to demonstrate the learning outcomes for the module:	Weighting:	Learning Outcomes demonstrated
Component 1: Coaching log : Undertake three coaching sessions to address a health issue using Mindfulness, Motivational Interview and/or CBT, describe and critically reflect on each session (3000 words).	50%	7, 8, 9
Component 2: Critical essay to explore the psychological theories that underpin the model of health coaching and its practice (3000 words).	50%	1, 2, 3, 4, 5, 6
Professional standard – In addition to the above, learners are required to demonstrate and achieve certain behavioural standard that is expected within the profession of psychology. This will be assessed in terms of: <ul style="list-style-type: none"> The way they interact with each other in the practical sessions, interaction and presentations. Observing the code of ethics, learning contract. 	Pass/Fail	6a

4 Ethical practice and professional values

As a member of the British Psychological Society (BPS) and practitioner with a diverse range of interventions regulated by Health & Care Professions Council (HCPC) in the UK, we abide by the BPS code of ethics and conduct as the guidance for conducting our research and practices (see the Code of Human Research Ethics and Practice Guidelines respectively). See Figure 1 below:

www.bps.org.uk

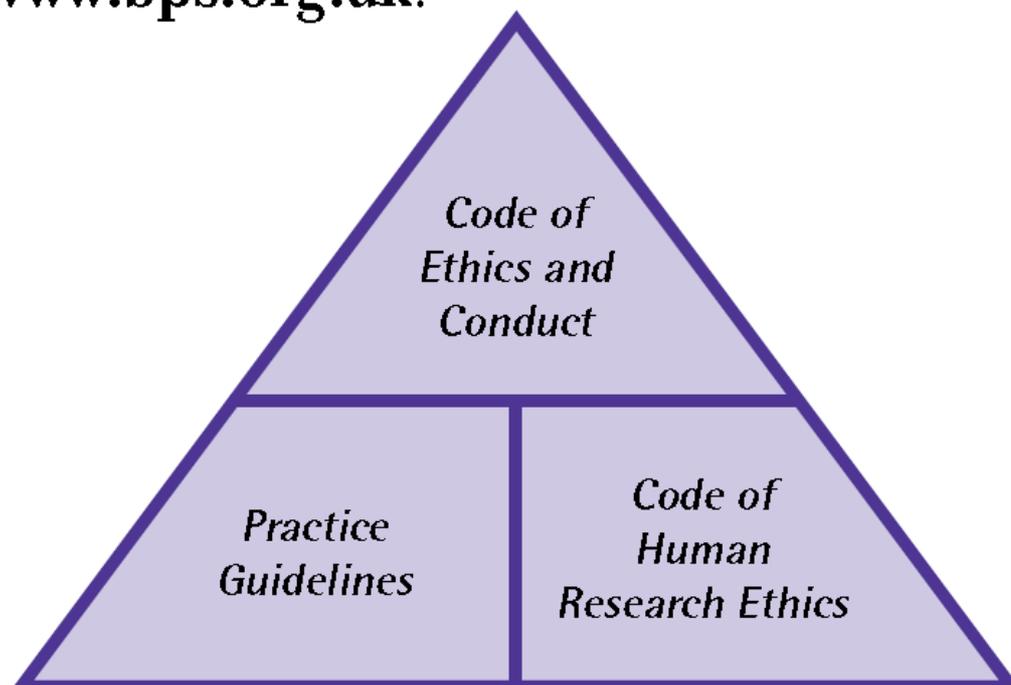


Figure 1: the BPS Code of Ethics and Conduct

The above Code is based on the following four over-arching ethical Principles, which governs everything that we do ethically and professionally:

1. Respect – we respect the individual’s right: autonomy, value and beliefs. When engaging with the learners/participants, will always seek their informed consent about our action/intervention that may affect them. We will work with compassion, empathy and are mindful about our power relationship in influencing their decision and action.
2. Competence – ensure that our staff, facilitators and supervisors have appropriate skills and knowledge to conduct our exercises, sessions, workshops and knowledge transfer.
3. Responsibility - ensure our staff, facilitators and supervisors are responsible for the welfare, health and safety of the learners, participants and the environment.
4. Integrity – ensure that we are all maintaining an attitude of fairness, honesty and openness with observation of our personal and professional boundaries at all time.

