



THE SOUTH ASIAN ASSOCIATION OF
TRANSACTIONAL ANALYSTS

MH-TAP Handbook

Version 1.0

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Mental Health—Transactional Analysis Practitioner (MH-TAP) Handbook

1. Purpose of MH-TAP Handbook

The SAATA MH-TAP handbook offers to prospective candidates and to examiners an outline of the application, examination (written and oral), and evaluation processes, of the competencies required to be certified as a Mental Health-Transactional Analysis Practitioner (MH-TAP). It also contains relevant information about the South Asian Association of Transactional Analysts (SAATA) including its mission, vision, and philosophy.

The handbook will help applicants understand the objectives and format of the written and oral examinations by providing a clear roadmap of the requirements, assessment, and scoring criteria.

2. About SAATA

Founded on December 6, 2006, SAATA is an international, non-profit, professional organisation founded by a group of Transactional Analysts engaged in applying their knowledge and skills for promoting global standards for the practice, training, and certification in Transactional Analysis (TA) in South Asia. This section offers readers a brief overview of SAATA's [vision](#), [mission](#), and [goals](#).

2.1. Vision of SAATA

SAATA's core vision is to provide a professional identity to Transactional Analysts in the South Asian region and to represent this region in the global TA community. Further SAATA aims:

2.1.1.	To promote cooperation in the South Asian region in the field of TA
2.1.2.	To engender professional knowledge and research in TA, developing its theory and ensuring agreed standards of training and practice
2.1.3.	To ensure that the TA training and examination process and the professional code of ethics are relevant to the regional, social, political, cultural, economic and market conditions
2.1.4.	To synthesise Eastern philosophy and culture into TA theory, training, and practice

2.2. Mission of SAATA

For the implementation of its vision, SAATA will, in-particular:

2.2.1.	Work to ensure conformity, to agreed standards of training, examination, and practise of TA in South Asia
2.2.2.	Encourage the participation of TA practitioners, associations, and institutions
2.2.3.	Facilitate South Asian Transactional Analysis associations and institutions to coordinate their activities, like conferences and publications by facilitating communication between them
2.2.4.	Organize regional, national, and international conferences in TA

2.2.5.	Disseminate information by way of publications and the diffusion of documents and texts
2.2.6.	Translate works and documents of TA into regional languages
2.2.7.	Encourage the professional practice of TA
2.2.8.	Support scientific research into the theory and practice of TA
2.2.9.	Promote contacts with persons and organisations in fields allied with TA specialization
2.2.10.	Establish and regulate necessary systems to uphold professional ethics in supervisors, trainees, and practitioners

2.3. SAATA Goals

In accordance with its broad vision and mission, SAATA is committed to achieving the following [short-](#) and [long-term goals](#):

2.3.1. Short Term Goals

2.3.1.1.	All Certified Members (TSTAs, PTSTAs and CTAs) in the region and their trainees will be the members of SAATA
2.3.1.2.	Bring together all practicing TA professionals in the region under one umbrella to foster synergy
2.3.1.3.	Design a training and examination handbook to suit the regional needs
2.3.1.4.	Design and offer courses in TA in between the TA101 and CTA to suit the local requirements and certify those who fulfil the requirements

2.3.2. Long Term Goals

2.3.2.1.	To be a full-fledged equal partner in the global TA community
2.3.2.2.	To get its training and examination process, mutually recognised by the global TA certifying bodies
2.3.2.3.	To get SAATA courses recognised by regional, national, and global institutions including universities and government regulatory bodies

3. Regional Context of merging Psychotherapy and Counselling

Mental health is currently an emergent field in the region. Clients who seek mental health support are not particular about the distinction between psychotherapists and counsellors. As a mental health community (including psychiatrists, counsellors, and peer-practitioners) in the region, SAATA's focus is more on the competencies and skills of the practitioner given the regional needs of mental health. It therefore distinguishes itself from the two credentials offered by the ITAA, namely psychotherapy and counselling, which have been specifically devised to align with global requirements.

4. Who is an MH-TAP?

The purpose of the MH-TAP program is to make TA certification relevant, complete, and a robust credential in the region. In addition to a firm grasp over TA framework, competencies like basic counselling skills, appreciation of socio-cultural context, understanding of various systems clients belong to (including educational qualification, occupation, family, religion,

caste, gender, region, and sexuality) is important for an MH-TAP in India. A MH-TAP understands the need to collaborate with other professionals like clinical psychologists, psychiatrists, and social workers. It is a comprehensive credential that fully addresses the needs of our region. A MH-TAP is required to display the following [basic skills](#), [general competencies](#), and specific modes of [diagnosis & assessment](#), [establishing & maintaining the practitioner-client relationship](#), [working with contracts](#), [treatment planning & process](#), and [personal & professional development](#).

4.1. Basic Skills

4.1.1.	Awareness of feelings, thoughts, behaviour, and presence of self
4.1.2.	Capacity for self-reflection and ability to create a safe space for self with permission to explore and change
4.1.3.	Demonstrate ethical practice, potency, and authentic connection
4.1.4.	Listening skills: hearing at the level of words, beliefs, and feelings; the intra-psychic and the phenomenological
4.1.5.	Inquiry into and understanding of the non-verbal (agitation, palpitations, other manifestations)
4.1.6.	Reflective skills: paraphrasing as a way of deepening the client's awareness
4.1.7.	Inquiring skills
4.1.8.	Ability to nurture and practice empathy
4.1.9.	Attunement towards emotional state, thoughts, and feelings of the client
4.1.10.	Establishing contact and building a working alliance with the client

4.2. General Competencies

4.2.1.	Demonstrate a commitment to the philosophy of TA
4.2.2.	Understand and respect the client's systems (hospital, rehabilitation, education, family, profession, social and cultural demography including caste, religion, gender and sexuality) to understand the client's context, and the possibilities and limitations for change
4.2.3.	Demonstrate awareness and respect for the significance and implications of cultural and social diversity within and outside the consulting room
4.2.4.	Perceive the limits of one's practice including awareness of one's own strengths and limitations as a practitioner
4.2.5.	Ability to make an ethical choice of client referral when needed
4.2.6.	Stay updated on the SAATA Code of Ethics and demonstrate ethical and professional competence in practice, including compliance with the legal requirements governing mental health in the region of practice
4.2.7.	Understand the ways in which TA can be integrated with other modalities of mental health practice such as cognitive, affective, psychodynamic, behavioural, and somatic.
4.2.8.	Demonstrate an inclusive attitude towards alternative healing methods

4.2.9. Identify specific learnings and growth that is gained through supervision.

4.3. Diagnosis & Assessment

4.3.1. Ability to diagnose and understand the client's issue/situation through:

4.3.1.1. Transactional Analysis

4.3.1.2. Differential Diagnosis

4.3.1.3. Pathologies, as defined by the ICD/DSM (if applicable)

4.3.2. Utilise Ego state diagnosis using Berne's four criteria (behavioural, social, historical, and phenomenological diagnosis) to gather data and record case history

4.3.3. Ability to assess the client and make an informed decision about taking them into treatment or make a referral if it's beyond the scope of their competencies or skills.

4.3.4. For the sake of referrals and/or collaboration, to be able to present the client's case to other mental health specialists including physicians, psychiatrists, and non-TA colleagues

4.4. Establishing & Maintaining the Practitioner-Client Relationship

4.4.1. Endeavour to adhere to the TA philosophy of Okay-ness

4.4.2. Develop a working alliance with the client

4.4.3. Display empathic sensitivity and understanding of the client, their symptoms and self-limiting scripts, with the ability to communicate this understanding in such a way that the client feels understood

4.4.4. Understand client's phenomenology and contain one's own frame of reference while continuing to be in contact with the client in the session.

4.4.5. Reflect and use this self-awareness during treatment. Identify the transference and countertransference in the working relationship

4.4.6. Understand developmental issues and the ability to use TA to address them

4.4.7. Show respect to self and others, including demonstrating sensitivity to different frames of reference, cultures, and social norms as well as take account of the impact of these differences inside the consulting room

4.5. Working with Contracts

4.5.1. Possess a sound knowledge of the types of TA contracts

4.5.2.	Ability to draft clear TA contracts which address all aspects (administrative, professional, and psychological)
4.5.3.	Ability to draft contracts in different work settings: multi-cornered contracts and psychological distance
4.5.4.	Being aware of the legal basis for contracts within the region
4.5.5.	Negotiating with the client to arrive at a shared understanding of the work to be undertaken and to draw up the appropriate treatment contract: initial, final, sessional and process contract

4.6. Treatment Planning & Process

4.6.1.	Formulate a treatment plan relevant to the diagnosis and contract
4.6.2.	Recognise and assess script issues as they arise within the session and address them appropriately according to the stage of treatment (script signals, game invitations, discounts, and driver behaviour)
4.6.3.	Account for collaboration with psychiatrists as part of the treatment plan in case of psychiatric diagnosis
4.6.4.	Apply TA concepts to relate to client experiences in a way that reinforces the I'm OK - You're OK attitude
4.6.5.	Display an awareness of the risk and harm factors towards the self, client, and others, with the ability to respond to said risks. Build a risk management plan as part of treatment planning
4.6.6.	Connect the client to crisis management systems (including helplines and hospitals) in the event of a crisis
4.6.7.	Use TA tools for assessment and monitoring changes in the client in line with the contract
4.6.8.	Develop and adopt mental health practitioner skills to work with clients at different stages of treatment
4.6.9.	Maintain case records: document sessions and maintain progress of the treatment

4.7. Ongoing Personal & Professional Development

4.7.1.	Demonstrate commitment to ongoing personal and professional development - an essential ethical practice
4.7.2.	Opt for regular supervision from peers and supervisors to enhance professional expertise and to ensure ethical practice

- 4.7.3. Commit to ongoing personal therapy, therapy marathons, personal development workshops etc.

