Doctorate in Clinical Psychology (DClinPsy)

Academic Handbook

Year 2023- 2026

Contents

Introduction

This handbook will describe the academic components of the DClinPsy Programme, including an outline of the curriculum and timetable for your three years of training. Consistent with the programme's commitment to a model of lifelong and self-directed learning, and its PGR status, the academic component will require an active learning style, such that formal teaching is but one part of the contribution to learning.

We hope that you will find the academic curriculum stimulating and challenging, sometimes enjoyable and sometimes, by its very nature, difficult. The knowledge base of the profession is continually expanding as well as updating, and it is an exciting time to join the profession to be part of this work. You can start being part of this right from the start of training through your active engagement with the knowledge and skills you are taught and asking questions to explore the edges of this.

An important emphasis, therefore, will be upon learning how to be an effective learner, rather than simply being exposed to vast amounts of knowledge. Another important aspect of the academic curriculum is that it is designed to take account of the needs of practitioners in the modern NHS, specifically the requirement for practitioners to be collaborative and effective team workers. Consequently, the academic curriculum is designed to facilitate your development as collaborative learners working with peers to achieve goals and tasks. We hope to equip you with the critical skills, knowledge and experience to embark on a career of development in clinical psychology. We acknowledge the central and vital position of clinical placements in your learning process and will endeavour throughout the academic module to promote the development of theory-practice links wherever possible. We also recognise the central importance of research in the reflexive scientist-practitioner model, and aim to foster the most effective links between the academic, research and clinical components of your training. We look forward to sharing this journey as you grow and develop as a reflexive practitioner.

Being a Self-Regulated Adult Learner

Andragogy refers to the principles and methods used in adult education. An andragogy paradigm is more student-directed, whereas pedagogy tends to be more teacher-directed. The academic module is based on the principles of being a self-regulated adult learner. Here is an overview of the principles that help clarify expectations.

According to Knowles (1984), the following assumptions underlie the Andragogy model:

1. **Need to Know:** Adult learners require a clear understanding of the purpose behind their learning endeavours.
2. **Foundation:** Learning activities for adults are based on experiences, including learning from mistakes and feedback.
3. **Self-Concept:** Adults are accountable for their educational decisions and actively participate in the planning and evaluation of their learning experiences.
4. **Readiness:** Adults are primarily motivated to learn subjects that are directly relevant to their work or personal lives.
5. **Orientation:** Adult learning revolves around problem-solving and being curious rather than just absorbing content. Application of knowledge is emphasised and active engagement in knowledge acquisition.
6. **Motivation:** Internal motivation is more effective for adults than external incentives.

Self-Regulated Learning

Self-regulated learning refers to one's ability to understand and control one's learning. This includes goal setting, self-monitoring, self-instruction, and self-reinforcement (Harris & Graham, 1999). By understanding our cognitive, metacognitive, behavioural, motivational, and emotional aspects of learning, we can reflect on our learning process and adapt strategies to achieve better outcomes.

Self-regulated learning can be broken into three essential components:

- **Cognition:** The mental processes involved in knowing, understanding, and learning.
- **Metacognition:** Often defined as 'learning to learn.'
- **Motivation:** Willingness to engage our metacognitive and cognitive skills.

Core Principles of Being a Self-Regulated Learner Include:

1. **Self-Motivation and Value-Based Learning:** Keep yourself motivated. Remind yourself why you set those goals, why you want to learn and link them back to your values as a clinical psychologist.
2. **Reflection:** Take time to reflect on your learning experiences. What worked well? What could be improved? Learning and being curious about your experiences helps you become an even better learner (therefore psychologist!).
3. **Adopting a Growth Mindset:** Embrace challenges as opportunities to grow. Believe that your abilities can improve with effort and learning. This positive mindset encourages resilience and perseverance.

By merging the Andragogy principles with becoming a self-regulated learner, you can enhance your ability to take ownership of your education. This integrated approach supports the learner's need for relevance, active engagement, and internal motivation while fostering a collaborative and respectful learning environment that aligns with professional expectations.

How to Cultivate a Positive Learning Environment as a Self-Regulated Adult Learner:

- **Turning up:** This means attending in person and also in a frame of mind where you are ready to learn. Being a part of a cohort involves creating a thriving co-regulated learning experience. So much learning unfolds through your active engagement, interactions and dialogue with your peers.
- **Student vs. Professional Identity:** Trainee Clinical Psychologists are funded and salaried professionals. When you are on placement, you are expected to wear professional clothes and behave in a curious, respectful, professional manner. Whilst you may dress more casually whilst on campus for teaching, this must remain appropriate for a working environment. Professional behaviour and communication towards your peers, experts by experience and course staff are expected at all times and in all forms of communication - , in person, online and in written communication.
- **Providing Constructive Feedback in Appropriate Channels:** Giving and taking feedback is an essential part of our professional development as psychologists! It's important to give feedback that is constructive and with kindness and compassion. Your teaching feedback following the session is also vitally important for us to run the curriculum, and you are expected to provide this after every lecture to ensure that we can co-construct a learning environment that works best for everyone. . If something is not working, talk to the appropriate person so it can be looked into. The convenor of the strand can be contacted about content and you can also raise questions and concerns with the Academic Director. Please remember to be kind, welcoming and courteous to each other and your lecturers. If there are problems with the room, please let the PGR Support Team know.
- **Protecting the Learning Environment:** It's important that as a cohort you collaborate to create a learning environment which enables you all to thrive. You may want to consider how you create a psychologically safe learning environment which enables you to engage in learning behaviours (i.e asking question, expressing curiosity).
- Cultivating self awareness: It is important to notice and be curious about your emotional responses to what you learn. It is normal to experience a range of responses, especially when learning about emotive subjects that

may be impactful, including resonating with our own experiences. If you can notice your responses with curiosity and perhaps consider keeping a reflective journal, this will be an opportunity to develop a critical skillset in self awareness. You may choose to share these within discussions with your cohort at times or take them to clinical supervision as part of your development.

- **Taking Ownership of Your Learning:** This is a valuable skill. Actively participate in your own learning journey means understanding you own learning needs and actively making a plan on how you move forward. Ask questions, and seek clarification when needed. Set yourself clear goals and stay organised!

The Academic Curriculum

The Academic Curriculum (please refer to appendix 1) is designed to deliver doctorate level training that equips trainees to become compassionate, ethical and competent clinical psychologists. It is underpinned by the reflexive scientist-practitioner model, and intends to deliver learning experiences that encourage trainees to make theory-practice links, to be both critical consumers of, and contributors to clinical research, and to be self aware about how oneself as a person has an impact on all aspects of clinical psychology practice.

The curriculum is divided into four main streams; i) Therapies, ii) Neuropsychology, Health & Disability, iii) Reflective Organisational Practice and iv) Research.

These four streams are delivered within a lifespan approach, covering children and young people, adult and older adult. The final year curriculum focuses on consolidation and specialisation within the four streams and provides opportunity to explore emerging domains within the field of clinical psychology.

The Academic and Convenor Team

The Academic Director for the programme can be contacted via email:

DClinPsy-Academic-Director@exeter.ac.uk

For details of members of staff in each team, please refer to the staff page on the website: https://psychology.exeter.ac.uk/study/clinical/dclinpsy/team/

Academic Timetable and Study Days

As a response to COVID-19, the curriculum will be delivered through a blended model of on-line teaching and face-to face – we do not offer hybrid teaching (where some people are in the room and others online) as when we have trailed this it was a negative experience for trainees and lecturers. This approach will be reviewed regularly taking into account government guidance, university restrictions and trainee feedback. The safety and well-being of trainees and staff is of the highest priority. All face-to-face teaching will be conducted in COVID secure environments. Inevitably face to face arrangement may need to be changed at short notice to online and you may not be able to have your accommodation costs refunded. If this happens these costs can be claimed as expenses in the normal way.

Teaching times

Although the working day is 9-5, teaching takes place between 10-4 - the timetables are available on ELE2. The exception to this is the Systemic and CAT lecturers which run from 10-5 because the extra hour is needed to count up the cumulative hours required for secondary accreditation. The hours of 9-10 and 4-5 are therefore available for trainees for research meetings, study time, meetings with a line manager or clinical tutor and placement supervisor, completing teaching feedback, etc.

At the beginning of Year 1 and 2 there are 6 week teaching blocks that run from Monday to Friday, whereas for the rest of the year teaching is scheduled on a Monday and Tuesday. In the 3rd year, there is a teaching block from Monday to Friday of the first term until December after which the timetable is study time and placements, except for a few weeks teaching in April.

The timetable includes '**guided study**' time which are learning sessions structured by study packs available on ELE2. These study packs are designed to complement up-coming teaching or a series topic.

Please note that trainees are expected to be working usual working hours on guided study days and should not be using this time for alternative activities unless they have sought permission for this to happen.

Trainee Feedback on Teaching

Trainees are expected to provide feedback on every teaching session through Accelerate (https://accelerate.exeter.ac.uk/login). This is vital for us to continue to shape the curriculum and improve on teaching from year to year. Feedback you submit via Accelerate is sent to the convenor of the strand that the teaching session comes under and is reviewed in detail each term. It is then sent to the lecturer in order to review and enhance the content and delivery of the session to ensure it is meeting competency requirements and trainee learning needs. Giving constructive, rather than critical, feedback is a skill and core competency that we expect trainees to use with professionalism and compassion. One day we hope that you will also be a trainer with us, and so please write your feedback in a way that you would like to receive it. We also share this feedback with our external examiners and our accrediting body, and so it is vital for every level of governance relevant to the programme.

The feedback software allows you to quickly see the sessions for which you have not provided feedback and is currently programmed to send you email reminders. In addition, the rate at which you are providing feedback will be discussed with your line manager, so please do aim to keep your response rate consistently high. The working day is paid 9-5 and so there is always time to complete this at the end of lecture, or on days where these end at 5pm then the following day.

You will also have an additional opportunity to provide feedback as a group (via your year representative) on the Academic Curriculum Committee, and at any time you can communicate feedback directly with the strand convenor or Academic Director. The year convenor for Year 1 is Alex Stephens, Year 2 Katrina Chesterman, and for Year 3, Anna Kidd.

Teaching Non-Attendance

Trainees are expected to attend for 100% of classes and as such Annual Leave cannot be taken during teaching days, except in exceptional circumstances where expressed written approval is received from the Academic/Programme Director. Trainees are expected to register their attendance at every lecture, whether online or in person, in both the morning and afternoon.

If there is a justifiable reason that a trainee has to miss a lecture (e.g. sickness or approved compassionate leave), the PGR Support Team must be informed prior to the lecture starting so that this information can be passed onto the lecturer. Informing the PGR Support Team is also necessary if a trainee plans to miss a lecture because of a reason noted in their Individual Learning Plan.

Annual leave cannot be taken during teaching days. If annual leave is booked from placement time in a week that there is study time (either study time timetabled during the teaching block or the flexible study time that can be used during placements), and this study time is not also booked off as annual leave, the trainee must write to the PGR Support Team and their line manager to confirm that they will be taking this time as study and what work they plan to do during this study time.

If a trainee is absent from a lecture and has not informed the PGR Support Team, on the following email address: Dclinpsy@exeter.ac.uk this will be followed up by the PGR Support Team who will email the trainee, copying in their line manager, to ask them to explain the absence. If there is not a satisfactory response to this enquiry, the trainee will need to meet their line manager/appraiser to discuss this and following this discussion, if a satisfactory response if still not received, the absence will be reported to the trainee's employer, Somerset NHS Foundation Trust. Somerset NHS Foundation Trust will review the case and possible outcomes include deduction of pay for the time that was missed together with the possibility of initiating disciplinary proceedings.

For further information, please see the Advisory, Conciliation and Arbitration Service (ACAS)'s guide on unauthorised absence here: https://www.acas.org.uk/unauthorised-absence. Whilst this document relates to missed teaching days, as a paid employee, if not attending work (placement/teaching/study) for any reason, you must inform the PGR Support Team for the DClinPsy.

Assignments and Academic Progression

Assignments are an important part of learning within the DClinPsy and consist of work that is required as part of the Academic Module, for which you may receive formative feedback, but which does not contribute to the assessment of the DClinPsy. Assessments are 'summative' and have a mark associated with them, you must pass all assessments on the DClinPsy. In addition, throughout the training there will be the use of creating learning such as debates, discussion, presentation which are not assignments but are part of learning.

Formative assignments include:

- Study packs
- Problem-based learning (PBL) presentations
- Leadership presentation
- One clinical practice presentation

Summative assignments include:

- Two clinical practice reports (CPR)
- Systemic essay and portfolio in year 1
- One Professional Issues Essay.

All assignments within the programme are consistent with the Health and Care Professions Council Standards for Education and Training (https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/). Please refer to the Programme Handbook for details of marking and pass/fail criteria.

All summative assignments in the academic module must be passed. Further details are in the Programme Handbook.

Academic support

Academic guidance and support related to assignments.

There are Q & A sessions in the timetable before all assignments where you can ask questions directly of the marker. If you receive a major correction in your work, or you are concerned about your writing, please speak to your line manager . You can also work on writing style with your research supervisor who will be reading drafts of your work. You can also talk to your clinical tutor if you wish to discuss what case to write up for a CPR. Your line manager is the main point of contact around academic concerns, and they will be in a good position to coordinate any support for you with your research supervisor, or placement supervisor via your clinical tutor.

For all other support available to you, please see the Programme Handbook. You can also find a support guide on ELE2 and the website: https://psychology.exeter.ac.uk/study/clinical/dclinpsy/

Confidentiality and Consent

The work of the clinical psychologist necessarily involves working with patients around distressing, sensitive and difficult issues and case material. As practitioners, we are given the power to influence the lives of patients who may be very vulnerable. Alongside this comes a high degree of responsibility to respect the confidentiality of what we learn through our work and to ensure that our clients give valid and informed consent to information about them being used for academic work.

Maintaining confidentiality is a vital aspect of maintaining professional standards. **Any breaches in confidentiality in any assessment will result in the assessment automatically being graded as a Major Amendment (i) (**https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/ **) .A Major Amendment (i) does not have implications for programme failure**. Common over-sights by trainees are, the inclusion of identifying information in the appendix (e.g. name of service, identifying information of client or professionals involved), providing excessive information about client and family or geographic location. When writing, always ask yourself if you need to include that bit of information, and if so, is it possibly to anonymise it more (e.g. X lived in a rural county (rather than saying Somerset)).

The trainee must gain the signature from their supervisor on the Consent Form for CPR (Appendix 2). This indicates that the supervisor confirms that consent has been granted for written reports and audio/video recordings. The completed Consent Form for CPR must be submitted on ELE2 at a different location to the CPR – please ensure that you do not endanger confidentiality by submitting it with your CPR.

Templates for consent forms for clients have been developed. These are for the trainee to use on placement and have the client signature. If the Trust has their own consent forms that are fit for purpose, please discuss with your supervisors on placement whether you should use them. These are not to be returned to the programme as all information submitted will be anonymous. Upload the consent form with the client signature to the NHS electronic record (RIO).

Template for Consent Form for Adult Client can be found in Appendix 3

Template for Consent Form for Child or Young Person Client can be found in Appendix 4

Withdrawal of consent by a client

A client is able to withdraw consent for an academic assignment (e.g. Clinical Practice Report) up until the assignment is submitted. If consent is withdrawn the trainee will not be able to use this piece of work. The trainee will then be supported by their clinical tutor in identifying an alternative piece of work. Once the fully anonymised assignment has been submitted the assignment then becomes a university document and it is no longer feasible to withdraw consent.

Sharing CPRs with Clients

While it is good practice to share with patients/clients what is written about them, there will be parts of the CPR that may include third party information, and indeed reflexive and reflective passages concerning the trainee. For example, the CPR might report on the views of the trainee and supervisor about aspects of a team's relationship with the patient, or the trainee may report on their own history and how this impacted on and shaped the work, and so on. Although, while when writing a clinical letter, it is good practice to share it with the client, our current CPR structure and purpose is not the same.