Further details and additional support can be found on the Society’s website: www.bps.org.uk

5 Reading and resources:

Core

- Clarke, I. & Nicholls, H. (2018). *Third Wave CBT Integration for Individuals and Teams: Comprehend, Cope and Connect*. East Sussex, UK: Routledge.
- Ciarrochi, J & Kashdan, T. B. (2013) *Mindfulness, Acceptance, and Positive Psychology : The Seven Foundations of Well-Being*. Oakland, CA.: New Harbinger Publications. Available in EBL.
- Ogden, J. (2012) *Health Psychology: A Textbook, 5th Edition*. Open University Press.
- Rollnick.S, Miller.W, and Butler.C. (2008). *Motivational Interviewing in Healthcare*. London: Guilford Press.
- Rosengren, D. (2009). *Building Motivational Interviewing Skills: A practitioner workbook*. London: Guilford Press.

Recommended

- Law, H. (2013a). *Psychology of Coaching, Mentoring & Learning*. Second Edition. Chichester: John Wiley & Sons.
- Law, H. (2013b). *Coaching Psychology – a Practitioner’s Manual*. Chichester: John Wiley & Sons.

Further recommended reading

- Ajzen, I. (1991). The theory of planned behaviour. Volume: **50** Issue: 2 December. Pages: 179-211. *Journal of Organizational Behavior and Human Decision Processes*. London: Elsevier.
- Ajzen, I. & Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behaviour*. New Jersey: Prentice-Hall, Inc.
- Buckley, A. and Buckley, C. (2006). *A Guide to Coaching and Mental Health, The Recognition and Management of Psychological Issues*. East Sussex: Routledge.
- Edgerton, N., & Palmer, S. (2005). SPACE: A psychological model for use within cognitive behaviour coaching therapy and stress management. *The Coaching Psychologist* 1(2), 25-33.
- Foster-Turner, J. (2005). *Coaching and Mentoring in Health and Social Care: The Essential Manual for Professionals and Organisations*. London: Radcliffe Publishing.
- Gyllensyen, K., & Palmer, S. (2005a). The relationship between coaching and workplace stress. *International Journal of Health Promotion and Education*, 43(3), 97-103.
- Hayes, S. C. & Levin, M. (2012) *Mindfulness and Acceptance for Addictive Behaviors : Applying Contextual CBT to Substance Abuse and Behavioral Addictions*. New Harbinger Publications: Oakland, CA. Available in EBL
- Marks, D.F., Murray, M., Evans, B. Willig, C., Sykes, C.M. & Woodall,C. (2011). *Health Psychology: Theory, Research and Practice* (3rd Edition). London: Sage.
- Marshall, A. (2010). *The Health Factor: Coach yourself to better Health*. Great Yarmouth: Bookshaker.
- Martin, C. (2001) *The Life Coaching Handbook: Everything You Need to Be an Effective Life Coach*. Crown House Publishing: Carmarthen.
- McDermott, M.R. (2001). On defining health psychology as behavioural health. *Health Psychology Update*, 10(3), 58-62.
- McKenzie, S. & Hassed, C. (2012) *Mindfulness for Life*. Exisle Publishing: Wollombi NSW. Available in EBL
- Millward, L. (2005). *Understanding Occupational and Organisational Psychology*. London: Sage.
- Miller, W., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change* 2nd Edition. New York: Guilford Press.
- Neenan, M. and Dryden, W. (2002). *Life Coaching: A Cognitive Behavioural Approach*. London: Brunner-Routledge.
- Neenan, M. and Palmer, S. (2011). *Cognitive Behavioural Coaching in Practice: An Evidence Based Approach (Essential Coaching Skills and Knowledge)*. Oxford: Routledge.

