2023-5

University of Exeter

Intermediate in Systemic Practice

Trainee Handbook

If you require any part of this Trainee Handbook in larger print or an alternative format, please contact:

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Disclaimer.
All information in this handbook is correct at the time of printing. Courses are reviewed regularly and updated so details may change. Occasionally a lecture or piece of work listed in the handbook may be replaced or withdrawn. Exeter University will take all reasonable steps to deliver the course in the manner set out in the Handbook.

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Welcome to the Intermediate in Systemic Practice

We are delighted to welcome you to the Intermediate in Systemic Therapy taught within the Doctorate in Clinical Psychology. This is the second year the Doctorate in Clinical Psychology has offered the Intermediate level training, and it offers an extension to the learning already offered as part of the generic clinical psychology training and the Foundation level strand of systemic teaching.

We are committed to providing a high-quality syllabus that covers key systemic theory, ideas and practice but is also attentive to thinking about the context of these ideas and how to bring these into your clinical practice with a range of clients from diverse backgrounds. Our aspiration is for experts by experience to contribute throughout the journey, so that teaching and practice is person/family centered and mindful of social context. By the end of the training, you will be able to work thoughtfully and competently as a developing systemic practitioner within your service.

The programme is designed to increase each trainee's knowledge and understanding of systemic clinical theory and practice. We will be seeking accreditation for the course via The Association for Family Therapy and Systemic Practice (AFT). The successful completion of the Intermediate in Systemic Practice teaching, assignments and clinical hours will result in the award 'Intermediate in Systemic Practice'.

Further training: To become registered as a Family Therapist takes a minimum of four years training, with this intermediate course being the second year of that training (subject to course accreditation by Association of Family Therapy, AFT). Intermediate level training is a pre-requisite for Masters level training to attain the professional qualification to be registered or be eligible to register with the United Kingdom Council for Psychotherapy (UKCP) as a Family and Systemic Psychotherapist.

Use of the working term - Systemic Practitioner at intermediate level

Although it is not a professional title, in accordance with the Blue Book 4th Edition (Training standards documents for AFT accredited training), individuals who have completed both foundation and intermediate level training may use the working term '**systemic practitioners at intermediate level'** to delineate that they have completed the first 2 years of the four year training required to become a qualified family and systemic psychotherapist. For guidance for working at intermediate level please see AFT's website for the Policy, Standards and Guidance page.

Rationale

'Research has shown that systemic family and couple therapy is as effective—and in many cases more effective—than alternative interventions, often at a lower cost' (AFT website). Systemic family and couple therapy has been found to be effective across the life cycle and so can helpfully be used in many care settings. Working therapeutically with the system around a person enables an ability to draw on relational and other resources to reduce distress in not just the referred individual but also

those around them. Systemic family therapy therefore has a broad application and can include relational work with individuals, multiple family groups, work with staff teams and organisations. The curriculum at Exeter will provide systemic knowledge and skills for working with people across the lifespan, with different levels of ability or neuro-diversity, and living in different networks of support, such as families, couples, paid care. The curriculum will explore adapting systemic knowledge and skills to different clinical contexts, presenting difficulties, and to people from a range of cultural and socio-economic backgrounds.

Course Philosophy

The course draws on and values the experience of all those involved from trainers, experts by experience, supervisors, and students. The course is committed to being attentive to issues related to difference, power, oppression and fosters an anti-racist, de-colonising approach to the curriculum and looking at materials from multiple perspectives. The course encourages reflection and equally values the voices of all contributors. Theory and practice links will be developed in a rigorous and constructively critical manner. The systemic training seeks to actively promote anti-oppressive practice throughout the teaching and organisation of the course. All staff and trainees must abide by the AFT Code of Ethics and Practice.

