Salomons Campus at Tunbridge Wells
Salomons Institute for Applied Psychology
Faculty of Social & Applied Sciences

DOCTORATE IN CLINICAL PSYCHOLOGY

(D.CLIN.PSYCHOL)

ACADEMIC CURRICULUM HANDBOOK

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February 2021

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SECTION 1

PROGRAMME OUTLINE

1. STRUCTURE

The overall structure and curriculum of the programme are closely aligned with the University's teaching and learning strategy, within the requirements set out by the Health and Care Professions Council's (HCPC) Standards of Education and Training (HPC, 2009), the criteria of the British Psychological Society and the expectations of Higher Education England who commission the programme through our local Kent, Sussex and Surrey group (HEEKSS).

1.1 Introduction

The academic programme comprises three stages each of approximately one-year's duration. Each stage combines the academic programme, practice learning (through clinical placements) and assessment. The academic teaching on the programme is thus integrally related to the clinical experience and learning structure of the programme. Within each stage the teaching content is organised in six thematic strands, each of which span the three years. Within each strand there are a number of academic 'units' closely integrated with practice learning. For example, there is teaching on themes related to adult mental health during placements that involve work with adult populations.

The 12 primary learning objectives (outcomes) of the programme as follows are integrated into each stage:

No.	Learning Outcome
1	An ethical and compassionate approach to the work centred on the goals, needs, rights and strengths of service users, which is grounded in NHS values and demonstrates a high level of professional behaviour, including reliability; responsibility for actions; ability to challenge where necessary and respect for colleagues and other professionals, for service users and their families and supporters, for openness and an awareness of the limits to competence.
2	An advanced and critical understanding of the scientific methods involved in research and evaluation, including the evidence base for psychological therapies, and to have developed the complex skills required to use this understanding in practice through carrying out original research and advanced scholarship.
3	A reflective approach to practice and for this to be evident in terms of a high level of self-awareness, including own impact on others (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection); and to the interpersonal issues with particular regard to the dynamics of power in working relationships, including one's own potential contribution to this dynamic.
4	An advanced and critical understanding of, and ability to apply, at least three theoretical models on which clinical psychology draws (in particular, behavioural, cognitive, systemic and psychoanalytic) and to be able to adapt the therapeutic model to work effectively in highly complex and novel contexts occurring across the lifespan.

No.	Learning Outcome
5	A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models (one of which must be Cognitive Behaviour Therapy), client groups and organisational contexts, with appropriate attention to any factors relating to risk and to have the transferable skills to apply these in complex and unique circumstances.
6	An advanced level of creative and critical thinking in relation to the development of clinical practice and services as well as the personal and organisational skills to implement, or facilitate the implementation of, these ideas in unique and complex situations.
7	A detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals, including self and own practice, and the delivery of psychological services.
8	A commitment to services and the development of inclusive services which seek to empower service users and their family and supporter, consistent with NHS values.
9	An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships, compassionate dynamics and strong working relationships, which enables, if possible, service users to influence research that may affect them.
10	The capacity to work effectively in multi-professional teams in partnership with other professions and, when appropriate, to provide leadership, consultation, supervision and training to other staff in the provision of psychologically informed services.
11	An advanced capacity to reflect on, manage and respond constructively to the personal and professional pressures and constraints encountered during the course of training and thereby demonstrate a readiness for practice, including demonstration of openness to, and good use of, feedback on self and own work.
12	An approach to learning and development which recognises the need for it to be lifelong in order to remain professionally and clinically competent; which recognises the value of feedback and the importance of seeking this out, and constructively responding to it; and which demonstrates the skills necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge, enabling them to continue to grow.

An overview of the structure of the Educational Programme is shown in Table 2. The units within each year usually commence in approximately the sequence shown in the Table. Some of the units are delivered over a few weeks and others take several months according to the nature of the material being presented.

The primary learning objectives map onto, and are consistent with, the values outlined in the NHS constitution, as expected by our commissioners. Our intention is that these values (see below) permeate all aspects of the teaching programme. As well as this, there are a number of teaching units where the NHS value base is particularly central. These include: a unit focusing on issues related to health service users and carers; several units concentrating on specific therapeutic competencies; units focusing the health and wellbeing needs of particular NHS populations; units focusing on specific consideration of diversity and social issues and a number of sessions dedicated to thinking about ethical issues. Additionally, there is explicit orientation to the NHS constitution in both pre-training orientation and in the initial induction to the training programme.

The NHS Values:

1. Working together for patients
2. Respect and dignity
3. Commitment to quality of care
4. Compassion
5. Everyone counts
6. Improving lives

See also 'The Principles and Values that Guide the NHS'.
http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx

The University's Learning and Teaching Strategy:

The programme is aligned with the University's Learning and Teaching Strategy (LTS), in particular through its stated 9 Principles: Table 1. below outlines the alignment with the programme's learning objectives and NHS values, here follows some narrative that can provide examples of the links.

1. Building learning communities

   It is essential to acknowledge that our trainees are employed within an NHS Trust for their three years of the programme. This means that they work all year, with the annual leave allocation that such employment at their grade allows. There is additional study leave granted but basically they are employees with the attached obligations as well as students on a University programme. Trainees spend over 50% of their training out in the professional service settings, with weekly close supervision of practice and further opportunities for discussions of personal and professional development and co-learning. All practice-based work is supported by the teaching curriculum and the Evaluation of Clinical Competence details the learning and development achieved in this work, as well as other more academic submissions (e.g. Professional Practice Reports).

   The programme has a strong alumni network, with many of our programme team from our alumni, and many more coming in from their practice-base to provide lectures, supervise our trainees in placements and become involved in our programme processes such as, for example, selection of new cohorts.

The programme requires the trainees to meet regularly (15 to 18 times a year) in small groups to engage in reflective practice around their training experience: this offers the opportunity to develop close and trusting relationships with each other.

One of the earliest assessments requires the trainees to work in a small group, reviewing recent policy documents and producing a report collectively and a presentation of their findings. A reflective report on this process encourages them to be aware of working processes and group dynamics within them. They have access to a consultation opportunity with assigned members of staff around the work and the process; this is in addition to the teaching provision on working in teams and groups. The resulting reports and presentations to staff form a significant co-learning opportunity.

We are aware that trainees develop life-long friendships in their cohorts, and working relationships with staff that go beyond training into their professional lives. The Supervision of research activity is one example of an opportunity to co-learn and co-develop and this commonly leads to joint publications with staff.

Salomons Institute provides professional development opportunities for our alumni, and trainees have access to these sessions when appropriate and possible. There is support to fund attendance at conferences relevant to trainee's practice or research activity, enabling them to engage with their professional community and co-learn with them.

2. Educating the whole person

The programme is designed to engage our trainees with an approach to learning that is experiential, open to critique and reflection, and encourages a value base congruent with NHS values and ethical professional practice. Each trainee has an assigned manager from the programme team, who acts as the agent of their employing Trust, and this relationship takes the role of reviewing progress, addressing issues of concern for the trainee, managing issues around leave and so on. Throughout the programme there are 1:1 meetings between trainee and tutor/manager that look to consolidate and expand learning and development; also to support the management of 'blocks' that may be experienced in engagement in training, aiming to assist the individual to develop life-long strategies to address personal and professional challenges. The high number of 1:1 meetings built into the training programme affords significant opportunity for expanding understanding for the individual depending on their experience and personal attributes. Most of the assessment process is based on work that is unique to the individual – case work, research project or reflective accounts – that allow for feedback directly relevant to that individual's learning and performance.

A reflective account is required in all the assessments examined, and teaching approaches offer opportunity to reflect on practice, on theory, and on own response to the ideas at point.

There are supported processes outside the curriculum for addressing issues such as our Widening Participation working groups: these are optional for trainees to involve themselves with, and contribute significantly to a London wide initiative as well as our own processes. One of the joint Clinical Directors takes a lead in supporting this and it is a very valued part of our activity, with trainees committing their own time to the issue.

A further example of extra-curricular activity that promotes learning is the opportunity for trainees to consume, or to be involved in, the public engagement activities, for example the Institute's blog or pod-cast initiatives, that address key issues of debate or concern within the profession and within Mental Health.

3. Students as partners in learning

At a meta-level, all processes within programme management and planning involve trainee representatives, not just the Programme Management committee but also the Academic Programme committee and the Selection committee. Third year trainees are involved in the Clinical Skills interview panels to select the next cohort of trainees. Meetings take place 1:1 with trainees to look at their development and learning needs so that the allocation of placements can address these appropriately. Trainees' feedback on the teaching programme is taken account of when planning the next phase of teaching: a recent working group of three trainees and two staff reviewed and looked at the feedback mechanisms to enhance this process. In addition to this, the teaching delivery is designed around small group work, facilitated discussions of experience in relation to theoretical and research understandings, enabling the trainees to learn from each other as well as from the curriculum.

From the pre-programme day, that occurs about three months before the prospective trainees arrive, through to the Endings Workshops in the last week of the programme, the trainees are involved in small groups with staff to look at shared experiences and understandings of key issues in the profession, and in relation to learning. These processes are valued in co-constructing our perspectives on the training experience and opening up new awareness and realisations in our own understanding of clinical psychology and practice.

4. Supporting success for all students

The employed status and work-based practice learning offer enhanced access to employment on qualifying: trainees are embedded in the professional working community throughout the programme and develop a significant network of professionals and work settings.

Trainees with particular support needs, with academic writing or other more personal issues, have an individualised learning plan that is well supported by the systems in the University and by support from their manager.

The particular interests of individual trainees are supported through the opportunity to choose a specialist practice-based placement in their final year, according to their interest providing it meets any required training needs. Trainees can also choose teaching options in their final year to support areas of specialist development.

In addition, although a selection of potential research projects are offered to trainees to consider for their Major Research Project, trainees can choose to research in an area, or with a client group, of their choosing within the broad church of clinical psychology practice or theory.

5. Outstanding learning, Teaching and assessment practices

Teaching is provided by specialists from across the client group (Adult, Children and Adolescents, Older People and People with Disabilities) and from across the specialist models of working (psychodynamic; cognitive behaviour therapy; systemic; and so on). Research supervision is supported by a specialist in the area under focus and by a researcher experienced in the methodological approach. All assessments are examined by specialists in the area that is the focus of the work; all assignments are blind double-marked and the feedback provided has been praised by external examiners. Two assessments in particular have been noted as very good practice examples: the Team Policy Report and the Assessment of Clinical Skills audio work with clinical viva. Service user involvement in supporting, teaching and examining is a particular strength of the programmes, and highly congruent with NHS values and considered excellent practice.

Most staff have engaged in HEA learning and development, achieving the required qualification (newer members have yet to undertake this, but will). All staff engage in continuing professional development, through own research, conference presentations, publications, and other trainings: this is required for our registration with HCPC and is well supported by the University.

Our staff are active in professional roles, clinical practice and research: There is one professor and one Reader on the programme team, with most of the team holding their own doctorates, and some with national reputations and profiles within the clinical psychology community. The staff team's network provides access to reputable practitioners, who provide lectures, supervised practice and research supervision to our students.

The staff team over the decades have developed an excellent and very specialist library resource, and the trainees are very positive about the excellent librarian support they can access.

6. Curriculum design for transformation

The programme provides teaching based on research, practice-based experience, theoretical literature and lived experience (service user and carer input). Trainees generate and create their own research and this is shared with others in the professional community. Teaching is delivered via role-play, dvd displays, contrived scenarios (e.g. setting up an ethics panel to scrutinise research) and experiential group approaches. This is designed according to the material to be covered and the stage of training. Trainees are encouraged to contribute to the process; it is made clear to them that significant aspects of learning and development will come from each other.

There are Reflective Practice Groups for small groups of trainees, designed to have three or four trainees from each year (1st, 2nd and 3rd), and these are facilitated by external group experts. This process supports the experience of training, in all its transformative potential, by allowing trainees a 'safe' place to discuss impact of training, explore challenges, and consider dilemmas.

7. An integrated approach to employability

All aspects of the programme are designed to develop clinical psychologists who are equipped to work within a number of specialties within NHS services. The curriculum was developed by service-based personnel experienced in research and training, in collaboration with HCPC and the BPS. This curriculum went through consultation processes with services, educators and NHS

commissioners. Service personnel sit on the Programme Management Committee, are on selection panels for trainee cohorts, supervise clinical practice and research. The training delivery is, therefore, determined by the services, supported by the services, and quality assured by their agents. Our staff remain in practice, some in the services and all this makes the employability of our qualifying graduates very high, and all our graduates get jobs on qualifying and the retention of our graduates in the NHS is very high.

8. Internationalisation and global citizenship

Attention to cultural issues is a key factor in all aspects of the curriculum, and stereotyping from any angle (culture, sexuality, creed, gender and so on) is not only discouraged, but often the subject of trainee's research in developing more open and understanding approaches to appreciating difference in a positive way. The value base and ethical imperatives within the professional stance supports global citizenship. However, it is explicit that we are training for the NHS and not for any other country or group: this is not to undermine the values stated in our previous assertions, but to be clear that we are commissioned by public funds to train for our public services, and trainees receive an NHS salary whilst training.

9. Flexible and responsive learning environments

Our current learning environment is highly suited to the style and delivery of teaching provision: large teaching spaces for lectures and dvd presentations, seminar rooms for facilitated group work, small meeting rooms for 1:1 meetings and supervisions. There is also a pair of rooms with a one-way mirror facility to support group observations and other observational work in training. In addition, trainees have their own kitchen and open access area, where they can have informal time together and consolidate learning and experiences in a more relaxed way. There is good access to the Library.

The programme views the LTS principles in relation to our primary learning outcomes, and the NHS values in the following way:

Table 1:

LTS with Learning Objectives and NHS Values

LTS PRINCIPLES	LEARNING OUTCOMES	NHS VALUES
1	1, 3, 6-12	1, 3, 5, 6
2	1, 3, 6-9, 11, 12	2-6
3	All – 3, 7, 10-12 particularly	1, 2, 5
4	3, 6, 7, 11	2, 4, 5, 6
5	1, 2, 4-7, 9, 11, 12	1, 3, 6
6	All	1, 3, 5, 6
7	All	All
8	All	All
9	All – 3-5, 7, 11, 12 particularly	All

Table 2:

Overview of Structure of Educational Programme

	Strand 1 Models & Skills of Clinical Psychology Leader: ***Anne Cooke***	**Strand 2** Working with Clients Leader: ***John McGowan***	**Strand 3** Working with Groups & Organisations Leader: ***Simon Powell***	**Strand 4** Clinical Research, Evaluation & Dissemination Leader: ***Fergal Jones***	**Strand 5** Personal & Professional Development Leader: ***Margie Callanan***	**Other** Additional Professional Competencies Leader: ***John McGowan***
Stage 1 Basic therapeutic and professional competencies	Foundation and the Life-Cycle ***Trish Joscelyne*** Clinical Skills ***Maria Griffiths and Susie Colbert*** Biological and Medical Approaches ***Susie Colbert*** Service User and Carer Perspectives ***Laura Lea*** Cognitive Behaviour Therapy ***Holly Milling*** Psychodynamic ***John McGowan***	Adult Development/ Adult Mental Health ***Rachel Whatmough*** Forensic ***Theresa Connolly*** Neuropsychology across the Lifespan ***Jennifer Dean*** Psychosis & Complex Needs ***Paul Wilson*** Clinical Health Psychology ***Paul Sigel***	Understanding Teams & Groups ***Alan Larney*** Public Sector Organisation: Adult Services ***Simon Powell***	Research unit covering: Essentials of Design, Methodology and Practice Based Research Integrating Research Theory & Practice Advanced Research Design and Methodology ***Fergal Jones, Sue Holttum, and Tamara Leeuwerik***	Risk & Ethics ***Maria Griffiths*** Reflective Group ***Margie Callanan*** Professional Roles & Identity ***Kate Foxwell*** ***Temporary cover: Alan Hebben-Wadey*** Difference, Diversity & Social Inequalities ***Alan Hebben-Wadey and Shreena Unadkat***	Pre-course meeting ***Holly Milling*** Induction and Mandatory Training / assessment briefings. ***Admin and Academic staff/Surrey and Borders*** Trainee/Staff Liaison ***John McGowan, Anne Cooke and Margie Callanan***

Stage 2 **(Year 1 and 2)** Advanced and more specialist competencies	Systemic/Family ***Trish Joscelyne*** Clinical Skills ***Trish Joscelyne and Simon Powell*** Critical and Community Psychology ***Anne Cooke*** Service User and Carer Perspectives ***Laura Lea*** Bio and Medical Approaches ***Susie Colbert***	Learning, Physical & Sensory Disabilities ***Simon Powell*** Child and Family ***Trish Joscelyne***	Understanding Teams & Groups ***Alan Larney*** Public Sector Organisation: Child and Disability Services ***Simon Powell***	Research Study Time and Individual Meetings ***Fergal Jones, Sue Holttum, and Tamara Leeuwerik***	Risk & Ethics ***Maria Griffiths*** Reflective Group ***Margie Callanan*** Difference, Diversity and Social Inequalities ***Alan Hebben-Wadey and Shreena Unadkat*** Professional Roles and Identity ***Kate Foxwell*** ***Temporary cover: Alan Hebben-Wadey***	Trainee/Staff Liaison ***John McGowan, Anne Cooke and Margie Callanan***
Stage 3 **(Year 2&3)** Consolidation, additional specialist and further development of transferable competencies	Systemic/Family ***Trish Joscelyne*** Clinical Skills ***Trish Joscelyne and Simon Powell*** Critical and Community Psychology ***Anne Cooke*** Service User and Carer Perspectives ***Laura Lea*** Psychology & Society ***Anne Cooke***	Older People ***Kate Foxwell*** ***Temporary cover: Shreena Unadkat*** Clinical Complexity and Therapy Integration ***Rachel Whatmough*** ***Temporary cover: Susie Colbert*** Physical Health across the Lifespan ***Rachel Whatmough and Holly Milling***	Understanding Teams & Groups ***Alan Larney*** Public Sector Organisation ***Simon Powell*** Psychodynamic Observation ***Peter de Backer***	Research Study Time, Individual Meetings and Project Completion + Viva Preparation ***Fergal Jones, Sue Holttum, and Tamara Leeuwerik***	Risk & Ethics ***Maria Griffiths*** Reflective Group ***Margie Callanan*** Difference, Diversity and Social Inequalities ***Alan Hebben-Wadey and Shreena Unadkat*** Professional Roles and Identity ***Kate Foxwell.*** ***Temporary cover: Alan Hebben-Wadey*** Endings Workshop ***Rachel Whatmough*** ***Temporary cover: Margie Callanan***	Trainee/Staff Liaison ***John McGowan, Anne Cooke and Margie Callanan*** Advanced Reading Seminars ***John McGowan*** Specialist Options ***John McGowan***

1.2 The Academic Strands

The focus of each of the six academic strands is as described below.

1.2.1 Strand 1: Models and Skills of Clinical Psychology

This strand introduces the history and development of models of clinical psychology and provides a backcloth to the position of different approaches and therapeutic models. There is a unit teaching clinical skills followed by units teaching specific therapeutic models. This continues through the second year with models addressing wider service systems and bringing them together within an integrational model. The second and third year look at models that are more community and politically based.

This strand addresses a wide range of learning outcomes highlighted in Section 4. These include: an understanding of evidence-based practice (2); a reflective approach to practice (3, 11); an advanced and critical understanding of a range of models and the ability to apply them to clinical work (4); a high level of competence in assessment, formulation, intervention and evaluation (5); creative and critical thinking about both clinical practice and organizations (6); the effects of social and cultural contexts on practice (7); the perspectives of service users (8, 9); team and inter-professional working (10); ethical practice (1); and the need for life-long learning (12).

1.2.2 Strand 2: Working with Clients

This consists of a series of units that teach competencies specific to working with different client groups. In year one the focus is on working with adults, in the broadest sense, including working with specialist issues such as forensic work, physical health and neuropsychology. The later part of the first year and the second year involve teaching on issues that affect development and areas that may be more enduring, such as disabilities. In the third year there is a unit that addresses specific, complex therapeutic issues e.g. therapeutic impasse and ethical issues (this includes presentations of challenging case studies and the use of a problem based learning approach).

This strand addresses the full range of learning outcomes outlined in Section 4. However, it particularly emphasises reflective practice (3). Also to the fore are understanding of and ability to apply psychological models (4), ethical practice (1), competence in working across a range of client groups (5), and the application of psychological knowledge in complex and unique circumstances (6).

1.2.3 Strand 3: Working with Groups and Organisations

This consists of two units that span the three years. The first, Public Sector Organisation, looks at the history and development of the types of services which the trainees will be encountering during that year of placement experience. The second, Understanding Teams and Groups, teaches the knowledge and skills necessary to function in teams, therapeutic groups and services. It draws upon the experiences of the trainee on placement to use within this teaching. There is also a unit featuring intensive, psychodynamically-based, observation of healthcare settings.

The learning outcomes particularly emphasised include: team and multi-disciplinary working (10), service development (8), and thinking about psychological models in an organizational context (10).

1.2.4 Strand 4: Clinical Research, Evaluation and Dissemination

This strand aims to develop the trainees' competencies to critically evaluate clinical practice, to carry out original research at doctoral level standard, to be able to critically evaluate others' research and disseminate research findings to a variety of audiences.

The learning outcomes particularly emphasised in this strand include: a critical understanding of scientific methods and the ability to carry out independent research (2); an ethical approach to practice (1); and assessment competence (5).

1.2.5 Strand 5: Personal and Professional Development (Reflexive Practice)

This strand facilitates the personal and professional development of trainees in relation to key issues and experiences that can arise across all aspects of their training. The focus is on their active engagement in a process of personal reflexive learning and integration to support the development of professional capabilities. Learning will be facilitated through a variety of different methods including a reflective practitioner group that continues fortnightly throughout the three years.