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- NHS England (2020) *Health Coaching - Implementation and Quality Summary Guide*. NHS England and NHS Improvement. Published: March v1.0 Publishing reference number: 000601.
- NHS Health Education England (2020). *Health Coaching – Quality Framework Summary*. <https://www.hee.nhs.uk/sites/default/files/documents/Health%20coaching%20quality%20framework%20summary.pdf> Retrieved 27/09/2020
- NHS Health Education England (2020). *Health Coaching – Quality Framework*. <https://www.hee.nhs.uk/sites/default/files/documents/Health%20coaching%20quality%20framework.pdf> Retrieved 27/09/2020
- NHS Health Education England (2020). *Health Coaching – Area Delivery Template*. <https://www.hee.nhs.uk/sites/default/files/documents/Health%20coaching%20area%20delivery%20template.pdf> Retrieved 27/09/2020
- Palmer, S., Cooper, C. and Thomas, K. (2003). *Creating a Balance: Managing Stress*. London: British Library.
- Passmore, J. (2010 ed.). *Excellence in Coaching: The Industry Guide* (2nd edn). Kogan Page: London.
- Passmore, J., & Whybrow, A. (2007). Motivational Interviewing in S. Palmer & A. Whybrow *The handbook of coaching psychology*, London: Brunner-Routledge.
- Smith, L., Wolever R., Lawson, K., Donovan, P. (2011). *Health Coaching for Behavior Change: Motivational Interviewing Methods and Practice*. New Jersey: Healthcare Intelligence Network.
- Starr, J, (2003) *The Coaching Manual: The Definitive Guide to the Process and Skills of Personal Coaching*. Upper Saddle River, NJ: Prentice Hall Business.

6 Quality management – Assessment, evaluation & feedback

As an organization and training provider, we continue to strive for improvement of our performance and organizational excellence. To do this, we observe the following seven quality management principles (related to ISO 9001):

- QMP 1 – Customer focus – the term refers to learners/participants in our context
- QMP 2 – Leadership
- QMP 3 – Engagement of people
- QMP 4 – Process approach
- QMP 5 – Improvement
- QMP 6 – Evidence-based decision making
- QMP 7 – Relationship management

6.1 Learner focus

We recognize direct and indirect learning can take place outside traditional academic institutions and working collaboratively with the British Psychological Society as a learning Society and support both members and non-members throughout their continuing professional development (CPD) and ensure that those who registered their interest with us receive value from our programme. We seek to understand the learners current and future needs and expectations by carrying out training need analysis, where possible update the learning outcome of the programme in alignment to their needs and expectations. We plan, design, develop, produce and deliver a programme of CPD workshops to support these each year (training programme cycle).

6.2 Evaluation mechanism

To achieve the above, we continuously measure, monitor and evaluate the participants' satisfaction and take appropriate actions accordingly. Comments and Feedback about your course and other aspects of your learning experience are welcome. You can do this by taking part in the Post-Training Survey.

7 Assignments

Component 1: Coaching Log

Task: You are required to undertake a minimum of 8 hours of coaching practice over the Semester. Each session should last approximately 2 hours. In the session you should make use of the **Mindfulness, Motivational Interviewing (MI)** and/or **Cognitive Behavioural Techniques (CBT)**. You are recommended to write up a reflective coaching log for each coaching session. For the assessment, you are required to submit **three** of your reflective coaching logs.

We suggest that the coach (trainee) advise the coachee (client) that they are in training and seek consent to use material from the session in a reflective log. The coach should avoid revealing the identity of the coachee or their organisations in the log. The individual's name and organisation should be changed (fictitious) for this purpose.

At the start of your document (immediately after the title page), please provide a diary of your coaching sessions to include the Name of the coachee / client (changed to protect anonymity), the Date of the session and the length of the session. (this will not be included in the word count).

The session should include:

1. Background to person & session
2. Contracting
3. Brief discussion of the session (stating what you did and why)
4. Reflection of the session
5. Learning

The format for the log is the choice of the coach (trainee). However to guide the coach (trainee) we suggest you use the headings above. The logs should not however exceed 3000 words. You must ensure your membership number is clearly shown at the Header of each page of the document.