Programme Aims

The aim of this course is to help course participants draw upon and utilize a systemic approach to support the development of their knowledge and skills in their training as clinical psychologist. The intermediate training aims to:

- Provide trainees with knowledge of theories underpinning systemic family practice and their application to specific areas of work
- Develop critical reading and knowledge of the theoretical and research literature relating to systemic family practice
- Develop understanding of the links between systemic theory and practice and other therapeutic approaches
- Develop the ability to integrate the core principles of systemic family practice into systemic practice in the context of a therapeutic relationship with at least one client group; formulate a therapeutic plan; carry out systemic interventions and manage therapeutic endings
- Develop ability to work systemically taking into account evidence based systemic practice models
- Develop a self-reflexive and ethical approach to systemic work
- Develop sound foundations of systemic knowledge and practice for those students wishing to undertake Qualifying Level and further training. (Taken from the AFT Blue Book untitled (ymaws.com)

The course draws upon the fourth edition of the AFT Blue Book, which outlines the requirements for an Intermediate in Systemic Practice and adheres to the AFT Code of Ethics and Practice.

2. Meet the team

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Consultant Clinical Psychologist
Systemic Psychotherapist & Supervisor

Claudia Kustner
Principle Clinical Psychologist and
Systemic Psychotherapist

External Examiner, Kathryn Evans,
Consultant Clinical Psychologist and
Systemic Psychotherapist
Oxford DClinPsy

Calvin Malcolm
Visiting Lecturer
Systemic Family Therapist

3. Learning Outcomes

On completion of the Intermediate course, you will be able to:

Knowledge

1. Demonstrate an understanding of a range of theories from systemic practice and family therapy including their theory of change and main interventions in current systemic practice
2. Critically discuss issues of power and difference in all aspects of systemic practice and describe responses to these issues informed by the *AFT Code of Ethics and Practice*
3. Articulate the theoretical basis, research and evidence base for systemic practice in their current professional practice
4. Effectively use supervision and take a reflective and pro-active approach to personal learning
5. Have a basic understanding of at least one manualised evidence based approach and the principles of its application to practice.

Theory into Practice

At the end of the course you will be able to demonstrate abilities in systemic practice which include:

1. Convening systemic practice meetings with individuals, couples, families and other relationship groups including children
2. Working collaboratively to identify overall goals and the agreed focus for systemic interventions
3. Developing and maintaining the therapeutic alliance with more than one family member
4. 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
5. Helping clients to identify their own strengths and resources (including problem solving skills) and explore with clients how they may be of use and strengthen them
6. Developing a broad systemic hypothesis of the presenting problems in relationship to the individual/s or family and their context including their own observer perspective, and reviewing this throughout the work
7. Using visual presentations of relationships and contexts including family genograms, eco-maps and timelines in systemic practice
8. Gaining new perspectives through techniques including questioning, reflection, reframing, externalising and scaling
9. Tracking and working with behavioural processes and problematic communication patterns within the session
10. Understanding and managing ethical issues relating to systemic practice with individual/s or families including consideration of the impact of their own personal and professional issues on the work and issues of power and difference
11. Providing progress reviews using formal measures and in session review
12. Managing endings effectively including collaborative decision making about timing and reviewing of the work with the individual/s or family.

4. Overview of Intermediate Course Components

An AFT accredited intermediate training equips trainees with the systemic knowledge and skills to be able to work with clients and their families in health service settings. The Intermediate in Systemic Practice course is delivered over the second and third years of the Doctorate of Clinical Psychology training in Exeter. More information on the qualification pathway can be found in Routes to Trainining - Association for Family Therapists (aft.org.uk)

Teaching takes place in seminars, workshops and lectures. Assessment will be based on written assignments, clinical practice and completion of a reflective portfolio. In summary the Intermediate level training is comprised of:

- Minimum of 60 hours of study in direct contact with course staff
- 60 hours of systemic clinical practice
- Minimum of 240 hours of independent study (this includes the 60 hours of clinical practice above).
- Minimum of 10 hours of systemic supervision (can be individual or small group format, including being part of a supervision group within a clinic setting).
- Systemic reflective learning portfolio
- A presentation that creatively demonstrates the application of systemic ideas into clinical practice
- A transcribed interview with commentary
- Confirmation of the use of supervision from the Supervisor