Learning outcomes particularly emphasised in this strand include: a reflective approach to practice (3, 11); ethical and professional dimensions of practice (1); understanding of different social, cultural, political and legal contexts that impact on clinical work (7).

1.2.6 Strand 6: Additional Professional Competencies

Core elements of this strand include instruction in core utilities such as university computing facilities and library services, mandatory trainings essential to work in the NHS (such as first-aid skills) and regular liaison between the trainee groups and staff. However, this strand also includes two Stage 3 units where the trainees are able to choose from several academic pathways to develop more specialist knowledge in areas of particular interest or training need.

Beyond basic and mandatory competencies required by the university and the NHS this strand also emphasises several of the main learning outcomes of the programme. These include: An advanced understanding of psychological models (4); a high competence in assessment, formulation, intervention and evaluation (5); and an advanced level of creative and critical thinking in relation to the development of clinical practice (6).

1.3 Developmental Progression

Throughout the teaching programme an emphasis is maintained on the programme being conducted at a doctoral level of study. All of the twelve learning outcomes described in the Programme Specification are consistent with the QAA level 8 (Doctoral Degree) descriptor provided in The Framework for Higher Education Qualifications in England, Wales and Northern Ireland (QAA, 2008). All the teaching units and their learning outcomes are cumulative and contribute to the level 8 outcomes. This occurs through the integration of practice experience and the completion of the assessments. There is some variability of the knowledge base of the trainees arriving on the programme hence, some of the learning outcomes on some units (e.g. Neuropsychology) are aimed at ensuring individuals have an adequate knowledge base to underpin the development of more advanced understanding. Knowledge of the standard undergraduate psychology curriculum relevant to all areas of study is assumed and referred to, and revision of this knowledge base is recommended when necessary. For example, trainees are given a self-assessment

regarding research methodology knowledge prior to starting the programme and advised of the expected knowledge base. An outline of the topics covered in each teaching unit is sent to the relevant supervisors throughout each placement.

The following section will briefly outline the content and developmental progression of the curriculum for each strand. Further details of the aims, objectives and the outline syllabus of each teaching unit are provided in Part 2 of this document.

1.4 Credit Ratings and Time Allocations

The time allocations for the various activities over the three stages are shown in Table 3. The allocations have been shaped by the demands of British Psychological Society accreditation that a) at least of 50% of the programme is spent in clinical experience and b) trainee study must be at least 10% of the programme.

Table 3:

Typical allocation of working days across placement, academic, study and holidays (this was based on the 2011-2014 cohort Timetable but has been relatively stable since)

	Stage 1	Stage 2	Stage 3	Total
Placement	122[1]	145	148	415 (55.33%)
Academic	96	61	48	205 (27.33%
Study	32	44	54	130 (17.33%)
Total	250	250	250	750 (100%)
Compulsory Holiday[2]	2	2	2	
Additional Holiday Entitlement[3]	25	25	25	

The award is at QAA level 8 (Doctorate) and has a credit rating of 540 HE points. The distribution of the hours worked and equivalent HE credits is shown in Table 3. They have been designed to achieve the QAA subject benchmarks for Clinical Psychology at level 8 of the QAA Framework for Higher Education Qualifications in England, Wales and Northern Ireland.

[1] Though lower than in the subsequent years all of the first stage placement days are spent working in Adult Mental Health specialties whereas the subsequent stages are split.

[2] These occur when it is neither possible to be in Salomons or on placement, e.g. between Christmas and New Year.

[3] To be taken from within the 250 days either on placement, the academic programme (restrictions apply) , or study.

Table 4:

Programme time allocation related to HE credits

	Stage 1	**Stage 2**	**Stage 3**	**Total**
Working days[4]	225	225	225	675
Hours[5]	1800	1800	1800	5400
Equivalent HE credits	180	180	180	540

1.5 Format of Academic time

Academic activities are based around three core formats: longer workshops (which last for a day or half a day at a time); lectures/seminars or group meetings (lasting between one and two hours); and learning support time (intended for either directed or self-directed academic activity). Each academic unit comprises time allocated for longer workshops, lectures or small group work, and dedicated learning support time intended for reading or other academic activities. Additionally, the programme provides trainees with regular study days which can be used to support placement, academic and research related activities.

The typical format of the teaching days is as follows:

All academic days = 6 hours including coffee breaks but not lunchtime and 9am-10am meeting times.

Categories of Academic Input

Long Lecture = Full day (6 hour) or Half Day (3 hour) Lecture/Workshops

Short Lecture = Shorter Sessions 90mins to 105 mins for either a lecture or small group work.

Learning Support Time (LST) = Directed learning related activity related to unit

All timings for individual units can be found on the High Level and Detailed timetables on the Academic Blackboard.

1.6 Weekly Timetable

The general pattern during the first two years of placement, academic and private study is that trainees spend three days per week on placement (Monday to Wednesday), three days every fortnight in academic time (Thursday and every other Friday) and one day every fortnight in private study (Friday). This pattern is illustrated in Table 4. In addition there will be periods of block teaching when the majority of the week will be spent in teaching.

Table 5:

[4] This is the available working days, 252, minus the holiday entitlement of 27 days = 225

[5] Assuming an 8 hour working day.

Pattern of Placement, Teaching & Private Study Days per Fortnight

Week 1	**Activity**
Monday	Placement
Tuesday	Placement
Wednesday	Placement
Thursday	Academic
Friday	Academic

Week 2	**Activity**
Monday	Placement
Tuesday	Placement
Wednesday	Placement
Thursday	Academic
Friday	Private Study

In the latter half of the second year and in the third year, trainees' time for private study is increased by one day a fortnight in order to allow sufficient time for the major piece of research. The weekly pattern is then three days' placement (Monday – Wednesday), one day private study (Thursday) and one day teaching (Friday).

1.7 Organisation of the Delivery of Teaching

The Academic Director who co-ordinates the academic programme holds overall responsibility for ensuring that the academic curriculum is delivered appropriately. This is achieved through a system of strand leaders and academic tutors. Each strand has a Leader appointed from within the programme team. It is their role to monitor, review and coordinate the academic units within that strand. Each individual academic unit has a Unit Tutor who organises each teaching session within that unit. The tutor may be a member of the programme team or may be a clinical psychologist within the region who has a specialist area of expertise and an interest in training. If they are external to the programme and have held this position for two years, an application is made to the College for them to be given an Honorary Appointment. The academic tutor is expected to contribute some teaching to the unit, but individuals who have a particular expertise in that area will deliver the majority of the actual teaching sessions. Hence, over the year many different individuals will be commissioned to teach the trainees. About a third of this teaching will be by programme staff, but external clinical psychologists, other professionals and service users will deliver the rest.

1.8 Teaching Methods

The different formats of teaching (see 1.5) enable a variety of teaching and learning methods to be used. Tutors are advised and encouraged to adopt an experiential model of learning (Kolb, 1984) upon which to base the teaching, which they undertake and organise. Particular attention is given to the concrete experience of working with clients and services as a basis for reflecting on and developing both theoretical concepts and clinical and organisational skills.

Within this structure, different methods are used as appropriate to the content and to the objectives of teaching in each topic area. Such methods commonly include: the preparation and presentation of case material as well as of reading material; the use of small group discussions and feedback for the exploration of problematic issues and the development of analytical skills; the use of role play, as well as video and audio tape material to re-create clinical situations and to model and practise interactional skills; the use of inter-professional learning opportunities in teaching and on placement; problem based learning exercises; and seminar discussion for the elaboration of theoretical concepts. Lecture formats for the presentation of more factual and theoretical knowledge are used as appropriate, but typically take a more interactional style and teachers are encouraged to prepare handouts both to enable a greater degree of interaction and to communicate dense factual material in the most efficient manner. The majority of teachers use PowerPoint presentations and provide electronic handouts from these presentations. Advanced Reading Seminars have consistently proved a popular and very effective teaching format and allow more in-depth teaching in smaller groups. Where possible these methods are being encouraged across a number of different units. The concept of dedicated learning support time as part of each unit has been introduced to the syllabus for the 2011 intake. The intention behind this change is to place less emphasis didactic teaching methods and to encourage academic tutors to think more in terms of trainees' independent learning.

Service users are invited to contribute to the delivery of the educational syllabus. Within the teaching programme service users contribute at different levels, including advising about the content, participating in small group work, co-teaching and contributing lectures or workshops.

In order to facilitate an interplay of learning across the academic, practice and research dimensions of doctoral training, trainees are also required to carry out a series of Integrated Learning Tasks (ILT's) at the beginning of the first and second years. On their first week of placement (Observation Week), they conduct systematic inquiries in the NHS setting about specified topics by means of, for instance, discussions with colleagues or service users, observations of meetings, or identifying local information. Reading is set for each ILT. Time is then allocated during the taught units most relevant to the topics, for trainees to share and develop their learning in an academic context.

It should be noted that the majority of the academic programme is compulsory. However, in the third year of the programme the trainees are able chose from a range of Advanced Reading Seminars and one of several specialist academic options. While the Advanced Reading Seminars have been a feature of the programme for some time, the third year options are a new feature introduced to help the trainees gain a greater measure of specialist knowledge in areas of interest to them (e.g. a particular theoretical orientation).

1.9 Private Study

Throughout the first two years of the programme, one day per fortnight is free for the pursuit of private study. This is a distinct category of time and different from the learning support time described above. Concurrently, on placement, some work time is allocated for clinical reading and research - typically about half a day per week. At appropriate times throughout the year study time is allocated to facilitate the final preparation of assessment submissions and six placement days per academic year are allocated to be taken as study leave, at times negotiated by individual trainees. During the third year, approximately one day per week is allocated for research and study. As before, six placement days are available as study leave. In addition to the work time allocated for private study, it is anticipated that study time necessary to support learning on clinical placement and on the academic programme and for the completion of the assessment submissions will average at least six hours per week.

1.10 Review Processes

1.10.1 Annual Review

The review of the operation of the teaching programme is conducted in relation to each year of the programme by the Academic Programme Subcommittee. The Academic Director chairs this committee and its membership consists of all the honorary and staff tutors responsible for one (or more) of the teaching units and also representatives from students on the programme (Trainee Academic Representatives). The committee meets twice per year at the end of a six-month period. In addition to other policy issues concerning the academic programme, it reviews the process and content of all of the teaching units from each of the six strand, of the teaching programme that have just been completed. Feedback is requested and received at these meetings on library, computer and other technical resources. This review is undertaken with regard to the co-ordination of the teaching within and between each strand and across the whole three years of the programme. A report of this review is presented to the Programme Management Committee and forms part of the programme's Annual Quality Monitoring Reports for our professional bodies and commissioners.

Each academic strand has a Strand Leader and it is their role to recruit and liaise with Unit Tutors. At least twice a year, usually on the day of the Academic Programme Subcommittee, the Strand Leader will have a meeting with the Unit Tutors within their strand to discuss the continuity, co-ordination and progression of the content between the units in that strand.

At more regular intervals, five-six times a year, the Strand Leaders will meet together to ensure co-ordination and continuity between the strands and also to address any administrative or structural issues such as recruiting a new Unit Tutor.

1.10.2 Trainee Reviews and the Use of Feedback

Reviews are undertaken with the assistance of detailed trainee feedback concerning teaching sessions and Units on the programme. The feedback process was reviewed in 2017 by a group constituted of staff and trainees. The standard form (available on the Academic Blackboard) encompasses general feedback on teaching quality and more personally reflective elements. Requests for feedback are generally instigated by teaching unit organisers. Unit organisers will also often conduct a group discussion reviewing the teaching on their unit. This provides a chance to gain further feedback and examine how the units have been integrated in the rest of the academic programme and with clinical placements. Formal feedback is also

provided for the twice-yearly Academic Programme Subcommittee. Feedback is used in reviewing, planning and organising the following year's teaching.

The reviewing of the previous year's teaching and planning of the programme in the future year is carried out jointly between the Unit Tutor and Strand Leader. This process uses both the trainee feedback and the issues raised in discussions at the Academic Programme Subcommittee. With regard to specific sessions, this process provides speakers with feedback in writing about their sessions and attempts are made to provide both suggestions about how to improve the teaching and reflection on that the trainees themselves have brought to the learning process. In cases where significant problems have occurred, a decision can be made to employ a different speaker for future planned sessions.

1.10.3 Additional Reviews

On some occasions, additional reviews are undertaken. These usually involve the establishment of working parties comprising several academic tutors and Strand Leaders, and are convened to review the overall sequence and content of the teaching programme. This may happen independently or in response to issues raised in the periodic review of the programme and the teaching programme.

Liaison meetings are timetabled with each cohort of trainees usually six times per year. At least two members of the programme team attend these meetings and this provides a further opportunity for general feedback and issues to be raised which may relate to the academic programme.

The Programme Management Committee receives the minutes of the Academic Programme Subcommittee and includes a standing item in which the Academic Director reports on progress and also provides the opportunity for comment from trainees or other members of the committee. This forms part of the system of continual review that is characteristic of the programme.

1.10.4 Periodic Reviews

Periodic Reviews take place every five or six years in response to the major accreditation/validation visits to the programme as a whole by the Committee on Training in Clinical Psychology (CTCP) of the BPS. Review paperwork is also provided annually for the Health and Care Professions Council (HCPC) as well as to the BPS and to the NHS commissioners. The Academic Programme Subcommittee meets to consider in detail accreditation/validation reports and their recommendations in relation to the content and operation of the teaching programme, and prepares a response. This response is considered by the Programme Management Committee. The programme is also reviewed by the Quality Assurance Agency for Higher Education as part of the monitoring of NHS educational contracts. In addition, any feedback from the programme's External Examiners that relates to curriculum or training need is also reviewed and addressed.

1.11 References

Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. New Jersey: Prentice-Hall.

2. EDUCATIONAL POSITIONING

2.1 Introduction

The curriculum aims to integrate the strengths of the current academic programme with new emphases and perspectives reflecting recent and ongoing developments.

2.2 The Educational Approach

A number of assumptions have been adopted which underpin our approach to delivering clinical psychology training. These will now be described.

2.2.1 Competence and Capability

Whilst the BPS accreditation criteria that have shaped the programme in the past have been written in terms of competencies, the preferred model adopted at Canterbury Christ Church is in terms of capability. The ultimate aim is to produce not only competent practitioners, but capable practitioners. As such, competence subsumes capability.

Competence – what individuals are able to do in terms of knowledge, skills, attitude
Capability – extent to which individuals can adapt to change, generate new knowledge, and continue to improve their performance[6]

Capability has been further defined as including the following dimensions:

- A performance component which indentifies 'what people need to possess' and 'what they need to achieve' in the workplace;
- An ethical component that is concerned with integrating knowledge of culture, values and social awareness in to professional practice;
- A component that emphases reflective action in practice;
- The capability to effectively implement evidence-based interventions into the service configurations of a modern mental health system;
- A commitment to working with new models of professional education and responsibility for Lifelong Learning[7].

The training programme at Canterbury Christ Church endorses these dimensions and has constructed a fully integrated educational programme that aspires to address each of these dimensions.

2.2.2 Models of Clinical Psychology

There are a number of models of clinical psychology which, when brought together, further reflect these dimensions of capability.

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[6] Fraser, S. & Greenhalgh, T. (2001) Coping with Complexity: educating for capability. BMJ, 323: 799-803 (6 Oct) p800

[7] The Sainsbury Center for Mental Health (2000) The Capable Practitioner. p 2

The Scientist Practitioner

"The scientist-practitioner model produces a psychologist who is uniquely educated and trained to generate and integrate scientific and professional knowledge, attitudes, and skills so as to further psychological science, the professional practice of psychology, and human welfare. The graduate of this training model is capable of functioning as an investigator and as a practitioner, and may function as either or both, consistent with the highest standards in psychology."[8]

This definition has been further elaborated and updated, and in the UK Shapiro (2002) defined a number of competencies that characterize the scientist-practitioner model.

- Delivering assessment and intervention procedures in accordance with protocols
- Assessing and integrating scientific findings to inform healthcare decisions
- Framing and testing hypotheses that inform healthcare decisions
- Building and maintaining effective teamwork with other healthcare professionals that support the delivery of scientist-practitioner contributions
- Research-based training and support to other healthcare professions in the delivery of psychological care
- Contributing to practice-based research and development to improve the quality and effectiveness of psychological aspects of healthcare[9]

Whilst, this model has provided a major foundation to the development of the profession of clinical psychology it also has limitations. Hence, the Canterbury Christ Church programme whilst supporting this approach, with research being interpreted in the broadest sense of the word, it also believes it to be not sufficient to capture the full role and competencies of the capable practitioner.

[8] Belar, C. & Perry, N. (1992) National conference on scientist-practitioner education and training for the professional practice of psychology. American Psychologist, 47, 71-75

[9] Shapiro, D. (2002). Renewing the scientist-practitioner model. The Psychologist, 15 (5), p232-234.

The Reflective Practitioner

Schön (1987)[10] developed the model of the 'reflective practitioner' both building upon the 'scientist practitioner' model and criticizing it. Clegg (1998) describes this model well in terms of the capabilities expected of a clinical psychologist:

'Schön's main thesis is that the expert's personal qualities should not remain mysterious, that they can be studied and the opportunity to acquire them provided for students and practitioners alike…….The idea of reflective practice cuts across the theory-practice axis, making personal knowledge and interaction as important as command of technical skills.'[11] P 7-8

Reflective practice embodies 8 main concepts

1. Self-awareness
2. Practice-based learning
3. Knowledge in action
4. Integration of theory and practice
5. Problem setting and then problem solving
6. The element of surprise
7. Improvisation
8. Reflection in action[12]

Again whilst endorsing these beliefs that the capable practitioner must also be a reflective practitioner, the Canterbury Christ Church programme believes that the model is not sufficient in itself. In addition, it is also viewed as insufficient in combination with the scientist-practitioner model. The reflective-practitioner model has been criticized on the grounds of its tendency to focus on the individual, on reactivity rather than prevention, and to take little account of wider social and political influences (Clegg, 1998).

Hence, a third model is felt necessary to fully describe the role and context of today's clinical psychologist.

The Critical Practitioner

Critical psychology, whilst defined in various ways, most would agree with Parker (1999) that it is *'a movement that challenges psychology to work towards emancipation and social justice, and that opposes the uses of psychology to perpetuate oppression and injustice'.*[13]

For the Canterbury Christ Church programme this model represents a final perspective that places the ethical practice of the capable practitioner within a wider social and political context. By endeavouring to train psychologists to be 'critical psychologists', recognition is given to the uses and misuses of psychology in the past and places emphasis on the individual and social responsibility of the clinician to contribute ethically in

[10] Schön, D. A. (1987) Educating the Reflective Practitioner. San Fransisco: Jossey-Bass.

[11] Clegg, J. (1998) Critical Issues in Clinical Practice. Sage: London.

[12] https://www.stfm.org/search-results?q=reflection+in+action

[13] Parker, I. (1999). Critical psychology: critical links. Annual Review of Critical Psychology. 1, (3-20)

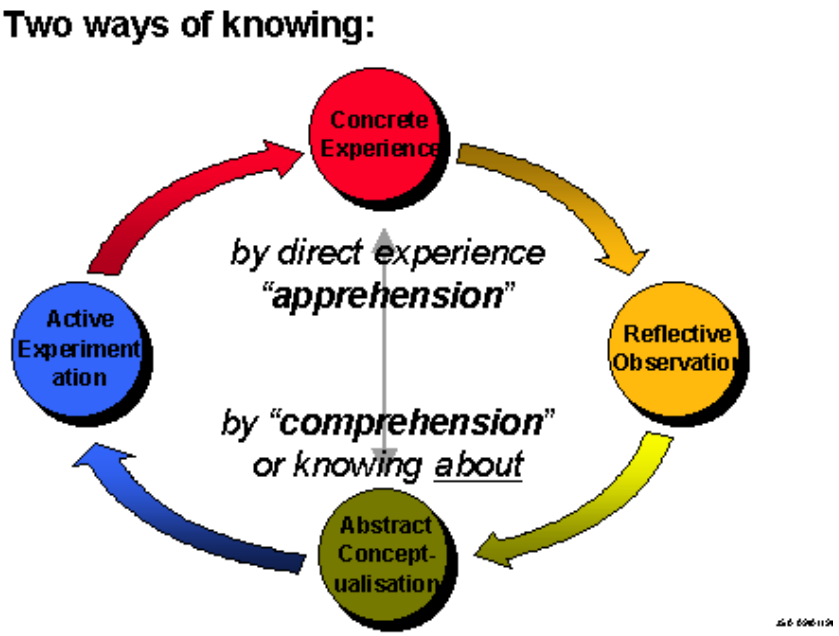
the future. Whilst critical psychology is a newly emerging model of practice, some substantial contributions have been made which give direction to the practice of critical psychology (e.g. Prilleltensky & Fox, 1997).[14]

The Canterbury Christ Church programme believes that these models are not conflictual, but complimentary and by combining them the high level and flexible capabilities aimed at will be achieved.