7.1 Layouts for the Reflective Logs

ID: **Venue:**
Date: **Time:**

Step 1: Description – identify a significant event; describe what happened (focus on the concrete experience). **[20%]**

1.1 Introduction – provide a brief description of the context of the event & the background including stakeholders.

1.2 Summary of the process – succinctly describe the process; stating what you did and why.

Step 2: Cognition and emotion – reflect on your thoughts and feelings as well as the others. What was it like during the engagement? What were you thinking/feeling at the time? What do you think about the others' thoughts and feelings? **[10%]**

2.1 Mood (Describe the emotion. How did you feel? How did the other feel? Which emotion regulatory systems were being activated?)

2.2 Thought (What was going through your mind? What were others thinking about?)

Step 3: Analysis – try to understand what happened and draw meaning from the experience. **[20%]**

Reflection 1: What sense can you make of the experience? How well do you think the process has been delivered? What went well and what did not go so well; how do you understand the beliefs, values and experiences of the others, yourself? How have these values and concepts impacted on you and them during these interactions? How were these understood and managed, and how did they transform the outcome?

Step 4: Evaluation – assess the intended and unintended consequences of the experience
[20%]

Reflection 2: From Reflection 1, would you have done it differently? What else could you have done? If a similar situation arose again, what would you do? What have you learnt and what would you do differently in the future?

Step 5: Conclusion – summarise the meaning and lessons learned; look for improvement.
[10%]

Reflection 3: On balance, what is your conclusion?

Step 6: Action plan – recommend a plan of action for further learning and improvement. What are you going to do to further improve and develop your future self/performance? **[20%]**

Summarise your personal development plan as a result of the above learning in bullet points.

And finally...

Mood now (Having completed this log, how do you feel NOW? Which emotion regulatory system are you activating?)

References:

List any references that you use at the end...

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The table provides an illustration of what is expected in the log per heading.

Heading	Fail (below 50%)	Pass (50-59%)	Merit (60- 69%)	Distinction Contents (70% +)
Context (5marks)	The log fails to provide any context for the coaching session or background to the coachee.	The context (about 2 or 3 sentences) gives a short overview of the coachee and their role. It may however leave the reader with questions about the situation or the persons' roles.	The context (about 2 or 3 sentences) gives a short but concise and clear overview of the coachee and their role.	The context is well written and succinctly outlines the coaching session and offers clear and concise information about the coachee and their roles.
Brief description of session (20 marks)	The log focuses on a 'blow-by-blow' account of the session.	The log gives an overview of the session, with examples, with reference to MI or CBC.	The log gives an overview of the session, with examples of techniques or approaches, but does not always make clear why choices to do X rather than Y were made with clear reference to MI or CBC.	The section is well written and clearly illustrates the interpersonal skills of the coach, their use of techniques and approaches. It explains why choices were made and grounds such explanations in psychological theory and/or evidenced practice with a clear and explicit focus on MI or CBC.
Reflection on session (35 marks)	The log makes little or no reference to the coachee's reflections after the session.	The log offers some illustrations, and attempts some reflection on what happened but this reflection is limited to descriptions and behaviours, what the coach did or did not do.	The log illustrates several examples. In describing these examples a good deal of reflection is present and includes critical reflections on the coachee's behaviour, their thoughts or emotions, and the feedback obtained.	The log illustrates several examples each including critical reflection on the coachee's behaviour, their thoughts or emotions, and the feedback obtained. In addition, the coach reflections on what the coachee may have been thinking, feeling or doing, and makes connections with psychological theory and MI/CBC. The reflection, where appropriate, may also make reference to cross cultural themes.
Learning from session (20 marks)	The log makes no or very limited reference to learning from the session.	The log makes some suggestions about what to do differently but these are vague and ill defined.	The log clearly illustrates what the coach has learnt from the session and what they would do differently next time. But there is no evidence of this being carried out.	The log clearly illustrates what the coach has learnt from the session and what they would do differently next time. The learning is illustrated in the next log with that coachee.
Learning from the Module (20 marks)	The you makes no or very limited interaction on Moodle.	The you demonstrates some of the learning from the Module and engage in some of the section.	The you demonstrates what they have learnt from the Module and engage positively in most of the section.	The you clearly demonstrates what they have learnt from the Module; actively and positively engage in each section with additional literature references and personal input.