It should therefore be carefully considered as to whether a CPR is shared and discussed with your clinical supervisor. If it is agreed that it would benefit the client to share the report, any third party information should be removed, as well as any other information redacted such as sensitive information confidential to the trainee or team. The decision to share the report should be recorded in the clinical notes and the version shared with the client also uploaded.

Guidelines for the Problem Based Learning (PBL) Task Presentation

Problem-based learning has been used extensively in many areas of higher education, most particularly in the training of medical students since the 1970s. Problem-based learning is characterised by the following:

1. It uses stimulus material (in this instance clinical cases or referrals for psychological input) to engage students in considering the problem in the same context as 'real life'
2. Information is not given on how to tackle the problem
3. Information is given to help clarify the problem and how it might be dealt with
4. Students work co-operatively in small groups with access to a tutor who facilitates the process
5. Learning that has occurred is summarised and integrated into the students' existing knowledge and skills.
6. Work is carried out intensively into one problem over a period of time

Within the academic and research curricula, PBL is used to complement and facilitate learning from the more traditional teaching seminars. It is intended that the PBL exercises will increase the opportunities to integrate theory and research knowledge derived from more formal teaching, with practice from the beginning of the Programme.

Trainees will work on the PBL exercises in their small PBL groups, which, as far as possible, will be geographically based so as to enable you to continue to work on the exercise during study days and/or in the locality.

You will be encouraged to nominate a chair and scribe for these meetings who will record actions to be taken by group members. You will then work independently, contributing to the group's goals of finding solutions to the problems raised. You will be expected to draw on a wide range of resources, including your own past experience, the library, the internet, electronic databases and information from placement, in the completion of these tasks. The group will be expected to meet outside of tutorials to bring together, debate and to analyse the contributions before organising these into the presentation.

Each group presentation will last for 20 minutes, and it is your responsibility to ensure that the presentation does not overrun. After the presentation the PBL, facilitators (seminar series convenor, the Academic Director and/or a clinician) will discuss together their impression of the presentation: what worked well and what could be improved. This is formative feedback, there is no pass or fail, but

the feedback is used to learn and develop skills to take forward to the next PBL presentation.

A small number of interested individuals, for example, members of the Lived Experience Group, or members of other professional groups with relevance to the PBL exercise may attend to give further formative feedback. In this case you will be informed prior to the presentation.

PBL 3, focuses on interview with a leader in practice and follows a different format. Please see the marking Guidelines for PBL3 Interview with a Leader on ELE2

In the PBL 1 to 3 presentations, your group will be expected to show that you have addressed the following content issues:

- Addressed any **specific questions** raised in the PBL exercise
- Given a clear **statement of the problem**
- **For a clinical problem:**
- Considered the **therapeutic alliance** whether it be with a client, client group or system
    - **Psychological assessment** – planned a systematic assessment and gathered a range of information from a variety of sources to help put the problem in context and to add to the understanding of the problem.
    - **Formulation** – reached a clear and concise written formulation derived from theory/research and taking into account the information from the assessment. The formulation should show an increase in sophistication across the PBL exercises with evidence of an awareness of the range of conceptual frameworks for understanding psychological distress and well-being (e.g., medical model, diagnostic categories, transdiagnostic approaches and perspectives of people with lived experience of conditions and services). The role of structural factors, such as cultural background, gender and socio-economic status in the development of psychological distress and well-being, should also be recognised.
    - **Intervention** – where appropriate, made plans for an intervention, which follow from the formulation. An awareness of the strengths and limitations of evidence-based practice should be increasingly evident, as should the ability to recognise when innovation in intervention or service provision will provide the best solution to the problem(s) posed.
      It should also be apparent that the intervention has been informed by values based practice.

    - **Evaluation** – given consideration to how the intervention might be evaluated and what the outcome is likely to be given the theory and research relevant to the case.
    - **Risk** – taken a positive approach to the assessment and management of risk, balancing competing priorities and needs
- **Critical evaluation** – shown evidence of critical reflection both on the content and process of the PBL exercise, as well as any relevant professional issues.

Consideration will be given to a number of **aspects of process**, including task and role allocation, group working, time management, reflections on the process and content of the work and approach to comments and questions.

Finally, there will also be a consideration of **presentation skills** such as audibility, eye contact, creativity of approach and use of visual aids. Groups may use flip charts, PowerPoint or other media to illustrate their presentations.

NB All trainees are expected to **collaborate actively and fully** in the group exercises, and this includes co-operating with peers in allocating study time to un-facilitated group work. Please refer to the Programme Handbook for the regulations regarding absence from the group work or presentation resulting from illness or absence.

PBL 3 Interview with a Leader

Introduction

This Reflective Organisational Practice (ROP) assignment is composed of the presentation about an interview the trainee has conducted with a leader in practice. It takes place in year 2 and follows a rather different format to the other PBL exercises. This one involves identifying, contacting, meeting with and learning from, someone who is working strategically and who has taken on a leadership role. The emphasis here on strategic refers to a focus on systems rather than an individual focus on leaders. The person you choose to interview can be working in any setting and have any professional or other identity.

During the ROP series you have been learning about leadership and you will know it takes many forms and can be conceptualised in different ways. We also understand that, possibly more than in other strands of the programme, the gap between what we teach and your experience on the ground can be quite large. Services are facing many challenges at present and it may be difficult to see the opportunities for working strategically and taking on leadership roles under these circumstances. In year 1 you will have taken part in a joint session with the second years, where they presented their experience of this exercise, so you will have some idea of the varied approaches that can be taken, and the implications for clinical psychology that can be drawn. You will have heard something of the theoretical ideas and research evidence that has informed the project.

You can work solo or in pairs for the presentation. There is no additional finance available, e.g. for travel costs, so keep the people you contact for face to face meetings to those within your locality area or consider a phone or online interview.

Please consider carefully consent, confidentiality and anonymising the presentation. The focus of the work is not on the person being interviewed but on the trainee's learning from undertaking the assignment in relation to their own professional development. The presentation should be anonymised, with no confidentiality errors, and the commentary should be respectful. There should be consideration of ethical issues related to the assignment. The adult interviewee gives consent by agreeing to be interviewed, however this should be informed and valid consent, and the trainee should explain clearly the details of the assignment. Trainees can offer the interviewee verbal feedback on the learning gained from undertaking the interview if the interviewee would be interested in receiving this.

Assignments

This ROP assignment is composed of the presentation of an interview of a leader in practice.

Presentation of interview experience (formative assignment)

Identify a person you perceive as a leader, who you would benefit from interviewing. A short presentation of your interview experience is required, to be delivered to the series conveners and your peers in year 1 and 2. Every trainee should undertake to select and interview at least one leader, however undertaking two interviews and interviewing more than one person is allowable. Presentations can be delivered individually or in pairs. Feedback will be given verbally at the end of the presentation on both the content and the delivery of your presentation. The exact length of each presentation plus Q & A time will be finalised nearer the time.

Content of presentation:

- Focus of interview: Who you have chosen to interview; their background, who they are, and the immediate and wider context they work in.
- Purpose of interview: Why you chose to interview this person/people; pre-interview expectations, your questions and interview approach.
- Interview themes: Identifying key themes, consider how these link to leadership & organisational theory, practice and placement experience.
- Critical reflection: Evidence of critical reflection on the interview process, the link to your personal development in leadership and organisational practice, new learning, new questions to explore, and future actions/intentions.
- Delivery of the presentation.
- Well organised material: Consider structure, order, and key points to create a clear narrative.
- Appropriate use of slides/visual prompts: Consider the number of slides and their format & design.
- Good use of time: Plan and practice in order to keep to time limits, and consider how to make good use of Q & A session.
- Effective communication with audience: Consider verbal communication, e.g. audibility, and non-verbal communication e.g. eye contact.

Guidelines for the Submission of the Clinical Practice Report (CPR)

General guidelines

Two summative written Clinical Practice Reports (CPR), and one formative Clinical Case Presentation, must be submitted during training. The clinical practice work chosen should be selected to demonstrate competence to put a piece of clinical work you have directly undertaken explicitly within a research, theoretical and professional context. Across the three CPRs, a wide range of types of problems and clinical procedures/interventions should be covered. The portfolio of the submitted CPRs should reflect the breadth of experience relevant for a clinical psychologist and in addition to individual clinical practice it could involve work with groups or families, supervision or consultancy. Evidence of knowledge of more than one psychological model is required and it should cover a range of areas of supervised experience across the life span: adult psychological problems; child and adolescent psychological problems; work with people with learning disabilities (adults and children); work with older adults. Trainees should also consider that work that did not go according to plan is suitable for submission as CPR: care should then be taken to address any issues in the critical reflection section.

A CBT CPR in Years 1 or 2 can be assessed for both BABCP and the DClinPsy, and a systemic CPR in Year 2 can be assessed for both the systemic intermediate and DClinPsy. Those going for ACAT accreditation can submit a CAT CPR. However, this will need to be partially rewritten to submit as the CAT Case Study to meet the ACAT marking criteria to focus more on the therapeutic relationship. . (Please see CAT Handbook 2023, found on ELE2).If trainees want to go for secondary accreditation but do not have the relevant clinical experience to write up a CBT or Systemic CPR by the end of Year 2, they might be able to ask for an extension of this piece of work on the DClinPsy assessment deadline – this will be discussed with individual trainees as needed.

You hand in your CBT CPR at the end of your CBT placement – that is, in the first week of May or the first week of September either in year 1 or year 2. You will be told if your placement is a CBT placement prior to the start of the placement, the clinical team will do their best to secure a CBT placement within the first two years.

Content of CPRs

The CPR must be about work the trainee has done directly (e.g. not work that is observed). Please read the marking criteria to have a clear idea of what is being looked for in the CPR.

Structure of CPRs

While there is an expectation that your report will begin with an Introduction section and end with a concluding paragraph, you can otherwise structure your assignment in a way that suits the content. You may find it helpful to consider the following suggestion if it fits the type of work you are writing up: Introduction; Literature Review; Assessment; Formulation and Goals; Intervention; Evaluation and Outcome; Discussion; and Conclusions. Please also see the Communication and Presentation section in the CPR guidelines document for further related guidance.

Your report needs to address all nine areas of competence as outlined in the CPR marking guidelines. Whilst various areas lend themselves better to being described using a focused section, you do not need to address every competency area in this way. As such, there may be areas you fully address by integrating different elements of them at different points throughout the report. Furthermore, if you do create a specific section for any given competency, you might decide that some aspects of it would still be better located elsewhere in the write up.

Word count

Whilst it is recognised that reports prepared for placement purposes may be lengthy, the Programme requires that trainees gain the experience of succinctly summarising clinical work. The report should be no more than 5000 words in length (Excluding appendices, tables, figures and bibliography/reference list). Check the APA guidelines for appropriate use of tables and figures. They should only be used to enhance the document and not as a way of reducing word count. You are expected to use up the full word count. The CPR should be able to be read without constant reference to the appendices. The final version should be prepared for the supervisor in good time, as they will need to sign the front sheet to confirm that the description of the clinical work is a true description of the work you have undertaken. **Please make sure when you submit this work that you submit the signed front sheet separately so that the CPR summitted just has an anonymous front sheet attached so that anonymity and potentially confidentiality is not breached. See the 'consent' handbook page for further consideration of confidentiality.**

Preparation of CPRs

These should be typed with double line spacing, paginated and follow the Publication Manual of the American Psychological Association, 7th Edition (American Psychological Association (2020*). Publication Manual* (7th Edition). Washington, DC: APA.)

Never copy and paste text from external sources (i.e. journal articles) into your text intending to reword this later. There is a high chance that some of this will be missed and then you might be picked up for plagiarism. Read the relevant information and then write it fresh in your own words into your work.

Guidelines for Submission

CPR Guidelines 2023 can be found in Appendix 5

Feedback Form for CPR can be found in Appendix 6

Guidelines for Clinical Practice Report 3 (CPR3) Presentation

The purpose of this formative CPR is for you to demonstrate the application of your learning on the programme to a piece of clinical work that you have carried out. It is recognised that no single piece of work would allow you to demonstrate the breadth of your learning; instead, we invite you to focus upon a specific piece of work and consider this in relation to the relevant learning you have taken from your time on the programme.

A key purpose of the exercise is to allow you to share your learning with your peers, and to learn from one another. We would like you to see this in some ways as a celebration of your learning and development as practitioners.

"Clinical work" can include direct client work (assessment, formulation, intervention), as well as broader pieces of clinical work including supporting teams, or providing training or supervision. It should always be about a piece of work that you have actually carried out and not a hypothetical piece. If you would like to discuss ideas further, please contact the Academic Director.

Presentations should last up to 20 minutes, followed by 10 minutes of discussion for the audience; PowerPoint slides can be used if wished, as well as other media. After the presentation, feedback will be given by other trainees and the facilitating staff in a reflecting team format.

Presentations should include consideration of relevant theory, literature and evidence; however, this may be more or less extensive depending on the topic. A reflective element should be included whereby learning from the work is considered.

Reports of work involving clients should follow usual programme guidance on anonymity and consent.

Systemic Intermediate, BABCP or CAT accreditation presentations

This day is also an opportunity to gain a marked piece of work for secondary accreditation purposes. There are two options here, if you choose to take this up:

- You can present a clinical case for BABCP accreditation purposes, and Jess will mark this.
- The CAT assignment on the reformulation process in CAT can be submitted as the CPR3 presentation, rather than as an essay and the CAT convenor will

arrange for this to be assessed by two accredited CAT therapists and the marking feedback submitted to ACAT towards your CAT accreditation. (Please see CAT Handbook, found on ELE2, for further details).

- For those doing the systemic intermediate course, the systemic convenor will mark your presentations. If you have not already completed a CPR2 in year 2 you will have to write up your presentation as a case report for your secondary accreditation in addition to this presentation.

For any trainees not wishing to present for secondary accreditation, we can assign you to one of these groups based on space and make the marker clear that you are not presenting for this reason but as a DClinPsy requirement.

Please let the Academic Director know a month in advance if you intend to present either of these presentations so that you can be allocated to the correct group.

Guidelines for the Professional Issues Essay

This essay, which is timetabled for submission in the third year, offers you the opportunity to explore in depth an area of importance in the development and practice of the profession of clinical psychology. For example, you may wish to consider ethical dilemmas in clinical practice such as power issues, the contribution past, present and future of clinical psychology to inter-professional work and/or to the NHS or Department of Health current priorities, the impact on clinical practice of prescribing rights for clinical psychologists and so on.

You should consider in the planning stages whether or not you wish to write the essay as a paper for publication in an appropriate journal. Such a decision will be supported and encouraged.

The following are some guidelines for the professional issues essay:

1. The essay should be no more than 4000 words in length. Please refer to the Academic module descriptor PSYD061 for more information.
2. The essay should be well structured to include an introduction, which identifies the key issues to be addressed in the essay and provides the reader with a guide for the arguments, which will follow.
3. The main arguments of the essay should be ordered logically, and an emphasis should be placed on a clear and critical analysis rather than an exhaustive review of the relevant literature.
4. The essay should be brought to a close with a well-argued conclusion supported by evidence and outlining the implications for clinical psychology practice and the profession.

It is recommended that before submission the essay be exchanged with a peer for peer review and feedback. You may also discuss your proposed essay with Suzanne Azer, the Reflective Organisational Practice convenor.

Marking Guidelines for Professional Issues Essay can be found in Appendix 7

Feedback form for Professional Issues Essay can be found in Appendix 8

Guidelines for the Systemic Essay

This essay offers you the opportunity to focus in on a particular systemic skill or concept, apply it critically to clinical practice, and reflect on this in the context of your own development as a systemic practitioner. The assignment must adhere to programme guidelines submission of academic work including confidentiality and consent, and be written to APA format. Please refer to chapter 10 section 1 of the TQA manual - Assessment of Pre-Thesis/Dissertation Modules: http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/professionaldoctoratepgr/#assess

For guidelines for the Systemic Practice essay please refer to the Systemic Handbook 2023.