2.2.3 Delivery

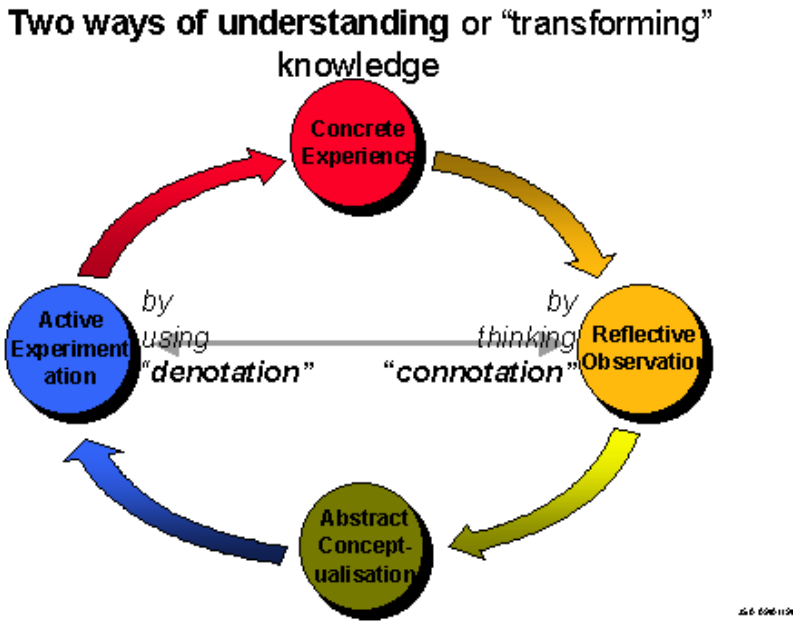
In order to deliver this complex set of competencies, which are governed by these three theoretical models, a specific learning model has been adopted – Kolb's Experiential Learning Cycle. This is described as follows:

Concrete Experience corresponds to "knowledge by acquaintance", direct practical experience (or "Apprehension" in Kolb's terms), as opposed to "knowledge about" something, which is theoretical, but perhaps more comprehensive, (hence "Comprehension") and represented by Abstract Conceptualisation. This distinction was first made by Aristotle, and has been discussed by epistemologists ever since.



- Reflective Observation concentrates on what the experience means to the experiencer, (it is transformed by "Intention") or its connotations, while Active Experimentation transforms the theory of Abstract Conceptualisation by testing it in practice (by "Extension") and relates to its denotations.

[14] Fox, D., & Prilleltensky, I. (Eds.) (1997). Critical Psychology: An Introduction. London: Sage



http://www.dmu.ac.uk/~jamesa/learning/experien.htm

What is particularly attractive about this model is that it coherent with the capability model in that the learner is an active agent in developing they're learning in novel, and unique circumstances. It also places emphasis on the learner using:

- ❑ evidence
- ❑ reflective skills
- ❑ critical skills

which again are coherent with the three models of clinical psychology which form the platform of the training programme.

2.2.4 Structure

To facilitate the trainee in developing these capabilities, an educational programme needs to be structured that provides the breadth of experience required in a way that is developmentally progressive. The educational programme consists of a number of components that all contribute to the learning process:

- ❑ clinical placements
- ❑ assessments
- ❑ academic programme
- ❑ private study

The programme is structured such that the trainee is introduced to basic foundation competencies within the first year, working mainly with adults experiencing different forms of psychological distress. In the second year the trainee builds on these competencies to a more advanced level and widens their breadth of experience working with children and their families, people with learning disabilities and with the systems that surround these client groups. In the third year the trainee further consolidates their competencies working with older people and work in more specialist settings. Such a structure allows basic competencies to be practiced to develop a high level of attainment and reach a level where they might be applied with confidence to unique, novel and complex situations – a level of capability.

3. TEACHING UNIT DESCRIPTORS

3.1 Introduction

Most of the main academic units have a "descriptor" that outlines the aims and content of that unit (see Section 2). However, as each of these units are not stand alone modules the descriptors have been written in a specific way to demonstrate the integration of learning through teaching, clinical practice, reflection and study. Each unit follows the same headings and a brief explanation of the purpose of each heading is as follows.

Those units which do not have descriptors have a brief summary.

3.2 Format of Teaching Unit Descriptors

1. Competencies

These relate to the competencies pertinent to this academic unit and describe the competencies the trainee should have gained by the end of the programme. They are generally written at a more detailed level than those in the Health Professions council Standards of Proficiency against which the programme is to be accredited. The competencies should therefore be seen as subsuming the HCPC criteria.

2. Objectives

These are the specific learning objectives that should have been achieved by the end of the programme relating to the specific area being addressed by this academic unit. As the majority of these relate to clinical skills and are developmental across the three years they do not relate solely to the content of the academic teaching but to the integration of the other components of the programme and the acquisition of experience and practice over the three years.

3. Content of the Academic Programme

This describes the specific teaching content within this unit.

4. Practice Learning

This details where and how the trainee will apply the content delivered through the academic teaching to integrate theory and practice.

5. Assessment Learning

This section links the assessments to the competencies and learning objectives of this unit, showing how completion of the assessments will build upon theory and practice through formal methods of feedback.

6. Reflective Learning

The content of this section demonstrates how the trainee will be encouraged to reflect upon the knowledge and experiences they have built up through the rest of the programme to influence their learning.

7. Moving from Competencies to Capability

This section describes what the programme would wish to see demonstrated for the trainee to become a fully capable practitioner. It is not expected that the trainee will be capable in all these areas by the end of the programme, but rather describes aims for continuing professional development.

8. Key References

In each unit description, a small number of references are presented that are central to the subject area of the unit. Additional references and resources are provided throughout the delivery of the units. Many of the references in this document have been categorised according to the 'PERB' formula to give students an indication of how just how central each reference is to the learning objectives that each unit aims to achieve. The PERB formula is:

P = Purchase (text useful to purchase)

E = Essential (text should be read by all students on course at some time)

R = Recommended Reading (text is academically valid, but not essential reading)

B = Background (extended reading)

SECTION 2

TEACHING UNIT DESCRIPTORS AND SUMMARIES

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: FOUNDATION AND THE LIFE-CYCLE (YEAR 1)

TUTOR: TRISH JOSCELYNE

(LTS principles 1, 2, 3, 4, 5, 7, 8)

1. Competencies

- To start developing an understanding of different models of clinical psychology and their epistemological roots.
- To be able to articulate the variety of roles of the clinical psychologist in today's NHS.
- To understand current competency and capability frameworks of training.
- To be made aware of the professional structures governing the profession and in particular to be introduced to the role of the Health and Care Professions Council (HCPC) and the NHS Values.
- To be able to use the resources of the Doctoral Programme in Clinical Psychology, to understand the frameworks for learning, assessment and practice, and to function safely and effectively within the University and NHS systems of support and management.
- To deploy basic person-centred clinical skills in assessing and working with service users.
- To draw on a substantial knowledge of human biopsychosocial development and its diversity throughout the lifespan in order to understand human functioning, resilience and difficulties, to underpin psychological formulation and practice, and to inform the application of therapeutic models.
- To have an awareness of how the social, cultural and political contexts of people's lives shape, resource and influence their pathways of individual development
- To have a critical knowledge of research and theory about tasks, challenges and resources for biopsychosocial development at different times of life and to integrate this with clinical skills to create a scaffolding for working with psychological problems with a range of children, working age and older adults (with and without disabilities), their families and systems.
- To be able to reflect actively on personal development, social and life cycle issues and to make use of this understanding to inform professional relationships with service users and colleagues.
- To have a critical appreciation of the contribution that knowledge derived from observational, experiential, subjective and other forms of person-centred learning and inquiry can make to the theory and practice of clinical psychology and to personal and professional development.
- To interpret and critique concepts of normality and abnormality and their use in dominant models and theories in health and social care from a lifespan psychological perspective, and apply this in constructive multidisciplinary practices as a clinical psychologist.

2. Objectives

- To have a systematic understanding of three models of clinical psychology:
  - Scientist Practitioner
  - Reflective Practitioner
  - Critical Practitioner

- To be aware of the core values underpinning the clinical psychology training programme and of how it is structured and the educational purpose of that structure.
- To be familiar with the HCPC's Standards of Proficiency for Practitioner Psychologists and with the HCPC Standards of conduct for both students and qualified practitioners. To be familiar with or know how to find out about all aspects of the doctoral programme and be informed about the role and expectations of trainees.
- To be able to carry out psychological assessment interviewing and draw on person-centred counselling techniques as part of psychological practice.
- To have a broad conceptual foundation for human development, covering key human attributes including emotional, social, cognitive, moral and spiritual development.
- To have an understanding of key tasks, transitions, relational issues and processes associated with the lifecycle of individuals and families, and of the role of diverse socio-cultural contexts in the construction of these issues.
- To be familiar with research and theory about resources, resilience and problem formation e.g. to know how psychological and relational difficulties can develop at different stages in the life cycle and their association with adaptations to disruptions, limiting processes and challenges to the course of development and attachment, such as transitions, loss, abuse and trauma.
- To develop an understanding of individual differences that is set within the continuum and diversity of human responses to lifespan development challenges, and to have considered when problems are such that individuals, families or community systems may benefit from intervention from psychological services.
- To be able to apply ethnographic, observational and reflective research techniques.

3. <u>Content of the Academic Programme</u>

- Induction and training sessions on educational and professional frameworks, assessments, policies and procedures, facilities, administrative systems etc.
- Clinical skills workshops on assessment interviewing and counselling.
- Systemic, attachment, psychodynamic and community psychology models of lifespan development in a social context.
- Internal, relational and community resources, resilience, coping and distress.
- Attachments and relationship patterns across the life cycle, e.g. developmental issues and sexualities, health problems, gender, caring.
- Working with spiritual and religious issues, and the contribution of the trainee's own spirituality to clinical practice.
- Working with the disruptions associated with migration, war, disaster and torture.
- Working with bereavement and loss, physical and sexual abuse, domestic violence, and related emotional difficulties throughout the life cycle.
- From life problems to psychological problems to psychiatric disorder: philosophical assumptions, psychological formulation and diagnostic systems.
- Cultural genogram and a range of reflective work e.g. trainees' relationships to parenting and caring roles, to achievement, to receiving help and to health and social challenges.
- PBL inquiries re. lived and observed experiences, using qualitative and experiential research methods.

4. Practice Learning

- Observation week tasks (e.g. community health), and other disciplines' perspectives on mental health problems.
- Clinical work with a range of clients throughout the lifespan, facing a variety of developmental and relational challenges.
- Collaboration with self-help, service user or community groups for people facing specific life cycle and/or mental health issues.
- Psychological case presentations for discussion in multidisciplinary settings.

5. Assessment Learning

- Assessment of Clinical Skills and Professional Practice Reports: Routine incorporation of psychosocial life span developmental perspective into formulations and reflective critiques; demonstration integration of understandings of people's lives into specific clinical practice.
- ECC Form.

6. Reflective Learning

- Experiential aspects of teaching programme, reflective practitioner groups, reflective journal, Reflective Report, recommended reading (novels and personal accounts e.g. of mental distress).
- Mid-placement visits and Training Reviews.

7. Moving from Competencies to Capability

- To be able to draw on an understanding of the relationship between developmental issues throughout the lifespan and emotional difficulties in order to be able to adapt psychological practices to a broad range of client groups in different service settings.
- To be able to critically evaluate and select knowledge and skills from the main psychological theories of intervention on the basis of an understanding of the diversity of human development.
- To be able to communicate and negotiate with other NHS professionals to promote psychological perspectives and interventions in the coordination of holistic client care.

8. Key References

Boyd, D.R. (2018) Lifespan Development. (8th ed). Pearson Education.

Health & Care Professions Council (2016). Information for students and education providers: Guidance on conduct and ethics for students. London: HCPC. *Available online from*: https://www.hcpc-uk.org/resources/guidance/guidance-on-conduct-and-ethics-for-students/ **(E)**

Health & Care Professions Council (2016) Standards of conduct, performance and ethics. London: HCPC. *Available online from*: http://www.hpc-uk.org/standards/standards-of-conduct-performance-and-ethics/ **(E)**

Health & Care Professions Council (2016) Standards of proficiency: Practitioner psychologists. London: HCPC. *Available online from*: http://www.hpc-uk.org/standards/standards-of-proficiency/ **(E)**

Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. (2018). *The Power Threat Meaning Framework: Overview*. Leicester: British Psychological Society

Kuther, T.L. (2016). Lifespan Development: lives in context. Western Connecticut State Univesity. USA

McGoldrick, M., Carter B. & Garcia Preto, N. (Eds.) (2011). The expanded family life cycle: Individual, family and social perspectives. (4th ed.). Boston: Pearson Allyn & Bacon

Sharma and Cockerill, (2014). From birth to five years.

Sugarman, L. (2001). Lifespan development: frameworks, accounts and strategies. (2nd ed.). Hove: Psychology. Although this is an old book, it is worth reading to understand how developmental psychology became lifespan development.

Quin, P. (2018). Understanding disability: A lifespan approach. Sage.

Urwin, C. and Sternberg. J. (2012) (Eds.). Infant observation and research: emotional processes in everyday lives. Routledge.

Wilson, J. (2008). Class prejudice, politics and the practitioner. Context, 95, 6-9.

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: CLINICAL SKILLS (YEARS 1/2)

TUTORS:
MARIA GRIFFITHS AND SUSIE COLBERT (1ST YEAR)
TRISH JOSCELYNE AND SIMON POWELL (2ND YEAR)
(LTS principles 1-7)

1. Competencies

This unit will aim to develop and build on competencies over the three years of training. Dividing these between each year, the trainee will be competent to:

By the end of Year 1 (Adult population):

- Carry out a basic clinical assessment;
- Formulate simple clinical presentations;
- Carry out basic clinical interventions using at least two different Psychotherapeutic Models;
- Evaluate the impact of a basic clinical intervention;
- Use clinical supervision effectively to reflect upon one's own clinical skills;
- Carry out psychometric testing using a variety of standardised tests;
- Write a basic clinical report.

By the end of Year 2 (Child & Adolescent, Disabilities populations):

- Carry out all of the Year 1 competencies with appropriate applications for the different populations;
- Communicate with adults and young people with disabilities in a fluent and appropriate way within a therapeutic context;
- Understand the purpose and application of certain complex assessment techniques;
- Consult with professionals from other disciplines and assimilate knowledge to guide interventions;
- Carry out assessments, formulations and interventions on cases with greater complexity.

By the end of Year 3 (Older Persons population):

- Know how to carry out specific CBT assessments, formulations and interventions on complex cases;
- Apply their own knowledge to facilitate team solution generation in a consultative role;
- Know how to apply their interpretation skills to more complex neuropsychological case results.

2. Objectives

- To understand key counselling principles and develop fundamental client-centred interaction skills and develop clinical interviewing skills.
- To have a thorough understanding of the cycle of hypothesis testing, formulation and action-planning and evaluation.
- To have a framework for writing reports, keeping records and communicating psychological assessments, formulations and interventions.
- To have a conceptual understanding of assessment needs, measurement and testing equivalent to Unit 1 of Level A Test Competence.
- To feel confident in communicating with adults and young people with disabilities.
- To have experience of more complex assessment techniques, e.g. projective methods.
- To be a knowledgeable and active user of clinical supervision and to practice time-management and professional self care.
- To know how to address complex clinical cases through a CBT framework.
- To have an awareness of how to address management dilemmas in team working situations.
- To understand the role of the clinical psychologist as consultant to teams and have knowledge of consultancy models.
- To have experience in the interpretation of complex neuropsychological case material.

3. Content of the Academic Programme

- Interviewing/ Counselling Skills workshops
- Assessment, Formulation and Report Writing
- Basic Psychometrics workshop
- C&A and Disabilities Assessment workshops
- Communication workshop
- Consultation of Others workshop
- Small group case workshop/discussions
- Management and Consultation to Others workshops
- Complex Clinical Neuropsych workshop
- Placement Contexts

4. Practice Learning

- Tasks during Observation Weeks
- Through supervision and observed practice on placement
- Professional Practice Report Tutorials

5. Assessment Learning

- Professional Practice Reports
- ECC
- Assessment of Clinical Skills

6. Reflective Learning

- Training reviews
- As appropriate within supervision
- As appropriate within Reflective Practice Group
- Mid-placement visits

7. Moving from Competencies to Capability

- Trainees will be able to use their understanding of the theoretical frameworks relevant to core competencies of assessment, formulation, intervention and evaluation to design and implement flexible and sophisticated psychological responses to a range of service user, staff and organizational referrals and problems in different settings.
- They will take into account biological, social and psychological factors, and apply their appreciation of the professional and political contexts within which clinical practice takes place in order to adapt the cyclical model of clinical thinking and action to accommodate the complexities of unique circumstances.

8. Key References

Beail, N. (2016). Psychological therapies and people who have intellectual disabilities. Division of Clinical Psychology, British Psychological Society: Leicester.

Bor, R. & Watts, M. (Eds.) (2011). The trainee handbook: A guide for counselling and psychotherapy trainees. (3rd ed.). London: Sage **(R)**

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

De Haan, E. & Regouin, W. (2017). Being supervised: a guide for supervisees. Karnac: London **(R)**

Emerson, E., Hatton, C., Thomson, T. & Parmenter, T.R. (Eds.) (2004). International handbook of applied research in intellectual disabilities. CH 5. Interviewing people with intellectual disabilities, pp.115-131. Chichester: John Wiley & Sons **(R)**

Geach N, Moghaddam NG & De Boos D. (2017). A systematic review of team formulation in clinical psychology practice: Definition, implementation, and outcomes. Psychology and Psychotherapy. doi.org/10.1111/papt.12155 **(R)**

Gopee, N. & Galloway, J. (2017). Leadership and management in healthcare (3rd ed.) Sage, (2017). **(B)**

Hodges, J. (2017). Cognitive Assessment for Clinicians (3rd ed.). Oxford University Press.

Johnstone, L. & Dallos, R. (Eds.) (2014). Formulation in psychology and psychotherapy: Making sense of people's problems. (2nd ed.). London: Routledge Marchant, R. (2001). **(E)**

Kazantzis, Dattilio, F. & Dobson, K. (2017). The Therapeutic relationship in cognitive-behavioral therapy. Guilford Press: New York. **(R)**

Knapp, S. (2012). Practical ethics for psychologists: a positive approach. (2nd ed.) American Psychological Association. **(B)**

Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E. Pilgrim, D. & Read, J. (2018). The Power, Threat, Meaning Framework: Towards the identification of patterns in emotional

distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis. Leicester: British Psychological Society **(R)**

Newman Taylor, K. & Sambrook, S. (2012) CBT for culture change: Formulating teams to improve patient care. Behavioural and Cognitive Psychotherapy, 2012, 40, 496–503 **(R)**

Raghavan, R. (Ed.) (2012). Anxiety and depression in people with intellectual disabilities: advances in interventions. Pavilion.

Rust, H. & Golombok, S. (2009). Modern psychometrics: The science of psychological assessment. (3rd ed.). London: Routledge **(E)**

Ovhold, T.M. & Trotter-Mathison, M. (2016) The resilient practitioner: burnout and compassion fatigue prevention and self-care strategies for the helping professions, (3rd ed.) Routledge. **(B)**

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: BIOLOGICAL AND MEDICAL APPROACHES (YEARS 1/2)

TUTOR: SUSIE COLBERT

(LTS principles 1-5, 7, 8)

1. Competencies

- A working understanding of the main elements of biological and medical approaches to working with mental health problems.
- The ability to critically evaluate such approaches in relation your own psychological practice.

2. Objectives

By the end of the programme trainees should be able to:

- Show an awareness of significant biological theories relevant to common mental health difficulties.
- Demonstrate an awareness of the main psychiatric diagnostic labelling schemes used in clinical practice and research.
- Possess a familiarity with the main categories of medication they may encounter in their clinical work and professional development.
- Give informed consideration to some of the issues relevant to psychologists and psychological thinking when working with psychiatrists, and in psychiatrist-led teams.
- Critically appraise the main elements of biological and medical approaches to mental health and consider how these apply to the work of psychologists.

3. Content of the Academic Programme

Teaching sessions to include:

- Psychiatric models of mental health and diagnostic labelling
- The use of psychiatric medication
- Work in psychiatrist-led teams

4. Practice Learning

- Experience working in a multi-disciplinary team involving
- Consideration of issues related to working in such environments in clinical supervision

5. Assessment Learning

- Discussion in supervision and a reflection of this in the Evaluation of Clinical Competence form
- Consideration of relevant issues in Professional Practice Reports
- Consideration of relevant issues in other written submissions
- Assessment of Clinical Skills

6. Reflective Learning

- Show awareness of key issues in the Reflective Account
- Utilise the Reflective Practitioner Group and the experiences of fellow trainees to develop understanding of the key learning objectives
- Utilise clinical supervision

7. Moving from Competencies to Capability

- It is intended that trainees will develop their ability to evaluate psychiatric models of distress and diagnostic labels and be able to consider these in relation to psychological models of understanding. In particular trainees should develop some awareness of how such conceptualisations may differ from more psychological formulations and gain some insight into the potential strengths and weaknesses of such models.
- The unit should also provide a basic knowledge of psychiatric medication and help trainees to develop an understanding of the influence such medication may have on the delivery of psychological interventions.
- The trainees will also work closely with psychiatrists at points in their training. They should begin to develop an understanding of the main issues in offering psychological and psychiatric interventions in the same service.