5. Scope of the MH-TAP Examination and Award

The MH-TAP credential certifies that the candidate is a well-rounded mental health practitioner in the SAATA region. An active MH-TAP member of SAATA is obliged to adhere to SAATA's ethical guidelines.

The MH-TAP examination is an opportunity for the candidate to demonstrate their ability to apply TA theory and framework, in their work as mental health practitioner with the clients in the region of South Asia. The examination has two parts: [Written Examination](#) and [Oral Examination](#).

6. Objectives of the MH-TAP Examination

The [written](#) and [oral examinations](#) for the MH-TAP are designed to assess the candidate's understanding of the core concepts and theoretical underpinnings of the field as well as their ability to apply those ideas in an ethical manner and in an interpersonal context. Refer to Sections [6.1](#) and [6.2](#) for details of the objectives of the written and oral examinations.

6.1. Objectives of the MH-TAP Written Examination

6.1.1.	To evaluate the candidate's level of understanding of the social, cultural, and professional contexts of the clients
6.1.2.	To assess the candidate's awareness of the self as a TA professional
6.1.3.	To examine the candidate's ability to assess the impact of TA training & supervision in their professional development
6.1.4.	To evaluate the levels of ethical integrity demonstrated by the candidate
6.1.5.	To assess the candidate's awareness of their own limitations as a professional, and their ability to operate in systems of collaboration, and referral
6.1.6.	To evaluate the candidate's inclusiveness towards alternative healing methods
6.1.7.	To examine the candidate's ability to account for the impact of client systems (family, social and work setting)
6.1.8.	To determine the client's ability to reflect upon their personal growth & development as reflected in their professional setting; for e.g., use of Script material, Transference & Countertransference, etc.
6.1.9.	To evaluate the candidate's ability to care for and protect their self in both personal and professional context
6.1.10.	To evaluate the candidate's ability to assess & diagnose using TA framework
6.1.11.	To assess the candidate's competence in providing a differential diagnosis of their client
6.1.12.	To determine the candidate's contracting skills at different stages of treatment
6.1.13.	To examine the efficacy of the candidate's treatment planning

6.1.14.	To evaluate the candidate's ability to map out a comprehensive mental health treatment process
6.1.15.	To determine the candidate's competence in offering a description of the therapy process including details such as working alliance, interventions used, and significance/use of Transference and Countertransference
6.1.16.	To examine the candidate's ability to self-reflect on the therapy process
6.1.17.	To assess the candidate's ability to offer a meta perspective on the case (to look at the larger picture of the client, parts of their intra-psychic process which could interfere with the case, etc)
6.1.18.	To evaluate the candidate's ability to offer a relevant prognosis & cure
6.1.19.	To determine the candidate's use of Supervision to support the therapy process
6.1.20.	To examine the candidate's theoretical understanding of TA
6.1.21.	To assess the candidate's competence in coherent, creative, concise, and well-organized presentation including use of appropriate and correct referencing

6.2. Objectives of the MH-TAP Oral Examination

6.2.1.	To examine the candidate's professional & personal identity during the therapy process
6.2.2.	To assess the candidate's ability to consider the context of practice
6.2.3.	To evaluate the candidate's knowledge and consideration of regional mental health systems
6.2.4.	To determine the candidate's ability to demonstrate ethical integrity
6.2.5.	To examine the candidate's general competencies including their ability to speak and interact with their client
6.2.6.	To assess the candidate's grasp over TA Philosophy
6.2.7.	To evaluate the candidate's knowledge and application of TA Theory
6.2.8.	To determine the client's ability to use contracts at different stages of the therapeutic process
6.2.9.	To assess the candidate's ability to arrive at a diagnosis
6.2.10.	To evaluate the candidate's ability to formulate a treatment plan and process
6.2.11.	To determine the candidate's capacity to build a therapeutic relationship with their client

7. Requirements

For the MH-TAP exam, SAATA does not stipulate any educational background for interested candidates. However, candidates must have the requisite Training Hours and Additional Hours to be considered eligible to take the examination, **including 24 months of active membership** with SAATA. For detailed information on the composition of the requisite hours, see the following:

Requirement	No. of hours	Written/ Oral Exam Requirement	Composition
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TA Training Hours	400	Written	Advanced TA training by SAATA Supervisor/PTSTA ¹ /TSTA ² ¹ Provisional Teaching & Supervision Transactional Analyst ² Teaching & Supervising Transactional Analyst
CPD Hours (non-TA Training Hours)	100	Oral	To be approved by the primary supervisor. Primary supervisor is the supervisor who has helped the candidate to prepare for the exam. The candidate can choose the supervisor and have a contract with them. The candidate will mention the primary supervisor in the application.
Application Hours	500	Oral	Client contact hours to be approved by primary supervisor
Supervision Hours	175	Oral	40 each with two endorsing supervisors. At least one of the supervisors must be from the same field as the candidate.
Personal Development Hours	125	Oral	→ Personal therapy → Therapy Marathon → Personal Development workshops
Total			1300

8. Examination and Award Calendar

Candidates are required to take the MH-TAP examination in two steps: first, the written examination, and then the oral examination. Refer to sub-sections [8.1](#) and [8.2](#) for details on the written examination and the oral examination respectively:

8.1. Written Examination

8.1.1.	Candidates can submit their written examination throughout the year given they meet all the requirements and complete the necessary application procedures.
8.1.2.	Given the candidate has passed the written examination, the result is valid for a period of three years from the day the candidate receives the results of their written examination within which time the candidate must take the oral examination.

8.2. Oral Examination

8.2.1.	Candidates can apply for the oral examination, once they have passed the written examination
8.2.2.	Oral examinations will be held in January and June, every year. If the PSD decides so, oral examinations will also be organised during SAATA events. Oral examinations held during SAATA events will be announced at least 6 months before the event in the SAATA website and/or newsletter .

- | | |
|--------|---|
| 8.2.3. | The candidate is to submit their application for oral examination 3 months prior to the date of the oral exam. |
| 8.2.4. | The oral examination is to be completed within 36 months or three years of passing the written exam |
| 8.2.5. | Failure to complete the oral examination within three years of passing the written examination will result in the written examination being forfeited |

9. Overview of the MH-TAP Written Examination

The MH-TAP written examination consists of four parts: [Section A: Professional Self-Portrayal](#), [Section B: Training and Personal Development](#), [Section C: Case Study](#) & [Section D: Theory](#). The written examination must exhibit coherence and consistency in the way the candidate uses and comments on TA theory, literature, and the treatment process across sections.

Section A: Professional Self-Portrayal

This section focusses on the candidate's ability to portray their professional practice and identity. The candidate is required to respond to the following: (not necessarily in the given order)

- | | |
|-------|---|
| i. | What is your educational qualification and professional title? |
| ii. | Describe the following:
a. Your work setting. If in an organization, describe your place within the organization.
b. The room where you work, including relevant details of the internal and external setting
c. Your job description
d. Your colleagues
e. Your patients and/or clients
f. Who refers to them?
g. The different categories of diagnosis you work with |
| iii. | Describe the main focus of your professional practice and what contribution TA makes to your work. |
| iv. | Describe your legal status and mention how far you fulfil conditions for work as a mental health practitioner as laid down in your country's laws and statutes. |
| v. | How do you protect yourself and your clients? |
| vi. | Describe the client presentations you would refuse to work with and why. |
| vii. | What are the criteria by which you would determine if a medical/psychiatric consultation is necessary? |
| viii. | What professional practices do you follow while referring clients to medical, psychiatric, and other professionals? |

ix.	What are some of the limitations in your practice and how would you manage when you are confronted with a client presentation that may be outside of your skill and competence?
x.	What safety and support systems do you have in case you are not able to work as contracted?
xi.	What local and cultural healing systems are you familiar with? How do you consider this when you work with a client?
xii.	Describe your work with your client from the following context: <ol style="list-style-type: none"> The impact of their socio-cultural system (their social status with respect to caste, religion, economy, education, sexuality, etc). The impact of the social hierarchies in their system, their role in the system (family/ job/ education/ etc), and the way they deal with other roles in the system.

Section B: Training and Personal Development

This section focusses on the candidate's training and personal development.

i.	When and why did you choose TA?
ii.	How did this decision influence your professional development and identity?
iii.	How did this decision influence your personal development and how did that, in turn, impact your practice?
iv.	What challenging experiences have you encountered while using TA? How have these learnings impacted your practice?
v.	What are your learnings from supervision? How did they impact your practice?
vi.	What are the other forms of training you have been exposed to? How do you integrate them with TA?