4.1 Teaching and learning

Trainees will be expected to adopt an adult approach to learning, contributing from their existing knowledge and skills and acquiring new knowledge and skills through attendance at University lectures, guided self-study, private study, clinical practice, reflective practice and supervision groups. Trainees will also be encouraged to reflect and draw on their own family of origin experiences and explore personal resonances to increase self-reflexivity. A variety of teaching/learning opportunities will be offered including, lectures, small group working / supervision, and experiential learning exercises. Trainees will also be expected to undertake preparatory reading and complete learning projects for some teaching sessions. Core references will be provided prior to the course and additional references and handouts will be given for specific sessions.

Attendance: Whilst we very much hope you will be able and keen to participate in all elements of the course you are required to have 85% attendance on all training days to meet the required hours. If you need to miss teaching for any reason, you must discuss this with the Systemic Convenor and Academic Director for their consideration.

Participation: You need to have demonstrated active participation in the different course components as identified in feedback from trainers and clinical supervisors.

Feedback: Trainees are required to give feedback on teaching which will be used to quality assure the teaching that is provided.

Systemic teaching is delivered throughout the three years of the Doctorate in Clinical Psychology. Below is a summary of the teaching during years 2 and 3 that covers the Intermediate in Systemic Practice learning outcomes (Year 1 covered the Foundation level teaching – see separate handbook).

4.2 Study / reading

Over the course of the Intermediate it is expected that trainees will do a minimum of 240 hours of independent study. See Appendix 1 for list of key reading.

4.3 Clinical Practice

As part of the Intermediate course trainees are required to undertake a minimum of 60 hours clinical practice. Clinical skills will also be developed and evaluated through role-play and case presentation, but this does not count as the 60 hours, only direct client work counts. Trainees will also be invited to bring clinical material to the teaching seminars to reflect on, and there is an expectation that systemic teaching and skills will be integrated back into the trainee clinical placement.

Trainees will be required to actively seek out systemic practice opportunities while on placement, and for these to be logged in their Log of Clinical Activity http://cedar.exeter.ac.uk/handbook/clinical/clinicalassessment/.

4.4 Reflexive Practice Group

These will be offered to everyone taking the Intermediate Course and are scheduled as part of some of the teaching days – see dates in table above. This group is a space for trainees to reflect on themselves as developing systemic practitioners / therapists.

4.5 Supervision Groups

Where it is possible to obtain systemic supervision hours on placement, we would encourage trainees to take up that opportunity. However systemic supervision on placement needs to be offered by a fully qualified systemic psychotherapist and the supervisor will also need to sign the trainees log for AFT purposes. Where trainees are not supervised on placement by a qualified systemic psychotherapist the university offers a systemic supervision group where trainees bring their systemic practice:

- to reflect on their cases and aid self-reflexivity in relation to the work.
- for peer supervision and to learn from each other.
- a space to focus on client work, and so the systemic supervisor is aware of all the client work that comprises the trainees hours of systemic clinical practice.
- direct clinical supervision will remain the responsibility of the placement supervisor.
- Trainees need to obtain at least 10 hours of systemic supervision of their cases. Where there are difficulties achieving this through the supervision group this will need to be raised with the systemic convenor to consider any alternative arrangements.

Teaching sessions:

The content of each teaching session is available to trainees on ELE.
The series currently consists of 8 x 6 hour days in year 2, a total of 48 hours of direct teaching with course staff over Year 2. There are 4 x 6 hour days in year 3, a total of 24 hours direct teaching with course staff over year 3.