Component 2: **Critical essay**

Task: Write an essay on Health based theories in coaching:

(i) Critically review two psychological theories or models of coaching that are applicable to health based coaching context and their value in helping people or organizations to achieve health-related objectives;

AND THEN,

(ii) Discuss how you could apply one model/theory in your coaching practice;

AND FINALLY,

(iii) Discuss how you would evaluate your coaching intervention.

Name:

Ensure your name and Membership number are printed on each page. You can do this by inserting them in the header on page one.

Ethical issues:

If you use a real case study to discuss the application of a model, ensure that you respect the confidentiality and identify of the individual.

Deadline:

5th April in the following year after the enrolment

Submission: via email

A copy of your assignment must be emailed to your module leader.

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The table provides an illustration of what is expected from the essay

Heading	Fail (below 50%)	Pass (50-59%)	Merit (60- 69%)	Distinction Contents (70% +)
Introduction (5 marks)	The essay lacks a clear introduction	The essay provides an introduction	The essay provides a clear introduction which defines health models/theories and sets out a clear structure for the paper.	The essay provides a clear introduction which defines health models/ theories and identifies a specific model/ theory as the focus of the paper. It sets out a clear structure for the paper which is short and precise, with clear reference to its application in health context.
Brief description of models/theories (10 marks)	The description lacks clarity	The description contains many key elements.	The description of the models/ theories contains all the key elements, and is well written.	The description of the models/ theories contains all the key elements, is well written and offers insights that demonstrates a high level understanding about the models/ theories.
Critical review of the models/ theories (25 marks)	The essay lacks a clear crucial review of the model	There is a brief critical review, but this misses key elements.	There is a full review of the models/ theories, with some reference to research data.	There is a full but succinct review of the models/ theories, with thorough reference to other models/ theories and research data.
Application in coaching (30 Marks)	There is a brief discussion of the application, but the approach is theoretical in nature	There is a discussion of the application of the model/theory.	There is a discussion of the application of the model/theory with a step by step approach of how it could be used to help the coachee.	There is a discussion of the application of the model/theory with a step by step approach of how it could be used to help the coachee, with consideration to individual differences, the health issue as well as highlighting potential gaps or dangers with the approach.
Evaluation of the coaching intervention (30 marks)	There is a brief description of the evaluation, but the approach is theoretical in nature	There is a discussion of the evaluation of the model/theory with indications of procedures and mentioned some variables of the evaluation.	There is a discussion of the evaluation of the model/theory with detailed description of the procedure for implementation and listing of relevant variables for measurements qualitatively or quantitatively.	There is a succinct discussion of the evaluation of the model/theory with detailed description of the procedure for implementation and listing of all the relevant variables for measurements qualitatively AND quantitatively to allow triangulation to take place.

8 Professional standard – Record & Feedback sheet

Member number:	Supervisor: Prof. Ho Law
Module code: CPN7003 Integrative Professional standard	
Addressing the question Please give each statement a mark from 1 to 10 - 1 being the lowest mark and 10 the highest.	Comment
Attendance For the award of the postgraduate certificate, the learner must have attended 75% of the programme (i.e. three out of four workshops).	<input type="checkbox"/>
Self-awareness 1. Did the learner attend each workshop/meeting punctually?	<input type="checkbox"/>
In relation to others 2. Did the learner respect the facilitator/presenter/supervisor and other learners during the session/exercise/workshop? 3. How well did the learner observe the learning contract? 4. How well did the learner observe the code of ethics?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In relation to learning 5. Did the learner appear interested in the subject and/or learning in general? 6. Did the learner give helpful comments during the interaction? 7. Did the learner relate course material to their current issues and practice? 8. Did the learner take additional initiatives? 9. How well did the learner present during the meeting/semester/workshop? 10. How well did the learner learn their subject?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In relation to Learning Outcomes <input type="checkbox"/> Were you satisfied with the overall behavioural standard of the learner?	Overall Assessment: Pass/Fail

Active engagement

If you attend actively participate all module activities, then you will get the most out of your studies, you will maximise your chances of success, and you will find the relationships you build up in your mentoring/supervision meeting support you in your achievements.