Brief over-view of the essay:

- The essay should be no more than **4000 words in length**.
- The essay should be well structured to include an introduction, which identifies the key issues to be addressed in the essay and provides the reader with a guide for the arguments, which will follow. The main arguments of the essay should be ordered logically, and an emphasis should be placed on a clear and critical analysis, and application to the case example. The essay should be brought to a close with a well-argued conclusion.
- Please write in the first person as this supports deeper levels of self-reflexivity in your writing.

It is recommended that before submission the essay be exchanged with a peer for feedback. This form of proof reading can be very helpful in spotting typos and getting sense of the flow of your essay. Encourage your peer to adopt a 'critical friend' position to support you in your writing.

Therapy Accreditations

There are two choice points for secondary accreditation. For those wishing to sign up for CBT secondary accreditation, you will need to register your commitment to this by the middle of October in the first term of Year 1. Once you have committed to this, you will be on the CBT pathway, and you will be a priority to be allocated CBT placements in Yr 2 and 3 to help you build up your CBT hours.

For the CAT and Systemic Therapy Choice Pathways, you have until May of Year 1 to decide which teaching you wish attend in Yr2 and Yr3, giving you the option to work towards applying for CAT or Systemic accreditation with ACAT or AFT. If you are on the CBT accreditation pathway, you can attend either the Systemic or CAT Teaching days, but you will not be likely to have systemic or CAT placements in Yr2 or Yr3. If you choose to attend the CAT Therapy Choice days in years 2 and 3, they can be counted towards the requirements for a CAT Foundation accreditation after you have qualified from the DClinPsy. It is recommended that, if possible, you arrange to see one CAT case during Year 2 to help you understand and apply the teaching.

Applying for CAT accreditation

Please see the CAT handbook 2023 for information (found on ELE2).

Applying for Systemic Accreditation:

All trainees complete the Foundation in Systemic Therapy in year 1. Trainees who chose to continue with their systemic training will complete the Intermediate course across years 2 and 3.

Please see the relevant handbooks (found on ELE2) for further information on these courses and the assessment processes.

Systemic Foundation Level Handbook 2022/3

Systemic Intermediate Level Handbook 2022

BABCP Accreditation through the University of Exeter DClinPsy programme

The British Association for Behavioural and Cognitive Psychotherapies (BABCP) is the accrediting body for Cognitive Behavioural Therapy (CBT) in the U.K. BABCP offers accreditation for Cognitive Behavioural Psychotherapists, Supervisors, & Trainers. BABCP also accredits CBT training courses at two levels. To become a BABCP accredited CB therapist some people attend a CBT training programme that is itself accredited by BABCP. In general these are post-graduate diploma or Masters programmes, including the high-intensity IAPT programmes, though increasingly HEE are encouraging DClinPsy programmes to become accredited with the BABCP at either pathway or programme level, to aid with practitioner accreditation and as a mark of quality. If you graduate successfully from one of these programmes you must still submit an application to BABCP, but much of your training is taken for granted, thus the evidence you must supply is substantially reduced. For courses accredited at level 1, much of the BABCP's minimum training requirements are proven to have been met; for courses accredited at level 2, all of the minimum training requirements are proven to have been met.

Our programme has taken the decision to apply for programme level accreditation at level 1, as well as level 2 accreditation for those opting into a level 2 CBT pathway. This means that all trainee are supported to evidence various aspects of their CBT training and experience, and given the teaching, training placements and BABCP compliant supervision needed to meet one of the two levels. Completion of the level 1 requirements is assessed in December of your third year, while completion of the additional level 2 requirements is confirmed in August of year 3. We hope that the course will have achieved accreditation of both the pathway and the programme by the end of 2024.

For further information see:
http://www.babcp.com/Accreditation/Accreditation.aspx

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Are you interested in taking the level 2 CBT pathway?

Trainees who are interested in BABCP accreditation should discuss this with their appraiser, clinical tutor and the CBT convenor. The clinical tutor will seek to arrange the relevant placement opportunities (a minimum of 8 CBT cases, covering at least 3 different problem types, and 200 hours of supervised CBT practice).

Please contact the PGR Support Team on DClinPsy@exeter.ac.uk if you have any queries relating to CBT accreditation.

The BABCP case study marking criteria can be viewed here: https://babcp.com/Case-Study-Marking-Criteria

We have specific Case Presentation Guidelines that can be found in Appendix 9

Summary of what is needed to apply for BABCP accreditation.

Teaching

- Evidence of CBT teaching that you have received as part of your core professional training (e.g. DClinPsy). The course level 1 provides evidence of this.

Self- study

- 450 hours of specialist CBT training, at least 200 of which must be directly taught (this is covered in the DClinPsy curriculum); the remainder can be prescribed self-study. Trainees will need to keep a log of self-study have this signed off as part of their level 1 portfolio, and this will then mean that no further evidencing is required for practitioner accreditation.

Clinical practice

- A minimum of 200 hours of CBT clinical practice, supervised by appropriate CBT clinical supervisor, totalling at least 40 hours of clinical supervision. Those who have completed the level 2 pathway will have evidenced this via their level 2 portfolio. Those who have completed the level 1 portfolio will have evidence of at least 25 hours of therapy and 5 hours relevant supervision.
- A minimum of 8 CBT cases, covering at least 3 different problem types. Those who have completed the level 2 pathway will have evidenced this via their level 2 portfolio. Those who have completed the level 1 portfolio will have evidence of 1 such case.

Academic / written assessments

- Four cases reports / studies (2000-4000 words). Up to two may be a case presentation with written support such as a summary/PowerPoint. All of these will have been achieved as part of the level 2 pathway, one will have been achieved on the level 1 pathway.
- Three of these cases must have been closely supervised, using live (in-vivo, video, audio) assessment (e.g. CTS-R). All will have been achieved as part

of the level 2 pathway, usually within the third year placement, while those on the default level 1 pathway would need to complete this after graduation in their new services if they wish to apply for accreditation.

Timeline

<table>
<tr><td colspan="4">Year 1</td><td colspan="4">Year 2</td><td colspan="3">Year 3</td><td colspan="4"></td></tr>
<tr><td>Oct-Dec</td><td>Jan-Mar</td><td>Apr-Jun</td><td>Jul-Sep</td><td>Oct-Dec</td><td>Jan-Mar</td><td>Apr-Jun</td><td>Jul-Sep</td><td>Oct-Dec</td><td rowspan="4">Submit level 1 portfolio</td><td>Jan-Mar</td><td>Apr-Jun</td><td>Jul-Sep</td><td></td></tr>
<tr><td>Pick level 1 or 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Level 1</td><td colspan="3">Complete placement & supervision, write up CPR, gain 25 hours therapy time and 5 hours supervision.</td><td colspan="4">Continue building up teaching and self-study hours, catch up any remaining therapy hours missed</td><td colspan="3"></td><td></td></tr>
<tr><td>Level 2</td><td colspan="3">Log any relevant self-study and practice</td><td colspan="3">Complete placement & supervision, write up 2 CPRs, gain at least 25 hours therapy time and 5 hours supervision (aim of 100 hours)</td><td>Review progress and 3rd year placement plans</td><td colspan="3">Complete placement & supervision, write up 2 further CPRs on protocols and disorders other than that in year 2. Have 3 treatment sessions summatively marked by supervisor. Complete case summary forms for remaining 4 cases.</td><td>Submit level 2 portfolio</td></tr>
</table>

Please refer to the following handbooks (found on ELE2):

BABCP Level 1 Handbook 2023

BABCP Level 2 Handbook 2023

Appendices (Academic Documents)

1. Academic Module Descriptor
2. Consent Form for CPR
3. Template for Consent Form for Adult Client
4. Template for Consent Form for Child or Young Person Client
5. CPR Guidelines 2023
6. Feedback Form for CPR
7. Marking guidelines for professional issues essay
8. Feedback form for Professional Issues Essay
9. Case Presentation Guidelines

Appendix 1 Academic Module Descriptor

UNIVERSITY OF EXETER

MODULE TITLE		Academic Skills in Clinical Psychology Year 1			**CREDIT VALUE**	45
MODULE CODE		PSYD061	**MODULE CONVENOR**		**Academic Director**	
DURATION	**TERM**	**1**	**2**	**3**	**Number Students Taking Module (anticipated)**	**30**
	WEEKS	12	12	12		

DESCRIPTION – summary of the module content

This module is the first of the three that comprise the academic component of the professional Doctorate in Clinical Psychology (DClinPsy). Taken together the three components, academic, clinical and research, form the basis for the knowledge, skills values and competences required to practise as clinical psychologists, to meet the requirements for the award of DClinPsy and to be eligible for registration with the HCPC. The regulations that apply to these PGR Programme modules can be found here http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf .

Overall, the academic module aims to afford students with:

- Theoretical and empirical knowledge,
- Critical, analytical and integrative skills, and,
- Professional, ethical, and client-centred values needed to work effectively to enhance and promote psychological well-being.

The module is mapped against the British Psychological Society standards – the nine core competence areas - for the accreditation of doctoral programmes in Clinical Psychology (January 2019). Below is a set of narrative summaries that describe these nine competence areas which incorporate over 100 specific skills. Detailed description of the competencies can be found here

The programme aims to developing our trainees as future leaders and so each module of the academic programme includes opportunities for learning about the wider context in which the profession will be practicing. The mental health of individuals is influenced by a wide range of factors, including prejudice and discrimination and the quality of the environment in which they live. By understanding the links between the social and political context and health, clinical psychologists can work with individuals, and also take a leadership role in communities and at a policy level to address health and wellbeing in these broader context.

- Generalisable meta-competencies = GMC

The generalisable meta-competencies are applicable in different contexts with different people at different life stages, drawing on any relevant areas of psychological knowledge, guidelines, and frameworks. These skills include the ability to critically synthesise evidence and apply it in ways that fit the context which may be complex or novel and draw on a variety of models of practice. Furthermore, to be able to exercise these approaches in an autonomous way, collaborating and communicating effectively, where appropriate with service users and others in a reflective and ethical manner.

- Psychological assessment (PA)

The ability to choose, use and interpret a broad range of methods of assessment encompassing individual, group, social context and organisational and approaches, with a good understanding of psychometric principles and practice, including the assessment of risk.

- Psychological formulation = PF

On the basis of assessment being able to co-produce and lead on formulations addressing individual, systemic, cultural and biological factors which may be related to but are not premised on formal diagnostic frameworks and that are aimed at helping the client, team or organisation better understand their experience. Ability to choose the most appropriate format and complexity of the formulation to match the issues concerned and to guide interventions in a manner consistent with equality diversity and inclusion.

- Psychological intervention = PI

On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner. Ability to use evidence-based psychotherapeutic models and other approaches for interventions that address the complexity of the presentation and context, including prevention and promotion of wellbeing, that promotes recovery that is informed by service users' values and goals. Ability to take into account psychopharmacological and other multidisciplinary methods. Are mindful of social constructivist, community and critical psychology approaches to intervention. Be aware of and able to communicate when intervention is not helpful or appropriate.

- Evaluation = E

Evaluating practice through the monitoring of processes and outcomes, across multiple dimensions of functioning; devising innovative approaches to evaluation, with wide knowledge and critical appreciation of the main evaluation methods in use across the health and welfare system and effective use of supervision to evaluate own work.

- Research = R

Being a critical and effective producer, consumer, interpreter, and disseminator of the research evidence base relevant to clinical psychology practice and that of psychological services and interventions more widely. Utilising such research to influence and inform the practice of self and others.

- Personal and professional skills and values = PPSV

Ability to, in a reflective and reflexive manner, recognise ethical issues, be able to reason about them and take action to address them in various contexts including complex clinical and self-care contexts; ensuring that informed consent underpins all contact with clients and research participants.

- Communicating and teaching = CT

The ability to communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences, as necessary. Using these skills in teaching, supervision, expert opinion, with interpreters and supporting other's learning.

- Organisational and systemic influence and leadership = OSIL

Awareness of the legislative and national planning contexts for service delivery and clinical practice and the capacity to adapt practice in light of this. Ability to practice and in a variety of contexts and understand how these contexts function from an organisational perspective. Knowldege of and ability to supervise; provide consultancy and leadership, in collaborating with others, including service users and other experts by experience. Be able to promote psychological mindedness in services, alongside the implementation of quality improvement systems. Being able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this, and being familiar with 'whistleblowing' policies and issues.

MODULE AIMS – intentions of the module

The module aims are to develop trainees understanding of the main elements of theory, evidence-base and practice pertaining to core knowledge, skills, values and competence to draw upon for the clinical psychologist working with clients across the life span with special reference to five approaches: systemic, cognitive analytic therapy, cognitive behavioural therapy, neuropsychology, and Reflexive Organisational Practice (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL). These approaches inform learning and practice with adult, older adult, children, people with intellectual disabilities, public health approaches, and clients in health settings.

Specifically, the BPS requires that by the end of the module (and the Programme more generally), it is expected that trainees will have:

1. A value-driven commitment to reducing psychological distress and enhancing and promoting psychological wellbeing through the systematic application of knowledge derived from psychological theory and evidence. Work should be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

2. The skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment, develop a formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing.

3. Knowledge and understanding of psychological (and other relevant) theory and evidence, related to specific client groups, presentations, psychological therapies, psychological testing, assessment, intervention and secondary prevention required to underpin clinical practice.

4. The skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives. Awareness of the clinical, professional and social contexts within which work is undertaken and impact therein.

5. Clinical and research skills that demonstrate work with clients and systems based on a reflective scientist-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation and that draws from across theory and therapy evidence bases as appropriate.

6. The skills, knowledge and values to work effectively with systems relevant to clients, including for example statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community.

7. The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare. This includes leadership skills and competencies in consultancy, supervision, teaching and training, working collaboratively and influencing psychological mindedness and practices of teams.

8. The skills, knowledge and values to conduct research and reflect upon outcomes in a way that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work.

9. A professional and ethical value base, including that set out in the BPS Code of Ethics and Conduct, the DCP statement of the Core Purpose and Philosophy of the profession and the DCP Professional Practice Guidelines.

10. High level skills in managing a personal learning agenda and self-care, in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems and professional standards of behaviour as might be expected by the public, employers and colleagues.