YEAR 2		
Date	Title	Lecturer
1 17/10/23	Systemic Practice: Skills and Supervision & review history LAST HOUR: Systemic Reflexive Practice Group	Jenny Cove
2 14/11/23	Narrative Therapy	Mark Hayward
3 12/12/23	First hour: Systemic Reflexive Practice Group Diversity	Calvin Malcolm
4 09/01/23	First hour: Reflexive Practice Group Systemic skills and techniques in action	Calvin Malcolm
5 06/02/24	Day 5 Presentations LAST HOUR: Systemic Reflexive Practice Group	Jenny Cove
6 19/03/24	Day 6 Working systemically with Children and Adolescents LAST HOUR: Systemic Reflexive Practice Group	Calvin Malcolm
7 16/04/23	Day 7 Intermediate Systemic Working systemically with older people	Anna Strudwick
8 21/05/24	Working Systemically in neuropsychological services Consultation & supervision	Catherine Coe Jenny Cove
YEAR 3		
Dates tbc	Exeter Model	Lecturer tbc
	Exeter Model	
	Exeter Model	
	Skills, reflections and endings	Jenny Cove
Additional and relevant teaching that informs the Intermediate in Systemic Practice		
	Family Interventions for Psychosis	Kate Bird
	Brief Solution Focused Therapy	Phil Harris

5. Overview of Assessment

To graduate successfully trainees must pass all aspects of the course summarized in the table below.

Assessment Component	
Attendance at teaching	We encourage all teaching to be attended, but the minimum requirement is 60 hours which equates to 85%. If teaching is missed, the recording must be watched, and completion of the DClin form.
Year 2 **Presentation** 06/02/2024	Systemic theory presentation day
CASE REPORT (Term 3) 14/06/24	Your CPR 2 can be submitted as a systemic case study, meaning that it can count towards your accreditation. You will need to follow the additional guidance for systemic work. See DClin Handbook for more details
YEAR 3 **Transcribed interview** (Term 2 21/10/24)	Transcribed interview (10 mins) and commentary
SYSTEMIC Portfolio (TERM 3 – 30/06/25) **INCLUDING:** - **REFLECTIVE LOG** - **Evidence of Systemic Supervision** - **Clinical Practice**	Evidence log of systemic work produced during the course Monthly reflection (approx. one side of A4). Drawing on teaching, client work, reading and so on that stimulates reflections on theory practice links and use of self. The log needs to be completed from the first month of the course (Oct 2023) and every month until the submission. The final reflection needs to be a reflection on the previous entries. Your supervisor assessment form also needs to be provided in your portfolio – evidencing your supervision hours. Log of 60 hours of clinical practice.
CPR PRESENTATION to a small group (Term 3 – July 2024)	If you were unable to submit a systemic CPR in year 2, your CPR 3 presentation can be marked systemically. HOWEVER – please note that you will also have to write this up as a Clinical Case Report.

5.1 Systemic Theory presentation

Choose a systemic skill and look at its theoretical underpinnings with reference to your practice. Please take into account issues of diversity and any ethical considerations. You will be expected to show that you have addressed the following content issues:

- Examples of skills you might choose: use of genograms/ family life cycle/ self-reflexivity / hypothesising/ circular questioning/ enactment/ interviewing the internalised other/ reframing/ sculpting/ application of the social GRACES etc.
- As part of describing the theoretical underpinnings, the historical and contextual background for the development of this skill, trainees are encouraged to include a consideration of how this skill relates to a particular systemic model such as the Milan or Narrative approach, and to the research and evidence base.
- Please chose a different area from that which was the topic of your Year 1 Systemic Essay.
- We encourage group members to present on a range of topics – to this end time will be given in a Reflexive Practice group to develop your topic area.

- You will have 25 minutes to deliver your presentation. This will be followed by 10 minutes of questions and feedback.
- The marking criteria (based on AFT learning outcomes) for this presentation is detailed in appendix 3.

Feedback / Marking

Summative facilitator and peer feedback will be provided as a live discussion after your presentation. In addition to the discussion after the presentation, a written summary will be sent to each trainee saying how they have met the learning outcomes. This formal written feedback should be included in your portfolio as a permanent record.