8. Key References

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders: DSM-5. (5th ed.). Washington DC: Author. **(E)** *The main diagnostic manual. Used for clinical purposes in the USA and for research worldwide. Essential to have a look. See also ICD-10 below.*

Asylum magazine. See http://www.asylumonline.net/ **(R)** *Offers a radical perspective on psychiatry.*

Cromby, J., Harper, D. & Reavey, P. (2013). Psychology, Mental Health and Distress. **(R)**. *An excellent textbook taking a psychological approach to the range of mental health/psychiatric problems.*

Johnstone, L. & Boyle, M. (2018). The Power Threat Meaning Framework. Leicester: British Psychological Society. https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework. *A critique of the diagnostic approach to mental distress and a proposed alternative framework* **(E)**

Clarke, I. & Wilson, H. (Eds.) (2009). Cognitive behaviour therapy for acute inpatient mental health units: Working with clients, staff and the milieu. London: Routledge. **(B).** *A recent book on psychological working in mental health (otherwise known as psychiatric) wards. Despite the CBT focus of the title a range of contemporary practice is discussed.* **(R)**

Coles, S., Diamond, B., & Keenan, S. (2013). Clinical psychology in psychiatric services: The magician's assistant? In S. Coles, S. Keenan, & B. Diamond (Eds.), Madness contested: Power and practice. Ross-on-Wye: PCCS Books. **(E)**

Healy, D. (2016). Psychiatric Drugs Explained. London: Churchill Livingstone **(R)**

Kinderman, P. (2014). A prescription for psychiatry. London: Palgrave Macmillan **(R)**

Moncrieff, J. (2016). The myth of the chemical cure: a critique of psychiatric drug treatment. Basingstoke: Palgrave Macmillan **(E)**

Sadock, B. J, Sadock, V. & Ruiz, P. (2015). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences, clinical psychiatry. (11th ed.). Philadelphia: Lippincott Williams & Wilkins. (Chapters 4 and 5). **(R)** *A*

standard psychiatry learning text. This explains the essentials of psychiatric assessment and classification and will help you interpret reports written by psychiatrists **(E)**

Whitaker, R. (2010) Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the astonishing rise of mental illness in America. A classic critique of the psychiatric approach to distress **(R)**.

World Health Organization (1992). The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines. Geneva: Author. **(R)** *The other main diagnostic manual. The official classification system of the UK and European countries. A new version is in preparation.* **(B)**

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: SERVCE USER AND CARER PERSPECTIVES (YEARS 1/2/3)

TUTOR: LAURA LEA

(LTS principles 1-9)

1. Competencies

- To be have 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.
- To have an awareness of the clinical, professional and social contexts within which work is undertaken and impact of these on service users and their families and supporters.
- To have the skills, knowledge and values to work effectively with systems relevant to clients including: statutory and voluntary services, self-help and advocacy groups, user and carer led systems and other elements of the wider community.
- To have an understanding of power relationships between practitioners and clients (and their families and supporters), and how abuse of these can be minimised.
- When practices seem unethical or against the service users wishes, have the knowledge and courage to raise concerns.
- To have an understanding of the impact of differences, diversity and social inequalities on people's lives, and their implications for working practices.
- To be able to work collaboratively and constructively with other professional colleagues and users of services their families and supporters, respecting diverse viewpoints.
- To be able to empower users and carers to facilitate their involvement in service planning and delivery.
- To be able to understand the relevance of issues relating to different types of 'knowledge'. The value of these and the implications of this in relation to anti-discriminatory and inclusive working practice.
- To be able to learn from peoples' lived experience, their experiences of using services and their participation in service user and carer involvement activities.
- Understand the importance of service user history, service user organisations and social movements to the development of service user and carer activities that exist today and their current relationship to service and policy developments in mental health.
- Having the knowledge to determine and implement best practice in relation to involving service users and carers in service planning, delivery and education and training.

2. Objectives

- To develop a conceptual framework within which service user and carer perspectives are acknowledged and which can enable a position of critical friend in relation to these perspectives.[15]
- To have a knowledge of the relationships between social inequalities and social capital, and health and wellbeing.
- To have a knowledge of how systems theory and practice might be relevant in promoting better outcomes for service users, carers and society as distinct from individual treatment approaches including understanding ideas of co-production.
- To be able to evaluate psychological theory, research and practice with the intention of critically reflecting on the degree to which service user and carer perspectives have informed and been involved in shaping this.
- To develop an appreciation of the resources and knowledge within communities, and service user and carer organisations including knowledge gained and held within peer support services, and the ways in which psychologists can work with and draw on these to promote healthy communities.
- To understand the perspectives of the service user/survivor movement and its critiques of clinical psychology and related professions.
- To have an understanding of the ways in which mental health and psychology services can contribute to the empowerment and disempowerment of people.

3. Content of the Academic Programme

- Service user and carer perspectives on distress.
- Service user and carer perspectives on what can be helpful or unhelpful in receiving therapy and services.
- Service user and carer perspectives in relation to involvement and peer support.
- Service user involvement in service planning, delivery and research.
- Epistemological (particularly social constructionist), political and sociological perspectives relevant to the clinical psychology profession.
- The service user/survivor movement and its critiques of theory and practice in clinical psychology and mental health services and professions.
- The role of clinical psychologists' own experiences of distress and service use as a source of knowledge in their work.

4. Practice Learning

[15] *A critical friend can be defined as a trusted person who asks provocative questions, provides data to be examined through another lens, and offers critiques of a person's work as a friend. A critical friend takes the time to fully understand the context of the work presented and the outcomes that the person or group is working toward. The friend is an advocate for the success of that work.* Costa, A. and Kallick, B. (1993) "Through the Lens of a Critical Friend". *Educational Leadership* 51(2) 49-51

- Community mental health task reflecting on power relations and dominant discourses in the setting, meet members of the service user/survivor movement, ideally visit user/survivor run services, talk to members of other professions about their perspective on clinical psychology.
- Contact with community groups, service user and carer groups and voluntary organisations relevant to placement and the community settings.
- Discussion in supervision and in interest groups of issues emerging from academic, professional and personal learning in this unit.
- Discussion in supervision of clients' social circumstances and community networks (or their absence) and their relevance to the identified problem.
- Discussion in supervision of service user and carer involvement in the planning and delivery of the service.
- Service user advisor scheme for first year trainees.

5. <u>Assessment Learning</u>

- Critical reviews on political/professional topics.
- Consideration of these issues, and critical perspectives, in Professional Practice Reports.
- Team policy report e.g. identifying and acknowledging critiques of government or professional documents, including a service user perspective.
- The appropriate service user evaluation form or a form used routinely by the services. Appendix 1 of ECC form or a reflective account of gathering feedback from a client (Tavistock placement only).
- Inclusion of the relevant service user and carer perspectives in relation to the development of the MRP.
- Encouragement of service user and carer informed/generated idea for QIPs.

6. <u>Reflective Learning</u>

- Reflective discussion within teaching.
- Integrative clinical seminars – encourage consideration of these issues in relation to clients discussed.
- Consideration in reviews and the Reflective Account of 'the type of clinical psychologist I want to be'.
- Reflective practitioner group.

7. <u>Moving from Competencies to Capability</u>

- To develop a coherent sense of professional identity and position based on an appreciation of service user and carer perspectives and how they might integrate with other ideas and approaches.
- To be able to draw on and integrate a wide range of psychological and meta-psychological ideas including service user and carer perspectives in planning and executing each individual piece of work.
- To develop a personal style which encompasses an appreciation of these issues, including an understanding of professional power and how it can be used in unethical, ethical and emancipatory ways.

- To develop a professional identity and sense of self, and a way of working which is appropriately informed by these critiques and by the experience of those who have used services or care for someone who has.
- To be able to offer hope though identifying and supporting service user and carer strengths and aspirations.

8. Key References

Barnes, M., & Cotteral, P. (2012). Critical Perspectives on User Involvement. Bristol: Policy Press **(R)**

Campbell, P. (2008). Service User Involvement. In Stickley. T. & Basset.,T.(Ed.) Learning about Mental Health Practice (pp. 291-310).Chichester: Wiley. **(R)**

Grant, A., Biley, F., & Walker, H. (2011). Our Encounters with Madness. Ross-on-Wye: PCCS Books **(R)**

Lawton-Smith, S., (2013). Peer support in mental health: where are we today? Journal of Mental Health Training, Education and Practice Vol. 8 3, pp.152 – 158 **(R)**

Russo, S. & Sweeney, A. Searching for a Rose Garden: challenging psychiatry, fostering mad studies. Ross-on-Wye: PCCS Books (R) Staddon, P., (2013). Mental health service users in research Critical sociological perspectives. Chicago: Chicago Press **(R)**

Stickley, T., & Basset, T. (2010). (Ed). Voices of Experience: Narratives of Mental Health Survivors. Chichester: Wiley-Blackwell. **(R - Chapter 1 and 1 other of choice)**

Websites:

- Hearing voices network
  http://www.hearing-voices.org/
  http://www.hearing-voices.org/resources/links/
- Together
  http://www.together-uk.org/about-us/peer-support/
- Supporting Service User Involvement
  http://www.youtube.com/watch?v=iVAwbgTdT6A
- Involve
  www.invo.org.uk
- National Institute of Health Research (NIHR) Patient Public Awareness
  http://www.nihr.ac.uk/awareness/Pages/default.aspx
- National Survivor User Network
  www.nsun.org.uk/

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: COGNITIVE BEHAVIOUR THERAPY (CBT) (YEAR 1)

TUTOR: HOLLY MILLING

1. Competencies

- To have a thorough and critical understanding of current cognitive-behavioural models of a range of psychological disorders.
- To be able to formulate common clinical problems within a cognitive-behavioural framework.
- To have technical skills in the application of cognitive-behaviour therapy.
- To be able to apply cognitive-behavioural principles and techniques to the understanding and management of new situations and sets of difficulties.
- To be able to evaluate effectiveness in the application of CBT.
- To be able to form a collaborative therapeutic relationship as a basis for CBT.

2. Objectives

- To have an understanding of the theoretical bases underpinning cognitive-behavioural principles.
- To acquire a systematic understanding of cognitive-behavioural models of a range of psychological disorders and CBT principles as they are currently applied to clinical problems.
- To have skills in designing and implementing a clinical assessment from a cognitive-behavioural perspective.
- To have skills in formulating common presenting problems using cognitive-behavioural concepts.
- To have skills in designing and implementing cognitive-behavioural interventions to clinical problems.
- To be able to evaluate the effectiveness of CBT interventions.

3. Content of the Academic Programme

- The main cognitive-behavioural models of emotional disorders and their application to therapy, including CBT for Depression, Panic, GAD, Social Anxiety, PTSD, OCD, Health Anxiety, Psychosis and Eating Disorders.
- The theoretical concepts underlying cognitive-behaviour therapy including automatic thoughts, cognitive distortions, dysfunctional assumptions and the role of cognitive schemata, behavioural experiments and safety behaviours.
- Recent theoretical developments and debates in the CBT community.
- Assessment in cognitive-behaviour therapy and evaluation of therapy.
- Formulation of common presenting problems within a CBT framework.
- Intervention techniques, including the use of guided discovery and behavioural experiments to help clients to identify and explore the meaning attached to experience.
- Opportunities to observe skilled clinicians demonstrate the use of CBT and to practice CBT skills.

- Critical evaluation of the empirical research relevant to the outcome of therapeutic intervention in these areas.
- Opportunities to consider the parallels with, and differences to, other theoretical orientations.

4. Practice Learning

- Use CBT theory and techniques across a variety of placements.

5. Assessment Learning

- Clinical competence assessments by supervisors
- Professional Practice Reports
- Critical Reviews
- Assessment of Clinical Skills

6. Reflective Learning

- Use the theory to inform reflection in the Reflective Practitioner Group
- Clinical seminars
- Reflective account

7. Moving from Competencies to Capability

- To seek opportunities to practice and refine CBT knowledge and skills through reflective clinical practice, further education and supervision.
- To develop a personal framework for integrating cognitive-behavioural with other approaches to assessment and intervention.

8. Key References

Beck, A. T., Rush, A.J., Shaw, B.F. & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford Press. **(B)**. *Although this text is now very old, it is a key text in the development of CBT.*

Bennett-Levy, J., Butler, G., Fennell, M., Hackmann, A., Mueller, M. & Westbrook, D. (2004). Oxford guide to behavioural experiments in cognitive therapy. Oxford: Oxford Medical Publications. **(R)**. *Although this text is now quite old, there is no book that has published more recently that provides such a helpful introduction to behavioural experiments*.

Dryden, W. & Branch, R. (Eds.) (2012). The CBT handbook. London: Sage. **(R)**

Flaxman, P. E., Blackledge, J. T., & Bond, F. W. (2010). Acceptance and commitment therapy: Distinctive features. Routledge. **(B)**

Gilbert, P. (2009). The compassionate mind: A new approach to life's problems. London: Constable Robinson. **(B)**

Grant, A., Townend, M., Mulhern, R. & Short, N. (Eds.) (2010). Cognitive behavioural therapy in mental health care (2nd ed.). London: Sage. **(B)**

Greenberger, D., & Padesky, C. A. (2015). Mind over mood. Change how you feel by changing the way you think (2nd ed.) London: Guilford Press. **(E)**

House, R., Del & Loewenthal, R. (Eds.) (2008). Against and for CBT. Towards a constructive dialogue? Ross on Wye, England: PCCS Books. **(B)**

Kennerley, H., Kirk, J. & Westbrook, D. (2017). An introduction to cognitive behaviour therapy: Skills and applications (3rd ed.). London: Sage. **(P)**

Kuyken, W., Padesky, C. & Dudley, R. (2009). Collaborative Case conceptualization: working effectively with clients in cognitive-behavioural therapy. New York: Guildford Publications. **(R)**

Mueller, M., Kennerley, H., McManus, F. & Westbrook, D. (2010). Oxford guide to surviving as a CBT therapist. Oxford: Oxford University Press. **(B)**

Nezu, C. & Nezu, A. (2016). The Oxford Handbook of Cognitive and Behavioural Therapies. Oxford: Oxford University Press. **(B)**

Segal, Z., Williams, M. & Teasdale, J. (2013). Mindfulness-based cognitive therapy for depression. (2nd ed.). New York: Guilford Press. **(B)**

Whittington, A. & Grey, N. (2014). How the Become a More Effective CBT Therapist: Mastering Metacompetence in Clinical Practice. Chichester: Wiley **(B)**.

UCL CBT competences framework
https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/cognitive-and-behavioural-therapy **(E)**.

Wills, F. & Sanders, D. (2013). Cognitive behaviour therapy: Foundations for practice (3rd ed.) London: Sage. **(B)**

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: PSYCHODYNAMIC PSYCHOTHERAPY (YEAR 1)

TUTOR: JOHN MCGOWAN

(LTS principles 2-5, 7, 8)

1. Competencies

- To have a critical understanding of the psychodynamic approach to clinical problems.
- To be able to apply psychodynamic concepts, and be aware of their limitations, in brief exploratory therapeutic interventions.
- To be able to use psychodynamic concepts with individuals and groups, with different client groups, in different contexts of practice, and in relation to a trainee's own personal and professional development.
- To have a critical appreciation of the role of psychodynamic approaches in NHS and social care settings.

2. Objectives

- To have a thorough understanding of the core concepts of psychodynamic theory.
- To develop an understanding of the application of those concepts in clinical practice with both individuals and groups.
- To have skills in designing and implementing a clinical assessment from brief psychodynamic perspectives.
- To be able to formulate psychological, emotional or relationship difficulties using psychodynamic perspectives.
- To have skills in designing and implementing an intervention using brief psychodynamic psychotherapeutic approaches.
- To have an understanding of the evidence base in relation to the process and outcome of psychodynamic psychotherapy.

3. Content of the Academic Programme

- The essential concepts of psychodynamic theory and their application in psychodynamic therapy. This will include the concepts of the unconscious, dynamic conflict, defence and resistance, the influence of development in childhood on later behaviour, transference within and outside of psychotherapy, the therapist's counter-transference, and the dangers and uses of this form of intervention.
- The trainee's own personal and clinical experiences will be used to further elaborate these concepts and to develop an understanding of therapeutic interactions from a psychodynamic point of view.
- An introduction to the historical development of the major concepts in psychodynamic thinking, and the different schools of thought from which they arise.

- A systematic exploration how these concepts can be applied in the assessment and formulation of a client's problems, particularly focusing on identifying the key themes or focal conflicts underlying a client's presenting difficulties.
- The issues involved in the assessment and selection of clients suitable for these forms of therapy.
- The application of psychodynamic interventions (such as interpretation) to help alleviate emotional distress and client problems.
- Working with the experience of loss associated with the termination of psychotherapy.
- The application of psychodynamic ideas in the context of group psychotherapy.
- The professional and service issues concerning the appropriate scope and context for the practice of psychodynamic and other psychological therapies, together with the criticisms that have been levelled at their practice.
- The similarities and differences between psychodynamic and cognitive behavioural models.

4. Practice Learning

- To use psychodynamic theory and brief psychodynamic interventions across a variety of placements and client groups, and to become aware of the strengths and limitations of this approach.
- To apply a psychodynamic understanding to group work across placement experiences.
- To use psychodynamic ideas in understanding the experience of the reflective practitioner group.

5. Assessment Learning

- Clinical competence as assessed by supervisors
- Professional Practice Reports
- Personal Reflection element of the Team Policy Reports
- Critical Reviews
- Assessment of Clinical Skills

6. Reflective Learning

- To use psychodynamic theory to reflect on the trainee's experience of the reflective practitioner group.
- To reflect on the use of psychodynamic theory and interventions, and the ways in which they might complement other models of therapy, in the clinical seminars.
- To reflect on the experience of being part of a working group which produces a Team Policy Report. The utilisation of psychodynamic theory (amongst others) to reflect on the trainee's experience of being part of this group.
- For the trainee to draw on psychodynamic theories (amongst others) to inform their own personal development and the dynamics that occur within their working contexts. This may be encouraged in training reviews.

7. Moving from Competencies to Capability

- To develop a personal framework for integrating psychodynamic theory and psychodynamic therapeutic approaches with other approaches which aim to alleviate psychological distress or improve quality of life.
- To be able to apply psychodynamic theories and techniques to new or novel presenting difficulties.
- To be able to apply psychodynamic theories and ways of understanding to new contexts and service settings.

8. Overlap and Integration with Other Units

- Will share common therapeutic principles and techniques with units focusing on other models of therapy.
- Will overlap with some elements of the unit on professional and personal development, particularly as the trainees will be required to draw on their own personal and professional experiences to inform their understanding of psychodynamic principles and techniques. Each unit should help to inform the other.
- Psychodynamic theory will be drawn upon, and particular psychodynamic issues further expanded upon, in the unit on 'Understanding Teams, Groups and Organisations'. This unit provides an introduction to the use of psychodynamic principles and techniques in group contexts.
- The theoretical knowledge and skills gained in this block will be drawn on, and expanded upon, in the 'Complex Clinical Decision Making and Therapy Integration' unit, as well as in other specialist units.
- The 'Psychodynamic Observation' unit is also grounded in psychodynamic understandings of thought and behaviour.

9. Key References

Bateman, A., Brown, D. & Pedder, J. (2010). Introduction to psychotherapy: An outline of psychodynamic principles and practice. (4th ed.). London: Routledge. **(E)**

Leiper, R. & Maltby, M. (2004). The psychodynamic approach to therapeutic change. London: Sage. (A clear account of the nature of psychodynamic change. **(B)**

Lemma. A. (2015). Introduction to the Practice of Psychoanalytic Psychotherapy. (2nd revised ed.). Wiley-Blackwell. **(E)**

Malan, D. H. (1995). Individual psychotherapy and the science of psychodynamics. (2nd ed.). London: Butterworth. Still a classic textbook of psychodynamic ideas. Clear and accessible. Especially useful in helping think about formulation. **(P)**

Stern, D. (2004). The Present Moment in Psychotherapy and Everyday Life. New York: Norton. An analysis of change processes in psychotherapy. **(B)**

Symington, N. (1986). The analytic experience: Lectures from the Tavistock. London: Free Association Books. An excellent historical overview of a number significant theories in the Psychoanylytic tradition. Including Freud, Klei. Clear and easy to read. **(B)**

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: SYSTEMIC THINKING AND PRACTICE (YEAR 2) AND SYSTEMIC OPTION (YEAR 3)

TUTOR: TRISH JOSCELYNE

(LTS principles 1-5, 7, 8)

1. Competencies

- To have a thorough and critical understanding of the systemic approach to clinical problems.
- To be able to formulate within a systemic framework.
- To have the technical skills in conducting assessments and interventions applying systemic theory in clinical practice.
- To be able to use systemic theory with adults, children, couples, families and organizations, and in relation to the trainee's own personal and professional development.
- To be able to evaluate change and effectiveness within systemic theory and practice.

2. Objectives

- To have a thorough understanding of the historical underpinnings and core concepts of systemic theory/thinking.
- To develop an understanding of the application of those concepts in clinical practice with adults, children, couples, families and organizations.
- To have skills in designing and implementing a clinical assessment from a systemic perspective.
- To be able to formulate psychological, emotional, relationship, or organizational problems from a systemic perspective.
- To have skills in designing and implementing an intervention from a systemic perspective.
- To have a highly developed understanding of how the impact of difference and diversity is thought about within a systemic framework, how such issues impact on the trainees themselves, and on the different systems they are working in.

3. Content of the Academic Programme

- The history of systemic thinking.
- The essential concepts of systemic thinking (including neutrality, circularity and notions of reality).
- Relating these concepts to contexts of practice (including race, gender and privilege).
- The application of these concepts in assessment and formulation (including geneograms and hypothesizing).
- The application of systemic techniques in interventions (including circular questioning, externalizing, reframing and therapeutic letters).
- Using systemic theory reflexively to make judgments about change and reformulation.
- Using systemic concepts in relation to their understanding of their own year group.

4. Practice Learning

- Using systemic theory and interventions across a range of placements, client groups, and contexts of practice.
- Applying systemic theory to work with individuals, couples, families and organizations across placement experiences.
- Using systemic theory in supervision to reflect on the clinical work, organizational issues, and on the process of supervision itself.

5. Assessment Learning

- Clinical competence as assessed by supervisors
- Some Professional Practice Reports
- Some Critical Reviews
- Team Report Reflective Accounts

6. Reflective Learning

- To use the Reflective Practitioner Group to reflect on the group processes using systemic theory.
- To use systemic theory to reflect on one's own development both personally and within the professional context. This may be encouraged in training reviews and included in the reflective journals.