INTENDED LEARNING OUTCOMES (ILOs) which will incorporate the competences and outcomes above (see assessment section below for how ILOs will be assessed). The mapping of ILOs to competencies provides a framework, but other competencies may also be assessed that are not the main one's that are focussed on in the ILO)
On successful completion of this module **trainees should be able to**:

Module Specific Skills and Knowledge:	
1	Describe the theoretical, empirical and practical basis for the core competencies of a clinical psychologist: establishing relationships; assessment; formulation; intervention; evaluation (GMC, PA, PF, PI, E.)
2	Access, review, critically evaluate, synthesise and communicate empirical and theoretical knowledge in clinical psychology (CMC, CT, PA)
3	Synthesise new approaches, in a manner that can contribute to the development of methodology and understanding (GMC, R, E)
4	Independently justify, evaluate, report and monitor own and other's work, and lead in planning and implementing changes (GMC, CT, E, R)
5	Show respect, understand and work collaboratively with the knowledge and theories held by clients and carers from a diverse range of backgrounds and other professional groups (GMC, OSIL)
6	Autonomously integrate and implement psychological evidence and theory in real world settings (considering complex and unpredictable contexts and recognising complexities/deficiencies and/or contradictions in knowledge) (GMC, OSIL, R)
7	Participate autonomously in lifelong learning making use of a wide range of resources, including supervision to extend and develop knowledge skills and values. (GMC, OSIL, R)
Discipline Specific Skills and Knowledge:	
8	Identify the major bio-psycho-social factors associated with psychological well-being, distress and disorder across the life span, with special reference to children, adolescents and families, people with learning disability, adults, older adults and people challenged by a variety of issues including health difficulties, physical and sensory disabilities, and addictions (GMC, PA, PI)
9	Work with a range of conceptual frameworks for understanding psychological well-being, distress and disorder across the life span (including the life span development model, scientist and reflective practitioner models, medical model, raciall trauma, climate change, contextual understandings and client perspectives); (GMC, PPSV, OSIL)
10	Assess, formulate, intervene and evaluate using theory, evidence and techniques drawn from two or more psychological approaches from at least the following; systemic, cognitive analytic therapy and CBT (PA,PI,PF,E)

11	Recognise the structural factors influencing psychological well-being and distress, with special reference to gender, race, culture, social class, poverty, sexual orientation, spirituality and disability.(GMC, OSIL)
12	Understand the importance of partnership working in mental health practice, respecting diversity, practising ethically, challenging inequality, promoting recovery, identifying needs and strengths, providing service user centred care, making a difference, promoting safety and positive risk taking, personal development and learning.(GMC, OSIL, PPSV)
Personal and Key Transferable/ Employment Skills and Knowledge:	
13	Recognise and work within the limits of own professional competence (PPSV)
14	Accept high levels of responsibility for oneself and others (GMC, OSIL)
15	Act as a consultant or trainer on psychological issues to other professional groups (GMC, OSIL, PPSV)
16	Work from a professional and ethical value base, to recognise and analyse professional and ethical dilemmas and work with others to formulate solutions in accordance with professional guidelines; Be familiar with and endorse the NHS Constitution principles and values, and the HCPC and BPS Codes of Ethics and Conduct (GMC, PPSV)
17	Incorporate self-knowledge and self-reflection in professional work as part of a critical community of peers and others (GMC, PPSV)
18	Understand, work within and influence the wider political, legal, organisational and systemic frameworks within which clinical psychologists practice. (GMC,PPSV)

SYLLABUS PLAN – summary of the structure and academic content of the module

A number of methods will be used, including:

- Lectures
- Workshops
- Problem-based learning exercises
- Study packs for individual work
- Clinical skills workshops
- Role-play
- Practical classes
- Tutorials
- Assigned reading

A blended learning approach is taken where some lectures and workshops are delivered in person or online. Preference is given to in person teaching but some expert lecturers are based further afield and so deliver online.

The syllabus comprises 5 core themes spanning the three years of training, all of which use a pedagogic approach informed by anti-racism. The core themes are divided into specific strands, which are delivered in years one, two or three in accordance with both the life-span model and an approach which emphasises initially the broad context for understanding individuals' psychological distress, then explores approaches to working with individuals and lastly, emphasises consolidation and specialisation of skills and knowledge. At the end of training, trainees are able to draw on and utilise a range of different therapy models and evidence-based interventions to meet the needs and choices of the organisations in which they work and the clients they serve.

Year 1 curriculum overview.

Year 1 begins with induction that covers many of the aspects of the programme including the competence-based model and values-based practice, for example equality diversity and inclusion. It has a competence based framework so that the teaching is applicable on all the placements. This approach is continued in the second and third years. We take a life-span development model covering the challenges people face which can be addressed by psychological approaches . Core skills include therapeutic relationships, assessment, formulation, intervention and evaluation – working with individuals, families and communities. Students complete their Systemic Foundation training, have an introduction to Cognitive Analytic Therapy and are taught a solid foundation in Cognitive Behaviour Therapy - alongside others taught in less intensive ways. Core professional and organisational perspectives are also included, primarily through Reflective Organisational Practice.

Assessment is by 100% coursework.

All summative assessments must receive a pass mark for progression through the programme and successful module completion as detailed in the programme handbook:
(see TQA manual http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf for details)

All summative assessments are graded as follows – pass, minor amendment, major amendment or fail. Each assignment will include an assessment of a range of competences depending on the specific topic covered.

Year 1 Assessed work

1. A problem-based learning project with group presentations are formatively assessed based around a learning disability case scenario. Learning outcomes are ILOs 2, 3, 4, 5, 7, 8, 9, 11, 16, 17, 18
2. One Clinical Practice Report of clinical activity (maximum 5000 words is summatively assessed: assesses ILOs 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18
3. One essay on systemic approaches in therapy (maximum 4000 words is summatively assessed: assesses ILOs 1, 2, 5, 11, 12, 17
4. One Systemic Portfolio made up of a reflexive log and assessing oneself against the professional body's learning outcomes for Foundation level training (Between 6000-8000 words is summatively assessed: assesses ILOs 6, 7, 11, 12, 13, 17

The syllabus will be delivered through an initial 7 week teaching block, Subsequently the academic and research teaching days are integrated with clinical placement days and are delivered either locally as above or at the University, alternating on a week-by-week basis throughout the University terms.

Tutorial: 3 tutorials
Total number of academic sessions: 140.5 days 281 sessions.

LEARNING AND TEACHING					
LEARNING ACTIVITIES AND TEACHING METHODS (given in hours of study time)					
Scheduled Learning and Teaching activities	689.75	Guided independent study	214.5	Placement/study abroad	0

DETAILS OF LEARNING ACTIVITIES AND TEACHING METHODS		
Category	Hours of study time	Description
Scheduled Learning and Teaching activities	689.75	Lectures and practical classes
Guided independent study	214.5	Reading and web-based activity. Preparation for presentations.

ASSESSMENT			
FORMATIVE ASSESSMENT - for feedback and development purposes; does not count towards module grade			
Form of Assessment	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Problem Based Learning	Presentation on a learning disability scenario	1,2,3,4,5,6,7,8,9,11,16,17, 18	Group presentation

SUMMATIVE ASSESSMENT (% of credit)					
Coursework	100	Written exams	0	Practical exams	0

DETAILS OF SUMMATIVE ASSESSMENT

Form of Assessment	% of credit	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Clinical Practice Report write up	40	5000 words	1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18	Written
Systemic essay	30	4,000 words	1, 2, 5, 11, 12, 17	Written
Systemic portfolio	30	6,000-8,000 words	6, 7, 11, 12, 13, 17	written

DETAILS OF RE-ASSESSMENT (where required by major amendment category iii or deferral)

Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment
Clinical Practice Report write up	5000 words	1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18	4 weeks for minor corrections 8 weeks for major corrections
Systemic essay	4,000 words	1, 2, 5, 11, 12, 17	4 weeks for minor corrections 8 weeks for major corrections
Systemic portfolio	6,000-8,000 words	6, 7, 11, 12, 13, 17	4 weeks for minor corrections 8 weeks for major corrections

RE-ASSESSMENT NOTES – Each summatively assessed piece of work needs to be passed. Details of the marking scheme can be found at http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf. In order to pass the programme, the whole module must be passed.

For those students with Individual Learning plans, the following alternative assessments are also considered on an individual basis depending on need:

Category	Barrier to learning	Alternative 1	Alternative 2
Problem Based Learning Presentation	Verbal presentation in front of group – difficult with anxiety	Record contribution to presentation prepared in advance and shared during the presentation	Whole group to present separately to the assessor
Individual Written Assessment: Clinical Case Report; Systemic Essay; Systemic Portfolio	Assistive computer software not installed or accessible on home computer	Extension to deadline	

RESOURCES

INDICATIVE LEARNING RESOURCES - The following list is offered as an indication of the type and level of information that you are expected to consult. Further guidance will be provided by the series conveners.

Suggested reading:

American Psychological Association (2012). *APA style guide to electronic references*. Washington, DC: American Psychological Association.

American Psychological Association. (2020). *Publication Manual of the American Psychological Association*. Washington, DC: American Psychological Association

Asmundson, G. (ed). (2020). *Comprehensive Clinical Psychology* (2nd Edition). New York: Elsevier.

Beck, A. T., Davis, D. D., & Freeman, A. (Eds.). (2015) *Cognitive therapy of personality disorders.* Guilford Publications

Beck, J. S. (2021). *Cognitive therapy: Basics and beyond (3rd Edition).* The Guilford Press.

British Psychological Society (2006). Good practice guidelines for UK clinical psychology training providers: training and consolidation of clinical practice in relation to older people. Leicester: BPS

British Psychological Society (2009). Good practice guidelines for UK clinical psychology training providers: training and consolidation of clinical practice in clinical health psychology. Leicester: BPS

British Psychological Society (2019). Standards for the accreditation of doctoral programmes in clinical psychology. Leciester: BPS

British Psychological Society (2021). Training and consolidation of clinical practice in relation to adults with intellectual disabilities. Leicester: BPS

Butler, C. (2009). Sexual and gender minority therapy and systemic practice. *Journal of Family Therapy*, 31, 338-358

Carr, A. (2015). *The Handbook of Child and Adolescent Clinical Psychology A Contextual Approach*. Hoboken: Taylor and Francis.

Carr, A., & McNulty, M. (2016). *The handbook of adult clinical psychology : an evidence-based practice approach*. London; New York: Routledge.

Coetzer, R., & Balchin, R. (2014). *Working with Brain Injury A primer for psychologists working in under-resourced settings*. Hoboken: Psychology Press, a Taylor and Francis Group.

Dallos, R. & Draper, R. (2000). *An introduction to Family Therapy: systemic theory and practice* (3rd ed). Maidenhead: Open University Press

Field, A. P. (2018). Discovering statistics using IBM SPSS statistics (5th ed.). *London: Sage.*

Hagenaars, P., Plavsic, M., Sveaass, N., Wagner, U., & Wainwright, T. (Eds.). (2020). *Human Rights Education For Psychologists.* London: Routledge

Haslam, S. A., Reicher, S. D., & Platow, M. J. (2020). *The new psychology of leadership: Identity, influence and power* (second edition). Psychology Press.

Israelashvili, M. R. J. L. (2017). *The Cambridge handbook of international prevention science*. Cambridge: Cambridge University Press

Johnstone, L., & Dallos, R. (2014). *Formulation in Psychology and Psychotherapy* (2nd ed.). Hoboken: Taylor and Francis.

Kazdin, A. E. (2016). *Research design in clinical psychology* (5th ed.). Boston, MA: Allyn and Bacon.

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McIntosh, M., Nicholas, H., & Huq, A. H. (2019). *Leadership and diversity in psychology : moving beyond the limits*. Routledge.

Melville, F. & O'Brien, J. (2017). Working with refugees: a CAT-based Relational Perspective. *International Journal of CAT and Relational Mental Health*, 1, 54-70

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Pachana, N. & Laidlaw, K. (eds.) (2014) *The Oxford Handbook of ClinicalGeropsychology.* Oxford: Oxford University Press.

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Riemer, M., Reich. S.M., Scotney, D.E., Nelson, G. & Prilleltenskey, I. (2020) *Community Psychology: In pursuit of liberation and well-being*. Bloomsbury: Red Globe Press

Rubin, N., S., & Flores, R. L. (Eds.). (2020). *The Cambridge Handbook of Psychology and Human Rights: download from Uni*. Cambridge University Press

Tarrier, N., & Johnson, J. (Eds.). (2015). *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases*. Routledge

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Web based and electronic resources:

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Other resources available on the electronic learning environment

CREDIT VALUE	45	**ECTS VALUE**	**22.5**
PRE-REQUISITE MODULES	None		
CO-REQUISITE MODULES	PSYD042 and PSYD044		
NQF LEVEL (FHEQ)	8	**AVAILABLE AS DISTANCE LEARNING**	NO
ORIGIN DATE		**LAST REVISION DATE**	September 2023
KEY WORDS SEARCH	Clinical Psychology		

UNIVERSITY OF EXETER

MODULE TITLE	Academic Skills in Clinical Psychology Year 2				**CREDIT VALUE**	45
MODULE CODE	PSYD062			**MODULE CONVENOR**	**Academic Director**	
DURATION	**TERM**	**1**	**2**	**3**	**Number Students Taking Module (anticipated)**	**30**
	WEEKS	12	12	12		

DESCRIPTION – summary of the module content

This module is the second of the three that comprise the academic component of the professional Doctorate in Clinical Psychology (DClinPsy). Taken together the three components, academic, clinical and research, form the basis for the knowledge, skills values and competences required to practise as clinical psychologists, to meet the requirements for the award of DClinPsy and to be eligible for registration with the HCPC. The regulations that apply to these PGR Programme modules can be found here http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf .

Overall, the academic module aims to afford students with:

- Theoretical and empirical knowledge,
- Critical, analytical and integrative skills, and,
- Professional, ethical, and client-centred values needed to work effectively to enhance and promote psychological well-being.

The module is mapped against the British Psychological Society standards – the nine core competence areas - for the accreditation of doctoral programmes in Clinical Psychology (January 2019). Below is a set of narrative summaries that describe these nine competence areas which incorporate over 100 specific skills. Detailed description of the competencies can be found here

The programme aims to developing our trainees as future leaders and so each module of the academic programme includes opportunities for learning about the wider context in which the profession will be practicing. The mental health of individuals is influenced by a wide range of factors, including prejudice and discrimination and the quality of the environment in which they live. By understanding the links between the social and political context and health, clinical psychologists can work with individuals, and also take a leadership role in communities and at a policy level to address health and wellbeing in these broader context.

- Generalisable meta-competencies = GMC

The generalisable meta-competencies are applicable in different contexts with different people at different life stages, drawing on any relevant areas of psychological knowledge, guidelines, and frameworks. These skills include the ability to critically synthesise evidence and apply it in ways that fit the context which may be complex or novel and draw on a variety of models of practice. Furthermore, to be able to exercise these approaches in an autonomous way, collaborating and communicating effectively, where appropriate with service users and others in a reflective and ethical manner.

- Psychological assessment (PA)

The ability to choose, use and interpret a broad range of methods of assessment encompassing individual, group, social context and organisational and approaches, with a good understanding of psychometric principles and practice, including the assessment of risk.

- Psychological formulation = PF

On the basis of assessment being able to co-produce and lead on formulations addressing individual, systemic, cultural and biological factors which may be related to but are not premised on formal diagnostic frameworks and that are aimed at helping the client, team or organisation better understand their experience. Ability to choose the most appropriate format and complexity of the formulation to match the issues concerned and to guide interventions in a manner consistent with equality diversity and inclusion.

- Psychological intervention = PI

On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner. Ability to use evidence-based psychotherapeutic models and other approaches for interventions that address the complexity of the presentation and context, including prevention and promotion of wellbeing, that promotes recovery that is informed by service users' values and goals. Ability to take into account psychopharmacological and other multidisciplinary methods. Are mindful of social constructivist, community and critical psychology approaches to intervention. Be aware of and able to communicate when intervention is not helpful or appropriate.

- Evaluation = E

Evaluating practice through the monitoring of processes and outcomes, across multiple dimensions of functioning; devising innovative approaches to evaluation, with wide knowledge and critical appreciation of the main evaluation methods in use across the health and welfare system and effective use of supervision to evaluate own work.

- Research = R

Being a critical and effective producer, consumer, interpreter, and disseminator of the research evidence base relevant to clinical psychology practice and that of psychological services and interventions more widely. Utilising such research to influence and inform the practice of self and others.

- Personal and professional skills and values = PPSV

Ability to, in a reflective and reflexive manner, recognise ethical issues, be able to reason about them and take action to address them in various contexts including complex clinical and self-care contexts; ensuring that informed consent underpins all contact with clients and research participants.

- Communicating and teaching = CT

The ability to communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences, as necessary. Using these skills in teaching, supervision, expert opinion, with interpreters and supporting other's learning.

- Organisational and systemic influence and leadership = OSIL

Awareness of the legislative and national planning contexts for service delivery and clinical practice and the capacity to adapt practice in light of this. Ability to practice and in a variety of contexts and understand how these contexts function from an organisational perspective. Knowledge of and ability to supervise; provide consultancy and leadership, in collaborating with others, including service users and other experts by experience. Be able to promote psychological mindedness in services, alongside the implementation of quality improvement systems. Being able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this, and being familiar with 'whistleblowing' policies and issues.

MODULE AIMS – intentions of the module

The module aims are to develop trainees understanding of the main elements of theory, evidence-base and practice pertaining to core knowledge, skills, values and competence to draw upon for the clinical psychologist working with clients across the life span with special reference to five approaches: systemic, cognitive analytic therapy, cognitive behavioural therapy, neuropsychology, and Reflexive Organisational Practice (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL). These approaches inform learning and practice with adult, older adult, children, people with intellectual disabilities, public health approaches, and clients in health settings.