5.2 Case Report

The systemic case report focuses on a case that has been included in the clinical hours log for the course. (Please refer to the DClin Handbook for guidance). 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.

5.3 Transcript

Critical analysis of a transcript of the trainee's own practice demonstrating how systemic thinking informs clinical practice (Transcript 1000 words maximum and critical commentary 2000 words). The segment of clinical practice should demonstrate the trainee as lead therapist with more than one family member present. Preparation of this analysis may be discussed with the supervisor.

You can choose how this is presented, but you may wish to present this in three columns – with the transcript on one side, your critical commentary and any comments on theoretical ideas which were being applied:

Transcript	Critical Commentary	Theoretical concepts
….	….	

5.4 Reflective Log

The Reflective Log is kept over the course of the training, with a monthly entry of approximately one side of A4 (500 words). This needs to be completed from the first month of the course (Oct 2023) and every month until the submission. The journal provides trainees with the opportunity to demonstrate the ability to adapt a reflective stance on issues arising from clinical work, teaching on the course and being part of the student group. The final reflection will be a reflection on the reflective journal/learning log.

Feedback / Marking

Assignments will be marked by the course team (Lorna Robbins, Claudia Kustner and Tom Reid), and moderated by the Systemic Convenor (Jenny Cove). The marking procedure is outlined in the DClin Handbook.

5.5 Systemic Portfolio

The body of the portfolio must include:

- Portfolio front sheet.
- Log of clinical work (including hours).
- Supervisors signature of the clinical log.
- A **reflective commentary** evidencing your learning over the course of the systemic Intermediate. This should take the form of a learning log reflecting **every month** on any aspect of the systemic teaching/reading/self-study/systemic experience in practice. You should also include reflections on your ethical position. Trainees will be expected to draw on their own family of origin stories and are invited to reflect on their own systemic self-awareness. This should involve a monthly reflexive entry of approximately 300-500 words, creating a total of no less than 6000 and no more than 8000 words. One entry must include reflections on your Presentation assignment. We would also encourage you to use your final entry to reflect on the process of completing this learning log.
- AFT learning outcomes presented in a table format with comments demonstrating your learning against each outcome.

And then the following (already marked pieces of work) within the appendix:

- Case report
- Critical analysis of a transcript of the trainee's own practice demonstrating how systemic thinking informs clinical practice (Transcript 1000 words maximum and critical commentary 2000 words). The segment of clinical practice should demonstrate the trainee as lead therapist with more than one family member present. Preparation of this analysis may be discussed with the supervisor.
- Slides from theory presentation

Trainees should submit their portfolio via eBART. All electronically submitted work is Turnitin checked to ensure plagiarism has not occurred. Concerns of plagiarism will be investigated and where proven can result in assignments not receiving a mark and disciplinary action.

Feedback / Marking

This portfolio is summative and will be marked as 'extensive', 'satisfactory' or 'insufficient'. The 'extensive' and 'sufficient' equate to a pass, and insufficient to a 'fail' according to AFT standards. Any trainee that is marked as insufficient, will be provided with feedback outlining necessary amendments to bring it to a pass standard. Please see mark sheet in appendix 3 for further detail.

6. The Accreditation Process

Trainees who successfully pass all components of the Intermediate in Systemic Practice will be informed and sent their certificate of completion, subject to accreditation by AFT of the Intermediate course.

7. Governance and Quality Assurance of the Intermediate Programme

The intermediate in systemic practice is embedded within the Doctorate of Clinical Psychology (DClinPsy). Following the initial accreditation process with AFT, reaccreditation is completed in full every 5 years. Each year the systemic convenor provides a paper review to AFT to inform them of any changes to the course. We have appointed an external examiner (Kathryn Evans) for both the Foundation and Intermediate courses.

Appendix 1: Key reading for the Intermediate in Systemic Practice

Key References:

Carr, A. (2012) Family therapy: Concepts, process and practice. London: Wiley.

Dallos, R. and Draper, R. (2010) An introduction to family therapy. Maidenhead: Open University Press.