7. Moving from Competencies to Capability

- To be able to apply systemic theories and techniques to new or novel presenting problems and service settings.
- To develop a framework for integrating systemic theory and techniques with other approaches to assessment and intervention.
- To have a good understanding of one's own position within the different contexts of practice from a systemic perspective.

8. Key References

Brown, J. (1997). Circular questioning: an introductory guide. Australia and New Zealand Journal of Family Therapy, 18 (2), 109-114. **(R)** *Classic text describing key technique*.

Dallos, R. & Draper, R. (2015). An introduction to family therapy: Systemic theory and practice (4th ed.) Maidenhead: Open University Press. **(R)**

White, M. (1988). The externalizing of the problem and the re-authoring of lives and relationships. Dulwich Centre Newsletter, Summer, 5-28. **(E)** *Seminal text by originating author.*

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: CRITICAL AND COMMUNITY PSYCHOLOGY (YEARS 2/3)

TUTOR: ANNE COOKE

(LTS principles – all)

1. Competencies

- To be able to draw on a critical appreciation of Community Psychology values, theories and research to inform psychological practice.
- To have an understanding of the contribution of socio-structural and institutional forces to psychological problems and well-being, and of the debate about whether psychological interventions directed at changing individuals would be better directed at changing society.
- To have an understanding of the inter-relationships between community, organisational and interpersonal change and development.
- To be able to apply psychological skills and understanding in everyday contexts, working collaboratively with community members.
- To be able to practice in a manner mindful of epistemological, historical, political and cultural perspectives on theory and practice in clinical psychology.

2. Objectives

- To develop a conceptual framework to examine issues of power and social inequalities and their relevance to clinical psychology knowledge and practice.
- To have a knowledge of community level intervention and prevention and their importance as distinct from treatment approaches.
- To have a knowledge of the relationships between social inequalities and social capital, and health.
- To be able to evaluate psychological theory and research critically, and apply it within community contexts.
- To develop an appreciation of the resources and knowledge within communities, and the ways psychologists may promote healthy, just and transformative community processes.
- To have an understanding of epistemological, historical, political and cultural critiques of the discipline and the profession.
- To understand the perspectives of the user/survivor movement and its critiques of clinical psychology and related professions.
- To have an understanding of the ways in which mental health and psychology services can contribute to the maintenance of disempowerment.
- To have an understanding of the politics of theory and research.
- To have skills in bringing together critical conceptualisation and effective practice.

3. Content of the Academic Programme

- Origins and development of Community Psychology theory, principles and practices
- Social support and mutual help: social capital and community competency

- Power relations, social inequalities and health
- Arguments for community level interventions/political action versus arguments for therapy
- Community and prevention focused approaches
- Role of the voluntary sector in building community capacity
- Definitions of critical psychology
- Epistemological (particularly social constructionist), political and sociological critiques of the discipline and profession of psychology
- Feminist analyses
- Moral and cultural assumptions in concepts of 'healthy functioning'
- The discourse of clinical psychology and its effects
- The user/survivor movement and its critiques of theory and practice in clinical psychology
- Service user and carer perspectives on distress, and on how mental health services and workers can be helpful or unhelpful.
- Service user involvement in service planning and delivery
- The role of clinical psychologists' own experiences of distress and service use as a source of knowledge in their work
- How can psychologists empower people who use services?
- Collaboration or Resistance: should service users remain outside the system, acting as a lobbying force, growing their own knowledge and offering a counterbalance to the institutions of the NHS and University education?
- How do the perspectives of the service user/survivor movement overlap with ideas from within psychology, for example critical and community psychology?

4. <u>Practice Learning</u>

- Discussion in supervision of these issues and how they are relevant to the placement.
- Opportunities for involvement in professional activity and debates on placement, for example involvement in DCP/SIG discussions and initiatives, including policy related initiatives.
- Observation week: Community mental health task. Also reflect on power relations and dominant discourses in the setting, meet members of the user/survivor movement, visit user/survivor run services, talk to members of other professions about their perspective on clinical psychology.
- Contact with community groups, service user and carer groups and voluntary organisations
- Discussion in supervision of clients' social circumstances and their relevance to the identified problem
- Possible specific supplementary placement experience
- Observation week: Opportunities to undertake project work in collaboration with service users and ex-users, and with members of other professions.
- Discussion of critical perspectives in supervision.
- Service user advisor scheme for first year trainees.

5. <u>Assessment Learning</u>

- Critical reviews on political/professional topics
- Consideration of these issues, and critical perspectives, in Professional Practice Reports

- Team policy report e.g. critiques of government or professional documents.
- Encouragement to publish assessed work relevant to social/mental health policy in appropriate outlets
- Consideration of these issues within Professional Practice Reports
- Encouragement of a range of approaches to research, including those (such as participatory enquiry and action research) that reflect community/critical approaches
- Encouragement of service user and carer involvement in trainee research
- Some Critical Reviews
- PPR (QIP) could be community-based e.g. neighbourhood appraisal or other piece of research arising from discussions with community organisations.
- Service user involvement in assessment.

6. Reflective Learning

- Reflective discussion within teaching
- Integrative clinical seminars – encourage consideration of these issues in relation to clients discussed
- Consideration in reviews and the Reflective Account of 'the type of clinical psychologist I want to be'.
- Reflective practitioner group

7. Moving from Competencies to Capability

- To develop a coherent sense of professional identity and position based on an appreciation of these ideas and how they might integrate with other ideas and approaches.
- To be able to draw on and integrate a wide range of psychological and meta-psychological ideas in planning and executing each individual piece of work.
- To develop a personal style which encompasses an appreciation of these issues, including an understanding of professional power and how it can be used in an ethical and emancipatory manner.
- To develop a professional identity and sense of self, and a way of working which is appropriately informed by these critiques and by the experience of those who have used services or care for someone who has.

8. Key References

Cooke, A. (2017) Training that domesticates or education that liberates? Tensions and dilemmas related to teaching critical psychology in the context of UK clinical psychology training. In Newnes, C. & Golding, L. Teaching Critical Psychology: International Perspectives

Fox, D.R., Prilleltensky, I. & Austin, S. (Eds.) (2009). Critical psychology: An introduction. Los Angeles: Sage. **(E)**

Hage, S.M., Romano, J.L., Conye, R.K., Kenny, M., Matthews, C., Schwartz, J.P., & Waldo, M. (2007). Best practice guidelines on prevention practice, research, training and social advocacy for psychologists. The Counseling Psychologist, 35, 493-566 **(B)** *Valuable guidance on practice issues for psychologists.*

Harper, D. (2016). Beyond Individual Therapy. The Psychologist, 29, 440 – 444 **(R)**.

Holland, S. (1992). From social abuse to social action: A neighbourhood psychotherapy and social action project for women. In J. Ussher and P. Nicolson (Eds.). Gender issues in clinical psychology. London: Routledge **(B)** *Chapter describing and theorising a project crucial to development of UK community psychology*.

Holmes, G. (2010) Psychology in the real world: Community based groupwork. Ross-on-Wye: PCCS Books. *(R)*

Johnstone, L. & Dallos, R. (Eds.) (2014). Formulation in psychology and psychotherapy: Making sense of people's problems. (2nd ed.). London: Routledge. (R)

Loewenthal, D. (2015). Critical psychotherapy, psychoanalysis and counselling: Implications for practice. London: Palgrave Macmillan. **(R)**

Journal of Critical Psychology, Counselling and Psychotherapy. **(B)**

Midlands Psychology Group (2012). Draft manifesto for a social materialist psychology of distress. Journal of Critical Psychology, Counselling and Psychotherapy, 12(2), 93–107.

Moloney. P. (2013). The therapy industry: The irresistible rise of the talking cure, and why it doesn't work. London: Pluto Press.

National Institute for Health and Clinical Excellence (2016) Community engagement: Improving health and well-being and reducing health inequalities. *Available online from*: https://www.nice.org.uk/guidance/NG44. **(R)**

Newnes, C. (2014). Clinical psychology: A critical examination. Ross-on-Wye, UK: PCCS Books.

Orford, J. (2008). Community Psychology: Challenges, Controversies and Emerging Consensus Chichester: Wiley **(E)** *Classic text by key figure in development of community psychology in the UK. Well-grounded in empirical research*.

Read J. (2009). Psychiatric drugs: key issues and service user perspectives. Basingstoke: Palgrave Macmillan. **(B)**

Rose, N. (1999). Governing the soul: The shaping of the private self. (2nd ed.). London: Free Association Books. **(B)** *A classic text in the field*.

Smail, D. (2001). The nature of unhappiness. London: Robinson. **(R)** *A classic text in the field.*

Websites:

- www.psychchange.org (website of Psychologists for Social Change)
- https://twitter.com/BPSCommPsy. Twitter feed of the BPS Community Psychology Section.

STRAND 1: MODELS AND SKILLS OF CLINICAL PSYCHOLOGY

UNIT: PSYCHOLOGY AND SOCIETY (YEAR 3)

TUTOR: ANNE COOKE

(LTS principles 1-5, 7-9)

1. Competencies

- To be able to practice in a manner mindful of the debate about the function of clinical psychology and other professions within society.

2. Objectives

- To have an awareness of sociological, political and cultural perspectives on clinical psychology and related institutions.
- To have a thorough understanding of the debate about the role of psychology in our society.
- To have a detailed knowledge of ethical dilemmas for the profession.
- To develop a conceptual framework to examine issues of power and social inequalities and their relevance to clinical psychology knowledge and practice.

3. Content of the Academic Programme

- Anthropological and sociological perspectives on British clinical psychology.
- Historical influences on the development of the profession, and how they affect current values and practice.
- Political interests and social forces that shape psychological theory and research, and how they are presented.
- The relationship between psychology and social policy.
- Power, discrimination and disenfranchised groups/minorities.
- Abuse by social systems, institutions and organisations (including psychology)
- The psychologisation of society, and therapy as “the opium of the people”
- Clinical psychology and the media.
- Alternatives to traditional mental health/psychology services.
- The interface between the personal, the professional and the political.

4. Practice Learning

- Discussion in supervision of these issues and how they are relevant to the placement.
- Opportunities for involvement in professional activity and debates on placement, for example involvement in DCP/SIG discussions and initiatives, including policy related initiatives.

5. Assessment Learning

- Critical reviews on political/professional topics
- Consideration of these issues in Professional Practice Reports
- Team policy report

- Encouragement to publish assessed work relevant to social/mental health policy in appropriate outlets.

6. Reflective Learning

- Reflective account
- Reflective practitioner group
- Reviews
- Clinical seminars – encourage discussion of these issues

7. Moving from Competencies to Capability

- To develop a personal style which encompasses an appreciation of these issues, including an understanding of professional power and how it can be used in an ethical and emancipatory manner.

8. Key References

Journal of Critical Psychology, Counselling and Psychotherapy (B)

Coles, S., Diamond, B., & Keenan, S. (2013). Clinical psychology in psychiatric services: The magician's assistant? In S. Coles, S. Keenan, & B. Diamond (Eds.), Madness contested: Power and practice. Ross-on-Wye: PCCS Books. **(E)**

Cooke, A. (2017) Training that domesticates or education that liberates? Tensions and dilemmas related to teaching critical psychology in the context of UK clinical psychology training. In Newnes, C. & Golding, L. Teaching Critical Psychology: International Perspectives. **(B)** *An account of the Psychology and Society Unit and the thinking behind it.*

Cooke, A. (2014). So what do we need to do? Clinical Psychology Forum, 256. **(R)** *Part of a special issue of CPF on the Midlands Psychology Group's Manifesto for a social materialist psychology of distress.*

Hall, J., Pilgrim, D., & Turpin, G. (Eds.) (2015). Clinical psychology in Britain: Historical perspectives. London: British Psychological Society **(B)**

Kinderman, P. (2014). A prescription for psychiatry. London: Palgrave Macmillan. **(R)**

Rogers, A. & Pilgrim, D. (2014). A Sociology of Mental Health and Illness. Milton Keynes: Open University Press. **(R)**

Rose, N. (1999). Governing the soul: The shaping of the private self. (2nd ed.). London: Free Association Books. **(R)** *A classic text in the field*.

Smail, D. (2005). Power, interest and psychology: Elements of a social materialist understanding of distress. Ross-on-Wye, UK: PCCS Books. **(R)** *A classic text in the field*.

Speed, E., Dillon, J. & Rapley, M. De-Medicalising Misery II: Society, Politics and the Mental Health Industry. Basingstoke: Palgrave Macmillan. **(R)**

Websites:

- www.midpsy.org (website of the Midlands Psychology Group)
- www.psychchange.org (website of Psychologists for Social Change

STRAND 2: WORKING WITH CLIENTS

UNIT: ADULT DEVELOPMENT AND ADULT MENTAL HEALTH (YEAR 1)

TUTOR: RACHEL WHATMOUGH

(LTS principles 1-5, 7, 8)

This unit is intended to build on the Foundation and Life-cycle unit outlined in strand 1 considering difficulties, disruptions, transitions and traumas in adult development.

1. Competencies

- To use a substantial knowledge of life-cycle development and attachment patterns, and the variations that may occur within these in different cultural contexts, to underpin psychological practice and understanding of human functioning.
- To apply a critical knowledge of research and theory about transitions and difficulties in psychosocial development and to integrate this with clinical skills for working with psychological problems in adulthood.
- To be able to contribute effectively as a clinical psychologist in relation to psychiatric perspectives on adult mental health problems.
- To be able to reflect actively on personal development and life cycle issues and to make use of this understanding to inform professional relationships with clients and colleagues.

2. Objectives

- To develop specific knowledge and skills needed to intervene psychologically with individuals, couples and groups experiencing psychological problems associated with disruptions, transitions and traumas in their adult personal and relational development.
- To be familiar with the research about the relationships between the formation of mental health problems and disruptions to the course of 'normal' development; and to have an understanding of the differences between 'normal' distress and emotional difficulties that may require intervention from psychological services.

3. Content of the Academic Programme

- From life problems to psychological problems: common presentations in Adult Mental Health and their epidemiology in the community.
- The use of internal and community resources in managing emotional distress.
- Adult attachments and relationship patterns, including developmental issues associated with lesbian, gay and heterosexual sexuality; working with psychosexual problems; the effect of mental health problems on relationships; the provision of psychological services for people of all sexual orientations.
- Working clinically with spiritual and religious issues, psychological approaches to spirituality, and the contribution of the trainee's own spirituality to clinical practice.
- Transition to parenthood, caring for family members; the use of trainee's reflection on their own relationship to parenting and mental health problems.

- Working with the disruptions associated with migration, civil unrest and torture.
- Psychological approaches to working with physical and sexual abuse and domestic violence, and the emotional difficulties associated with them.
- Issues related to substance misuse and addictions.

4. Practice Learning

- Observation week tasks e.g. common presentations referred and other disciplines' perspectives on mental health problems.
- Clinical work with a range of clients at different places in adult life development, facing a variety of developmental and relational challenges.
- Formulation of psychological issues associated with clients' presenting problems in supervision.
- Use of self-help, service user or community groups for people facing specific life cycle and/or mental health issues.
- Psychological case presentations for discussion in multidisciplinary settings.

5. Assessment Learning

- Assessment of Clinical Skills in Year 1.
- Professional Practice Reports: Routine incorporation of psychosocial life span developmental perspective into formulations and reflective critiques; demonstration of appropriate application of psychological theory to clinical practice and professional judgment.
- Critical Review: the clear communication of knowledge generated by the systematic interpretation of a substantial area of psychological theory and/or research pertinent to psychological work with adults with mental health problems.
- ECC.

6. Reflective Learning

- Experiential aspects of teaching programme, reflective practitioner groups, reflective journal, Reflective Report, recommended reading (novels and personal accounts e.g. of mental distress).
- Mid-placement visits and Training Reviews.

7. Moving from Competencies to Capability

- To be able to draw on an understanding of the relationship between adult development and adult emotional difficulties to in order to be able to adapt psychological practices to a broad range of client groups in different service settings.
- To be able to critically evaluate and select knowledge and skills from the main psychological theories of intervention on the basis of an understanding of the diversity of human development.
- To be able to communicate and negotiate with other NHS professionals to promote psychological perspectives and interventions in the coordination of holistic client care.

8. Key References

Bateman, A. W. and Fonagy, P. (2006). Mentalization-Based Treatment for Borderline Personality Disorder: A Practical Guide. Oxford University Press, Oxford. *A good introduction to personality disorders and their aetiology*. **(R)**

Parkes, C. M. (2010). Bereavement (4th ed.): Studies of Grief in Adult Life. London: Penguin. **(R)**

Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. (2018). The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis. Leicester: British Psychological Society. *The Framework and further Resources are available online from:* https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework **(E)**

Waller, R., Trepka, C., Collerton, D. and Hawkins, J. (2010). Addressing Spirituality in CBT. The Cognitive Behaviour Therapist, 2010, 3, 95–106. **(R)**

The NICE guidance on Borderline Personality Disorder from 2009 *available online from*: https://www.nice.org.uk/guidance/cg78 *is also worth looking at.* **(R)**

Recent Guardian articles on depression in the post-natal period, https://www.theguardian.com/society/postnatal-depression **(R)**

STRAND 2: WORKING WITH CLIENTS

UNIT: FORENSIC (YEAR 1)

TUTOR: THERESA CONNOLLY

(LTS principles 1-5, 7)

1. Competencies

- To integrate the knowledge, skills, attitudes and values relevant to working effectively as a clinical psychologist with offender populations with mental health and personality difficulties.
- To be able to critique, interpret and apply psychological theory, research and practice models in order to adapt assessment, formulation, intervention and evaluation approaches to forensic problems and associated service systems, and to use specialist methods where appropriate.
- To work with an appreciation of the legal, historical, structural and social contexts framing clinical psychology practice in forensic services, practicing safely and ethically within professional guidelines.
- To be able to apply understanding of psychological and social issues associated with dangerous behaviour in order to contribute to the management of risk through assessment and psychological advice to others.

2. Objectives

The trainee will be able:

- To understand the legal and policy frameworks governing offenders, the structure of services and the interface with clinical psychology practice and skills.
- To be aware of professional, personal safety and ethical issues involved in working with offenders in forensic settings, including dilemmas regarding consent.
- To communicate a critical and substantial knowledge of psychological and other models commonly used to understand, assess and treat sexual and violent offending, underpinned by an understanding of social and psychological developmental models of involvement in crime, (including the role of substance use and addictions).
- To conceptualise, plan and implement an evidence-based programme of assessment, reporting and intervention with dangerous offenders, involving the application of CBT, systemic and psychodynamic models to work with forensic populations, through individual and group interventions.

3. Content of the Academic Programme

- History and development of forensic services
- Practice issues and research on secure provision
- Criminal and civil sections of the Mental Health Act
- Concept of dangerousness, and methods for assessing and predicting risk
- Psychological models for understanding sexual and aggressive behaviour and involvement in crime
- Treatment models (psychodynamic, CBT, systemic) for these clients

- Role of psychologist in legal system and nature of court reports.

4. Practice Learning

- Exposure to sub-forensic problems of violence in Adult Mental Health clients and their management
- Adult placement may also incorporate some forensic experience, e.g. Orientation/observation of services, assessment, groupwork.

5. Assessment Learning

- An aspect of risk or dangerousness should be covered in one of the Professional Practice Reports, and forensic issues may be the focus of Critical Review and Team Report.
- ECC Form will assess relevant placement work.

6. Reflective Learning

- Reflective Practitioner Group
- Discussion of risk, impact of forensic work and personal care in supervision and at Mid–Placement Visit

7. Moving from Competencies to Capability

- To be able to position self as a clinical psychologist in forensic systems in order to deploy specialist and generic psychological knowledge and skills critically, flexibly and effectively, coordinating individual and systems levels of practice for the benefit of clients, the safety of the public and the development of services and policy.

8. Key References

Adshead, G. & Brown, C. (Eds.) (2003). Ethical issues in forensic mental health research. London: Jessica Kingsley. **(R)**

Bailey, S., Tarbuck, P., & Chitsabesan, P. (2017). Forensic Child and Adolescent Mental Health: Meeting the Needs of Young Offenders. Cambridge: Cambridge University Press. **(B)**

Beech, A., Leam, C., & Browne, K. (2009). Assessment and Treatment of Sex Offenders: A Handbook. Chichester: Wiley-Blackwell. **(R)**

Craissati, J. (2004) Managing high risk sex offenders in the community: A psychological approach. Hove: Brunner-Routledge.

Crighton, D. & Towl, G. (2nd ed.) (2015). Forensic Psychology: BPS Textbooks in Psychology. Chichester: Wiley-Blackwell. **(B)**

Davies, W. (2nd ed.) (2016). Overcoming anger and irritability: A self-help guide using cognitive behavioral techniques. London: Robinson

Davies, J. & Nagi, C. (2017). Individual Psychological Therapies in Forensic Settings: Research and Practice. Oxon: Routledge. **(B)**

Drennan, G. & Alred, D. (2012). Secure Recovery: Approaches to Recovery in Forensic Mental Health Settings. Oxon: Routledge. **(R)**.