Specifically, the BPS requires that by the end of the module (and the Programme more generally), it is expected that trainees will have:

1. A value driven commitment to reducing psychological distress and enhancing and promoting psychological wellbeing through the systematic application of knowledge derived from psychological theory and evidence. Work should be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

2. The skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment, develop a formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing.

3. Knowledge and understanding of psychological (and other relevant) theory and evidence, related to specific client groups, presentations, psychological therapies, psychological testing, assessment, intervention and secondary prevention required to underpin clinical practice.

4. The skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives. Awareness of the clinical, professional and social contexts within which work is undertaken and impact therein.

5. Clinical and research skills that demonstrate work with clients and systems based on a reflective scientist-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation and that draws from across theory and therapy evidence bases as appropriate.

6. The skills, knowledge and values to work effectively with systems relevant to clients, including for example statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community.

7. The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare. This includes leadership skills and competencies in consultancy, supervision, teaching and training, working collaboratively and influencing psychological mindedness and practices of teams.

8. The skills, knowledge and values to conduct research and reflect upon outcomes in a way that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work.

9. A professional and ethical value base, including that set out in the BPS Code of Ethics and Conduct, the DCP statement of the Core Purpose and Philosophy of the profession and the DCP Professional Practice Guidelines.

10. High level skills in managing a personal learning agenda and self-care, in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems and professional standards of behaviour as might be expected by the public, employers and colleagues.

INTENDED LEARNING OUTCOMES (ILOs) which will incorporate the competences and outcomes above (see assessment section below for how ILOs will be assessed) The mapping of ILO to competencies provides a framework, but other competencies may also be assessed that are not the main one's that are focussed on in the ILO)
On successful completion of this module **trainees should be able to**:

Module Specific Skills and Knowledge:	
1	Describe the theoretical, empirical and practical basis for the core competencies of a clinical psychologist: establishing relationships; assessment; formulation; intervention; evaluation (GMC, PA, PF, PI, E.)
2	Access, review, critically evaluate, synthesise and communicate empirical and theoretical knowledge in clinical psychology (CMC, CT, PA)
3	Synthesise new approaches, in a manner that can contribute to the development of methodology and understanding (GMC, R, E)
4	Independently justify, evaluate, report and monitor own and other's work, and lead in planning and implementing changes (GMC, CT, E, R)
5	Show respect, understand and work collaboratively with the knowledge and theories held by clients and carers from a diverse range of backgrounds and other professional groups (GMC, OSIL)
6	Autonomously integrate and implement psychological evidence and theory in real world settings (considering complex and unpredictable contexts and recognising complexities/deficiencies and/or contradictions in knowledge) (GMC, OSIL, R)
7	Participate autonomously in lifelong learning making use of a wide range of resources, including supervision to extend and develop knowledge skills and values. (GMC, OSIL, R)
Discipline Specific Skills and Knowledge:	
8	Identify the major bio-psycho-social factors associated with psychological well-being, distress and disorder across the life span, with special reference to children, adolescents and families, people with learning disability, adults, older adults and people challenged by a variety of issues including health difficulties, physical and sensory disabilities, and addictions (GMC, PA, PI)
9	Work with a range of conceptual frameworks for understanding psychological well-being, distress and disorder across the life span (including the life span development model, scientist and reflective practitioner models, medical model, raciall trauma, climate change, contextual understandings and client perspectives); (GMC, PPSV, OSIL)
10	Assess, formulate, intervene and evaluate using theory, evidence and techniques drawn from two or more psychological approaches from at least the following; systemic, cognitive analytic therapy and CBT (PA,PI,PF,E)
11	Recognise the structural factors influencing psychological well-being and distress, with special reference to gender, race, culture, social class, poverty, sexual orientation, spirituality and disability.(GMC, OSIL)
12	Understand the importance of partnership working in mental health practice, respecting diversity, practising ethically, challenging inequality, promoting recovery, identifying needs and strengths, providing service user centred care, making a difference, promoting safety and positive risk taking, personal development and learning.(GMC, OSIL, PPSV)
Personal and Key Transferable/ Employment Skills and Knowledge:	
13	Recognise and work within the limits of own professional competence (PPSV)
14	Accept high levels of responsibility for oneself and others (GMC, OSIL)
15	Act as a consultant or trainer on psychological issues to other professional groups (GMC, OSIL, PPSV)
16	Work from a professional and ethical value base, to recognise and analyse professional and ethical dilemmas and work with others to formulate solutions in accordance with professional guidelines; Be familiar with and endorse the NHS Constitution principles and values, and the HCPC and BPS Codes of Ethics and Conduct (GMC, PPSV)
17	Incorporate self-knowledge and self-reflection in professional work as part of a critical community of peers and others (GMC, PPSV)
18	Understand, work within and influence the wider political, legal, organisational and systemic frameworks within which clinical psychologists practice. (GMC,PPSV)

SYLLABUS PLAN – summary of the structure and academic content of the module

A number of methods will be used, including:

- Lectures
- Workshops

- Problem-based learning exercises
- Study packs for individual work
- Clinical skills workshops
- Role-play
- Practical classes
- Tutorials
- Assigned reading

A blended learning approach is taken where some lectures and workshops are delivered in person or online. Preference is given to in person teaching but some expert lecturers are based further afield and so deliver online.

The syllabus comprises 5 core themes spanning the three years of training, all of which use a pedagogic approach informed by anti-racism. The core themes are divided into specific strands, which are delivered in years one, two or three in accordance with both the life-span model and an approach which emphasises initially the broad context for understanding individuals' psychological distress, then explores approaches to working with individuals and lastly, emphasises consolidation and specialisation of skills and knowledge. At the end of training, trainees are able to draw on and utilise a range of different therapy models and evidence-based interventions to meet the needs and choices of the organisations in which they work and the clients they serve.

The core themes are:

(1) Life-span development framework: The development model as a framework for the curriculum; development and challenges in childhood; development and challenges in adulthood; development and challenges in older age.
(2) Specific challenges through the life span: Bereavement and loss; abuse; learning disabilities; physical and neuropsychological disabilities; health and illness; mental health and the law; addictions.
(3) Responding to challenges: Psychological approaches: Systemic approaches; Cognitive Behavioural approaches; Cognitive Analytic approaches.
(4) Professional Development: Core therapeutic competencies (therapeutic relationships, formulation, assessment, intervention, evaluation);
(5) Professional and Personal Development: Reflexive Organisational Practice.
(6) Responding to public health challenges including climate change, pandemics, the impact of poverty.

The syllabus will be delivered through an initial 7 week teaching block, Subsequently the academic and research teaching days are integrated with clinical placement days and are delivered either locally as above or at the University, alternating on a week-by-week basis throughout the University terms.

Year 2:

Year 2 continues with the elements described in the first year module, but goes into them in more detail as trainees gain more experience and confidence across the Programme. We continue to take a life-span development model covering the challenges people face which can be addressed by psychological approaches. Core skills include therapeutic relationships, assessment, formulation, intervention and evaluation – working with individuals, families and communities. Cognitive Behaviour Therapy is taught to all trainees, and trainees choose between either a Systemic Intermediate or CAT Foundation pathway; other psychotherapeutic approaches are also taught in less intensive ways. Core professional and organisational perspectives are also included, primarily through Reflective Organisational Practice.

Tutorials: 3 tutorials
Number of sessions allocated to this module of the academic programme: 310 sessions.

LEARNING AND TEACHING					
LEARNING ACTIVITIES AND TEACHING METHODS (given in hours of study time)					
Scheduled Learning and Teaching activities	646.75	Guided independent study	360.75	Placement/study abroad	0

DETAILS OF LEARNING ACTIVITIES AND TEACHING METHODS		
Category	Hours of study time	Description
Scheduled Learning and Teaching activities	646.75	Lectures and practical classes
Guided independent study	360.75	Reading and web-based activity. Preparation for presentations.

ASSESSMENT

FORMATIVE ASSESSMENT - for feedback and development purposes; does not count towards module grade

Form of Assessment	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Problem Based Learning	Presentation on an Adult mental health scenario	1,2,3,4,5,6,7,8,9,11,16,17, 18	Group presentation
Leadership presentation	Presentation of an interview with a leader	2, 3, 4, 6, 11, 12, 17, 18	Discussion

SUMMATIVE ASSESSMENT (% of credit)

Coursework	100	Written exams	0	Practical exams	0

DETAILS OF SUMMATIVE ASSESSMENT

Form of Assessment	% of credit	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Clinical Practice Report write up	100	5000 words	1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18	Written

DETAILS OF RE-ASSESSMENT (where required by major amendment category iii or deferral)

Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment
Clinical Practice Report write up	5000 words	8,9,10,11,12, 13, 14, 15,16,17	4 weeks for minor corrections 8 weeks for major corrections

RE-ASSESSMENT NOTES – Each summatively assessed piece of work needs to be passed. Details of the marking scheme can be found at http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf . In order to pass the programme, the whole module must be passed.

For those students with Individual Learning plans, the following alternative assessments are also considered on an individual basis depending on need:

Category	Barrier to learning	Alternative 1	Alternative 2
Individual Presentations: Leadership	Verbal presentation in front of group – difficult with anxiety	Record contribution to presentation prepared in advance and shared on the day	Either record contribution to presentation prepared in advance and shared just with the assessor, or present live just to assessor
Group Presentations: PBL	Verbal presentation in front of group – difficult with anxiety	Record contribution to presentation prepared in advance and shared during the presentation	Whole group to present separately to the assessor
Individual Written Assessment: CPR 2	Assistive computer software not installed or accessible on home computer	Extension to deadline	

RESOURCES

INDICATIVE LEARNING RESOURCES - The following list is offered as an indication of the type and level of information that you are expected to consult. Further guidance will be provided by the series conveners.

Suggested reading:

American Psychological Association (2012). *APA style guide to electronic references*. Washington, DC: American Psychological Association.

American Psychological Association. (2020). *Publication Manual of the American Psychological Association*. Washington, DC: American Psychological Association

Asmundson, G. (ed). (2020). *Comprehensive Clinical Psychology* (2nd Edition). New York: Elsevier.

Beck, A. T., Davis, D. D., & Freeman, A. (Eds.). (2015) *Cognitive therapy of personality disorders.* Guilford Publications

Beck, J. S. (2021). *Cognitive therapy: Basics and beyond (3rd Edition).* The Guilford Press.

British Psychological Society (2006). Good practice guidelines for UK clinical psychology training providers: training and consolidation of clinical practice in relation to older people. Leicester: BPS

British Psychological Society (2009). Good practice guidelines for UK clinical psychology training providers: training and consolidation of clinical practice in clinical health psychology. Leicester: BPS

British Psychological Society (2019). Standards for the accreditation of doctoral programmes in clinical psychology. Leciester: BPS

British Psychological Society (2021). Training and consolidation of clinical practice in relation to adults with intellectual disabilities. Leicester: BPS

Butler, C. (2009). Sexual and gender minority therapy and systemic practice. *Journal of Family Therapy*, 31, 338-358

Carr, A. (2015). *The Handbook of Child and Adolescent Clinical Psychology A Contextual Approach*. Hoboken: Taylor and Francis.

Carr, A., & McNulty, M. (2016). *The handbook of adult clinical psychology : an evidence-based practice approach*. London; New York: Routledge.

Coetzer, R., & Balchin, R. (2014). *Working with Brain Injury A primer for psychologists working in under-resourced settings*. Hoboken: Psychology Press, a Taylor and Francis Group.

Dallos, R. & Draper, R. (2000). *An introduction to Family Therapy: systemic theory and practice* (3rd ed). Maidenhead: Open University Press

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Onyett, S. (2012). 'Leadership challenges for clinical psychology' - challenge or opportunity. *Clinical Psychology Forum, 238*, 10 – 17

Pachana, N. & Laidlaw, K. (eds.) (2014) *The Oxford Handbook of ClinicalGeropsychology.* Oxford: Oxford University Press.

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CREDIT VALUE	45	**ECTS VALUE**	**22.5**
PRE-REQUISITE MODULES	None		
CO-REQUISITE MODULES	PSYD065 and PSYD059		
NQF LEVEL (FHEQ)	8	**AVAILABLE AS DISTANCE LEARNING**	NO
ORIGIN DATE		**LAST REVISION DATE**	September 2023
KEY WORDS SEARCH	Clinical Psychology		

UNIVERSITY OF EXETER

MODULE TITLE	Academic Skills in Clinical Psychology Year 3				**CREDIT VALUE**	45
MODULE CODE	PSYD063			**MODULE CONVENOR**	**Academic Director**	
DURATION	**TERM**	**1**	**2**	**3**	**Number Students Taking Module (anticipated)**	**22**
	WEEKS	12	12	12		

DESCRIPTION – summary of the module content

This module is the third of the three that comprise the academic component of the professional Doctorate in Clinical Psychology (DClinPsy). Taken together the three components, academic, clinical and research, form the basis for the knowledge, skills values and competences required to practise as clinical psychologists, to meet the requirements for the award of DClinPsy and to be eligible for registration with the HCPC. The regulations that apply to these PGR Programme modules can be found here http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf .

Overall, the academic module aims to afford you:

- Theoretical and empirical knowledge,
- Critical, analytical and integrative skills, and,
- Professional, ethical, and client-centred values needed to work effectively to enhance and promote psychological well-being.

The module is mapped against the British Psychological Society standards – the nine core competence areas - for the accreditation of doctoral programmes in Clinical Psychology (January 2019). Below is a set of narrative summaries that describe these nine competence areas which incorporate over 100 specific skills. Detailed description of the competencies can be found here

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- Generalisable meta-competencies = GMC

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- Psychological intervention = PI

On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner. Ability to use evidence-based psychotherapeutic models and other approaches for interventions that address the complexity of the presentation and context, including prevention and promotion of wellbeing, that promotes recovery that is informed by service users' values and goals. Ability to take into account psychopharmacological and other multidisciplinary methods. Are mindful of social constructivist, community and critical psychology approaches to intervention. Be aware of and able to communicate when intervention is not helpful or appropriate.

- Evaluation = E

Evaluating practice through the monitoring of processes and outcomes, across multiple dimensions of functioning; devising innovative approaches to evaluation, with wide knowledge and critical appreciation of the main evaluation methods in use across the health and welfare system and effective use of supervision to evaluate own work.

- Research = R

Being a critical and effective producer, consumer, interpreter, and disseminator of the research evidence base relevant to clinical psychology practice and that of psychological services and interventions more widely. Utilising such research to influence and inform the practice of self and others.

- Personal and professional skills and values = PPSV

Ability to, in a reflective and reflexive manner, recognise ethical issues, be able to reason about them and take action to address them in various contexts including complex clinical and self-care contexts; ensuring that informed consent underpins all contact with clients and research participants.

- Communicating and teaching = CT

The ability to communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences, as necessary. Using these skills in teaching, supervision, expert opinion, with interpreters and supporting other's learning.

- Organisational and systemic influence and leadership = OSIL

Awareness of the legislative and national planning contexts for service delivery and clinical practice and the capacity to adapt practice in light of this. Ability to practice and in a variety of contexts and understand how these contexts function from an organisational perspective. Knowldege of and ability to supervise; provide consultancy and leadership, in collaborating with others, including service users and other experts by experience. Be able to promote psychological mindedness in services, alongside the implementation of quality improvement systems. Being able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this, and being familiar with 'whistleblowing' policies and issues.

MODULE AIMS – intentions of the module

The module aims are to develop trainees understanding of the main elements of theory, evidence-base and practice pertaining to core knowledge, skills, values and competence to draw upon for the clinical psychologist working with clients across the life span with special reference to five approaches: systemic, cognitive analytic therapy, cognitive behavioural therapy, neuropsychology, and Reflexive Organisational Practice (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL). These approaches inform learning and practice with adult, older adult, children, people with intellectual disabilities, public health approaches, and clients in health settings.