Section C: Case Study

This section requires the candidate to portray their work through a case. The various elements of the case/project study do not necessarily have to be presented in the order shown here. Should the order be changed, it is important that the candidate ensures that the presentation is coherent. The candidate is to provide information under each heading only if it is relevant. For example, the candidate is to give information on developmental history only if this is important to the candidate's case study. In the treatment description, it is of paramount importance for the candidate to clearly indicate their process and their role as a mental health practitioner. The description should focus not only on the client and the course of treatment but also on the relationship between the candidate and the client. The candidate is to clearly outline how their interventions and the client's process are related. References are to be recorded accurately in the references. The case study must include the following details:

i.	Relevant personal details of the client
a.	Age
b.	Gender, including pronouns
c.	Marital status
d.	Current family members
e.	Employment status
f.	Social relationships
ii.	Client systems (what is their place within each system?)
a.	Family
b.	Education
c.	Organisation
iii.	Historical information about the client in the following areas:
a.	Family
b.	Development
c.	Medical
d.	Sexual relationships
e.	Significant relationships
f.	Education
g.	Work and employment
h.	Social and cultural demography including caste, gender, region, and sexuality
iv.	Context of referral
a.	Referral agency/Who referred
b.	Reason for referral
v.	Initial meeting
a.	What problems did the client present?
b.	What was their mental and physical condition?
c.	What was their professional situation?
d.	What was your initial/assumed diagnosis?
vi.	Define the presenting problem, making a clear distinction between your understanding and your client's point of view.
vii.	Working process
a.	Did you work with this client in a group, family, or an individual set up?
b.	Why did you choose this way of working?
c.	At what frequency did you work together?
d.	How long did this work continue in terms of time and the number of sessions?
viii.	What was the initial agreement or contract between you and the client?

ix.	<p>Treatment contract</p> <ol style="list-style-type: none"> How did the contract evolve? What was the process like for you and the client? What informed your decision to work with this client? What were your considerations around safety, your own competency, and limitations?
x.	<p>Diagnosis</p> <ol style="list-style-type: none"> Provide a diagnosis, based on TA analysis, of the client's present situation, using more than one TA concept Provide a diagnosis based on a non-TA system that is familiar to you, for example, from the latest edition of the <i>Diagnostic and Statistical Manual of Mental Disorders</i> or <i>ICD</i> or <i>Psychoanalytic Frameworks</i> (Nancy Williams). Describe how you arrived at this diagnosis and explain how you made differential diagnosis to exclude other options.
xi.	<p>Treatment Plan</p> <ol style="list-style-type: none"> Describe your overall treatment plan What did you envisage to be the various stages and final goal of your treatment? Share your plan on collaboration with other healing professionals (body therapists, energy healers, and psychiatrists), if relevant
xii.	<p>Treatment Process</p> <ol style="list-style-type: none"> Summarise the entire treatment process, describing the separate stages, and using appropriate TA concepts to outline the effects Provide examples of your interaction with the client, including transcripts that specially focus on your significant interventions and the client's response.
xiii.	<p>State the extent to which the contract/contracts have been honoured and the criteria used to assess this.</p>
xiv.	<p>Describe your experience with transference and counter-transference phenomena in your relationship with the client. What was your personal reflection and its impact on your work?</p>
xv.	<p>Include a description of the use of supervision. Describe how it impacted your work with the client.</p>
xvi.	<p>With reference to your client, briefly discuss the concept of transformation. Link your chosen interventions with your treatment plan and ideas about transformation. Describe to what extent your treatment plan has been realised. If you changed your treatment plan during the treatment, explain why.</p>

xvii.	Did you collaborate with any other healing professional (e.g. Body therapists, energy healer and/or psychiatrist) on your case? How did you manage the collaboration process?
xviii.	Prognosis <ol style="list-style-type: none"> Describe the present state of the treatment process and state whether you are still working with the client What is your prognosis?
xix.	Concluding Remarks <ol style="list-style-type: none"> Describe your learning experience during your engagement with this client

Section D: Theory

This section focusses on the candidate's ability to explain theory and its application in their clinical practice. Candidates can choose to answer any three of the following questions:

i.	Describe an aspect of recent developments (approximately the last 10-15 years) in TA theory and how it has influenced your thinking and practice.
ii.	What do you see as the main aims of being a mental health professional in the region? What TA concepts do you use to facilitate this?
iii.	What TA concepts do you use to understand the origin of psychological problems? Show how this relates to your ideas on psychological well-being or change.
iv.	What TA model or concepts do you use to understand intrapsychic process, and how does this influence the way you work?
v.	What TA model or concepts do you use to understand interpersonal relationships and communication, and how does this influence the way you work?
vi.	How do you use contracting in your practice?
vii.	What TA concepts do you use to work with couples, families, groups? How do these concepts influence the way you work?
viii.	Choose a topic or issue in mental health you would like to deal with theoretically using TA concepts and show how these concepts influence your work.
ix.	Describe the benefits of formulating an overall plan of mental health work with clients. What do you account for when you are planning interventions?
x.	Describe how you understand the client-practitioner relationship. Show how this relates to TA concepts, and how it influences the way you work.

9.1. Presentation Guidelines of the MH-TAP Written Examination

Candidates are required to adhere to the following criteria of presentation for the written examination:

9.1.1.	The exam must be submitted in PDF format, double-spaced, with all pages numbered, and in any one of the following fonts—Calibri, Arial or Times New Roman—in a font size of 12 or 13												
9.1.2.	Figures and tables to be numbered and labelled sequentially												
9.1.3.	Include a table of contents, specifying the word count of each section, a list of figures, and a list of tables at the start.												
9.1.4.	References must be formatted according to APA or TAJ style. Papers that do not reference correctly are not eligible for evaluation. If references are found to be incorrect during the evaluation, the candidate may be asked to rework their references. This will add to a delay in the marking process.												
9.1.5.	There must be a cover page for the examination document												
9.1.6.	The PDF file of the written examination must use the following naming convention: SAATA_MHTAP_Year of Submission												
9.1.7.	Word Count												
<table border="1"> <thead> <tr> <th>Section</th><th>Word Count</th></tr> </thead> <tbody> <tr> <td>Section A</td><td>4000-5000</td></tr> <tr> <td>Section B</td><td>2500-3000</td></tr> <tr> <td>Section C</td><td>7500-9000</td></tr> <tr> <td>Section D</td><td>3000-4500</td></tr> <tr> <td>Total Word Count</td><td>17000-21500</td></tr> </tbody> </table>		Section	Word Count	Section A	4000-5000	Section B	2500-3000	Section C	7500-9000	Section D	3000-4500	Total Word Count	17000-21500
Section	Word Count												
Section A	4000-5000												
Section B	2500-3000												
Section C	7500-9000												
Section D	3000-4500												
Total Word Count	17000-21500												

9.2. Anonymity

Examination regulations require the candidate to submit the written examination in complete anonymity. This mandate is to protect the candidate. The following is a list of procedures that candidates must follow to ensure anonymity:

9.2.1.	The candidate must refrain from offering any information that points to the individual identity of the candidate, supervisor, and/or the institute they are affiliated to.
9.2.2.	If the candidate identifies self or the training institute/supervisor in the written examination, the paper will be returned to the candidate without marking.
9.2.3.	The identity of any individual or organisation used as an example to illustrate application must be disguised.
9.2.4.	The identity of the examiner will be included in the examination feedback for the benefit of the client.

9.3. Section Scoring & Final Evaluation of Written Examination

The candidate will be assessed based on how well they do in [Section A: Professional Self-Portrayal](#), [Section B: Training and Personal Development](#), [Section C: Case Study](#) & [Section D: Theory](#) as well as overall execution and presentation. Below is a table showing the scoring by section:

Section	Percentage
Section A	20%
Section B	14%
Section C	40%
Section D	18%
Overall Execution & Presentation	8%
Total	100%

9.4. Criteria for Assessment of Written Examination

The following list of factors will be used by the examiner to assess the candidate's written examination:

9.4.1.	Demonstration of professional and personal identity
9.4.2.	Awareness of the context of practice
9.4.3.	Awareness of regional mental health systems
9.4.4.	Ethical position and integrity
9.4.5.	General competencies in listening, reflection, presence, paraphrasing, questioning, and affirmative language
9.4.6.	Knowledge of TA philosophy
9.4.7.	Grasp over TA theory
9.4.8.	Ability to explain contractual relationship with clients
9.4.9.	Clarity in diagnosis using TA theory
9.4.10.	Ability to formulate a treatment plan and execute the process
9.4.11.	Ability to explain treatment process using various TA concepts/ models/ frameworks
9.4.12.	Understand and engage in a therapeutic relationship using TA concepts

Refer to [Appendix III](#) for a detailed and section-wise break-down of the criteria for evaluation of the written examination.

9.5. Examination Submission Procedure of Written Examination

The candidate, supervisor, and examination coordinator are to follow necessary steps, as elucidated in the table below, to complete the examination submission procedure of the written examination.