Gannon, T., & Ward, T. (2017). Sexual Offending: Cognition, Emotion and Motivation. Chichester: Wiley. **(B)**

Jeffcote, N. & Watson, T (Eds) (2004). Working Therapeutically with Women in Secure Mental Health Settings. London: Jessica Kingsley Publishers. **(B)** *Although now quite old, this is a very useful text for those working with women in forensic settings.*

Meaden, A. & Hacker, D. (2010). Problematic and Risk Behaviours in Psychosis: A Shared Formulation Approach. Oxon: Routledge. **(B)**

Young, S., Kopelman, M., & Gudjonsson, G. (2009). Forensic Neuropsychology in Practice: A guide to assessment and legal processes. Oxford; Oxford University Press. **(B)**

STRAND 2: WORKING WITH CLIENTS

UNIT: CLINICAL NEUROPSYCHOLOGY ACROSS THE LIFESPAN (YEAR 1 *with coordinated input into other units across the three years*)

TUTOR: JENNIFER DEAN

(LTS principles 2-5, 7, 8)

1. Competencies

- Knowledge of neuroanatomy and brain-behaviour relationships.
- Awareness of neuropsychological conditions across the life-span.
- Awareness of presenting problems in neuropsychology.
- Knowledge of and ability to select appropriate tests.
- Skills in test administration.
- Ability to interpret test scores, combined with other clinical data.
- Ability to formulate the nature of cognitive impairments, within context.
- Skills in neuropsychological assessment and report writing.
- Ability to give appropriate feedback and advice.
- Skills in providing support and rehabilitation to children and adults with neurological conditions, and their families / carers

2. Objectives

- To have a working knowledge of neuroanatomy and brain-behaviour relationships.
- To be aware of a range of neuro-developmental and acquired neurological conditions that may afflict people from birth to old age, and their associated neuropsychological profiles.
- To be able to select, administer, and interpret a selection of age-appropriate tests for a range of neuropsychological functions and/or conditions.
- To understand and be apt to evaluate the reliability and validity of tests and their uses, including the inferences that may be made (or should not be made).
- To have a holistic appreciation of the cognitive, social, emotional, behavioural, familial, leisure, and educational / vocational impact of acquired or developmental neurological conditions.
- To be able to adapt neuropsychological assessments, inferences, and interventions in a culturally aware and sensitive manner, and to be aware of the limitations of test results from individuals whose language, culture, and/or status is different from the norming sample.
- To know and be able to apply neuropsychological management and rehabilitation principles / strategies for individuals with neurological conditions and their families / carers.

3. Content of the Academic Programme

- Neuroanatomy and brain-behaviour / brain-function relationships generally, and in relation to focal or generalized brain damage or condition, specifically.
- The neuropsychology of conditions, context and issues most commonly associated with a specific stage (e.g. return to work or school) in the life-span:
  - Year 1: working-age adult (e.g. traumatic brain injury, multiple sclerosis)
  - Year 2: childhood/adolescence (e.g. perinatal anoxia, congenital epilepsy)
  - Year 3: older adult (e.g. dementias, stroke).
- Case studies of individuals with congenital, developmental, acquired, or degenerative neurological conditions, testing / assessment results, formulations, and intervention / rehabilitation with these individuals and their families/carers.
- Neuropsychological constructs / functions, including attention, memory, language, visuo-spatial / visuo-perceptual and constructional skills, and executive functioning (including disturbed behaviour), and their measurement across the life-span.
- Selection, administration, and interpretation of age-normed (and in some cases condition-specific) neuropsychological tests.
- The major techniques and approaches to neuropsychological assessment.
- The social and familial impact of acquired or developmental neurological conditions across the life-span, including personal experiences / service user involvement.
- Conditions with a neuropsychological presentation but with no medical/physical basis, and malingering.
- Interventions, condition management, and neuro-rehabilitation across conditions and across the life-span (with reference to theory, the evidence-base, and legislation).

4. Practice Learning

- To have experience of working with a range of clients across the life-span with developmental, congenital, degenerative, and/or acquired brain impairment / damage.
- To have appropriately selected and administered a range of neuropsychological tests across age groups, conditions, and levels of severity.
- To have utilized knowledge of neuroanatomy and brain-behaviour relationships, and interpreted clinical data and test results in an integrative fashion.
- To have fed back to clients and their families/carers, referrers, and general practitioners results of neuropsychological assessments in both written and oral form.
- To have integrated neuropsychological test results into a formulation which subsequently informed an intervention / management plan.
- To have adhered to the British Psychological Society guidance on psychological testing and ethical procedures.

5. Assessment Learning

- Through discussions with placement supervisor, and subsequently reflected in the Evaluation of Clinical Competence (ECC) form.
- At least one Professional Practice Report (PPR) should include the use of psychometric testing.

6. Reflective Learning

- To reflect on and have empathy for the phenomenological experience of the cognitively, perceptually, and/or physically impaired child or adult, whether the condition was present from birth or acquired/developed after a healthy period in life.
- To reflect on your personal reactions and sensitivities when working neurological patients and their families.
- To reflect on the personal impact of this kind of work in supervision.
- To reflect on one's ability to feedback sensitive information.
- To reflect on biases relating to the use and utility of psychometric tests.

7. Moving from Competencies to Capability

- To be able to bring an awareness of life-span development and age-appropriate expectations into formulations and work with children and adults with neurological conditions.
- To be able to use a working knowledge of brain development and function, and how people learn and change into conceptualizing all work as a clinical psychologist.
- To be apt at selecting tests, using a hypothesis-driven approach to selecting tests, based on the age, condition, and referral question in assessments.
- To have empathy and understanding for people with neurological conditions and the impact on their and their families lives.
- To be able to help neurologically-impaired people understand their own experiences.
- To apply a client-centred approach to planning and implementing management and/or rehabilitation programmes for people with neurological conditions, with the aim of improving quality of life.
- To assist in minimizing the negative effects of cognitive, physical, and behavioural impairments with individuals and their families.

8. Key References

Hodges, J. (2017). Cognitive Assessment for Clinicians (3rd ed.). Oxford University Press.

Johnstone, B., & Stonnington, H.H. (2009). Rehabilitation of neuropsychological disorders: A practical guide for rehabilitation professionals (2nd ed.). Hove: Psychology Press. **(R)** *This is a classic textbook.*

Kolb, B., & Whishaw, I. Q. (2015). Fundamentals of Human Neuropsychology (7th ed.). New York: Worth Publishers. **(R)**

Lezak, M.D., Howieson, D.B., Bigler, E.D. & Tranel, D. (2012). Neuropsychological assessment (5th ed.). Oxford: Oxford University Press. **(B)**

Lichtenberger, E.O., Kaufman A.S.; & Kaufman N.L. (2012). Essentials of WAIS-IV Assessment. (2nd ed.). John Wiley & Sons.

Macniven, J. (2016). Neuropsychological Formulations: A Clinical Casebook. Springer International Publishing. **(R)**

Parsons, M.W., & Hammeke, T.A. (2014). Clinical Neuropsychology: A Pocket Handbook for Assessment. (3rd ed.). American Psychological Association.

Reed, J., & Warner-Rogers, J. (2008). Child neuropsychology: Concepts, theory, and practice. Chichester: John Wiley & Sons.

Strauss, E., Sherman, E. M. S., & Spreen, O. (2006). A compendium of neuropsychological tests: Administration, norms, and commentary. (3rd ed.). Oxford: Oxford University Press. **(B)**

Vanderah, T., & Gould, D. J. (2015). Nolte's The Human Brain: An Introduction to its Functional Anatomy (7th ed.). Elsevier. **(R)**

Wilson, B., Winegardner, J., Heugten, C. M., & Ownsworth, T. (2017). Neuropsychological Rehabilitation: The International Handbook. Oxford: Routledge.

Additional reading:

Grant, I., & Adams, K. M. (Eds.) (1996). Neuropsychological assessment of neuropsychiatric disorders. (2nd ed.) New York: Oxford University Press. **(R)**

Johnson, M.H. & de Haan, M. (2015). Developmental Cognitive Neuroscience: An Introduction, (4th ed.). Wiley-Blackwell.

Lishman, W.A. (1978). Organic psychiatry: The psychological consequences of cerebral disorder. Oxford: Blackwell Scientific. **(R)** *Classic text, must have, because it makes one think about disorder in a particular way. It's also a prolific book/text, like nothing is left out of it, a master's life work in one text.*

Nell, V. (1999). Cross Culteral Neuropsychological Assessment: Theory and Practice. East Sussex: Psychology Press.

Schoenberg, M. R., & Scott, J. G. (2011). The Little Black Book of Neuropsychology. New York: Springer. **(B)**

Sohlberg, M. M. & Mateer, C. A. (2001). Cognitive rehabilitation: An integrative neuropsychological approach. New York: Guilford Press. **(R)**

Stuss, D. T. (2011). Functions of the frontal lobes: Relation to executive functions. Journal of the International Neuropsychological Society, 17, 759-765. **(E)**

Weiss (2010). WAIS-IV Clinical Use and Interpretation: Scientist-Practitioner Perspectives (Practical Resources for the Mental Health Professional). Elsevier Academic Press.

STRAND 2: WORKING WITH CLIENTS

UNIT: PSYCHOSIS AND COMPLEX NEEDS (YEAR 1)

TUTOR: PAUL WILSON

(LTS principles 2-5, 7, 8)

1. Competencies

- To integrate the knowledge, skills, attitudes and values relevant to working effectively as a clinical psychologist with adults with severe mental distress or disability. This includes working with their families, friends and carers; education and employment and associated service systems.
- To be able to critique and interpret psychological theory, research and practice models and to adapt assessment, formulation, intervention and evaluation relevant to the issues facing adults with severe mental distress and associated systems.
- To be able to understand and intervene in the complex interface for service users between severe psychological distress, the mental health care system and processes of social exclusion, with the aim of reducing disability and stigma.
- To respect and engage with the choices, hopes, expectations and belief systems of service users, their families and other stakeholders in the conceptualisation, design and implementation of psychological strategies with the aim of reducing stigma, disability and distress.

2. Objectives

The trainee will:

- Be aware of the subjective experiences of severe mental distress and of using services.
- Be able to communicate a detailed psychological understanding of the range and nature of severe mental health problems and disabilities and how they may affect personal and social development.
- Understand and identify processes of social exclusion and stigma and their psychological consequences.
- Be able to describe the models of service provision for this client group, including the role of self-help and service user led initiatives.
- Apply a critical and substantial knowledge of the range of models commonly used to understand, assess and treat services users regarded as experiencing psychosis and mental health disabilities.
- Be aware of and understand the policy and legislative frameworks shaping services and professional practices, and their impact on service users.
- Have critically reflected on personal values, responses to and experiences of emotional distress and unusual psychological experiences.

3. Content of the Academic Programme

- Learning from experts by experience, including service user accounts of experiences of serious mental health difficulties.
- Description of, and psychological perspectives on, serious psychological disabilities, including common psychiatric diagnoses such as bipolar disorder, schizophrenia and other psychoses.
- Critical review of the concept of 'schizophrenia', covering genetic, organic, systemic, psychological and social models of psychosis as ways of understanding symptoms.
- Introduction to the value of early intervention with psychosis.
- Introduction to working with wider systems such as families, housing, employment and education and the nature of community care systems such as assertive outreach.
- Introduction to psychological and related models and interventions as guided by NICE, including: recovery, social inclusion, employment and vocational rehabilitation, family work, engagement and assertive outreach, early intervention. Please note that CBT psychosis is covered elsewhere in the academic syllabus.
- Legislative, policy, organisational and funding contexts, main guidelines and protocols.
- Diversity issues within the client group and services.

4. Practice Learning

- Observation week: e.g. map, organisation of services, read National Service Framework for Mental Health and NICE guidelines, consult experts by experience etc.
- Year Adult placement: experience of rehab/assertive outreach/early intervention/ acute/vocational services. Contact with service user, self help and voluntary organisations, familiarisation with Mental Health Act, policy frameworks and requirements in practice, medication and diagnostic system issues. Clinical work with a person(s) with psychosis (NB: over 70% users of secondary mental health services have a diagnosis of psychosis).
- Supervision, especially re. multi-system thinking in design and implementation of interventions, integration of knowledge, values and personal reflection in practice.

5. Assessment Learning

- ECC
- Trainees may choose to focus on work with or issues relevant to work with this client group in the following assessments:
- Adult Professional Practice Report, which demonstrates the appropriate application of psychological theory, research and ethics to adult mental health problems, and communicates clinical thinking and the exercise of complex professional judgement at a first year doctoral level.
- Team Report
- Adult Critical Review requiring clear communication of new knowledge created through systematic interpretation of a substantial area of theory and/or research pertinent to psychological work with people with mental health problems.
- Quality Improvement Project

6. Reflective Learning

- Integrated in taught sessions
- Reflective Practitioner Group
- Supervision and Mid-Placement visit

7. Moving from Competencies to Capability

- To be able to position self appropriately in systems in order to deploy specialist and generic psychological knowledge and skills critically, flexibly and effectively across a wide range of services, coordinating individual and systems levels with value-based commitments to develop services and policy.

8. Key References

Bentall, R. (2003). Madness explained: Psychosis and human nature. London, Penguin. **(B)**

Chadwick, P., Birchwood, M. & Trower, P. (1996). Cognitive therapy for delusions, voices and paranoia. Chichester: Wiley. **(R)**

Clarke, I. (2010). Psychosis and spirituality: Consolidating the new paradigm. Oxford: WileyBlackwell. *Offers a fundamental rethink of the concept of psychosis, focusing on the overlap between experiences that have traditionally been regarded as psychotic and those that have been regarded as spiritual.*

Cooke, A. (Ed) (2016). Understanding Psychosis and Schizophrenia: why people hear voices, believe things other people find strange or appear out of touch with reality, and what can help. Leicester: British Psychological Society. *Available online from*: https://shop.bps.org.uk/understanding-psychosis-and-schizophrenia.html (free), or by email: membernetworkservices@bps.org.uk **(P)**

Cupitt, C. (Ed) (2009). Reaching Out: The Psychology of Assertive Outreach. London: Routledge. **(R)**

Garety, P. & Hemsley, D. (2013). Delusions: Investigations into the psychology of delusional reasoning. London: Psychology Press. *'A synthesis which portrays the contribution to date of cognitive science to the biology and psychopathology of delusional thinking'*. **(B)**

Garety P., Kuipers, E., Fowler, D., Freeman, D. & Bebbington, P. (2001). A cognitive model of the positive symptoms of psychosis. Psychological Medicine, 31, 189-195. **(E)**

Geekie, J. (2009). Making sense of madness: Contesting the meaning of schizophrenia. Hove: Routledge. This book explores the subjective experiences of 'madness'. *Drawing on people's stories and verbatim descriptions, it argues that the experience of 'madness' is an integral part of what it is to be human, and that greater focus on subjective experiences can inform how professionals understand these experience and try to help those who are troubled by them.* **(R)**

Jones, S., Lobban, F. & Cooke, A. (2010). Leicester: British Psychological Society Division of Clinical Psychology. *An overview of the current state of knowledge about why some people tend to experience periods of extreme mood and what can help. Much has been written about the biological aspects of 'bipolar disorders'. This report aims to redress the balance by concentrating on the psychological aspects, both in terms of how we understand the problems and also approaches to help and treatment. Available online from:* https://shop.bps.org.uk/understanding-bipolar-disorder.html (free). **(E)**

Knight, T. (2013). Beyond belief: Alternative ways of working with delusions, obsessions and unusual experiences. Berlin: Peter Lehmann Publishing. *This book offers a new way of helping people deal with unusual beliefs, encouraging helpers to consider working within, rather than challenging the person's belief system. Available online from*: www.peter-lehmann-publishing.com/books/knight.htm **(B)**

McCarthy-Jones, S. (2012). Hearing voices: The histories, causes and meanings of auditory verbal hallucinations. Cambridge: Cambridge University Press. This book integrates findings from neuroscience with current psychological theories. It considers what may cause voices and makes suggestions for future research. **(B)**

National Institute for Health and Care Excellence (2014). Psychosis and schizophrenia in adults: Treatment and management. London: NICE. **(E)** *Available online from:* http://www.nice.org.uk/guidance/cg178/resources/guidance-psychosis-and-schizophrenia-in-adults-treatment-and-management-pdf

Read, J. and Dillon, J. (2013). Models of madness: Psychological, social and biological approaches to psychosis. London: Routledge. *'This second edition challenges those who hold to simplistic, pessimistic and arguably damaging theories and treatments of "madness". In particular it challenges beliefs that madness can be explained without reference to social causes and challenges our preoccupation with chemical imbalances and genetic predispositions as causes of human misery, including the conditions that are given the name "schizophrenia".'* **(E)**

Repper, J. and Perkins, R. (2003). Social inclusion and recovery: A model for mental health practice. Edinburgh: Balliere Tindall. **(R)** *A classic text in the field*.

Romme, M. and Escher, S. (2011). Psychosis as a personal crisis: An experience-based approach. London: Routledge. *Marius Romme and Sandra Escher outline their popular approach and describe the development of the hearing voices movement*. **(B)**

Slade, M. (2009). Personal recovery and mental illness: a guide for mental health professionals. Cambridge: Cambridge University Press. *This book proposes a new conceptual basis for mental health services – the Personal Recovery Framework, which gives primacy to the person rather than the illness, and gives case studies from around the world of approaches to supporting recovery*. **(B)**

Williams, P. (2012). Rethinking psychosis: Towards a paradigm shift in our understanding of psychosis. San Francisco, CA: Sky's Edge Publishing. *In this eye-opening book, Paris Williams effectively challenges the prevailing myths about the origins and treatment of psychosis, suggesting that it is a natural, although precarious process of self-restoration that should be protected, rather than a hopeless lifelong degenerative brain disease to be managed and medicated.* **(B)**

Websites:

- www.behindthelabel.co.uk/about
  Website of voice hearer Rai Waddingham.
- www.dur.ac.uk/hearingthevoice
  Led by Prof Charles Fernyhough. Hearing the Voice is 'an ambitious, interdisciplinary research project that aims to provide a better understanding of the experience of hearing voices in the absence of any external stimuli'.

- www.isabelclarke.org
  This is the website of clinical psychologist Isabel Clarke who writes about spirituality and psychosis.

- www.isps.org
  International Society for Psychological and Social Approaches to Psychosis: an international organisation promoting these approaches. There is an active UK branch run collaboratively by professionals and people with personal experience of psychosis.

- www.jacquidillon.org
  Website of voice hearer and author Jacqui Dillon.

- www.nationalparanoianetwork.org
  Network for people who experience paranoia.

- www.paranoidthoughts.com
  Website about 'unfounded or excessive fears about others' from Professor Daniel Freeman, clinical psychologist, contributor to this report and author of self-help books (see books section). Includes first-person accounts by people who have experienced suspicious thoughts and paranoia.

- www.soterianetwork.org.uk/
  The Soteria Network is 'a network of people in the UK promoting the development of drug-free and minimum medication therapeutic environments for people experiencing 'psychosis' or extreme states. We are part of an international movement of service users, survivors, activists, carers and professionals fighting for more humane, non-coercive mental health services'.

- www.SpiritualCrisisNetwork.org.uk
  This website offers an alternative perspective, practical advice and email support to people who are interested in exploring the idea of spiritual crisis. There are some local groups, for example in London.

- www.ted.com/talks/eleanor_longden_the_voices_in_my_head
  TED talk: voice hearer and psychologist Eleanor Longden talks about her experiences. 'Longden tells the moving tale of her year-long journey back to mental health, and makes the case that it was through learning to listen to her voices that she was able to survive.'

- www.theicarusproject.net
  The Icarus Project is a grassroots network of independent groups and individuals 'living with the experiences that are commonly labelled bipolar disorder'. It promotes a new culture and language that looks beyond a conventional medical model of mental illness

- www.voicecollective.co.uk
  A London-based organisation for children and young people who hear, see and sense things others do not. Some excellent resources.
- www.rufusmay.com
  Set up by clinical psychologist Rufus May, this website provides a resource of articles, interviews and other media that Rufus has taken part in promoting a positive psychology approach to emotional health and recovery. Includes a paper on 'accepting alternative realities'.
- www.youtube.com/watch?v=oA0Z33mS1Cg
  'Simon Says: Psychosis!' Excellent short documentary exploring the experience of psychosis and how three young people 'journeyed back from the edge' with help from an early intervention service.

STRAND 2: WORKING WITH CLIENTS

UNIT: CLINICAL HEALTH PSYCHOLOGY (YEAR 1)

TUTOR: PAUL SIGEL

(LTS principles 1-5, 7, 8)

1. Competencies

- To be able to apply psychological models to assess, formulate and intervene with adults with physical health problems.
- To understand the psychological aspects of physical health problems.
- To be familiar with Health Psychology models and their usefulness for understanding client's experiences of physical health problems.
- To be able to consider the role of social and cultural factors in the client's understanding and experiences of physical health problems.
- To understand the complexities of working within a multi-disciplinary team that holds a bio-medical perspective and the role played by clinical psychologists within this context.
- To be able to critically evaluate evidence based medicine and its use in clinical health psychology fields.
- To understand recent developments in Department of Health Strategies for the organization and delivery of psychological services for people with physical health problems.

2. Objectives

- By the end of the programme trainees should be able to:
- Describe the psychological difficulties commonly faced by people as a result of having a physical illness (for example stigma, facing death, adjusting to losses).
- Assess clients for the psychological impact of their physical health problems.
- Formulate and intervene to help reduce the impact of psychological difficulties using cognitive, behavioural and systemic models as appropriate to the individual, across a range of health problems, drawing on a critical appraisal of the research and theoretical literature.
- Critically apply models of health to understand the health and illness behaviour of clients with physical health problems.
- Recognise and understand the opportunities and challenges of working within a medical multi-disciplinary environment and the impact it has on patients' views, experiences and difficulties.
- To be able to communicate the role of clinical psychology in a physical health environment.
- Appreciate the client's wider socio-cultural factors and describe some of the philosophical origins of health and illness concepts in relation to culture.