Specifically, the BPS requires that by the end of the module (and the Programme more generally), it is expected that trainees will have:

1. A value driven commitment to reducing psychological distress and enhancing and promoting psychological wellbeing through the systematic application of knowledge derived from psychological theory and evidence. Work should be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

2. The skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment, develop a formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing.

3. Knowledge and understanding of psychological (and other relevant) theory and evidence, related to specific client groups, presentations, psychological therapies, psychological testing, assessment, intervention and secondary prevention required to underpin clinical practice.

4. The skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives. Awareness of the clinical, professional and social contexts within which work is undertaken and impact therein.

5. Clinical and research skills that demonstrate work with clients and systems based on a reflective scientist-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation and that draws from across theory and therapy evidence bases as appropriate.

6. The skills, knowledge and values to work effectively with systems relevant to clients, including for example statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community.

7. The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare. This includes leadership skills and competencies in consultancy, supervision, teaching and training, working collaboratively and influencing psychological mindedness and practices of teams.

8. The skills, knowledge and values to conduct research and reflect upon outcomes in a way that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work.

9. A professional and ethical value base, including that set out in the BPS Code of Ethics and Conduct, the DCP statement of the Core Purpose and Philosophy of the profession and the DCP Professional Practice Guidelines.

10. High level skills in managing a personal learning agenda and self-care, in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems and professional standards of behaviour as might be expected by the public, employers and colleagues.

INTENDED LEARNING OUTCOMES (ILOs) which will incorporate the competences and outcomes above (see assessment section below for how ILOs will be assessed) The mapping of ILO to competencies provides a framework, but other competencies may also be assessed that are not the main one's that are focussed on in the ILO)
On successful completion of this module **trainees should be able to**:

Module Specific Skills and Knowledge:

1. Describe the theoretical, empirical and practical basis for the core competencies of a clinical psychologist: establishing relationships; assessment; formulation; intervention; evaluation (GMC, PA, PF, PI, E.)
2. Access, review, critically evaluate, synthesise and communicate empirical and theoretical knowledge in clinical psychology (CMC, CT, PA)
3. Synthesise new approaches, in a manner that can contribute to the development of methodology and understanding (GMC, R, E)
4. Independently justify, evaluate, report and monitor own and other's work, and lead in planning and implementing changes (GMC, CT, E, R)
5. Show respect, understand and work collaboratively with the knowledge and theories held by clients and carers from a diverse range of backgrounds and other professional groups (GMC, OSIL)
6. Autonomously integrate and implement psychological evidence and theory in real world settings (considering complex and unpredictable contexts and recognising complexities/deficiencies and/or contradictions in knowledge) (GMC, OSIL, R)
7. Participate autonomously in lifelong learning making use of a wide range of resources, including supervision to extend and develop knowledge skills and values. (GMC, OSIL, R)

Discipline Specific Skills and Knowledge:

8. Identify the major bio-psycho-social factors associated with psychological well-being, distress and disorder across the life span, with special reference to children, adolescents and families, people with learning disability, adults, older adults and people challenged by a variety of issues including health difficulties, physical and sensory disabilities, and addictions (GMC, PA, PI)
9. Work with a range of conceptual frameworks for understanding psychological well-being, distress and disorder across the life span (including the life span development model, scientist and reflective practitioner models, medical model, raciall trauma, climate change, contextual understandings and client perspectives); (GMC, PPSV, OSIL)
10. Assess, formulate, intervene and evaluate using theory, evidence and techniques drawn from two or more psychological approaches from at least the following; systemic, cognitive analytic therapy and CBT (PA,PI,PF,E)
11. Recognise the structural factors influencing psychological well-being and distress, with special reference to gender, race, culture, social class, poverty, sexual orientation, spirituality and disability.(GMC, OSIL)
12. Understand the importance of partnership working in mental health practice, respecting diversity, practising ethically, challenging inequality, promoting recovery, identifying needs and strengths, providing service user centred care, making a difference, promoting safety and positive risk taking, personal development and learning.(GMC, OSIL, PPSV)

Personal and Key Transferable/ Employment Skills and Knowledge:

13. Recognise and work within the limits of own professional competence (PPSV)
14. Accept high levels of responsibility for oneself and others (GMC, OSIL)
15. Act as a consultant or trainer on psychological issues to other professional groups (GMC, OSIL, PPSV)

16. Work from a professional and ethical value base, to recognise and analyse professional and ethical dilemmas and work with others to formulate solutions in accordance with professional guidelines; Be familiar with and endorse the NHS Constitution principles and values, and the HCPC and BPS Codes of Ethics and Conduct (GMC, PPSV)
17. Incorporate self-knowledge and self-reflection in professional work as part of a critical community of peers and others (GMC, PPSV)
18. Understand, work within and influence the wider political, legal, organisational and systemic frameworks within which clinical psychologists practice. (GMC,PPSV)

SYLLABUS PLAN – summary of the structure and academic content of the module

A number of methods will be used, including:

- Lectures
- Workshops
- Study packs for individual work
- Clinical skills workshops
- Role-play
- Practical classes
- Tutorial
- Assigned reading

A blended learning approach is taken where some lectures and workshops are delivered in person or online. Preference is given to in person teaching but some expert lecturers are based further afield and so deliver online.

The syllabus comprises 5 core themes spanning the three years of training, all of which use a pedagogic approach informed by anti-racism. The core themes are divided into specific strands, which are delivered in years one, two or three in accordance with both the life-span model and an approach which emphasises initially the broad context for understanding individuals' psychological distress, then explores approaches to working with individuals and lastly, emphasises consolidation and specialisation of skills and knowledge. At the end of training, trainees are able to draw on and utilise a range of different therapy models and evidence-based interventions to meet the needs and choices of the organisations in which they work and the clients they serve.

The core themes for year 3 are:

(7) More specialised areas of clinical health psychology including pain management.
(8) Working with particular groups, including asylum seekers, homelessness.
(9) Working in challenging settings, including forensic services.
(10) Responding to public health challenges including climate change, pandemics, the impact of poverty
(11) Human rights and psychology
(12) More advanced aproaches using CBT and other therapeutic modalities.

Assessment is by 100% coursework.
All summative assessments must receive a pass mark for progression through the programme and successful module completion as detailed in the programme handbook:
(see TQA manual http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf for details)

All summative assessments are graded as follows – pass, minor amendment, major amendment or fail. Each assignment will include an assessment of a range of competences depending on the specific topic covered.

Year 3 Assessed work

1.One essay on professional issues (maximum word limit 4000) is summatively assessed. (assesses ILOs 13, 14, 15, 18 (GMC, PPSV, OSIL)
2. One Clinical Practice Case presentation is formatively assessed - (assesses ILOs 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 14, 15, 16, 17 (GMC, PA, PF, PI, E, R, PPSV (may include CT, OSIL)

The syllabus will be delivered through an initial 7 week teaching block, Subsequently the academic and research teaching days are integrated with clinical placement days and are delivered either locally as above or at the University, alternating on a week-by-week basis throughout the University terms.

Year 3:
In this senior year of the Programme, workshops are provided in the format of training for advanced practice, sometimes extending over two, three or four days, which are intended to extend the breadth or deepen the knowledge of trainees in relation to working with specific client groups or with specific clinical approaches.
Workshops may be offered in a variety of areas – topics may change with available teachers. These include: Health psychology, Physical and neuropsychological disabilities, Forensic psychology. A range of psychotherapeutic approaches are taught, which includes 'third wave' approaches of CBT and trainees continue with their Systemic or CAT Pathways (choosen at the end of year 1).

Core Professional and Organisational competencies: working with service users and carers to facilitate their involvement in service planning and delivery, models of supervision; the transition to supervisor.

1 Academic Tutorial
Total number of academic sessions: 258.

LEARNING AND TEACHING

LEARNING ACTIVITIES AND TEACHING METHODS (given in hours of study time)					
Scheduled Learning and Teaching activities	299	Guided independent study	539.5	Placement/study abroad	0

DETAILS OF LEARNING ACTIVITIES AND TEACHING METHODS		
Category	Hours of study time	Description
Scheduled Learning and Teaching activities	299	Lectures and practical classes
Guided independent study	539.5	Reading and web based activity. Preparation for presentations.

ASSESSMENT

FORMATIVE ASSESSMENT - for feedback and development purposes; does not count towards module grade			
Form of Assessment	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Professional Issues Essay	Essay on self-selected topic related to clinical psychology as a profession.	(assesses ILOs 13, 14, 15, 18 (GMC, PPSV, OSIL)	Written
Clinical Practice case formulation	Presentation of a clinical case formulation. Students selection which therapeutic modality depending on the secondary therapy accreditation they are following.	(assesses ILOs 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 14, 15, 16, 17 (GMC, PA, PF, PI, E, R, PPSV (may include CT, OSIL)	Formative discussion

SUMMATIVE ASSESSMENT (% of credit)					
Coursework	100	Written exams	0	Practical exams	0

DETAILS OF SUMMATIVE ASSESSMENT				
Form of Assessment	% of credit	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method

Professional Issues Essay	100	4000 words	(assesses ILOs 13, 14, 15, 18 (GMC, PPSV, OSIL)	Written

DETAILS OF RE-ASSESSMENT (where required by major amendment category iii or deferral)

Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment
Professional issues essay	Professional issues essay 4000 words	(assesses ILOs 13, 14, 15, 18 (GMC, PPSV, OSIL)	4 weeks if minor corrections 8 weeks if major corrections

RE-ASSESSMENT NOTES – Each summatively assessed piece of work needs to be passed. Details of the marking scheme can be found at http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf . In order to pass the programme, the whole module must be passed.

For those students with Individual Learning plans, the following alternative assessments are also considered on an individual basis depending on need:

Category	Barrier to learning	Alternative 1	Alternative 2
Clinical case presentation	Verbal presentation in front of group – difficult with anxiety	Record contribution to presentation prepared in advance and shared during the presentation	Either record contribution to presentation prepared in advance and shared just with the assessor, or present live just to assessor
Individual Written Assessment: Professional issues essay	Assistive computer software not installed or accessible on home computer	Extension to deadline	

RESOURCES

INDICATIVE LEARNING RESOURCES - The following list is offered as an indication of the type and level of information that you are expected to consult. Further guidance will be provided by the series conveners.

Suggested reading:

American Psychological Association (2012). *APA style guide to electronic references*. Washington, DC: American Psychological Association.

American Psychological Association. (2020). *Publication Manual of the American Psychological Association*. Washington, DC: American Psychological Association

Asmundson, G. (ed). (2020). *Comprehensive Clinical Psychology* (2nd Edition). New York: Elsevier.

Beck, A. T., Davis, D. D., & Freeman, A. (Eds.). (2015) *Cognitive therapy of personality disorders.* Guilford Publications

Beck, J. S. (2021). *Cognitive therapy: Basics and beyond (3rd Edition).* The Guilford Press.

British Psychological Society (2006). Good practice guidelines for UK clinical psychology training providers: training and consolidation of clinical practice in relation to older people. Leicester: BPS

British Psychological Society (2009). Good practice guidelines for UK clinical psychology training providers: training and consolidation of clinical practice in clinical health psychology. Leicester: BPS

British Psychological Society (2019). Standards for the accreditation of doctoral programmes in clinical psychology. Leciester: BPS

British Psychological Society (2021). Training and consolidation of clinical practice in relation to adults with intellectual disabilities. Leicester: BPS

Butler, C. (2009). Sexual and gender minority therapy and systemic practice. *Journal of Family Therapy*, 31, 338-358

Carr, A. (2015). *The Handbook of Child and Adolescent Clinical Psychology A Contextual Approach*. Hoboken: Taylor and Francis.

Carr, A., & McNulty, M. (2016). *The handbook of adult clinical psychology : an evidence-based practice approach*. London; New York: Routledge.

Coetzer, R., & Balchin, R. (2014). *Working with Brain Injury A primer for psychologists working in under-resourced settings*. Hoboken: Psychology Press, a Taylor and Francis Group.

Dallos, R. & Draper, R. (2000). *An introduction to Family Therapy: systemic theory and practice* (3rd ed). Maidenhead: Open University Press

Field, A. P. (2018). Discovering statistics using IBM SPSS statistics (5th ed.). *London: Sage.*

Hagenaars, P., Plavsic, M., Sveaass, N., Wagner, U., & Wainwright, T. (Eds.). (2020). *Human Rights Education For Psychologists.* London: Routledge

Haslam, S. A., Reicher, S. D., & Platow, M. J. (2020). *The new psychology of leadership: Identity, influence and power* (second edition). Psychology Press.

Israelashvili, M. R. J. L. (2017). *The Cambridge handbook of international prevention science*. Cambridge: Cambridge University Press

Johnstone, L., & Dallos, R. (2014). *Formulation in Psychology and Psychotherapy* (2nd ed.). Hoboken: Taylor and Francis.

Kazdin, A. E. (2016). *Research design in clinical psychology* (5th ed.). Boston, MA: Allyn and Bacon.

Laidlaw, K. (2016). *CBT for older people : an introduction*. Wokingham: Sage

Layard, R., & Clark, D. (2015). Thrive : the power of evidence-based psychological therapies. Penguin

Lezak, M., Howieson, E., & Bigler, D. (2012). *Neuropsychological assessment (5th Edition)*. Oxford: Oxford university press.

Lloyd, J. and Pollard, R. (2019). (Eds) *Cognitive Analytic Therapy and the Politics of Mental Health.* London, Routledge

McIntosh, M., Nicholas, H., & Huq, A. H. (2019). *Leadership and diversity in psychology : moving beyond the limits*. Routledge.

Melville, F. & O'Brien, J. (2017). Working with refugees: a CAT-based Relational Perspective. *International Journal of CAT and Relational Mental Health*, 1, 54-70

NHS (2019). The NHS Long Term Plan. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

Onyett, S. (2012). 'Leadership challenges for clinical psychology' - challenge or opportunity. *Clinical Psychology Forum, 238*, 10 – 17

Pachana, N. & Laidlaw, K. (eds.) (2014) *The Oxford Handbook of ClinicalGeropsychology.* Oxford: Oxford University Press.

Rathod, S. (2015). Cultural Adaptation of CBT for serious mental illness. Oxford: Wiley-Blackwell

Riemer, M., Reich. S.M., Scotney, D.E., Nelson, G. & Prilleltenskey, I. (2020) *Community Psychology: In pursuit of liberation and well-being*. Bloomsbury: Red Globe Press

Rubin, N., S., & Flores, R. L. (Eds.). (2020). *The Cambridge Handbook of Psychology and Human Rights: download from Uni*. Cambridge University Press

Tarrier, N., & Johnson, J. (Eds.). (2015). *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases*. Routledge

Wenzel, A. (ed.) (2020).*The American Psychological Association's Handbook of Cognitive Behavioral Therapy.* Washington DC. APA.

Westbrook, D. Kennerley, H. Kirk, J. (2011). *An Introduction to Cognitive Behaviour Therapy: Skills and Applications.* London: Sage

ELE – *College to provide permission to access hyperlink to appropriate pages: https://vle.exeter.ac.uk/course/view.php?id=1618*

Web based and electronic resources:

British Psychological Society:

- Electronic records guidance (2019)
- Record Keeping: Guidance on Good Practice, (2013)
- Code of Human Research Ethics (2021)
- Code of Ethics and Conduct. (2018)
- Conducting research with human participants during Covid-19 (2020)
- Division of Clinical Psychology: Policy on supervision (2014)
- Ethics guidelines for internet-mediated research (2021)
- Standards for the accreditation of Doctoral Programmes in Clinical Psychology (2019)
- Practice Guidelines (2017)

Health and Care Professions Council

- Standards of Education and Training guidance (2017)
- Practitioner psychologists (2018)
- Standards of conduct, performance and Ethics (2018)
- Guidance on conduct and ethics for students (2016)

Other resources available on the electronic learning environment

CREDIT VALUE	45	**ECTS VALUE**	**22.5**
PRE-REQUISITE MODULES	None		
CO-REQUISITE MODULES	PSYD060 and PSYD066		
NQF LEVEL (FHEQ)	8	**AVAILABLE AS DISTANCE LEARNING**	NO
ORIGIN DATE		**LAST REVISION DATE**	September 2023
KEY WORDS SEARCH	Clinical Psychology		

Appendix 2 Consent Form for CPR

Consent Forms for CPR

University of Exeter **Doctoral Programme in Clinical Psychology**

SUPERVISOR'S CONFIRMATION OF CONSENT FORM:WRITTEN REPORTS AND AUDIO/VIDEO RECORDINGS

Name of Supervisor: _____

Name of Trainee: _____

- ❑ I confirm that I have seen the signed consent form (or have evidence that appropriate verbal consent has been given) of the client with whom the clinical work was conducted, in which they had given written consent for the release of the material for supervision and assessment for educational purposes.
- ❑ Or, I confirm that the client was deemed to lack capacity to give consent for the release of the material for supervision and assessment for educational purposes, but that careful consideration was given by those who know the client well, who agree that in their judgement recorded material may be released for supervision and assessment for educational purposes.