Sub-section No.	Role	Process
9.5.1.	Candidate	When the candidate is ready to submit their MH-TAP written exam, they need their supervisor to endorse that

		the written examination has met the requirements for submission.
9.5.2.	Primary Supervisor	The first step of evaluation is carried out by the candidate's primary supervisor, in the form of an appraisal to ensure that the written examination is in accordance with the appropriate format and of required standard.
9.5.3.	Primary Supervisor	The submission must include endorsement by the primary supervisor that the required hours and other criteria are met. PSD assumes that the supervisor has reviewed and attested the accuracy of the hours.
9.5.4.	Primary Supervisor	The primary supervisor holds the responsibility to check if the examination meets the guidelines on formatting, word count, anonymity, and referencing (as per APA/TAJ standards for both in-text and final reference list).
9.5.5.	Primary Supervisor	If the paper fails to meet any of the above criteria, the primary supervisor sends it back to the candidate for the necessary corrections.
9.5.6.	Candidate	On receiving the endorsement from the primary supervisor , the candidate is to email scanned copies of the Necessary Paperwork to the SAATA examination coordinator at exams@saata.org . Refer to Section 9.5.6.1 for a list of documents that candidates are to provide to the SAATA examination coordinator before submitting the written examination for evaluation.
		9.5.6.1. Necessary Paperwork
		9.5.6.1.1. Application for MH-TAP Written Examination. Go to Appendix I for a proforma.
		9.5.6.1.2. Primary Supervisor's Endorsement for MH-TAP Written Examination. Refer to Appendix II for a proforma.
		9.5.6.1.3. The written examination is not to be considered as a part of the necessary paperwork. On receiving the necessary paperwork from the candidate, the exam coordinator is to verify if all requirements

		have been met, including whether the applicant has been a member of SAATA for at least 24 months.												
9.5.7.	Exam coordinator	After confirming with the candidate by email that the requirements are met, the candidate is to pay the examination fee via the provided payment link . This is a consolidated amount, which includes the application fee and the examiner’s fee. Candidates should note that the fees are non-refundable. Refer to Section 9.5.8.1 for details on the examination fees and the payment link.												
9.5.8.	Candidate	<div>9.5.8.1. Examination Fees</div> <p>Candidates are required to pay for examination, and resubmission as and when necessary. Written examination fees are to be paid online through the link: https://rzp.io/l/uN59jBzgkk. Here are the specifics:</p> <table><tr><td></td><td>Application Fee</td><td>Examiner’s Fee</td><td>Total</td></tr><tr><td>Written Examination</td><td>₹ 3000/-</td><td>₹ 4000/-</td><td>₹ 7000/-</td></tr><tr><td>Resubmission with minor changes</td><td>₹ 200/-</td><td>₹ 3000/-</td><td>₹ 3200/-</td></tr></table> <p><i>Note: Fees paid through direct bank transfers to SAATA account, or any other mode are not considered valid payments and no request for a refund will be entertained.</i></p> <p>When the candidate uses the payment link to make the payment, they will receive an acknowledgement from the payment gateway, which will serve as the payment slip.</p>		Application Fee	Examiner’s Fee	Total	Written Examination	₹ 3000/-	₹ 4000/-	₹ 7000/-	Resubmission with minor changes	₹ 200/-	₹ 3000/-	₹ 3200/-
	Application Fee	Examiner’s Fee	Total											
Written Examination	₹ 3000/-	₹ 4000/-	₹ 7000/-											
Resubmission with minor changes	₹ 200/-	₹ 3000/-	₹ 3200/-											
9.5.9.	Candidate	The candidate is to mail the payment slip to the exam coordinator as proof of payment of the examination fees.												
9.5.10.	Exam Coordinator	On receiving the proof of payment from the candidate, the exam coordinator is to check for an available examiner.												
9.5.11.	Exam coordinator	<div>9.5.11.1. Only on receiving confirmation of availability from the examiner, the exam coordinator is to instruct the candidate via email to submit the</div>												

		soft copy (pdf) of their written examination.
		9.5.11.2. Only on receiving instructions from the exam coordinator, candidate is to submit a soft copy (pdf) of the written examination to the SAATA exam coordinator (exams@saata.org).
9.5.12.	Exam coordinator	On receiving the written examination, the exam coordinator is to issue a receipt via email to the candidate, marking the date of submission.
9.5.13.	Exam coordinator	9.5.13.1. In the same email, the exam coordinator is to inform the candidate that the examination will be marked within 60 days of the date of submission.
		9.5.13.2. The exam coordinator is to verify if the written examination meets the guidelines on word count, formatting, and references as per the APA/TAJ style.
9.5.14.	Exam coordinator	The exam coordinator is not to forward the written examination to the examiner if word count, formatting and references are not as per the APA/TAJ style.
9.5.15.	Exam coordinator	The exam coordinator is to send the examination to an available examiner for evaluation. The primary supervisor is not to be involved in this process.

9.6. Guidelines for Examiners

The main function of this section is to give the examiners a fixed framework of consistent criteria to abide by for the purposes of evaluation. The following recommendations are formulated based on previous experience and industry best practices:

9.6.1.	Examiners can refer to Section 6 for a thorough understanding of the objectives of the MH-TAP written examination, including the aptitudes based on which the candidate will be evaluated.
9.6.2.	Examiners will find a list of the questions they can anticipate candidates to answer in Section 9 .
9.6.3.	For marking on ethics criteria, the candidate needs to demonstrate thinking from a personal value-based point of view. No explicit mention or knowledge of ethics is required. Refer to Appendix III for further information.

9.6.4.	The candidate will demonstrate a deep investment in themselves in the written examination which the examiner must respect, irrespective of the outcome.
9.6.5.	While framing comments the examiner should hold themselves to high standards of empathy and sensitivity, while exercising restraint and respect. Comments should highlight specific areas of strength and weakness in the candidate.
9.6.6.	The written examination evaluation should not include any diagnosis of the candidate. Evaluation is an educational, not a psychotherapeutic process. The examiner should avoid unqualified critical statements and unsubstantiated value judgments. Such words as ‘insufficient’ or ‘adequate’ do not carry enough information to give the candidate proper guidance for future progress. Remarks should specifically address the criteria of the scoring scale.
9.6.7.	The written examination evaluation should include positive strokes. If there is something that is unsatisfactory or if information is missing, the comments should be specific about what is expected, so that the candidate may learn something useful. The examiner should address the candidate directly, making the evaluation a respectful I’m OK – You’re OK process.
9.6.8.	Examiners can Refer to Section 9.7 for details on the criteria of ‘ Pass ’ & ‘ Deferral ’ of an examination.
9.6.9.	Examiners are to limit the feedback to three pages and make use of the numerical scoring scale and the guidelines provided in Appendix III .
9.6.10.	For details on the rating procedure, examiners can refer to Section 9.6 .
9.6.11.	The examiners hold no obligation to respond or communicate with the candidate/candidate’s primary supervisor.
9.6.12.	First, second, and third examiners are to mark the written examination within a period of 60 days. This includes 45 days to evaluate the written examination and to inform the exam coordinator whether the candidate’s result is “Pass” or “Deferred”. The examiner can take another 15 days to email the Consolidated Mark Statement (Refer to Appendix III) with the feedback as a PDF file to the SAATA exam coordinator.

9.7. Rating Procedures

The candidate, examiners, and exam coordinator can refer to this section for a thorough explanation of the rating procedures:

Sub-section No.	Role	Process
9.7.1.	Examiner	The examiner marks the written examination based on the criteria specified and the detailed rubric provided (Refer to Appendix III).
9.7.2.	Examiner	The examiner can take a maximum of 60 days to mark the examination. This includes 45 days to evaluate

		the written examination and to inform the exam coordinator whether the candidate's result is "Pass" or "Deferred". The examiner can take another 15 days to email the Consolidated Mark Statement (Refer to Appendix III) with the feedback as a PDF file to the SAATA exam coordinator.
9.7.3.	Exam Coordinator	The exam coordinator sends the result to the candidate with the scoring sheet and feedback form.

9.8. Result of Written Examination: Pass & Deferral

The rating process has two possible outcomes: ["Pass"](#) or ["Deferred."](#) the specifics of which are detailed below:

9.8.1. *Pass*

A minimum total score of 65 % is required in the Written Examination to be declared 'Pass'. The exam coordinator will email the results to the candidate, with also a request for feedback on the examination process.

9.8.2. *Deferred*

If the total score of the Written Examination is less than 65%, the examination will be declared 'Deferred'. The written examination will also be deferred if it does not meet the requirements of submission. Following are the necessary steps to follow if the written examination is 'deferred':

9.8.2.1.	If the examination has been deferred by the first examiner, the exam coordinator sends the examination to a second examiner. The second examiner is not informed about the deferral.
9.8.2.2.	The exam coordinator informs the candidate of the deferral. The candidate is also informed that their examination is being sent to a second examiner for evaluation, whose results will arrive within a maximum of 60 days.
9.8.2.3.	The second examiner can take a maximum of 60 days to mark the examination. This includes 45 days to evaluate the written examination and to inform the exam coordinator whether the candidate's result is "Pass" or "Deferred". The examiner can take another 15 days to email the Consolidated Mark Statement (Refer to Appendix III) with the feedback as a PDF file to the SAATA exam coordinator.

9.8.2.4.	Only if the second examiner passes the exam, they will be informed that the first evaluation was a deferral.
9.8.2.5.	The exam coordinator then connects the first and second examiners via email for them to discuss the result.
9.8.2.6.	If the two examiners come to an agreement regarding the result, then the joint evaluation and feedback are sent to the exam coordinator, who then forwards it to the candidate. They will have 10 days to come to a conclusion.
9.8.2.7.	If they do not agree on the result, the exam coordinator sends the examination to a third examiner to evaluate.
9.8.2.8.	The exam coordinator informs the candidate that their examination is being sent to a third examiner for evaluation, whose results will arrive within a maximum of 60 days.
9.8.2.9.	The third examiner can take a maximum of 60 days to mark the examination. This includes 45 days to evaluate the written examination and to inform the exam coordinator whether the candidate's result is "Pass" or "Deferred". The exam coordinator can take another 15 days to email the Consolidated Mark Statement (Refer to Appendix III) with the feedback as a PDF file to the SAATA exam coordinator.
9.8.2.10.	The result of this evaluation will be final. This third and final evaluation result will then be sent to the candidate by the exam coordinator.