Nicholls, M.P. and Schwartz, R.C. (2009) *Family Therapy: Concepts and Methods. International Edition (9th Edition).* Pearson: Colchester.

Rivett, M and Street, E. (2009) Family therapy: 100 key ideas and techniques. London: Routledge.

Rivett, M and Buchmüller, J. (2017) Family Therapy Skills and Techniques in Action. London: Routledge.

Core Skills:

Amorin-Woods, D. and Dioma, H. (2020) An Exploratory Review of Working Systemically with People from Diverse Cultures: An Australian Perspective, *Australian and New Zealand Journal of Family Therapy,* **41**, 1, (42-66).

Bridges, J.G., Vennum, A.V., McAllister, P., Balderson, P., Taylor, L. & Lyddon, L. (2022) Clinical and Training Implications of Privilege Awareness for Couple and Family Therapists: A Qualitative Thematic Analysis Part 2, *Journal of Feminist Family Therapy,* 34:1-2, 67-85.

Burnham, J. (1985) *Family Therapy*. London: Tavistock. Chapters 1 and 2

Butler, C. (2015) Intersectionality in family therapy training: inviting students to embrace the complexities of lived experience. *Journal of Family Therapy*, Vol 37, 4, 583-589.

Butler, C. Sheils, E. Lask, J. Joscelyne, T, Pote, H and Crossley J. (2020) Measuring competence in systemic practice: development of the 'Systemic Family Practice – Systemic Competency Scale' (SPS). *Journal of Family Therapy,* Vol 42, 1, 79-99.

Byng-Hall, J. (1985). The family script: a useful bridge between theory and practice. Journal of family therapy

Carpenter, J., & Treacher, A. (1983). On the neglected but related arts of convening and engaging families and their wider systems. Journal of Family Therapy, 5(3), 337-358.

Carter, B. and McGoldrick, M. (1998 (eds) *The expanded family life cycle*. Needham Heights, Mass: Allyn and Bacon. Chapters 1 and 2.

Cecchin, G. (1987) Hypothesizing, circularity and neutrality revisited: An invitation to curiosity. *Family Process*, 26, 4, 405-413.

Carberry, K. (2020). The International Handbook of Black Community Mental Health : Richard Majors, Karen Carberry, Dr Theodore Ransaw: Amazon.co.uk: Books

Hayward, M. (2018) The Language of Structuralism. Video. Dulwich centre website.

Holmberg, A. Jensen, P. and Vetere, A. (2021) Spirituality – a forgotten dimension? Developing spiritual literacy in family therapy practice. *Journal of Family Therapy*, Vol 43, 1, 78-95.

Jones Thomas, A. (2016) Understanding Culture and Woridview in Family Systems: Use of the Multicultural Genogram, *The Family Journal,* 6, 1, (24-32).

Leeds Family Therapy Manual, published by the Leeds Family Therapy Research Centre.

Roy-Chowdhury, S. (2022) Talking about race, culture and racism in family therapy. *Journal of Family Therapy*, Vol 44, 1, 44-55

Sexton, T. (2011) Functional family therapy in clinical practice. London: Routledge.

Vetere, A and Dallos, R (2003). *Working systemically with families: Formulation, intervention and evaluation*. London: Karnac Books.

Walker, S. & Akister, J. (2004). *Applying family therapy: A guide for caring professionals in the community*. Lyme Regis: Russell House.

Appendix 2: Front Sheet for Systemic Portfolio

Doctorate in Clinical Psychology

Trainee Number: Date:

Assignment/Assessment: **Systemic Clinical Portfolio** Total Word Count:

Item	Confirm
Main body of the portfolio: • Portfolio front sheet. • Log of clinical work (including hours). • Supervisors signature of the clinical log. • Reflective log • AFT learning outcomes presented in a table format with comments demonstrating your learning against each outcome.	
For the appendix: • Case report • Critical analysis of a transcript. • Slides from theory presentation • Slides for case presentation • (optional) slides from PBL child systemic presentation • (optional) evidence of any additional CPD or relevant training attended.	