9 Complaints and appeals

If there are any concerns during the workshop, you should raise them immediately with the facilitator or a member of staff with the aim of resolving the problem directly. If your concerns cannot be satisfactorily resolved informally (for example disagreement with the mark that you obtain from your assignment, you can make a formal complaint in writing by completing a complaint form in Appendix 1 and email to the Programme Director (contact details on Page 1). Your personal data will be protected in accordance with the Data Protection Act 2018 & General Data Protection Regulation (GDPR). See <https://ico.org.uk/> for more info.

You can expect to receive an acknowledgement of your complaint within 7 working days of receipt. We may contact you for further information if necessary. We will notify you with estimated timescales for resolution.

If you are not satisfied with the response, you can appeal against the decision on the outcome in writing, with any further documentary evidence where appropriate explaining the reasons why you wish to appeal to the Programme Director within 10 days of receiving the written response.

Your appeal will be responded to within 7 working days, informing you of the estimated timescales for the review. Your case will be considered and a further investigation may be carried out if necessary. This may include interviews with you, any staff involved, and witnesses. You will be notified about the outcome of the review with details of any action taken. The decision on the outcome of the appeal will be final.

10 Booking and cancellation policy

Our terms and conditions of the booking and cancellation policy are in alignment with those of the BPS as follows:

1. When you submit the booking form to us, this does not mean we have accepted your booking. Our acceptance of the booking will take place when we issue you with a written confirmation of the booking, following receipt of payment or invoicing instructions. If you do not receive a written confirmation within 2 weeks of submitting the booking form to us, you should contact us in writing. You are advised not to incur any expenses in relation to the event until you have received written confirmation of your booking.

2. The price for the event is set out on our website in force at the time we confirm your booking. Payment in full must be received by us in advance of the event in cleared funds. Payment sent independently of the booking form must state the details of the event and the name of the person attending and/or membership number. Where an invoice is required before payment can be made, you must request this in writing at least six weeks before the event with a completed booking form and purchase order. You must pay our invoice in cleared funds within 30 calendar days of the date of invoice.

3. If you do not pay us for the event as set out in paragraph 2 above, you will not be permitted to attend the event and will not be able to book onto any other event held by us until payment in full has been received.

4. You may change the name of a booking up to the booking deadline by contacting us in writing. You will be required to pay a £15 administration charge and any difference in booking fees paid if the original fee was lower than that applicable to the new attendee. You may not share an event package with any other individual.

5. Our prices may change at any time, but price changes will not affect a booking that we have confirmed with you. All prices include VAT at the point of sale. However, if the rate of VAT changes between the date of the booking and the date of the event, we will adjust the rate of VAT that you pay, unless you have already paid for the event in full before the change in the rate of VAT takes effect.

6. Our cancellation rights:

(a) We may have to cancel an event due to an event outside our control; the unavailability of key personnel or key materials; or low booking numbers for an event. We will notify you of such a cancellation as soon as reasonably possible.

(b) If we have to cancel an event for any of the reasons set out in clause 6(a) above and you have made any payment in advance for the event, we will, at our sole option, either refund these amounts to you or offer to transfer you to a different event.

(c) For the purposes of this clause 6, events outside our control means any act or event beyond our reasonable control, including without limitation: strikes, lock-outs or other industrial action by third parties, civil commotion, riot, invasion, terrorist attack or threat of terrorist attack, war (whether declared or not) or threat or preparation for war, fire, explosion, storm, flood, earthquake, subsidence, epidemic or other natural disaster, or failure of public or private telecommunications networks.

8. Your cancellation rights:

(a) You may cancel any booking by giving us notice in writing.

(b) If you cancel within 7 working days of submitting your booking, you will receive a full refund of any monies paid in advance. We will refund you on the credit card or debit card used by you to pay. If you have paid by cheque we will credit the money to a bank account specified by you.

(c) If you cancel after 7 working days of submitting your booking, you will incur a £15 administration charge and a cancellation fee will be charged based upon the date of notification as follows:

(1) Less than 2 calendar months and more than 1 calendar month prior to the event start date – 30% of the price charged for the event

(2) Up to 1 calendar month prior to the event start date – 100% of the price charged for the event

(d) Such cancellation fees are to cover costs incurred by us as a result of your cancellation which will not be recoverable by us.