9.9. Appeal Process

Any challenge to the result must go through the appeal process through SAATA PSD. Candidates can refer to [Section 10.14](#) for detailed information about how to appeal the results of the MH-TAP Written Examination.

10. Overview of MH-TAP Oral Examinations

On passing the MH-TAP oral examination, the candidate is to receive certification as an MH-TAP. Refer to the following sections for a detailed breakdown of [convening of the oral examination](#), [requirements for application of the oral exam](#), [oral examination application procedure](#), [format of the oral examination](#), [details of oral examination process](#) & [oral examination board](#), [guidelines for the candidate](#), [criteria of assessment](#), [rating](#) and [appeals processes](#), and [guidelines for examiners](#). The oral examination is marked according to the [scoring sheet](#) for the various competencies. Refer to [Section 10.10](#) for a detailed list of criteria based on which the examiners are to mark the MH-TAP oral examination

10.1. Convening the Oral exam

10.1.1.	The PSD decides the venue (offline/online) and dates to coincide with specific SAATA events
10.1.2.	PSD will appoint an exam supervisor who is a certified member of SAATA with a minimum of three instances of assisting in examination processes. The exam supervisor will be responsible for managing all exam process.
10.1.3.	The responsibilities of the exam supervisor will be as follows:

- 10.1.3.1. Organize examination boards for the candidates
- 10.1.3.2. Appoint process facilitators for the exam
- 10.1.3.3. Organize logistical requirement for the examination (including Zoom accounts and venue availability)
- 10.1.3.4. Exam briefing and debriefing with examiners and candidates
- 10.1.3.5. Ensuring the exam procedures are followed
- 10.1.3.6. Collaborating with the PSD exam coordinator to get required documents from candidates and send it to the exam boards
- 10.1.3.7. Collating the scoring sheets to the PSD exam coordinator
- 10.1.3.8. Hosting the celebration for the candidates (in-venue during events as well as online for online exams)
- 10.1.3.9. Providing a report of the examination to the PSD

10.2. Requirements for Application for MH-TAP Oral Examination

The candidate is to submit the following with their application for oral examination:

- 10.2.1. The completed [Application Form](#)
- 10.2.2. [Endorsement](#) by the primary supervisor that the candidate has satisfied all the requirements to be eligible for the oral examination

10.3. MH-TAP Oral Exam Application Procedure

Below is a list of steps the candidate must follow to complete the application procedure for the MH-TAP oral examination:

10.3.1.	Candidate	When the candidate is ready to take the MH-TAP oral examination, they need their primary supervisor to endorse that they have completed the required hours. PSD assumes the accuracy of the hours that the supervisor has reviewed and attested to.
10.3.2.	Candidate	The candidate is to send the application form and the primary supervisor's endorsement to the exam coordinator via email.
10.3.3.	Exam Coordinator	Upon receiving the application form and the primary supervisor's endorsement form from the candidate, the exam coordinator will verify if all requirements have been met, including whether the applicant has been a member of SAATA for at least 24 months .
10.3.4.	Candidate	After confirming with the candidate by email that all requirements are met, the candidate should proceed to pay the exam fee of ₹ 5000 via the provided payment link . Direct bank transfers to SAATA account are not considered valid payments. Candidates should note that the fees are non-refundable.. Direct bank transfers to SAATA account are not a valid

		payment. Candidates are to note that the fees are non-refundable.						
10.3.5.	Candidate	When the candidate uses the above payment link to make the payment, they will receive an acknowledgement from the payment gateway, which will serve as the payment slip.						
10.3.6.	Candidate	The candidate is to mail the payment slip to the exam coordinator as proof of payment of the exam fees.						
10.3.7.	Exam Coordinator	<p>Upon receiving the proof of payment, the exam coordinator will request for the necessary documents for the oral examination within a maximum of 15 days before the oral examination, or as defined by the PSD.</p> <p>The documents are to be submitted as two files:</p> <ul style="list-style-type: none">• A copy of written exam• The rest of the necessary documents as one PDF. <p>In the event of an offline exam, the candidate needs to bring three copies of the documents and one copy of the written exam.</p> <p>Refer below for a complete list of the documents:</p> <table><tr><td>→ Copy of written exam</td></tr><tr><td>→ Latest CV</td></tr><tr><td>→ Updated log of hours</td></tr><tr><td>→ Written examination feedback</td></tr><tr><td>→ Endorsement from other supervisors, if any (not mandatory)</td></tr><tr><td>→ Transcripts of the recordings</td></tr></table>	→ Copy of written exam	→ Latest CV	→ Updated log of hours	→ Written examination feedback	→ Endorsement from other supervisors, if any (not mandatory)	→ Transcripts of the recordings
→ Copy of written exam								
→ Latest CV								
→ Updated log of hours								
→ Written examination feedback								
→ Endorsement from other supervisors, if any (not mandatory)								
→ Transcripts of the recordings								
10.3.8.	Exam Coordinator	On receiving the documents, the exam coordinator informs the exam supervisor.						
10.3.9.	Exam Coordinator	After initial check, the exam coordinator is to hand over all documentation related to the candidate to the exam supervisor						
10.3.10.	Exam Supervisor	On receiving the documents, the exam supervisor is to communicate the details of the exam board to the candidate. This will be closer to the exam date, once all the applications have been received.						

10.3. Format of the Oral Examinations

Candidates can refer to this section for a breakdown of the format of the oral examination:

10.4.1.	Total duration of the oral examination is 90 minutes. An additional 15 minutes is given if the candidate is accompanied by a translator. Refer to Section 8.2 for the oral examination calendar, and Section 10.3 for the oral examination application procedure.
10.4.2.	The oral examination is in two parts:
10.4.2.1.	Part 1 is of 30-45 minutes duration, where the candidate is to be evaluated as a practitioner, which includes their socio-cultural identity, overall theoretical understanding of TA, and ethics. This part of the examination will also include discussion on the feedback from the written examination.
10.4.2.2.	Part 2 is of 45 minutes, where the candidate is asked to play one or two of the three recordings of five minutes each. Details of the recordings are described in Section 10.8 .
10.4.3.	The working language of the oral examination is English. Candidates are allowed a translator if they wish to take the MH-TAP oral examination in a language of their choosing. Please refer to Appendix IV apply for provision of translator.
10.4.4.	The MH-TAP oral examination is closed room. The exam might have an observer appointed by the exam supervisor. The role of the observer is to provide a space of reflection for the board post the exam.
10.4.5.	The candidate is required to share three five-minute recordings of client interactions with the examiners, along with the transcripts of each recording (three copies in the event of an in-person examination). For an online exam, the candidate is to e-mail the transcripts to the exam supervisor, as and when directed.

10.5. Details of the Oral Examination Process

10.5.1.	Prior to the commencement of the Oral Examination, the chairperson will invite the candidate and introduce the members of the examination board.
10.5.2.	The Chairperson will invite the candidate to introduce themselves to the examination board.
10.5.3.	The Chairperson will brief the candidate about the oral examination process
10.5.4.	The candidate will also receive briefing about when they can call the process facilitator
10.5.5.	The oral examination will commence with Part 1
10.5.6.	At the end of Part 1, the oral exam process will have an optional break for a duration of 20 minutes
10.5.7.	Following the break, the oral exam process will resume with Part 2
10.5.8.	Scoring will take place after completion of Part 2

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|----------|---|
| 10.5.9. | Both the candidate and members of the examination board can invite the process facilitator to join the exam process at any time. However, such invitations can be extended until the commencement of the scoring process. |
| 10.5.10. | The board will meet for 20 mins to debrief the exam process. In-case of an observed exam, the observer will be part of the debrief and will provide space for reflection to the board. |

10.6. Candidate Guidelines for Oral Examination Process

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|----------|---|
| 10.6.1. | On the day of the oral examination, the candidate is to report to the exam venue one hour before the commencement of the examination. In case of an online exam, the candidate is required to log in to the provided joining link 30 minutes before the commencement of the examination |
| 10.6.2. | The candidate is required to bring electrical equipment, including all necessary accessories such as batteries, socket adapters, and spares, to play the recording. |
| 10.6.3. | Candidate is to carry a second audio recorder to record the examination process. |
| 10.6.4. | Candidate is to carry three copies of transcripts of each recording. The transcripts may be accompanied by a brief write-up offering context to the therapeutic process in the recordings. In case of online exam, the candidate is to mail the transcripts to the exam supervisor, as and when directed. |
| 10.6.5. | Candidates are to choose appropriate methods to demonstrate their competence to the examination board. |
| 10.6.6. | Candidates are to present themselves as competent TA colleagues to the examiners. |
| 10.6.7. | Candidates are to pay close attention to the questions asked and give short and specific responses. |
| 10.6.8. | Candidates can ask the examination board if they need to elaborate further on their responses, or if the board is satisfied with their response |
| 10.6.9. | It is within the rights of the candidate to ask for clarification if they do not understand a question. |
| 10.6.10. | The candidate may be asked to explain parts of the recordings. |
| 10.6.11. | The candidate must be prepared to respond to questions related to the responses in their written examination. |
| 10.6.12. | Candidates are to use TA frameworks and concepts to explain the material in the recordings. |
| 10.6.13. | Candidates maybe asked by the board to play portions before and/or after the chosen 5 minutes segment |
| 10.6.14. | Candidates are to explain the usefulness of different TA concepts |
| 10.6.15. | The exam board can expect candidates to elaborate upon the connection between their therapeutic intervention and the client's response as evident in the recording. |