3. Content of the Academic Programme

Teaching sessions to include:

- Cognitive models of health and illness.
- A critical review of the major methods in evidence based health care and their application to issues relevant for clinical health psychology.
- Critical examination of the application of systemic, cognitive, and behavioural models to formulation and intervention to reduce the impact of physical health problems on people's lives.
- Involving service users in the physical health setting.
- Stepped-care models of care for meeting the psychological needs of people with long-term conditions.
- Working in medical multi-disciplinary teams:
- The advantages and difficulties encountered.
- Overcoming the difficulties within this context.
- Understanding the bio-medical perspective.
- Effectively promoting the role of a clinical psychologist in a bio-medical environment.
- Overview of the physiology of some physical health conditions (for example, HIV and AIDS, chronic pain, sickle cell anaemia).

4. Practice Learning

- To have experience of working clinically with clients who are experiencing physical health problems.
- To have experience of working within a medical setting.

5. Assessment Learning

- Physical health status should be considered in Professional Practice Reports.

6. Reflective Learning

- To have used supervision and the reflective practice account to consider ways in which their own and their significant others' health status may impact on their clinical work and professional practice.

7. Moving from Competencies to Capability

- To be able to adapt and implement psychological interventions with adults, and if appropriate, their family, who are experiencing physical health problems in order to reduce the psychological and physical impact of their illness/difficulty in unique and complex settings.
- To be able to work within and/or provide effective consultation to a medical multi-disciplinary team in such a way that increases the team's understanding of the role of the client's cognitions and emotions in their experience and the management of their condition, and the role of clinical psychology.

8. Key References

Burch, V., & Penman, D. (2013). Mindfulness for Health: A practical guide to relieving pain, reducing stress and restoring wellbeing. London: Piaktus. **(R)**

*****Hoyt, M.F. (2013). Brief psychotherapies. In A. S. Gurman and S. B. Messer (Eds.), Essential psychotherapies. (3rd ed.). New York: Guilford Press. **(B)**

Moorey, S. & Greer, S. (2012). Oxford guide to CBT for people with cancer. (2nd ed.). Oxford: Oxford University Press. **(E)**

Joseph, S. (2012). What doesn't kill us…The Psychologist, 25, 816-819. **(R)**

Akerblom, S., Perrin, S., Rivano, F. M., McCracker, L. M. (2015). The Mediating Role of Acceptance in Multidisciplinary Cognitive-Behavioral Therapy for Chronic Pain Journal of Pain, 16, 606 – 615. **(R)**

Kennedy, P. & Llewelyn, S. (Eds.) (2012). The essentials of clinical health psychology. Chichester: Wiley. **(R)**

Sanderson, C. A. (2012). Health Psychology (2nd ed.). Hoboken, N. J. Wiley. **(B)**

White, C. (2001). Cognitive behaviour therapy for chronic medical problems: A guide to assessment and treatment in practice. Chichester: Wiley. **(R)**

Walker, J., Hansen, C. H., Martin, P., Symeonides, S., Ramessur, R., Murray, G., Sharpe, M. (2014). Prevalence, associations, and adequacy of treatment of major depression in patients with cancer: a cross-sectional analysis of routinely collected clinical data. Lancet Psychiatry, 1, 343–350. **(R)**

***** indicates paper made available for trainees before start of teaching block

STRAND 2: WORKING WITH CLIENTS

UNIT: LEARNING, PHYSICAL AND SENSORY DISABILITIES (YEAR 1/2)

TUTOR: SIMON POWELL

(LTS principles 1-5, 7, 8)

1. Competencies

- To integrate the knowledge, skills, attitudes and values relevant to working effectively as a Clinical Psychologist with individuals who have learning, sensory and/or physical disabilities.
- To develop the clinical skills to work with an individual, the wider service context and networks surrounding people in order to ensure the individual's well-being and quality of life.
- To develop skills in adapting clinical interventions, across a number of models, according to a person's presenting need.
- To be able to critique psychological theory, research and models of practice, and use them skilfully to conceptualise, design and implement psychological strategies that address the individual needs of people and their networks.
- To understand the legal and policy context within which services are delivered.
- To understand the interface between psychological and social processes of disability to intervene with respect for the choices and aspirations of individuals with the aim of reducing disability and stigma.

2. Objectives

The trainee will:

- Have a developed an understanding of the range, nature and effects of different types of learning, sensory and physical disabilities in order to adapt communication and ensure inclusion of clients with disabilities in all forms of research and professional practice.
- Have knowledge of the philosophical, legislative and policy influences on services for people with disabilities, and understand the politics of disability.
- Be able to identify and have a psychological understanding of how a permanent disability, discrimination and social exclusion may affect psychosocial development.
- Be able to use relevant specialist methods, and appropriately adapt existing assessment, formulation and intervention methods and communication with clients with disabilities, including those with "challenging behaviour", drawing on a range of psychological models.
- Have developed skills in assessing and intervening indirectly, i.e. through services, carers and families.
- Have explored and challenged personal values and responses in order to build the basis for a robust ethical approach to professional practice with typically devalued groups and understand the consequences for people of being positioned as such.

3. Content of the Academic Programme

Content of the academic programme has been designed to align with the guidance that is set out by the Faculty for People with Intellectual Disabilities (BPS, 2012, due to be updated in 2019) and the open letter

to course directors that was published in Clinical Psychology Forum in September, 2019. There may also be opportunities for learning relevant to this unit in cross-speciality teaching sessions.

- Definitions, labels and causes of learning, physical and sensory disabilities.
- The history and current context of services for people with learning disabilities and current policies.
- Power differences between professionals and people with learning disabilities and how to address these in practice, and, where relevant, in research.
- Understanding of the Equality Act (2010), disability politics and discrimination and practices to challenge discrimination and promote inclusion.
- The theory and practice of psychometric and adaptive functioning assessments and debates surrounding this.
- Current 'best practice' in establishing eligibility for learning disability services.
- The mental health needs of adults with learning disabilities.
- Adaptation of a range of therapeutic approaches (CBT, Psychodynamic, Systemic, Applied Behavioural Analysis) to assessments and interventions to the needs of people with learning disabilities, their carers and networks. This includes adapting communication skills relevant to the people you are working with.
- Definitions and understanding of behaviours that challenge, including positive behaviour support and functional analysis.
- Understanding the importance of attachment and trauma informed care.
- Autism spectrum disorders, including causes, clinical presentations and appropriate interventions.
- A range of methods suitable for evaluating psychological work with people with learning disabilities.
- An understanding of the Mental Capacity Act (2005) and consent issues and their implications for clinical practice.
- Supporting individuals with learning disabilities in relation to sexuality.
- Supporting parents who have learning disabilities.
- An understanding of Dementia, how it affects people with learning disabilities and how to assess and intervene with clients and their networks.
- Offending behaviour in people with learning disabilities.
- The role of clinical psychology as part of providing good quality support to individuals with profound and multiple learning disabilities and their families.

4. <u>Practice Learning</u>

- To have worked clinically with a range of clients (adults and children) who have learning, sensory and/or physical disabilities, including those with severe or profound learning disabilities. This must include at least one direct assessment and intervention involving a person with a learning disability and at least one detailed psychological assessment, which should include the use of formal measures (psychometric or functional assessment). Formal evaluation of the impact of the psychological work provided whether assessment and feedback or intervention should also be included.
- To have worked with clients who have multiple disabilities.
- To have worked indirectly through service staff and family members.

- To have provided psychological input to implement change at a service level.
- To have worked with someone whose behaviour is constructed as 'challenging' involving a comprehensive functional assessment.
- To have worked with someone with an autistic spectrum disorder.

5. Assessment Learning

- To have completed a Critical Review requiring communication of new knowledge created through systematic interpretation of a substantial area of psychological theory and/or research in an area pertinent to providing good psychological care to people with some form of permanent disability.
- To have completed Professional Practice Report that demonstrates the use of psychological theory and research to improve the quality of life of a person/people with a disability(ies) in a way that also empowers the individual, and clearly communicates psychological reasoning, ethical considerations and the use of complex professional judgment.
- ECC

6. Reflective Learning

- To have used clinical supervision, the reflective practice group and the reflective account to draw comparisons – similarities and differences, with their own life and that of their clients.
- Through these processes to have reflected upon their own attitudes and instituted change where necessary.

7. Moving from Competencies to Capability

- To be able to provide psychological interventions to individuals and their networks who face complex and unique disabilities within a variety of challenging settings in a way that empowers the individual and institutes improvement within the setting.

8. Key References

Older references included as seminal works and very valued still.

Ball et al. (2004) Psychological interventions for severely challenging behaviours shown by people with learning disabilities. *Clinical practice guidelines*. British Psychological Society, Leicester.

Baum, S., & Lynggaard, H. (Eds.) (2006). Intellectual disabilities: A systemic approach. London: Karnac.

Beail, N. (2016). Psychological therapies and people who have learning disabilities. Leicester: British Psychological Society.

British Psychological Society (2012). Good practice guidelines for UK clinical psychology training providers for the training & consolidation of clinical practice in relation to adults with learning disabilities. Leicester: British Psychological Society.

British Psychological Society (2017). Incorporating attachment theory into practice: Clinical practice guidelines for clinical psychologists working with people who have intellectual disabilities. Leicester: BPS

Carnaby, S. (2011). Learning disability today: the essential handbook for carers, service providers, support staff and families (3rd ed.). Pavilion.

Carr, A., O'Reilly, G., Walsh, P. N., McEvoy, J. (Eds.) (2016). The Handbook of Intellectual Disability and Clinical Psychology Practice (2nd ed.) Routledge.

Clegg, J. (1993). Putting People First: A social constructionist approach to learning disability. British Journal of Clinical Psychology 32, 389-406.

DCP Faculty for People with Intellectual Disabilities (2019). Correspondence: An open letter to UK Clinical Psychology Training Course Directors and Committee of Trainers in Clinical Psychology, from the Division of Clinical Psychology Faculty for People with Intellectual Disabilities. Clinical Psychology Forum (321), p 3- 8.

Donnellan, A. M., LaVigna, G. W., Negri-Shoultz, N., & Fassbender, L. L. (1988). Special education series. Progress without punishment: Effective approaches for learners with behavior problems. New York, NY, US: Teachers College Press.

Emerson, E., Hatton, C., Dickson, K., Gone, R., Caine, A. & Bromley, J. (Eds.) (2012). Clinical psychology and people with intellectual disabilities (2nd ed.). Chichester: Wiley. **(E)**

Fletcher, H.K., Flood, A., Hare, D.J. (2017). Attachment in intellectual and developmental disabilities: A clinician's guide to practice and research.

Fredman, G., Papadopoulou, A., & Worwood, E. (2018). Collaborative Consultation in Mental Health: Guidelines for the New Consultant.

Goodley, D. & Lawthom, R. (2006). Disability and psychology: Critical introductions and reflections. Basingstoke: Palgrave Macamillan.

Hemmings, C. (Ed) (2018). Mental Health in Intellectual Disabilities (5th ed). London: Pavillion.

Holt, G., Hardy, S. and Bouras, N. (Eds.) (2011). Mental health in intellectual disabilities: a reader (4th ed.). Pavilion.

Jahoda, A., Stenfert Kroese, B., & Pert, C. (2017). Cognitive Behaviour Therapy for People with Intellectual Disability: Thinking Creatively. Palgrave: Macmillan.

Jones, V. and Haydon-Laurelut, M. (Eds) (2019). Working with people with learning disabilities: Systemic approaches. Red Globe Press: London.

Kroese, B. S., Dagnan. D. and Loumidis, K. (Eds.) (1997). Cognitive-behaviour therapy for people with learning disabilities. London: Routledge.

National Institute for Health and Care Excellence (2012). Autism spectrum disorders in adults: Diagnosis and management. www.nice.org.uk/guidance/cg142

National Institute for Health and Care Excellence (2015). Challenging behaviour and learning disabilities: Prevention and interventions for people with learning disabilities whose behaviour challenges. www.nice.org.uk/guidance/ng11

National Institute for Health and Care Excellence (2016). Mental health problems in people with learning disabilities: Prevention, assessment and management. www.nice.org.uk/guidance/ng54

National Institute for Health and Care Excellence (2018). Care and support of people growing older with learning disabilities. www.nice.org.uk/guidance/ng96

Simpson, D. & Miller, L. (Eds.) (2004). Unexpected gains: Psychotherapy with people with learning disabilities. London: Karnac.

Sinason, V. (1992). Mental Handicap and the human condition: New approaches from the Tavistock. (2nd Ed). London: Karnac.

STRAND 2: WORKING WITH CLIENTS

UNIT: CHILD AND FAMILY (YEAR 1/2)

TUTOR: TRISH JOSCELYNE

(LTS principles 1-5, 7, 8)

1. Competencies

- To integrate the knowledge, skills, attitudes and values to work effectively as a clinical psychologist with children, young people, their families, carers and associated service systems.
- To be able to critique and interpret psychological theory and research and adapt psychological models in order to conceptualise, design and implement effective programmes of assessment, formulation, intervention and evaluation of the unique problems of children and families.
- To incorporate understandings of the particular power issues for children, the wider sociocultural contexts of problems and the legislative framework into psychological work in order to protect and promote their interests.
- To use a developmental framework to underpin professional practice and to integrate different models of psychological functioning.
- To be able to work effectively within complex multiple client, professional and agency systems by making informed judgments about the particular contributions that Clinical Psychologists can make.

2. Objectives

Trainees will be able to:

- Critically apply behavioural, cognitive, psychodynamic and systemic models to childhood problems within a developmental framework.
- Undertake psychological assessment of children, including the use and interpretation of commonly used psychometric assessments.
- Understand common childhood psychological problems and ways of intervening in these through having acquired a substantial critical knowledge of relevant theory and research.
- Understand and work in relation to the legislative and service contexts of professional practice with children.
- Have an understanding of the impact of the wider system (including family, school and the peer group) on children and be able to intervene in these systems where appropriate.
- Adapt clinical practice (assessment, formulation, intervention, evaluation and communication) in unique ways to reflect understanding of the influence of socio-cultural factors (including race, gender, ethnicity, religion, socio-economic status) and issues of power on childhood problems and their amelioration.

3. Content of the Academic Programme

Teaching sessions to include:

- Assessment of children (both clinical and psychometric)
- Child and adolescent development and its integration in formulation
- Skills for working with individual children, with parents, and with families of children
- Working with other statutory children's services (particularly education and social services)
- Applying behavioural, cognitive, psychodynamic, systemic and neurological approaches to children
- Legislative issues (including Child Protection and the Children's Act)
- Child abuse and neglect
- Understanding and intervening with common childhood problems (including problems of early childhood, AHDH, conduct disorders, etc.)
- Understanding and intervening with childhood life events (including chronic illness and trauma, Early Intervention in Psychosis)

Seminars to include:

- Critical reading on specific child and family problems
- Integration of theory, research, a developmental perspective and the wider system in relation to own clinical work.

4. Practice Learning

- Children and Families placement, providing experience of clinical work with children across a broad age range, their parents and families, and of direct or indirect work in relation to child abuse and/or neglect and to social services and educational systems.

5. Assessment Learning

- To have completed a Professional Practice Report which demonstrates the appropriate application of psychological theory, research and ethics to childhood and family problems, and communicates clinical thinking and the exercise of complex professional judgment at a second doctoral year level.
- To have completed a Critical Review requiring the clear communication of new knowledge created through systematic interpretation of a substantial area of psychological theory and/or research pertinent to psychological work with children and their families.
- ECC Form

6. Reflective Learning

- To have used supervision, the reflective practice group and the reflective practice account to think about their own childhood experiences and the impact of these on their clinical work and professional practice.
- Through this to have reflected on their own psychological development and, where necessary, to have sought appropriate avenues of further personal development.

7. Moving from Competencies to Capability

- To be able to implement psychological interventions with children, their families, and other professionals within a range of challenging systems in such a way that increases the well being of the child and contributes to an improvement in the system.

8. Key References

Briggs, S. (2008). Working with Adolescents and Young Adults: A Contemporary Psychodynamic Approach. London: Palgrave Macmillan.

Carr, A. (2014). The evidence base for family therapy and systemic interventions for child-focused problems. Journal of Family Therapy, 36, 107-157.

Carr, A. (2018). What works with children, adolescents and adults: A review of research on the effectiveness of psychotherapy. (E)

Coleman, J. (2011). The Nature of Adolescence (4th ed.). London: Routledge. **(E)**

Crittenden, P. (2008). Raising Parents; Attachment, Parenting and Child Safety. Willan Publishing, Dehart, G.B.,

Sroufe, L. A. & Cooper, R. (2004). Child development: Its nature and course (5th ed.). New York: McGraw-Hill **(R)**

DoH & NHS England (2015). Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing. **(E)**

Flaskas, C. (2007). The Balance of Hope and Hopelessness. In C. Flaskas, I. McCarthy and J. Sheehan (Eds.), Hope and Despair in Narrative and Family Therapy: Adversity, Forgiveness and Reconciliation. London: Routledge.

Fonagy, P. et al (2003) Affect Regulation, Mentalization, and the Development of the Self. Karnac Books Ltd.

Fuggle, P. (2013). CBT with children, young people and families. Sage.

Kendall, P. (2012). Child and adolescent therapy: Cognitive-behavioral procedures (4th ed.). New York: Guilford Press. **(E)**

Kolb, B. & Fantie, B. (2009). Chapter 2: Development of the Child's Brain and Behaviour. In. C. R. Reynolds & E. Fletcher-Janzen. Handbook of Clinical Child Neuropsychology (3rd ed.). New York: Springer Science & Business Media LLC. pp. 19-46.

Kingery, J. et al (2006). They're Not Just "Little Adults": Developmental Considerations for Implementing Cognitive-Behavioural Therapy With Anxious Youth. Journal of Cognitive Psychotherapy: An International Quarterly 20, 3 **(E)**

Lanyado, M. & Horne, A. (Eds.) (2009). The handbook of child and adolescent psychotherapy: Psychoanalytic approaches (2nd ed.). Hove: Routledge. **(E)**

O'Connor, T. & Creswell, C. (2004). Cognitive Behavioural Therapy in developmental perspective. In Graham, P. (Ed.) Cognitive behaviour therapy for children and Families (2nd ed.) Cambridge University Press.

Vetere, A. & Dowling, E. (2017) (Eds.). Narrative therapies with children and their families: A practitioner's guide to concepts and approaches (2nd ed.). Routledge, 2017.

The following books are practical and that I have used a lot in clinical practice and you may want to consider buying.

Bomber, L. M. (2007). Inside I'm hurting. Practical strategies for supporting children with attachment difficulties in school. Worth Publishing Ltd.

Faber, A. & Mazish, E. (2001). How to talk so kids will listen and listen so kids will talk. Piccadilly Press Ltd.

Stallard, P. (2005). Think good, feel good: Using CBT with children and young people. Wiley.

Sunderland, M. & Engleheart, P. (1996). Draw on your emotions. Speechmark, UK.

Webster-Stratton, C., & Reid, J. (2010). The Incredible Years Parents, Teachers and Children Training Series. In J. Weisz & A. Kazdin (Eds.), Evidence-based Psychotherapies (2nd ed.) (pp. 211-226). New York: Guilford.

STRAND 2: WORKING WITH CLIENTS

UNIT: OLDER PEOPLE (YEAR 2/3)

TUTOR: KATE FOXWELL ***Temporary cover:*** **SHREENA UNADKAT**

(LTS principles 1-5, 7, 8)

1. Competencies

- To have the knowledge, skills, attitudes and values relevant to working effectively as a clinical psychologist with older people (generally people over 65 years) and adults of any age presenting with dementia.
- To be able to work effectively as a clinical psychologist within a range of services for these clients.
- To be able to adapt clinical psychology models and use them skilfully to address the needs of this client group, their families and carers.
- To be able to recognise and address age discrimination.
- To be able to critique and interpret psychological theory, research and practice models to create new knowledge applicable and adapted to the assessment, formulation, intervention and evaluation of older people's unique problems. To be able to encourage and support older people to increase their autonomy, choice and psychological well-being.

2. Objectives

By the end of the unit, trainees should be able to:

- Describe special clinical issues associated with older people, drawing on a critical understanding of the research and practice literature, and with reference to an understanding of the diversity of older people's lives in Britain today.
- Communicate effectively with older clients, including those with cognitive or sensory impairments, recognising and managing the effects of difference in age between the psychologist and older clients.
- Access, use, interpret and appropriately feed back appropriate psychometric assessment with older people and be able to contribute to improvements in test reliability, validity and applicability with older people.
- Formulate and intervene to improve the lives of older people, and their carers, both directly and indirectly using a variety of models and drawing on the evidence base. This will include people presenting with multiple and complex problems as is common in this age group.
- Recognise, assess and manage risk in older people.
- Perceive and acknowledge personal values and responses to issues such as ageing, dementia, loss, failing health and facing death in order to develop the ability to be with clients facing such issues.
- Challenge personal values and responses in order to build the basis for a robust ethical approach to clinical practice with older people, in the face of social exclusion and ageism, and support and develop clinical practice that does not unfairly discriminate on the basis of age.

3. Content of the Academic Programme

- Lifespan theories of development, gerontological theories of adjustment in later life and developmental tasks and roles of later life.
- Experiences of old age, taking into account historical, physical, social, psychological, spiritual, cultural and sexual aspects.
- Policies for service provision to this client group, the political context and research evidence base.
- Common problems in this client group including depression, anxiety, bereavement, adjustment to stroke, physical health problems.
- Suitable outcome measures for older people and their research basis.
- Neuropsychology of the dementias and stroke, as well as the effects of "normal" ageing on cognitive functioning.
- Ethical issues in neuropsychological assessment and pre- and post- test counselling.
- Working with people with dementia and their carers, including person-centred models.
- Adapting cognitive behaviour therapy, psychodynamic and systemic models to work with this client group, and the evidence base.
- Issues of vulnerability, abuse, protection and capacity for consent with older people.
- Significant policy documents and their impact on services.