9. Our liability to you:

(a) If we fail to comply with these Terms, we are responsible for loss or damage you suffer that is a foreseeable result of our breach of the Terms or our negligence, but we are not responsible for any loss or damage that is not foreseeable. Loss or damage is foreseeable if it was an obvious consequence of our breach or if it was contemplated by you and us at the time we confirmed your booking.

(b) We have no liability to you for any loss of profit, loss of business, business interruption, or loss of business opportunity in connection with or in any way arising out of your booking with us.

(c) We do not exclude or limit in any way our liability for:

(i) death or personal injury caused by our negligence or the negligence of our employees, agents or subcontractors; or

(ii) fraud or fraudulent misrepresentation.

Annex: Coaching Logs – Sample Consent Form

To Participant

Empsy® empowerment psychology training

Thank you for agreeing to participate as a coachee while I am engaged in training. As part of the training I am required to complete a coaching log and would like to use the material we cover in the coaching sessions as part of the log.

While I will refer to the issues which we discuss, I will identify you in the log as 'A' and your organisation as 'Z' to ensure your anonymity. I will not reveal any specific information in the log which enables you and/or your organization to be identified.

You are free to withdraw from the session at any time and can also ask me to either exclude all or part of what we discuss. I will ensure that these items are not included in the log.

If you wish to see a copy of the log which relates to our session, I would be happy to provide this.

A copy of the log will be supplied to my mentor/supervisor** for assessment. The log may also be seen by other Empsy® members for the education purposes (peer supervision). These individuals are also bound by confidentiality as part of the code of ethics. The information will not be released to third parties or published in any form without permission (unless an additional consent form for publication is agreed and signed).

Please sign below to indicate you have read the above and consent to proceed:

I agree to the terms specified in this consent form:

Signature:

Name:

Date:

Appendix 1: Complaint Form

Your name:

Membership number (where appropriate):

Address:

Email address:

Telephone number:

Full details of your concerns:

Continue with additional pages if necessary...

Any relevant document attached:

Date:

Locations:

Witnesses (as appropriate):

The consequences of the concerns for you as a result:

Continue with additional pages if necessary...

The remedy you are seeking:

Continue with additional pages if necessary...

Signature:

Date:

Have your say! Help to shape **Empsy®** now and in the future!

During the course of the year you will have opportunity to give feedback about your course and other aspects of your training experience.

Whether you are a member or non-member, if you are on Empsy® CPD training programme and Workshops, then please tell us what you think by taking part in the Post-workshop Survey:

<https://www.surveymonkey.co.uk/r/6LWRWYW>

It would only take two minutes of your time to answer a few questions. The feedback and surveys are important as they help Empsy® training to evolve and improve the member experience for all our participants.

Look out for the publicity on our website and have your say – your opinion counts!

Keep in touch Further Support!

One-to-one or small group support:

Individual tuition/supervision can be provided if needed. Appointments can be arranged on a mutually convenient basis.

There are plenty of ways to keep in touch with what's happening at **Empsy®** Network. You can:

- follow us on Twitter: [@empsey](#)
- join our [Facebook](#) group:
<https://www.facebook.com/groups/19570042648>
- LinkedIn group:
<https://www.linkedin.com/groups/2680307>
- Check out membership page to connect with other members and their activities – http://www.empsey.com/?page_id=282

Correspondence

The QR code below will take you to the orcid.org website:

<http://orcid.org/0000-0003-0734-8678>



or you can go direct to the training tab on:

<http://www.empsey.com/>

Professor Ho Law Prof. (Hons) PhD CPsychol FISCP(Accred) AFBPS FHEA

Honorary Professor of Research & Psychology

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Chartered Psychologist; Registered Psychologist, Registered Applied Psychology Practice Supervisor (APPS) and Coaching Psychologist, Associate Fellow of British Psychological Society (BPS), Fellow of the Higher Education Academy; International Society for Coaching Psychology (ISfCP) & Life Fellow of the Royal Society of Medicine