10.7. Details of the Oral Examination Board

Following are a few details about the composition of the oral exam board, and roles of the chairperson and process facilitator:

10.7.1. A board of three certified members of SAATA conduct the MH-TAP oral examinations, one of whom acts as the Chairperson.
<p>10.7.2. The role of the Chairperson is as follows:</p> <ul style="list-style-type: none"> 10.7.2.1. Manage the examination process and related documentation 10.7.2.2. Protect the candidate and their rights 10.7.2.3. Contract with the translator, if present 10.7.2.4. Call in the process facilitator at the behest of the candidate, any of the examiners, or self 10.7.2.5. Regulate the time structure of the examination process.
<p>10.7.3. The role of the Chairperson during the oral exam process is as follows:</p> <ul style="list-style-type: none"> 10.7.3.1. Bring the candidate's written examination, documentation, and the scoring sheets 10.7.3.2. Ensure that the board members are in contact with each other and comfortable 10.7.3.3. Encourage all members to look at the documents and discuss them 10.7.3.4. Welcome the candidate to the examination room 10.7.3.5. Ensure that the seating is to the candidate's liking and comfort 10.7.3.6. Explain the exam procedure 10.7.3.7. Introduce the candidate, self and board members 10.7.3.8. Establish and encourage a respectful and collegial atmosphere 10.7.3.9. Observe, support, and remind the board with respect to the following: <ul style="list-style-type: none"> → Energy level → Time boundaries → Clarity and conciseness of questions → Cooperation with the candidate → Verbal and non-verbal feedback to the candidate 10.7.3.10. Inform the candidate about their last opportunity to call the process facilitator before the scoring begins 10.7.3.11. Invite the candidate to choose whether to stay or leave for the marking process 10.7.3.12. Ensure that the equipment being used to record the exam process is in operation until the examination is declared finished 10.7.3.13. Call for, and record the scores of the exam board on their scoring sheet 10.7.3.14. Complete the scoring sheet 10.7.3.15. Conduct the voting process

<p>10.7.4. The role of the Chairperson after the completion of the exam process is as follows:</p> <p>10.7.4.1. Give the candidate the feedback form</p> <p>10.7.4.2. Return written examination and documentation to the candidate</p> <p>10.7.4.3. Have a brief closing discussion with the board</p> <p>10.7.4.4. Return the scoring sheet and report examination result to the exam supervisor</p>
<p>10.7.5. The role of the process facilitator is to assist the candidate and /or examiners who may face difficulties with the process.</p>
<p>10.7.6. The role of the process facilitator is as follows:</p> <p>10.7.6.1. The process facilitator is to remain in a designated place during the whole of the examination process.</p> <p>10.7.6.2. The process facilitator is to help surface and process any psychological factors that is preventing the exam process to proceed. Their role is not to evaluate the board or the candidate.</p> <p>10.7.6.3. To remain available to be called by the chairperson, examiner, or by the candidate subject to the following time limitations:</p> <p>10.7.6.3.1. If the candidate is to call in a process facilitator, they must do so before the board members begin calling out their scores</p> <p>10.7.6.3.2. If any board member wants to call in a process facilitator, they must do so before the board members begin voting to pass or defer.</p>
<p>10.7.7. To avoid any conflicts of interest in personal or professional relationship with their supervisor, trainer, therapist, or others, candidates are advised to disclose a list of supervisors/trainers or any other individuals who might be potential examiners and with whom they have worked in the last six months, in the Application Form. It will assist the exam supervisor in avoiding the appointment of anyone from the disclosed list to serve as an examiner for the candidate</p>

10.8. Guidelines on Submission & Format of Recordings

Candidates can refer to this section for detailed guidelines on preparation, submission, and use of the recordings for the MH-TAP oral examination.

<p>10.8.1. Transcripts of three five-minute recordings of client interactions to be shared with each examiner during Part 2 of the Oral examination.</p>
<p>10.8.2. The recordings and transcripts are to be shared through email or a link provided to them by the exam coordinator in case of an online exam. For an in-person exam, the candidate is expected to bring devices to play the recordings, along with a device to record the exam. (Refer to sections 10.6.2 and 10.6.3)</p>
<p>10.8.3. Each recording must be part of a longer recording of the candidate's work</p>

10.8.4.	Be ready to play each recording when asked to do so.
10.8.5.	The playing segment must be cued to the start point in the whole recording.
10.8.6.	Candidates are to ensure that the pitch and sound of the recordings are of high quality and free of distracting background noise. All speech in the recordings must be clearly audible.
10.8.7.	The recording is to demonstrate reasonably fluent interaction between the candidate and the client
10.8.8.	The recording is to demonstrate effective interventions using TA
10.8.9.	The work that candidate wants to demonstrate must be clearly shown on the recording itself. Examiners will assess the candidate's work according to what they hear on the recording. Reports of "what happened before or afterwards" are relevant only as context.
10.8.10.	If required, the candidate must be prepared to play different parts of the recording to substantiate their explanation.
10.8.11.	Candidates are to thematically organise and name the recordings to represent the topic of discussion in each recording.

10.9. Criteria of Assessment of Oral Examinations

The following list of factors will be used by the examiner to assess the candidate's oral examination:

10.9.1.	Ability to demonstrate themselves as personally and professionally competent and ethically responsible
10.9.2.	Demonstration of understanding and skilful use of TA in one's own area of expertise
10.9.3.	Ability to make an appropriate appraisal of human behaviour in practice; can connect this to TA theory and make an assessment
10.9.4.	Show sufficient competence as a Transactional Analyst
10.9.5.	Demonstration that the candidate has integrated TA-compatible values and principles such as respect, autonomy, acceptance, and positive confrontation in their practice.
10.9.6.	Capacity for self-reflection
10.9.7.	Ability to establish and maintenance of an I'm OK - You're OK relationship
10.9.8.	Demonstrate creativity and effectiveness in their interventions within the context of the relationship, the contract and the stage of the client work.
10.9.9.	Demonstrate clarity about accurate assessment of the client situation, based on the context, needs and goals of the client and client system, the legal obligations and the strengths and limitations of TA practice.
10.9.10.	Ability to work with contracts in different settings with individuals and/or groups relating to the practice

10.10. Guidelines for Examiners of Oral Examination

The main function of this section is to give the examiners a fixed framework of consistent criteria to abide by for the purposes of evaluation. The following recommendations are formulated based on previous experience and industry best practices:

10.10.1.	Refer to the following for details about the duration of the online and offline exams:
10.10.1.1.	The duration of the offline examination is 90 minutes. The maximum duration of the translated offline examination is 105 minutes.
10.10.1.2.	The maximum duration of the online examination can be 120 minutes, provided adjustments are required for technical errors. The maximum duration of the translated online examination is 135 minutes.
10.10.2.	The examination board is to report to the chairperson 30 minutes before the oral examination process begins.
10.10.3.	The Chairperson is to inform the exam board of the procedure of the oral examination.
10.10.4.	Prior to the beginning of the oral examination, the board is to thoroughly review the CV, log of hours, copy of the written examination, and the feedback of the written examination.
10.10.5.	For marking on ethics criteria, the candidate needs to demonstrate thinking from a personal value-based 40point of view. No explicit mention or knowledge of ethics is required.
10.10.6.	The candidate will demonstrate a deep investment in themselves in the written examination which the examiner must respect, irrespective of the outcome.
10.10.7.	While framing comments the examiner should hold themselves to high standards of empathy and sensitivity, while exercising restraint and respect. Comments should highlight specific areas of strength and weakness in the candidate.
10.10.8.	The oral examination evaluation should not include any diagnosis of the candidate. Evaluation is an educational, not a psychotherapeutic process. The examiner should avoid unqualified critical statements and unsubstantiated value judgments. Such words as 'insufficient' or 'adequate' do not carry enough information to give the candidate proper guidance for future progress. Remarks should specifically address the criteria of the scoring scale.
10.10.9.	The oral examination evaluation should include positive strokes. If there is something that is unsatisfactory or if information is missing, the comments should be specific about what is expected, so that the candidate may learn something useful. The examiner should address the candidate directly, making the evaluation a respectful I'm OK – You're OK process.
10.10.10.	Examiners are to ask the candidate questions about their written examinations and their practice.