Specify the relationship(s) to the client of those consulted.

_____

- ❑ I can also confirm that I have reviewed a copy of the report and to the best of my knowledge deem it to be a reflection of clinical work carried out whilst on placement. (Essential for written reports only)

Signed by supervisor: _____

Date: _____

Appendix 3 Template for Consent Form for Adult Client

DOCTORAL PROGRAMME IN CLINICAL PSYCHOLOGY

CONSENT TO THE USE OF WRITTEN AND AUDIO OR

VISUAL RECORDED INFORMATION FOR TRAINING PURPOSES

Your practitioner is a trainee Clinical Psychologist at the University of Exeter. As part of their training they must submit examples of their clinical work to the University for assessment and supervision purposes. It is important that we know that you agree to this and that you understand that:

- all identifying details (such as your name) will be removed (with the exception of audio or video recording, where you may be referred to by your preferred/first name
- it will only be used for assessment and supervision purposes
- it will be looked at / listened to only by qualified psychological practitioners and trainee psychologists who are at the University

Please tick all that apply:

I understand that I can withhold my consent and this will not affect my treatment	
I agree to a written report being prepared based on my treatment	
I agree to my sessions being tape/audio recorded and to the tape being submitted to the University	
I understand that all material will be anonymized (with the exception of audio/video recording), that identifying information will be removed, and that material will be stored securely. Audio/video material will be destroyed no longer than 6 months after the relevant Board of Examiners' meeting	
I consent to written reports being used by the University of Exeter as examples for future trainees (uploaded to the internal net – intranet)	

Name of client: _____

Signature: _____ Date: _____

Appendix 4 Template for Consent Form for Child or Young Person Client

UNIVERSITY OF EXETER

DOCTORAL PROGRAMME IN CLINICAL PSYCHOLOGY

CONSENT TO THE USE OF WRITTEN AND AUDIO OR VISUAL RECORDED INFORMATION FOR TRAINING PURPOSES

(Form for person with parental responsibility for child or young person under 16 years of age)

Your practitioner is a trainee Clinical Psychologist at the University of Exeter. As part of their training they must submit examples of their clinical work to the University for assessment and supervision purposes. It is important that we know that you agree to this and that you understand that:

- all identifying details (such as your name) will be removed (with the exception of audio/video recording where you may be referred to by your preferred/first name)
- it will only be used for assessment and supervision purposes
- it will be looked at / listened to only by qualified psychological practitioners and trainee psychologists who are at the University

Please tick or delete the following:

I understand that I can withhold my consent and this will not affect my treatment	
I agree to a written report being prepared based on my treatment	
I agree to my sessions being tape/audio recorded and to the tape being submitted to the University	
I understand that all material will be anonymised (apart from audio/video recording), that identifying information will be removed, and that material will be stored securely, and audio/video material will be destroyed no longer than 6 months after the relevant Board of Examiners' meeting	

I consent to written reports being used by the University of Exeter as examples for future trainees (uploaded to the internal net – intranet)	

Name of child/young person: _____

Name of person with parental responsibility: _____

Signature: _____ Date: _____

Appendix 5 CPR Guidelines 2023

CPR Guidelines

Summary

This document provides guidelines for your CPR and shows how the marking has been broken down into nine areas of competence.

While there is an expectation that your report will begin with an Introduction section and end with a concluding paragraph, you can otherwise structure your assignment in a way that suits the content. You may find it helpful to consider the following suggestion if it fits the type of work you are writing up: Introduction; Literature Review; Assessment; Formulation and Goals; Intervention; Evaluation and Outcome; Discussion; and Conclusions. Please also see the Communication and Presentation section in this document for further related guidance.

Your report needs to address all nine areas of competence as outlined in this document. Whilst various areas lend themselves better to being described using a focused section, you do not need to address every competency area in this way. As such, there may be areas you fully address by integrating different elements of them at different points throughout the report. Furthermore, if you do create a specific section for any given competency, you might decide that some aspects of it would still be better located elsewhere in the write up.

Systemic CPR:

To write a systemic case report, there would be an expectation of including a genogram, three hypotheses, circularity in the hypotheses, and some examples of circular questions that were used with the client. There would also be an expectation for the report to be reflective and include use of self and the social graces. Even if the clinical work was with an individual, the system of the person (family, organization) and wider social context should be included. In addition, it will be important to consider the referral pathway and how that influenced the piece of work.

Nine Areas of Competence

Application of Knowledge

Include an overview and critical evaluation of key theory and models, empirical evidence, practice-based evidence, and practice guidance frameworks such as NICE which underpins the clinical work of the CPR. This would relate to the service user group and type of difficulty (e.g. adolescent with anxiety) and the intervention approach used (e.g. Systemic, CBT etc). Demonstrate an awareness of the legislative and national planning contexts for service delivery and clinical practice.

Consider the value and quality of the evidence. If there is a large body of literature, filter this down into the most relevant articles to your work. If there is a dearth of literature, extend the search to include articles that might inform the work.

Demonstrate being able to critically utilise theoretical frameworks, the evidence base and practice guidance frameworks in complex clinical decision-making without being formulaic in application. Consider the limitations of the evidence base, relevance of the theory and applicability of the practice guidance framework for minority groups if relevant to your service user/s. Show how you have made informed judgments on complex issues, which may be in the absence of complete information.

BABCP: specifically, this should focus on the exact model being used (not just an evaluation of the relevance of CBT as a modality) – why this model chosen, evidence base for this model, the strengths and weaknesses of this model etc.

Systemic Therapy:
Demonstrate an understanding of theory from systemic family therapy including the theory of change underpinning the theories applied. Articulate the research and evidence base for systemic practice as applied to this piece of work

Assessment

A coherent account of the assessment of the problem needs to be provided. This should include a rationale for your assessment approach and a description of *how* you gathered the information (e.g. clinical interview, standardized assessment tools - including a brief description of reliability and validity of the measures used, review of records, and discussions with family/colleagues/referrers).

Present the *relevant* information gathered during the assessment *succinctly* and systematically to enable the markers to make sense of complexity. This needs to include, but not be limited to: contextual issues such as racialized identity, age, gender, etc., family background; significant experiences; context of onset of difficulty; problem list; impact and relevance of psychopharmacological and other multidisciplinary interventions; and protective factors. The assessment methods should be appropriate to the service user/s and service delivery system in which the assessment has taken place.

BABCP: As CBT is a diagnosis specific way of working, this should be included, along with suitability for CBT.

Systemic Therapy
Demonstrate how you have convened systemic practice meetings with individuals, couples, families or other relationship groups.

Present how you went about conducting a systemic assessment of presenting issues including identification of different perspectives, patterns of responses and meanings held in relation to the problem, the history of the presenting problem in relation to family relationships, family events, external contexts and wider social discourses

This piece of work must include a GENOGRAM even if you have not met multiple family members.

Formulation

Include a clear and concise written formulation along with any accompanying figures and tables to enable the markers to understand your initial clinical impression/s. It is not sufficient to use diagrams only. The formulation should follow logically from the previous sections in the report.

The formulation will provide an understanding of the problem, based on the information gathered during the assessment, and informed by theory and evidence about relevant individual, systemic, cultural and biological factors. Your formulation may be informed by formal diagnostic classification systems, but we would expect you to move beyond this framework.

The formulation may be identified as a single model or integrative. If the latter, utilise theoretical frameworks with an integrative, multimodel, perspective as appropriate and adapted to circumstance and context. Whichever approach is taken, be sure to include contextual issues where relevant within your formulation (e.g. racism, poverty, etc.). Consideration of community, critical, and social constructionist perspectives might be informative here.

Include a clear outline of the service user's values and hopes for therapy, specifying measurable goals for the work where appropriate. You may wish to outline where your goals differ from the service user/family/other professionals.

Where appropriate/indicated, demonstrate the use of the formulation to attempt to enhance teamwork, multi-professional communication and psychological mindedness in services.

BABCP: Expectation that formulation will include both maintenance and longitudinal features and will have been developed collaboratively with the client.

Systemic Therapy

As well as presenting the overall formulation that you have developed around this case, you should include at least three hypotheses that you developed and worked with. Hypotheses should be circular – taking into account relational factors and including multiple parts of the system.

Intervention

Demonstrate how you have used the formulation to guide any intervention/s if appropriate; it might be that the assessment and formulation process is conceptualised as the intervention.

The intervention/s will be conducted in a way which promotes recovery of personal and social functioning as informed by service user values and goals, and appropriate to their presenting problem/s, psychological and social circumstances. Show how this has been carried out in a collaborative manner with: individuals; couples, families or groups; and/or services/organisations.

You need to clearly identify your role, and the roles of others involved in the work. If the intervention is unfinished, then this should be made clear, and the reason for this should be stated. Demonstrate how you have worked collaboratively and constructively with fellow psychologists and/or other colleagues and users of services, respecting diverse viewpoints.

Specify the nature of the intervention (i.e. therapy modality and format) and number of therapy sessions completed, or planned (where intervention is on-going). Provide an overview of the content and process of the intervention, including examples of key developments or themes. Are issues of power and diversity relevant to the intervention offered?

If the approach involved multi-model interventions (as appropriate to the complexity and/or co-morbidity of the presentation, the clinical and social context and service user opinions, values and goals), then this needs to be described. This may include a consideration of social approaches to intervention such as those informed by community, critical, and social constructionist perspectives.

BABCP: Intervention should meaningfully link to formulation, with details of how protocol-relevant specific change methods were applied in this case. Ideally include typed examples of completed pieces of written work on therapy excerpts (can be as appendices, but should be summarised in body text). Please justify any deviations from the defined model/protocol.

Systemic Therapy:
Show how you have worked collaboratively to identify overall goals and the agreed focus for systemic interventions. Show how you have developed and maintained (if appropriate) a therapeutic alliance with more than one family member.

Discuss how you have gained new perspectives through techniques including questioning, reflection, reframing, externalising and scaling. You might also include examples of other systemic techniques that you have used such as tracking, using genograms, eco-maps and timelines or working with problematic communication patterns. You should include some **examples** of circular questions which are relevant to the hypotheses presented.

Discuss how you have helped clients to identify their own strengths and resources (including problem solving skills).

Evaluation

Your evaluation should demonstrate evidence-based practice with an ethos of practice-based evidence where processes, outcomes, progress and needs are critically and reflectively evaluated.

Thus, show how you have evaluated the intervention/s systematically, through the monitoring of processes and outcomes (and being mindful of multiple dimensions of functioning) in relation to recovery, values and goals and as informed by service user experiences as well as clinical indicators (such as behaviour change and change on standardised psychometric instruments). Include a display of the relevant post intervention measures and comparisons to other data collection points.

Demonstrate an understanding of the reasons for the different outcome measures you have used, and any limitations with these (e.g. is the evidence based founded on all populations). This may include an appreciation of the wider use of outcome measures within national healthcare systems, the evidence base and theories of outcomes monitoring (e.g. service accessibility and clinical effectiveness).

Clearly identify which aspects of the goals have been achieved, and which aspects of the work were less successful.

Critically appraise the strengths and limitations of the different evaluative strategies you have used, including, if relevant, psychometric theory and knowledge related to indices of change.

Discuss any unexpected and/or discrepant finding/s and provide ideas to explain these.

Provide recommendations as to how this intervention might inform future work.

BABCP: please describe how relapse prevention/ongoing maintenance of gains has been promoted in this case.

Corresponding AFT Learning Outcomes:
Shoe how you have conducted progress reviews using formal measures and/or in session review

Ethical and Safe Practice (including risk)

The service user, related individuals (e.g. other professionals, family and friends) and services should be presented anonymously to protect confidentiality. Describe how anonymity in the assignment has been maintained. Furthermore, briefly describe how consent (to the clinical work itself and to the write up of the CPR) has been explored and explained.

Appropriate risk assessment should take place and be used to guide the work, with monitoring and management of risk described.

Discuss any ethical issues that have arisen in the work, and comment on how you navigated through these, attending to ethical and professional practice frameworks. Where applicable, show how you have developed strategies to handle the emotional and physical impact of practice and describe how you have sought appropriate support when necessary. Good awareness of boundary issues should be demonstrated.

Show an appreciation of the inherent power imbalance between practitioners and service users and how abuse of this can be minimised.

Communication and Presentation

If relevant to the clinical context, give evidence of how you adapted the style of communication to the service user/s and/or other stakeholders you worked with.

You need to demonstrate clear and effective communication of complex information. This includes structuring your CPR with an Introduction that sets out the context of the work for the reader. A brief description of the problem/s, referral and service setting is required. The report should end with a concluding paragraph synthesizing all the main issues and arguments within the report to bring it to a close. The report needs to have Contents page/s, a Reference section, and, if relevant, Appendices.

The report, including the reference section and any appendices, should fulfill the latest APA guidelines in terms of both style and content. This includes ensuring that the work is culturally sensitive, and non-discriminatory in terms of, for example, racialised identity, age, gender, disability and sexuality.

Avoid including handwritten documents in the appendices unless specifically relevant to the CPR, as they can be hard to read and may compromise anonymity.

Reflection and Reflexivity

Reflect on strengths and weaknesses of the work. This might include the assessment, intervention, therapeutic alliance or use of supervision. Consider your own personal learning needs and what strategies you have or might develop for meeting these.

Reflect on the therapeutic relationship/s during the work, including both engagement and ending issues, and relations of power.

Consider how you managed appropriate autonomy and responsibility, demonstrating self-awareness and sensitivity. Provide some descriptions of your use of supervision to reflect on the work, including your use of feedback received.

Show reflection on the formulation created and any revisions made in the light of ongoing feedback and intervention.

Inequalities of Power

Outline the impact of differences, diversity and/or social inequalities on the lives of your service user/s and consider the implications for the work carried out. This could include socio-cultural factors such as the impact of racism, poverty, discrimination, politics and religion and associated power dynamics. The Social GRACES (Burnham, 2012) and their intersectionality might provide a helpful framework for these discussions.

Within these reflections, also think about the impact of any inequalities in services and service provision that are relevant in the context of the work you carried out.

Consider how your identities, experiences, values, attitudes and/or assumptions have impacted on the assessment, formulation, intervention and/or therapeutic relationship, and the way in which you have approached thinking about and working with inequalities and diversity within your clinical work.