Statement of academic probity and professional practice:

For individual work: "I certify that all material in this assignment / assessment which is not my own work has been identified and properly attributed. I have conducted the work in line with the AFT Guidelines."

Statement of anonymity process:

''I can confirm that in this portfolio patients' data has been anonymised and I have made every effort to remove any identifying information where possible.''

Signed: Date:

Intermediate Level - MATCHING AFT LEARNING OUTCOMES FOR THE SYSTEMIC PORTFOLIO

Intermediate in Family Therapy within the Doctorate in Clinical Psychology

	AFT Learning Outcome	Evidence Trainee ideas and comments
	Knowledge	
1	Demonstrate an understanding of a range of theories from systemic practice and family therapy including their theory of change and main interventions in current systemic practice	
2	Critically discuss issues of power and difference in all aspects of systemic practice and describe responses to these issues informed by the AFT Code of Ethics and Practice	
3	Articulate the theoretical basis, research and evidence base for systemic practice in their current professional practice	
4	Effectively use supervision and take a reflective and pro-active approach to personal learning	

5	Have a basic understanding of at least one manualized evidence based approach and the principles of its application to practice.	
	Theory into Practice	
1	Convening systemic practice meetings with individuals, couples, families and other relationship groups including children	
2	Working collaboratively to identify overall goals and the agreed focus for systemic interventions	
3	Developing and maintaining the therapeutic alliance with more than one family member	
4	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	

5	Helping clients to identify their own strengths and resources (including problem solving skills) and explore with clients how they may be of use and strengthen them	
6	Developing a broad systemic hypothesis of the presenting problems in relationship to the individual/s or family and their context including their own observer perspective, and reviewing this throughout the work	
7	Using visual presentations of relationships and contexts including family genograms, eco-maps and timelines in systemic practice	
8	Gaining new perspectives through techniques including questioning, reflection, reframing, externalising and scaling	
9	Tracking and working with behavioural processes and problematic communication patterns within the session	

10	Understanding and managing ethical issues relating to systemic practice with individual/s or families including consideration of the impact of their own personal and professional issues on the work and issues of power and difference	
11	Providing progress reviews using formal measures and in session review	
12	Managing endings effectively including collaborative decision making about timing and reviewing of the work with the individual/s or family.	

Appendix 3: Guidelines for Systemic CPR

The specific areas to attend to in order to provide a systemic emphasis for your CPR are shown in purple.

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 4:

Equal Opportunities Policy

No student or staff member will be discriminated against on the basis of their sex, sexual orientation, race, colour, ethnic origin, nationality, disability, marital status, caring or parental responsibilities, age or beliefs on matters such as religion or politics. We are committed to providing a learning and social environment for all students, staff, experts by experience, which is free from discrimination, prejudice, intimidation and all forms of harassment and bullying.

Anti-discriminatory practice

Throughout the development, delivery and evaluation of the course we aspire to put into practice our commitment to anti discriminatory practice. It is the responsibility of lecturers to facilitate sessions in a way that is inclusive and allows all participants to have the opportunity to reach their full learning potential. The lecturer is expected to model good practice in the content and process of the learning experience. Likewise, students are also expected to avoid discriminatory language and behaviour. Language for example, must not reflect gender bias, racist or homophobic attitudes. Where this does occur it is the responsibility of the lecturer to address this. Non-discriminatory language and practice promotes inclusivity, improves effective communication and helps ensure all in the learning environment feel valued and a sense of belonging.

If you have a disability

We are committed to making reasonable adjustments to assist students with additional needs. The university may already have put in place changes that will help you, but it may be that additional and bespoke adjustments are needed. Please contact us to discuss your needs so we have the opportunity to do our best to address them, and allow visiting lecturers also time to make adjustments if required.

For more details regarding any of the above please see DClin Handbook.