10.10.11.	Examiners are to give feedback to the candidate on their recordings.
10.10.12.	The candidate is to be asked only one question at a time. Examiners are to avoid framing questions that are close-ended, negative, and vague.
10.10.13.	Examiners are to offer feedback after every response from the candidate to inform the candidate what their evaluation is of their response.
10.10.14.	Examiners must rephrase the question if the candidate provides a partial or incorrect response to one. If a candidate repeatedly provides an incorrect or unclear response to a question, the examiner must make it clear to the applicant what response they were seeking.
10.10.15.	Examiners are to identify and discuss problem areas.
10.10.16.	Each examiner is to pay close attention to the other Board members, providing them with comments and encouragement as well as letting them know what is happening in their own opinion.
10.10.17.	Examiners can Refer to Section 10.10 for details on the criteria of ‘ Pass ’ & ‘ Deferral ’ of an examination.
10.10.18.	Make use of the numerical scoring scale and the guidelines provided in Appendix IV .
10.10.19.	For details on the rating procedure, examiners can refer to Section 10.12 .
10.10.20.	The examiners hold no obligation to respond or communicate with the candidate/candidate’s primary supervisor

10.11. Section Scoring & Final Assessment of Oral Examination

Candidates can receive a maximum score of 5, and a minimum score of 1, from each examiner, on multiple competencies in their MH-TAP oral examination. Please refer to [Appendix IV](#) for a detailed breakdown of the competencies, based on which the examiners will mark the MH-TAP oral examination.

10.12. Rating Procedures of Oral Examination

The oral examination consists of two parts, scoring and voting, details of which are given below:

10.12.1. *Scoring Procedure*

10.12.1.1.	The Chairperson will ask the board if they are ready to start giving the scores.
10.12.1.2.	When the board is satisfied that they have sufficient information to vote, the Chairperson informs the candidate that this is their last opportunity to call the process facilitator.
10.12.1.3.	After this, only a board member can call the process facilitator.
10.12.1.4.	Once the scoring procedure begins: <ul style="list-style-type: none"> 10.12.1.4.1. Each member of the board does their own scoring 10.12.1.4.2. There is a discussion between the board members on the scoring if there is noticeable difference in scores. 10.12.1.4.3. Board members may revise their scores 10.12.1.4.4. The scores are called out 10.12.1.4.5. The Chairperson records the scores

10.12.1.4.6. The final score received by the candidate will be an average of the scores of all three examiners

10.12.2. *Voting Procedure*

10.12.2.1. Before the voting procedure begins, the chairperson informs the board members that this is their last opportunity to call the process facilitator.

10.12.2.2. Board members vote to pass or defer

10.12.2.3. Points are to be used as a guide and the judgement of the examiners is the final decision. Details of how the voting process leads to pass or deferral is given in Section 10.13.

10.13. Results of Oral Examination: Pass & Deferred

The rating process has two possible outcomes: [“Pass:”](#) or [“Deferred:”](#) the specifics of which are detailed below:

10.13.1. *Pass:*

A minimum of two votes of “Pass” are needed for the candidate to pass the oral examination. Once the candidate passes both the written and the oral examinations, the SAATA exam coordinator sends the feedback to the candidate, and the candidate will be awarded an e-certificate via email.

10.13.2. *Deferred:*

If two or more examiners of the Oral Examination vote to “Defer”, the candidate is deferred. If two or more examiners of the Oral Examination vote to pass, the candidate passes, except in the following two instances where the candidate is automatically deferred.

10.13.2.1. The total score (average of the total score of all three examiners) is 25 points or less.

10.13.2.2. The candidate receives a rating of 1 from all three examiners on any single scoring criterion.

10.14. Appeal Process for Written/Oral Examination

Any challenge to the result must go through the appeal process with SAATA PSD. Candidates can refer to this section for detailed information about the Appeal Process for both written and oral examinations:

10.14.1. The candidate can write to SAATA PSD within 30 days of receiving the results of the oral/written examination with the [appeal request](#) to exams@saata.org. The request will be reviewed by the PSD and a panel will be convened to process it.

10.14.2. Following are the conditions in which a candidate can appeal the result of their oral/written examination:

10.14.2.1. If the candidate’s oral/written examination has been deferred.

	<p>10.14.2.2. If there is a serious administrative error in the management of the examination process.</p> <p>10.14.2.3. If the examiners failed to follow SAATA regulations in the evaluation process.</p> <p>10.14.2.4. If any other serious circumstance or irregularity took place.</p>
10.14.3.	<p>Following are the conditions in which the PSD can reject a candidate's appeal:</p> <p>10.14.3.1. If the exam was not recorded by the candidate</p> <p>10.14.3.2. The candidate made an appeal on matters of academic judgement</p> <p>10.14.3.3. The candidate had every option/opportunity to bring the issues detailed in their appeal before the examination board before the examination/ evaluation process was completed.</p> <p>10.14.3.4. The candidate was not aware of or did not understand the published regulations about the examination process that they have appealed about.</p> <p>10.14.3.5. The appeal is with respect to a health condition that the candidate was aware about at the time of the examination process.</p> <p>10.14.3.6. The appeal was submitted after the deadline (30 days of receiving the results of the oral examination)</p>
10.14.4.	<p>Following are the details of the appeal process, which the candidate must follow:</p> <p>10.14.5. Candidates are required to complete the Application to Appeal Form, and outline the grounds for making the appeal.</p> <p>10.14.6. The form must be supported by corroborative evidence such as medical certificates, statements from other parties, recording of the examination process etc.)</p> <p>10.14.7. The completed form is to be submitted to the SAATA exam supervisor within 30 days of receipt of the evaluation deferring the candidate. Candidate is to preserve the proof of receipt of the application. The PSD will reject any application for appeal received after the deadline.</p> <p>10.14.8. All appeal documents must be in/translated into English</p> <p>10.14.9. The candidate will receive a written notification within one month of receipt of the application on whether the appeal is considered valid</p> <p>10.14.10. If the appeal is valid, the candidate is to send copies of the written examination and recordings of the oral examination to the exam supervisor.</p> <p>10.14.11. An appeal panel will be convened to consider the application and arrive at a decision within six weeks of receipt of the documents.</p> <p>10.14.12. The appeal panel will have three members, of which one will be a Teaching and Supervising Transactional Analyst.</p> <p>10.14.13. The appeal panel may meet online or in-person to discuss the appeal.</p> <p>10.14.14. The appeal panel is to listen to the recording of the oral examination.</p>

10.14.15.	On arriving at a decision, the appeal panel will notify the exam supervisor of the result.
10.14.16.	The exam supervisor is to inform the candidate of the outcome of the appeal proceedings within two weeks of the Appeal Panel Meeting.
10.14.17.	Following are the potential outcomes of an appeal:
10.14.17.1.	The appeal is denied. The decision is final, and no further appeal is possible.
10.14.17.2.	The appeal is upheld and one of the following recommendations is made:
10.14.17.2.1.	The defer evaluation of the examination board is revised
10.14.17.2.2.	The candidate may re-take elements of the examination process at no cost
10.14.17.2.3.	The candidate may re-take the entire examination process at no cost
10.14.17.2.4.	The appeal panel can suggest further alternatives for evaluation
10.14.18.	The Oral Examination Board/the examiner of the written exam will be notified of the outcome of the appeal and of the reasons for the decision.

Appendix I: Application for MH-TAP Written Examination

Date : _____

To :

Professional Standards Division
South Asian Association of Transactional Analysts (SAATA)

Application for MH-TAP Written Examination

I have completed all the requirements for the written examination to qualify as MH-TAP. Please record my readiness to have my examination graded.

Names of your two endorsing supervisors and supervisors, trainers who have been part of your exam process in the last 6 months:

1. _____
2. _____
3. _____
4. _____

Enclosed are scanned copies of the following:

1. Endorsement by the Primary Supervisor ([Appendix III](#)).

Language of examination: English Other (specify) : _____

Candidate's Name : _____ Signature : _____

Address : _____

Email : _____ Phone No : _____

(Kindly use the mail address utilised to register your membership with SAATA)

Appendix II: Supervisor's Endorsement for MH-TAP Written Examination

Date : _____

To :

Professional Standards Division
South Asian Association of Transactional Analysts (SAATA)

Endorsement for MH-TAP Written Examination

Candidate's Name : _____

Primary Supervisor's Name : _____

As the candidate's primary supervisor, I certify that I provided training to the candidate from (dd/mm/yyyy) _____ to _____.

The candidate has completed

_____ hours of advanced TA training (400 minimum)

☐ (Tick this) **Declaration:** I, the primary supervisor, confirm that the candidate has completed the above requirement to appear in the MH-TAP written examination. I have read the examination and find it to be in the appropriate format and of required standard.