Systemic Therapy

Critically discuss issues of power and difference and describe responses to these issues informed by the AFT Code of Ethics and Practice

Appendix 6 Feedback Form for CPR

Feedback Form for Clinical Practice Reports (CPRs)

Trainee No: **Year:**

Date:

Turnitin Score:

Turnitin Comments:

Indicate Mark Below

<table>
<tr><th>First submission</th><th>Resubmission 1</th><th>Resubmission 2</th></tr>
<tr><td>PASS

All criteria satisfactory or above</td><td></td><td rowspan="3"></td></tr>
<tr><td rowspan="3">MINOR AMENDMENT

i.Typos, spelling etc
ii.Omissions/improvement that do not alter conclusions</td><td>PASS</td></tr>
<tr><td rowspan="2">FAIL</td></tr>
<tr><td>PASS</td></tr>
<tr><td>FAIL</td></tr>
<tr><td rowspan="2">MAJOR AMENDMENT

i.Omissions/improvements may alter conclusions
ii.Major reorganisation required
iii.New piece of work required</td><td rowspan="2">PASS</td><td rowspan="2"></td></tr>
<tr><td></td></tr>
<tr><td></td><td>MINOR AMENDMENT

i.Typos, spelling etc</td><td>PASS</td></tr>
</table>

	ii.Omissions/improvement that do not alter conclusions	FAIL
	FAIL	

First/Second/Third Submission (Delete as appropriate)

E - Indicates that there is extensive evidence that doctoral standard has been achieved for this criterion

S - Indicates that there is sufficient evidence that doctoral standard has been achieved for this criterion

AR - Indicates that there is insufficient evidence that doctoral standard has been achieved for this criterion

To achieve a 'Pass' grade, doctoral standard must be achieved for all assessed criteria (i.e. achievement of an E or S for all assessed criteria).

Marking Areas	**Category**		
	Extensive (E)	Sufficient (S)	Amendment/s Required (AR)
Application of Knowledge			
Assessment			
Formulation			
Intervention			
Evaluation			
Ethical and Safe Practice (including risk)			
Communication & Presentation			
Reflection & Reflexivity			
Inequalities of Power			
Marker response to request for individual feedback (if applicable):			

Strengths of the work:
First Submission - specify required changes: Application of Knowledge: Assessment: Formulation: Intervention: Evaluation: Ethical and Safe Practice (including risk): Communication & Presentation: Reflection & Reflexivity: Inequalities of Power:
Resubmission 1 General Comments/Evaluation (and please detail any required Minor Amendments if following a Major Amendment): Application of Knowledge: Assessment: Formulation: Intervention: Evaluation: Ethical and Safe Practice (including risk): Communication & Presentation: Reflection & Reflexivity: Inequalities of Power:
Resubmission 2 General Comments/Evaluation:

Appendix 7 Marking guidelines for professional issues essay

MARKING GUIDELINES FOR PROFESSIONAL ISSUES ESSAY

Pass
Minor amendments (i)(ii)
Major amendments (i) (ii) (iii)
Fail

E - Indicates that there is extensive evidence that doctoral standard has been achieved for this criterion
S - Indicates that there is sufficient evidence that doctoral standard has been achieved for this criterion
I - Indicates that there is insufficient evidence that doctoral standard has been achieved for this criterion
To achieve a 'Pass' grade, doctoral standard must be achieved for all assessed criteria (i.e. achievement of an E or S for all assessed criteria

	E	**S**	**I**
INTRODUCTION TO THE ESSAY			
a) Interpretation of the title	The introduction makes explicit the subject matter of the essay and convincingly addresses the issues raised or implied by the title.	The introduction gives a reasonable idea of what the title means.	The introduction lacks any description of the title, or is confused or unclear.
b) Scene setting	The introduction provides a clear and compelling rationale for the choice of topic (e.g., professional relevance, relevance to trainee's professional development). Key concepts and terms are defined in an informed and useful way. A convincing rationale is given for the inclusion and exclusion of material.	The introduction provides an adequate rationale for the choice of topic. Key concepts and terms are defined. The introduction adequately states the areas to be covered with an explanation for why material is included or excluded.	The introduction provides either no rationale or an inadequate rationale for the choice of topic. Important terms and concepts are incorrectly or poorly defined or no attempt is made to define them. The introduction provides either no description of the areas to be covered or does so inadequately.
c) Route map	The introduction provides a clear and useful guide that fully enables the reader to	The introduction provides an adequate guide that enables the reader to make	The introduction provides no or confused directions as to what follows.

make sense of what follows.	sense of what follows.	

2. DEVELOPMENT OF THE ESSAY

	E	S	I
a) Structure	The essay has a clear and coherent overall structure, with good linkage between elements.	The essay has adequate overall structure, with linkage between elements.	The material is jumbled or out of order causing misunderstandings or confusion.
b) Development of argument and ideas	Arguments and ideas are developed very effectively. The essay is written in a logical, sequential and sophisticated manner.	The essay has an adequate flow that enables the argument to be developed.	The essay is incoherent with insufficient building of the argument.
c) Focus	The essay answers the question and keeps to the point. The essay contains only material that is highly relevant to the title.	The essay answers the questions and largely keeps to the point.	The essay deviates from the title, fails to draw the material towards a focal point or fails to address the title fully.
d) Use of sources	The essay demonstrates an excellent or very good understanding of how to draw on a wide range of sources, identifying key material that is central to the understanding and development of the argument. The essay includes an appropriately wide selection of the most salient current material and important historical sources. The writer draws on high quality primary sources. Sources are cited appropriately and flawlessly.	The essay demonstrates an adequate understanding of how to draw on a wide range of sources, identifying key material that is central to the understanding and development of the argument.	Important sources are either not used or used inappropriately.

	E	**S**	**I**
e) Grasp of theory	The essay shows evidence of deep, thorough and extensive knowledge of relevant theory. Further, the essay demonstrates a deep understanding of the relevance and impact of theory upon professional practice.	The essay demonstrates adequate knowledge of relevant theory.	The essay demonstrates inaccurate, only partly accurate or superficial knowledge of theory.
f) Constructive critical analysis	The essay critically evaluates theories, ideas and evidence in a focused, rigorous and balanced way to develop the arguments effectively. The material is well integrated. The essay uses the critical analysis constructively and creatively (e.g. to build theory, to recommend further research, to draw out clinical and ethical implications for professional practice or personal or service development).	The essay uses appropriate evidence to build the main argument(s). The essay offers a sound critique of previous work and accurately identifies the most important flaws. A reasonable attempt is made to integrate the material.	The essay's thesis is not supported by appropriate evidence, or evidence is not well synthesised. The essay fails to be appropriately critical, applies critical analysis in an unfocused or unbalanced way or is lacking in critical analysis.
h) Professional issues	The essay demonstrates that the author possesses a deep and sophisticated understanding of the influence of the wider political, legal, organisational and systemic frameworks upon clinical psychology practice. A high level of integrity is demonstrated in consideration of professional practice and views espoused are highly consistent with guidelines for professional conduct.	The essay demonstrates that the author has an awareness of the influence of the wider political, legal, organisational and systemic frameworks upon the practice of clinical psychology. Views espoused are in commensurate with the guidelines for professional conduct.	The essay omits consideration of the wider influences on the practice of clinical psychology or addresses these issues in an incoherent or confused manner. Views are espoused in a muddled way leading to doubt about whether or not they are commensurate with guidelines for professional conduct.
	Excellent/Very Good	**Good/Satisfactory**	**Requires revision**

i) Evidence of original thought	The essay's overall thesis builds on existing theory, evidence and ideas to provide an insightful and original synthesis, viewpoint or analysis.	The essay contains ideas that are original in part.	The essay is derivative or provides a synthesis that is flawed.
3. CONCLUSION			
a) Summary of the argument	The work is brought appropriately together with a succinct and clear summary of the information and ideas presented leading to a compelling conclusion.	The summary follows clearly from the information and ideas presented and provides a reasonable and useful conclusion.	The essay fails to provide a summary/conclusion, or does so in a perfunctory way or introduces new or irrelevant material.
b) Implications	The essay draws out the implications of the ideas for the clinical psychology profession (this may include research and or health/social policy) and/or for the trainee's continuing professional development. Recommendations are firmly grounded in the review and are presented in a highly accessible way.	The conclusions draw out the implications of the ideas in the essay for the profession and or the trainee's continuing professional development as appropriate. The recommendations are grounded in the review and are well presented.	The conclusion either fails to draw out the implications for the profession and/or the trainee's continuing professional development, or does so in a way that is not grounded in the review.

Appendix 8 Feedback form for Professional Issues Essay

FEEDBACK FORM FOR PROFESSIONAL ISSUES ESSAY (Year 3)

Student: **Year:**
Date:
Indicate Mark Below

<table>
<tr><th>First submission</th><th>Resubmission 1</th><th>Resubmission 2</th></tr>
<tr><td>PASS</td><td></td><td rowspan="3"></td></tr>
<tr><td rowspan="2">MINOR AMENDMENT
i. Typos, spelling etc
ii. Omissions/improvement that do not alter conclusions</td><td>PASS</td></tr>
<tr><td>FAIL</td></tr>
<tr><td rowspan="4">MAJOR AMENDMENT
i. Omissions/improvements may alter conclusions
ii. Major reorganisation required
iii. New piece of work required</td><td>PASS</td><td></td></tr>
<tr><td rowspan="2">MINOR AMENDMENT
i. Typos, spelling etc
ii. Omissions/improvement that do not alter conclusions</td><td>PASS</td></tr>
<tr><td>FAIL</td></tr>
<tr><td>FAIL</td><td></td></tr>
</table>

First/Second/Third Submission (Delete as appropriate)

E - Indicates that there is extensive evidence that doctoral standard has been achieved for this criterion
S - Indicates that there is sufficient evidence that doctoral standard has been achieved for this criterion
I - Indicates that there is insufficient evidence that doctoral standard has been achieved for this criterion
To achieve a 'Pass' grade, doctoral standard must be achieved for all assessed criteria (i.e. achievement of an E or S for all assessed criteria.

Please insert your comments and any suggested amendments into the appropriate box.	**E**	**S**	**I**
Overall Evaluation			
Introduction • Interpretation of the title • Scene setting • Route map			
Development of the Essay • Structure • Development of argument and ideas • Focus • Use of sources • Evidence of original thought • Grasp of theory • Constructive critical analysis • Wider professional context			
Conclusion • Summary of the argument • Implications			
Presentation and Structure • Contents Page • APA • Grammar/Punctuation • Style			
Professional Issues • No identifying details are visible • The relevant professional and ethical issues have been explored			

Response to request for individual feedback (if applicable)

First Submission (if appropriate) specify required changes and areas for improvement with suggestions for how improvements could be made for the assignment to reach a pass standard

Introduction: No changes
Literature review: No changes
Assessment of the problem: No changes
Preliminary Formulation and Goals: No changes
Intervention: No changes
Evaluation and outcome: No changes
Discussion: No changes
Presentation and structure: No changes
Professional Issues: No changes

Resubmission 1 General Comments/Evaluation (and please detail any required Minor Amendments if following a Major Amendment)

Introduction: No changes
Literature review: No changes
Assessment of the problem: No changes
Preliminary Formulation and Goals: No changes
Intervention: No changes
Evaluation and outcome: No changes
Discussion: No changes
Presentation and structure: No changes
Professional Issues: No changes

Appendix 9 Case Presentation Guidelines

DClinPsy CBT Case Presentation Guidelines

The DClinPsy programme offers an optional case presentation session for those interested in compiling their portfolio of experience for individual level accreditation with BABCP. This takes place in the summer of the final year. BABCP require applicants to have completed four case reports of their cognitive behavioural practice; up to two of these can be in the form of a case presentation.

The purpose of the case presentation is to demonstrate your grasp of the application of cognitive theory to clinical practice and to demonstrate your skills in assessment, formulation and treatment.

In keeping with the BABCP case study marking criteria, you will be assessed on the following dimensions:

*Assessment
Should include: ▪ Reason for referral and for seeking treatment at this point. ▪ Presenting problem(s), diagnosis and co-morbidity. ▪ Relevant background/personal information, including development of the problem, predisposing and precipitating information, and current social circumstances. ▪ Risk assessment. ▪ Identified treatment goals for therapy (focus on SMART goals). ▪ Issues relating to engagement and the therapeutic alliance. ▪ Use of the relevant model to guide assessment, formulation and intervention (if it is not used, reasons for this should be given). ▪ A cognitive behavioural assessment of the presenting problem(s), including a description of identified situations/triggers, cognitions, emotions, physical symptoms and behaviours. ▪ Socialisation to the model and suitability for CBT. ▪ Scores on relevant outcome and assessment measures.
*Conceptualisation / Formulation
▪ Where a particular model has been used to guide formulation this should be referenced and accurately described. ▪ There should be a description of the case conceptualisation and clarified, where possible, by a diagrammatic representation of the conceptualisation. ▪ Ensure that the arrows on any diagrammatic formulations should make sense, flow accurately and reflect both the theory and actual experience of the client. ▪ The formulation should link and explain the presence of maintenance factors of the presenting problem(s) and where relevant the development of the problem. ▪ The formulation should relate to the client's goals and flow from the assessment. ▪ Ensure a focus on collaboration with explicit client contribution.
*Intervention
The intervention(s) should: ▪ Relate to the client's identified goals. ▪ Directly relate to and flow from the case conceptualisation. ▪ Include reference to relevant NICE guideline(s) if applicable ▪ Have a clear and explicit rationale. ▪ Be described in enough detail so that it is clear what was done, but a blow-by-blow account of each session is not needed.
***Link of theory to practice**

This is covered to some extent in previous areas. Throughout the presentation you should relate the clinical work carried out to relevant cognitive-behavioural theory and relevant models. You should use theory to guide your assessment, formulation and intervention plan and guide your thinking about this case. You should refer to and make use of the relevant literature pertaining to this case.

***Critical evaluation/outcome**

- You need to evaluate the interventions as applied and the outcome of the case.
- You need to demonstrate that evaluation is not something that is done just at the end but throughout the course of therapy so that you know you are on track.
- You should re-administer and report on all measures that were used at assessment and if not explain why not.
- Outcomes should relate to the goals of therapy.
- You should critically evaluate the outcome to date; why you think the changes made have been made? Or if no changes again why this may be? Where possible relate this to current cognitive theory and or the formulation and model.
- Where a case is not complete you need to present the current outcome in relation to the goals.

Awareness of professional issues (including confidentiality)

Your work should demonstrate good professional awareness, e.g. awareness of:

- Issues of risk
- Ethical issues
- Power dynamics
- Issues of diversity and difference and its impact on the therapeutic relationship.
- Client confidentiality: anonymised biographical data must be used throughout the presentation, i.e. change any names and identifying information and make it clear that this has been done.

Structure and style of presentation

Marks will be awarded for a well-structured and well-presented case presentation. Use of PowerPoint is encouraged. The case presentation should flow in a logical manner and any slides/hand-outs provided should be relevant and aid the marker. Be mindful of your use of language, both regarding the use of colloquialisms and jargon. Where appropriate you may make use of diagrams, tables and bullet points in the presentation to clarify information.

Please provide a copy of your presentation to the programme.

A possible structure could be based on the marking criteria e.g.: Introduction to the presentation, reason for referral, presenting problem(s), assessment, formulation, intervention and critical evaluation/discussion. Theory to practice links, self-reflectivity and professional issues could be covered throughout the presentation.

Your case presentation should be clearly presented and you may wish to consider practising your presentation beforehand where possible.

References

References should be given throughout the presentation and provided on a slide at the end. For simplicity of visual presentation, references in the presentation slides can be shortened to ‘et al.’. Reference section at the end MUST conform to APA guidelines. Please check and double check references in terms of accuracy, consistency and ensuring that all references in the presentation slides/text are referred to in the reference section.

Spelling, grammar, typographical errors

You will be marked down for typographical, grammatical and spelling errors on any slides/hand-outs you provide. If you have problems in this area please use the study skills department.

Length of Presentation

The case presentation should be a maximum of 20 minutes’ duration. A further 5 minutes can be spent on questions by the panel for clarification purposes only. No follow-on questions will be permitted;

therefore all relevant clinical information will be required within the case presentation. **The presentation will be halted at 20 minutes and information not presented will not receive credit.**

Assessment of the case presentation

You will receive written feedback on your presentation, and feedback as to whether it would be likely to be awarded a "pass" on a postgraduate Cognitive Behavioural Therapy training programme. As a guide, if more than one of the highlighted areas (*) above does not reach pass standard, this is likely to result in the presentation overall not being judged to be of "pass" standard. In this case, you are invited to complete a written submission relating to the failed areas. The programme will allow a maximum of 1 written submission per presentation.