Supervisor's Name : _____

Signature : _____

Address : _____

Email : _____

Phone : _____

Appendix III: MH-TAP Written Examination Scoring Sheet

Section A: Professional Self Portrayal

Total Marks: 20

Criteria	Max. Marks	Marks Awarded
Understanding of the Social, Cultural, Professional context	4	
Awareness of the self as a TA Professional	4	
Impact of TA Training & Supervision in Professional Development	4	
Ethical Position	3	
Collaboration, Referral Systems, Awareness of one's own Limitations as a Professional Inclusive attitude towards Alternative Healing methods	3	
Consideration of the Impact of Client Systems (family, social and work setting)	2	

Section B: Personal Learning & Growth

Total Marks: 14

Criteria	Max. Marks	Marks Awarded
Personal Growth & Development as reflected in professional setting; for e.g., use of Script material, Transference & Counter Transference, etc	5	
Role of Training & Supervision on the self in influencing the identity of the practitioner	5	
Self-Care and Protection - personal and professional	4	

Section C: Client Case Study

Total Marks: 40

Criteria	Max. Marks	Marks Awarded
Client Context/History Overview of Client Systems	2	
Assessment & Diagnosis using TA framework	4	
Differential Diagnosis	2	
Contracting <ul style="list-style-type: none"> ▪ Process of contracting at different stages of treatment ▪ Considerations while accepting client (safety, limitations of self, competence, etc) 	3	
Treatment Planning	4	
Mental Health Treatment Process: <ul style="list-style-type: none"> ▪ Description of the Therapy Process ▪ Working Alliance ▪ Interventions used ▪ Significance/use of Transference and Counter Transference 	9	
Self-Reflection/Meta Perspective: <ul style="list-style-type: none"> ▪ Self-reflection on the therapy process ▪ Understanding of own limitations as a practitioner ▪ Meta perspective on the case (ability to look at the larger picture of the client, parts of their intra-psychic process which could interfere with the case, etc) 	4	
Prognosis & Cure	2	
Use of Supervision	4	
Overall Demonstration of Professional Competence (Creativity, potency, coherence, cogent presentation, use of research, referencing, etc.)	4	
Ethical Position	2	

Section D: Theory (3 questions to be answered)

Total Marks: 18

Criteria	Max. Marks	Marks Awarded
Theoretical Understanding of TA <ul style="list-style-type: none"> ▪ Significance of questions chosen, and the concepts used ▪ Connection between application and theoretical understanding ▪ Use of client examples and transcripts ▪ Use of supervision and ethical thinking 	4	
Presentation Coherent, creative, concise and well-organized Appropriate and correct referencing	2	

Overall Execution & Presentation: 8 Marks

Criteria	Max. Marks	Marks Awarded
Sensitivity to Social/Cultural context	2	
Congruence in Thinking and Approach	2	
Coherence in Presentation and Theoretical Comprehension	2	
Referencing	2	

Consolidated Written Examination Scoring Sheet

Section	Description	Maximum Marks	Marks Awarded
A	Professional Self-Portrayal	20	
B	Personal Learning and Growth	14	
C	Case Study	40	
D	Theory Questions (3)	18	
	Overall Execution & Presentation	8	
	Total	100	

Appendix IV: Application for MH-TAP Oral Examination

Date : _____

To :

Professional Standards Division,
South Asian Association of Transactional Analysts (SAATA)

Application for MH-TAP Oral Examination

I have completed all the requirements for the oral examination to qualify as MH-TAP. Please record my readiness to have my examination graded.

Names of your two endorsing supervisors and supervisors, trainers who have been part of your exam process in the last 6 months:

1. _____

2. _____

3. _____

4. _____

Enclosed are scanned copies of the following:

1. Endorsement by the Primary Supervisor (Appendix V).

Language of Examination: English Other (specify): _____

Will candidate be accompanied by a translator? _____

(Please note, translator cannot be a TA trainee, supervisor, and/or practitioner)

Candidate's Name :

Signature :

Address :

Email :

Phone No :

(Kindly use the mail address utilised to register your membership with SAATA)

Appendix V: Supervisor's Endorsement for MH-TAP Oral Examination

Date : _____

To :

Professional Standards Division
South Asian Association of Transactional Analysts (SAATA)

Endorsement for MH-TAP Oral Examination

Candidate's Name : _____

Primary Supervisor's Name : _____

As the candidate's primary supervisor, I certify that I provided training to the candidate from (dd/mm/yyyy) _____ to _____.

The candidate has completed

_____ hours of advanced TA training (400 minimum)

_____ hours of CPD (minimum 100)

_____ hours of Application (minimum 500)

_____ hours of Supervision (minimum 175)

_____ hours of Personal Development (minimum 125)

_____ Total hours (minimum 1300)

☐ (Tick this) **Declaration:** I, the primary supervisor, confirm that the candidate has completed all the above requirements to appear in the oral examination.

Supervisor's Name : _____

Signature : _____

Address : _____

Email : _____

Phone : _____

Appendix VI: MH-TAP Oral Examination Scoring Sheet

Candidate Name : _____

Date of Examination : _____

Each of the following competencies is graded on a five-point scale. The examiner is to select the number rating which they believe best describes the candidate's performance.

1. Professional & Personal Identity: Ability to describe their own ideological beliefs and relate them to the philosophical assumptions of transactional analysis, including the implications of cultural and social identities and the significance of this on the assessment, the contract, the work and the therapeutic relationship.

5	4	3	2	1	
Awareness of own social and cultural identity and that of the client, and the possible implications of these on the client work, including the significance of differences; clearly related to philosophical assumptions		Some awareness of social and cultural identity and differences in the client relationship	Little or no awareness of significance of cultural and social factors	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	

2. Context of Practice: Ability to recognise the context of practice with respect to the client population, the diagnostic criteria, and the regional mental health systems

5	4	3	2	1	
Awareness of the context of practice with respect to the client population, the diagnostic criteria, and the regional mental health systems		Some awareness of the context of practice with respect to the client population, the diagnostic criteria, and the regional mental health systems	Little or no awareness of the context of practice with respect to the client population, the diagnostic criteria, and the regional mental health systems	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	

3. Ethics: Ability to relate to Ethical Principles

5	4	3	2	1	
Articulates a coherent vision of values and ethical principles. Demonstrates high level		Relates to ethical principles and demonstrates some level of ethical thinking and practice.	Little or no awareness of ethical principles.	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	

of ethical thinking in practice.

4. Integrating Theory into Practice: Capacity to conceptualize, create, and discuss a range of intervention options in terms of different TA theoretical models and concepts.

5	4	3	2	1	
Discussion of TA theory including different trends and approaches as well as recent developments.		Flexible and in-depth discussion of practice in relation to theory	Scant knowledge – only one approach.		1 _____
					2 _____
					3 _____
					4 _____
					5 _____

5. Contracts: Ability to work with contracts in different settings with individuals and/or groups relating to the practice.

5	4	3	2	1	
Makes an appropriate shared contract clearly related to effective planning, interventions, and evaluation		Makes an appropriate shared business contract, but not related enough to planning, interventions and evaluation.	No clear goal or contract. Interventions indicate little or no direction or evaluation.		1 _____
					2 _____
					3 _____
					4 _____
					5 _____

6. Diagnosis: Clarity about accurate assessment of the client situation, based on the context, needs and goals of the client and client system, the legal obligations and the strengths and limitations of TA practice.

5	4	3	2	1	
Assesses situations and issues accurately		Perceives problems but is unclear as to their significance.	Lack of awareness of major issues.		1 _____
					2 _____
					3 _____
					4 _____
					5 _____

7. Interventions & Effectiveness: Candidate demonstrates creativity and effectiveness in her/his interventions within the context of the relationship, the contract and the stage of the client work

5	4	3	2	1	
Most interventions accomplish what they are designed to achieve. Practitioner monitors the		Interventions are moderately effective. Practitioner	Interventions are counterproductive or ineffective. Practitioner		1 _____
					2 _____
					3 _____
					4 _____

effect of their interventions and responds appropriately.

somewhat attuned to the client's response.

is ill attuned to the client's response.

5 _____

8. Therapeutic Relationship: Establishment and maintenance of an I'm OK – You're OK relationship

5	4	3	2	1	
High level of competent and effective relationship with the client.		Evidence of an effective relationship with client. Some understanding of the psychological process, some demonstration of appropriate protection, permission and potency.	Scant evidence of an I'm OK-you're OK contact and little understanding of the complexity of the relationship with client		1 _____
Understanding of the psychological process, demonstration of appropriate protection, permission and potency.					2 _____
					3 _____
					4 _____
					5 _____

9. Self-reflection: Capacity for self-reflection

5	4	3	2	1	
High awareness and understanding of own process and its impact on intervention.		Some awareness and understanding of own process and its impact on intervention.	Little awareness and understanding of own process and its impact on intervention.		1 _____
					2 _____
					3 _____
					4 _____
					5 _____

10. Overall Rating: Demonstration of general and specific core competencies as a TA practitioner.

5	4	3	2	1	
Demonstrates high level of general and specific core competencies as a TA practitioner		Demonstrates moderate level of general and specific core competencies as a TA practitioner	Demonstrates low level of general and specific core competencies as a TA practitioner		1 _____
					2 _____
					3 _____
					4 _____
					5 _____

Total Score _____

Note: Points are to be used as a guide and the judgment of examiners is the final decision. However, deferment is automatic: 1) if a candidate receives a rating of '1' from all the examiners in any one criterion, or 2) if the average total score is 25 points or below for the examination.

If two or more examiners vote to pass, the candidate passes. If two examiners vote to defer, the candidate is deferred.

Name of the examiner	Total score	Certify	Defer
Total Score			
Average Score			
Final result (Certify/ Defer)			

Comments:

Appendix VII: Application to Appeal Form

Name : _____

Contact No.: _____

Address : _____

Email ID : _____

To :

Professional Standards Division

South Asian Association of Transactional Analysts (SAATA)

I wish to appeal against the outcome of the MHTAP Written/Oral examination (select as applicable)

Date of Examination: _____

Enclosures (select as applicable):

1. A copy of my Written Examination and the Scoring sheet
2. A recording of my Oral Examination
3. Copies of my Oral Exam tapes
4. A copy of my Oral Exam Scoring sheet

The grounds for my appeal are as follows: (Please refer to the appeals procedure)

(Continue on another sheet or overleaf if necessary)

Signature: _____

Date: _____

Send this form with the above documentation to the PSD office