4. Practice Learning

- To have worked clinically with a range of clients aged 65 and over whose presentations reflect the problems common to this age group, including stroke, dementia, depression, later life-events or poor physical health. Clinical experience should reflect the age span within this group i.e. 65-100+.
- To have worked clinically with at least one older person presenting with multiple problems.
- To have carried out neuropsychological assessments with older people presenting with cognitive problems.
- To have worked in a range of service settings within work for older people such as outpatient service, in-patient service, client's home, and care home. Recognising and managing boundary issues when working with older people in different settings.
- To have undertaken clinical work at a number of levels from direct client work, family work, work with family carers and work with staff carers.
- To have participated in service development within services for older people.

5. Assessment Learning

- To have the opportunity to talk about their development of skill and knowledge for psychological work with older people with their placement supervisor and their manager on the programme.
- ECC form.
- To have completed either a Professional Practice Report on clinical work with an older person and/or completed a Community Engagement project focused on Older People or issues in relation to aging

6. Reflective Learning

- To have used clinical and academic supervision to reflect upon the personal impact of the work. This will help to develop an awareness and understanding of personal responses and values in relation to issues such as ageing, dementia, loss, failing health and facing death, and how these responses and values affect clinical practice.
- Through this process, trainees will have worked on improving how they manage the above-named issues with clients, and will have challenged any personal tendency to ageism.

7. Moving from Competencies to Capability

- To be able to provide psychological help to older people, their families or carers presenting with complex and multiple problems, within a variety of settings, to improve their quality of life.
- To be able to bring an awareness of lifespan development and issues associated with ageing to psychological work in any setting which may, directly or indirectly, impact upon the lives of older people.
- To be able to contribute to improvements in services for older people and to reducing the incidence of age discrimination.

8. Key References

Where there are older references these are either classics or core texts where it is considered that there have not been a better or more updated book written on the area.

Davenhill, R. (2007) (Ed.). Looking into later life: A psychoanalytic approach to depression and dementia in old age. London: The Tavistock Clinic Series **(R)**

Fredman, G., Anderson, E., Stott, J. (Eds.) (2010). Being with older people: A systemic approach. Oxford: Routledge. **(R)**

Hepple, J. & Sutton, L. (2004). Cognitive Analytic Therapy and later life: A new perspective on old age. Oxford: Brunner-Routledge. **(R)**

Hodges, R. (2018). Cognitive assessment for clinicians (3rd ed.). Oxford: Oxford University Press. **(E)**

Knight, B. & Pachana, N. A. (2015). Psychological assessment and therapy with older adults. Oxford: Oxford University Press. **(E)**

Laidlaw, K. (2014). CBT for older people: An introduction. London: Sage Publications. **(R)**

Lezak, M., Howieson, D. B., Bigler, E.& Tranel, D. (2012). Neuropsychological assessment (5th ed.). Oxford, NY: Oxford University Press. **(R)**

Martindale, B. (1989). Becoming dependent again: The fears of some elderly persons and their younger therapists. Psychoanalytic Psychotherapy, 4(1), 67-75. **(E)**

Kitwood, T. (1997). Dementia reconsidered: The person comes first. Buckingham: Open University Press. **(R)**

Woods, R. T. & Clare, L. (2008). Handbook of the clinical psychology of ageing (2nd ed.) Chichester: Wiley. **(E)**

STRAND 2: WORKING WITH CLIENTS

UNIT: CLINICAL COMPLEXITY AND THERAPY INTEGRATION (YEAR 3)

TUTOR: RACHEL WHATMOUGH *Temporary cover:* SUSIE COLBERT
(LTS principles – all)

1. Competencies

- To have a critical appreciation of the issues in professional practice which result from employing a range of different psychological models.
- To be able to manage complex and challenging clinical situations.

2. Objectives

- To develop a detailed understanding of convergences and divergences between different models of psychological therapy.
- To have an understanding of models of integrative practice.
- To be able to draw on, and integrate, a range of psychotherapeutic models in designing and implementing assessments and interventions.
- To understand some of the complex clinical issues which commonly challenge experienced practitioners across different client groups.

3. Content of the Academic Programme

- Critical consideration of the appropriateness of prescription of different approaches.
- Review of therapeutic approaches focusing on common factors or on an overarching theory of intervention.
- Advantages and dangers of eclectic and integrative approaches.
- Different approaches to integration.
- Complex clinical situations such as therapeutic impasse and failure, and boundary management.
- Complex client presentations such as personality disorders and dissociation.
- Small group clinical seminars focusing on the development of integrative practice.

4. Practice Learning

- Discussion of all the above issues with supervisors as they arise on placement, particularly in later placements.
- Supplementary clinical experience in year 3.

5. Assessment Learning

- Supervisors' assessments of clinical competence
- Professional Practice Reports
- Some Critical Reviews

6. Reflective Learning

- Discussion of these issues in the reflective practitioner group
- Six-monthly reviews
- Reflective account
- Discussion at mid-placement visits of the ongoing development of a practitioner identity

7. Moving from Competencies to Capability

- To develop a personal framework for the integration of diverse approaches to assessment and intervention
- Continuing development of the personal practitioner identity.

8. Key References

Bateman, A. (2013). Borderline Personality Disorder: An Evidence-Based Guide For Generalist Mental Health Professionals. Oxford University Press. **(R)**

Gilbert, P. (2017). Living Like Crazy. *Kindle Edition available online from:* https://www.amazon.co.uk/Living-Like-Crazy-Paul-Gilbert-ebook/dp/B07MBNR6WX/ref=sr_1_1?crid=15EM4OBA9KEDV&keywords=living+like+crazy&qid=1564659315&s=gateway&sprefix=living+like+craz%2Caps%2C140&sr=8-1 **(B)**

Johnstone, L. & Dallos, R. (Eds.) (2014). Formulation in psychology and psychotherapy: Making sense of people's problems. (2nd ed.). London: Routledge. (especially ch 7 & 8). **(E)**

Leiper, R. & Kent, R. (2001). Working through setbacks in psychotherapy: Crisis, impasse and relapse. London: Sage. *A good introduction to working with complex clients and therapeutic struggles*. **(R)**

Norcross, J. C. & Goldfried, M. R (Eds.) (2005). Handbook of Psychotherapy Integration. Oxford University Press. *A comprehensive introduction to the principles of therapeutic integration*. **(E)**

STRAND 3: WORKING WITH GROUPS AND ORGANISATIONS

UNIT: UNDERSTANDING TEAMS, GROUPS AND ORGANISATIONS (YEARS 1/2/3)

TUTOR: ALAN LARNEY

(LTS principles – all)

1. Competencies

- To have a critical understanding of the group and organisational processes which impact on clinical psychology practice.
- To have a critical understanding of the social, psychological and political processes that impact on teams and organisations.
- To have developed a critical awareness of the range of theoretical models which inform our understanding of teams, groups and organisations, and to integrate this knowledge into our professional practice.
- To be able to work effectively in teams and with groups of various sizes, and to reflect critically on the social and psychological processes impacting on them.

2. Objectives

- To have developed a critical understanding of the types of roles that people develop in teams and the impact of these roles on team functioning.
- To have developed an ability to critically reflect on our own functioning in teams and organisations.
- To have developed a critical awareness of the range of cognitive, dynamic, systemic and other psychological theories which can inform our understanding of group processes.
- To be able to demonstrate a critical understanding of how group processes can impact positively or negatively on our clinical work.
- To demonstrate the ability to apply theoretical knowledge of group and organisational processes to our own experiences of working in teams and organisations, and to our own clinical work.
- To have had significant experience of working in teams and to have demonstrated the capacity to work effectively as part of a team.
- To have developed a critical awareness of the role of consultancy and the strategies used in consulting to organisations.

3. Content of the Academic Programme

Teaching content will include:

- Theories on group development and the types of roles individuals can take in groups.
- An exploration of the types of group processes that occur in teams and organisations, and its impact in NHS settings.
- Group relations theory
- The psychodynamics of median groups
- Anti-group processes

- Inter-professional roles and dynamics
- The psychodynamics of organisations
- Group work using different models with different client groups
- Cognitive and systemic theoretical perspectives on groups and organisations
- Consulting to teams and organisations

4. Practice Learning

- The reflective group
- Experience of working in multi-disciplinary teams
- Experiences of running groups on placement
- Experience of working as part of, and possibly intervening in, a range of organisational contexts
- Learning in an inter-professional context

5. Assessment Learning

- The team policy report, reflective account and presentation
- The evaluation of clinical competence form
- Personal reflective journal
- Demonstrating a critical understanding of group and organisational processes in all assessed work where appropriate.

6. Reflective Learning

- The reflective group
- The personal reflective journal
- Training reviews
- Supervision on placement
- In teaching, including inter-professional learning environments.

7. Moving from Competencies to Capability

- To apply theoretical knowledge of group and organisational processes, together with personal experience of working with groups and organisations, to inform and enrich future clinical psychology practice.

8. Key References

Many of the references here are seminal works and their age attests to their continued relevance and worth in group work and theoretical issues in relation to groups and teams. The books are classics and form the canon of works important to this field.

Barnes, B., Ernst, S. & Hyde, K. (1999). An introduction to groupwork: A group-analytic perspective. Basingstoke: Macmillan. **(E)**

Belbin, R. M. (2010). Management teams: Why they succeed or fail (3rd ed.). Oxford: Butterworth-Heinemann. **(R)**

Bion, W. R. (1961). Experiences in groups: And other papers. London: Tavistock. **(E)**

Nitsun, M. (1996). The anti-group: Destructive forces in the group and their creative potential. London: Routledge. **(R)**

Obholzer, A. & Roberts, V. Z. (Eds.) (1994). The unconscious at work: Individual and organizational stress in the human services. London: Brunner-Routledge. **(R)**

Onyett, S. (2003). Teamworking in mental health London: Palgrave Macmillan. **(B)**

Pines, M. (Ed.). (2000). Bion and Group Psychotherapy. London: Routledge. **(B)**

Rutan, J. S., Stone, W. N. and Shay, J. J. (2014). Psychodynamic group psychotherapy (5th ed.). London: The Guildford Press

Weinberg, A. & Doyle, N. (2017). Psychology at work: Improving well being and productivity in the workplace. Leicester: The British Psychological Society.

West, M. A. (2004). Effective Teamwork: practical lessons from Organizational Research. BPS Blackwell. **(B)**

Yalom, I. D.& Leszcz (2005). The theory and practice of group psychotherapy (5th ed.). New York: Basic Books. **(R)**

STRAND 3: WORKING WITH GROUPS AND ORGANISATIONS

UNIT: PUBLIC SECTOR ORGANISATION (YEARS 1/2/3)

TUTOR: SIMON POWELL

(LTS principles – all)

1. Competencies

- To have a critical understanding of the history, organisation and structure of health and social care services.
- To have a critical understanding of the social, economic, political, cultural and legislative issues that impact on the NHS and social care services.
- To have a critical understanding of the place of clinical psychology within the NHS.
- To have an understanding of the range of organisational contexts in which clinical psychologists work, and the impact of these organisational contexts on the work of mental health professionals.
- To be able to reflect critically on their experiences of working psychologically in a variety of NHS and social care settings.

2. Objectives

- To have developed a critical overview of the structure and organisation of the NHS.
- To have a broad understanding of the history of the NHS and social care services and its influence on the profession of clinical psychology.
- To have knowledge of public mental health systems and the relationship between Public Health England and the NHS.
- To have developed a critical awareness of the current social, cultural and political pressures which impact on the organisation of the NHS.
- To have a critical appreciation of recent government legislation and its impact on NHS and social care services.
- To have knowledge of the funding arrangements and provision for the NHS and social care services.
- To have a critical appreciation of the organisation and structure of the following services and the roles of the professionals working within them:
    - adult mental health services
    - primary care
    - inpatient services for adults
    - community mental health teams
    - forensic services
    - social care services
    - voluntary care services
    - private health care services
    - mental health services for children and families
    - educational services and social care services for children and families

- mental health and social care services for people with learning disabilities
- services for people with other disabilities e.g. neurological difficulties and physical disabilities
- services for older people; and
- psychological services for people with medical problems.

3. Content of the Academic Programme

In all teaching sessions, trainers are encouraged to reflect on the influence of the organisational context on the area being taught.

The academic programme will cover:

- a critical review of the history of the NHS and social care services.
- the organisation and funding of the NHS and social care services.
- the cultural, social, political and economic processes which impact on the NHS.
- the organisation of services within the NHS.
- current legislation impacting on the NHS.
- the history and current role of clinical psychology in the NHS.
- knowledge of the organisational contexts within which clinical psychologists work, and the impact of these contexts on their work.
- organisational and group processes impacting on services within the NHS.
- current public health and public mental health systems, processes and organizational roles.

4. Practice Learning

- Experience of conducting supervised psychological work in a range of service settings.
- Experience of working in multi-professional teams and service contexts.

5. Assessment Learning

- Team Policy Report, reflective account and team policy presentation.
- Appreciation of the influence of organisational contexts and group processes in case reports and critical reviews.
- Community Engagement Project

6. Reflective Learning

- Team policy report and presentation
- Seminars reflecting on organisational dynamics and clinical psychology practice
- Training reviews
- Placement reviews
- Reflective accounts

7. Moving from Competencies to Capability

- To be able to adapt psychological practice to the demands of new or changing service contexts.
- To remain mindful of the influence of the organisation on psychological practice.
- To have a critical appreciation of the psychological, social and political pressures that can impact on the range of future organisational contexts in which the trainee might work.

- To be capable of influencing service development and delivery.

8. Key References

Department of Health (2012). Health and Social Care Act. London: Author.

Hall, J., Pilgrim, D. & Turpin, G. (Eds.) (2015). Clinical psychology in Britain. Historical perspectives. Leicester: British Psychological Society.

Lavender, T. & Chatfield, S. (2016). Training and staff retention. National issues and findings from the Canterbury Christ Church University (Salomons Institute for Applied Psychology) clinical psychology training programme. Clinical Psychology Forum, 286, pp 31-38.

Mental Health Taskforce (2016). The Five Year Forward View for Mental Health.

The Kings Fund (2016). How is the NHS structured? *Available online from*: http://www.kingsfund.org.uk/audio-video/how-new-nhs-structured

STRAND 3: WORKING WITH GROUPS AND ORGANISATIONS

UNIT: PSYCHODYNAMIC OBSERVATION OF HEALTH CARE ENVIRONMENTS (YEAR 3)

TUTOR: PETER DE BACKER
(LTS principles – all)

1. Competencies

- To be able to use skills in detailed psychodynamic observation, with particular reference to its application in NHS settings and service contexts.
- To use an awareness of unconscious processes with reference to the service contexts in which clinical psychologists work, to enhance one's own functioning within teams, team processes, and the work that teams undertake on behalf of service-users.
- To be able to make use of knowledge of organisational cultures drawing on psychodynamic perspectives, with a particular focus on the NHS service settings in which clinical psychologists routinely work.
- To be able to engage in an active process of reflection on psychodynamically informed observations undertaken within service contexts and apply the learning derived from these to one's own functioning within a team/service and that of one's colleagues/peers.
- To be able to reflect upon the possible impact of such observations on others and on the service contexts in which they occur.

2. Objectives

- To develop an advanced and critical understanding of the processes inherent in psychodynamic observation which is one of the foundations of psychoanalytic/psychodynamic practice and, thus, one of the foundations of high level assessment work in clinical psychology.
- To develop skills in detailed observation, with particular reference to its application in NHS settings and service contexts.
- To develop trainees' awareness of unconscious processes, both in the interactions observed and in their observational stance to the service setting chosen for the task.
- To develop trainees' awareness of their own observational stance, and how this influences the development of their own evolving stance to their therapeutic practice.
- To develop a detailed, reflective and critical understanding of organisational cultures with a particular focus on the healthcare settings in which trainees routinely work.
- To develop and deepen trainees' appreciation of the value of peer supervision, with reference to effective multi-professional team working and partnership with other professions.
- To demonstrate an ethical approach to the task and a high level of professional behaviour, including responsibility for actions, respect for colleagues, and other professionals and service users as well as an awareness of the possible impact of observations on others.

3. Content of the Academic Programme

- Trainees are invited to set up an observation within a related service setting to their current placement, at one in proximity to it, or at a previous placement. Occasionally, trainees may select an alternative environment to observe, based on individual interest.
- In selecting a service or setting to observe, trainees should have a basic interest in what they propose to observe and should also consider practical and ethical issues. These may include the feasibility of conducting an observation, the possible impact of the observation on service-users as well as staff; and the willingness of the people being observed to support the project.
- Trainees will then approach service managers to establish whether an observation will be possible and to seek consent. Trainees are advised to explain that the observation has an exclusively educational aim, making use of the learning objectives to aid their explanations. There are some public settings such as hospital canteens, where trainees do not need to gain permission to observe but have the right to look at what is going on as a member of the public. It will be the responsibility of trainees to ensure that they have gained the necessary permissions to observe the setting of their choice.
- Once the observation has been arranged, the trainee will attend for the first of two planned observations. Trainees need to give careful consideration to selecting a good place from which to observe, minimizing any unnecessary intrusion whilst ensuring the ability to observe the setting and hear clearly.
- During the first observation, trainees will sit for an hour at an appointed time and attend closely to what is going on in the environment they are observing, taking account also of their own subjective experiences. Afterwards, they will write a detailed account of the observation, describing in detail what they actually observed and what they noticed in terms of their own thoughts, feelings and reactions.
- Accounts of observations should be anonymised so that individuals and services cannot be identified.
- Trainees will attend four small group discussions at the University, consisting of 3 to 4 trainees in each group, facilitated by experienced clinicians with an interest in the method.
- Trainees will have the opportunity to present and discuss their observational accounts, as well as participating in discussions of the observations of others. The groups aim to help trainees make sense of their observational material within a safe and supportive learning environment.
- Trainee feedback about the experience of undertaking the task will be gathered at a final plenary session with their group facilitator.

4. <u>Practice Learning</u>

- Skills in detailed process observation and developing awareness of one's own observational stance; the latter acting as the foundation for a psychologist's particular therapeutic stance to their practice.
- Development of an awareness and understanding of unconscious dynamics and processes and how they may apply to the teams in which clinical psychologists typically work.
- Use of observation and psychodynamic understandings to facilitate self-awareness, understanding of team processes, and their potential impact on the work that psychologists undertake within teams and organisations.

- Application of the understandings gained from psychodynamic observational methods to enable trainees to develop the skills required for consultation to teams, groups and organisations where required.

5. Assessment Learning

- Reflective Development Report
- Professional Practice Reports

6. Reflective Learning

- Reflective practice group
- Team Policy: Reflective account
- End of year training reviews
- Placement visits
- Clinical supervision
- Reflective journal
- Final year reflective development account.

7. Moving from Competencies to Capability

- To develop a professional identity, sense of self, and a way of working which is appropriately informed by an awareness of unconscious process and its ongoing impact on self, others and systems in which clinical psychologists practice.
- To develop the capacity and resilience to draw on self and other experience and understanding in order to further the effective working of teams, groups and organaisations serving the needs of those experiencing mental distress.
- To develop an ongoing awareness of the importance of attending to both process and content in the working of human systems.

8. Key References

Includes the classical seminal texts of, for example, Menzies-Lyth and Elliot Jacques, whose pioneering work in this field established the discipline of applying psychoanalytic and systems theories to the field of group and organisational culture, and more recent contemporary texts which demonstrate how the original psychoanalytic thinking on organisational life has been developed and refined since that time.

Blacker, R., Kurtz, A. & Goodwin, A. (2017). An in-depth observational study of an acute psychiatric ward: combining the psychodynamic observational method with thematic analysis to develop understanding of ward culture. Psychoanalytic Psychotherapy. *Available online via LibrarySearch* - http://libsearch.canterbury.ac.uk.

Hinshelwood, R. D. & Skogstad, W. (2000). Observing Organisations: Anxiety, defence and culture in health care. London: Routledge.

Huffington, C., Armstrong, D., Hatton, W., Hoyle, L. & Pooley, J. (Eds.) (2007). Working beneath the surface: The Emotional Life of Contemporary Organisations. Tavistock Clinic series.

Jaques, E. (1955). Social Systems as a defence against persecutory and depressive anxiety. In Klein, M., Herman, P. & Money-Kyrle, R. E. (Eds.). New Directions in Psychoanalysis, pp 478-498. London: Tavistock Publications.

Menzies Lyth, I. (1960). A Case Study in the functioning of social systems as a defence against anxiety: A report on a study of the nursing service of a general hospital. Human Relations, 13, 95-121.*Available online from*: http://journals.sagepub.com/doi/abs/10.1177/001872676001300201 (free)

Obholzer, A. & Zagier Roberts, V. (Eds.) (1994). The Unconscious at work: Individual and Organizational Stress in the Human Services. London: Routledge.

Urwin, C. & Sternberg, J. (Eds.) (2012). Infant Observation and Research: Emotional Processes in Everyday Lives. Hove: Routledge.

STRAND 4: CLINICAL RESEARCH, EVALUATION AND DISSEMINATION

The formal teaching in strand 4 is primarily located in Year 1. In the following years research activity primarily takes the form of individual and small group meetings supporting the Major Research Project.

UNIT: ESSENTIALS OF DESIGN, METHODOLOGY AND PRACTICE-BASED RESEARCH (YEAR 1)

TUTOR: RESEARCH TEAM

(LTS principles 1-5, 7-9)

1. Competencies

- Can explicate different epistemologies and methodological paradigms, and their influence on clinical research and practice.
- Takes a critical and reflective approach in evaluating psychological research.
- Is able to apply the knowledge base from practice, theory, research and policy to derive research and practice evaluation/quality improvement questions.
- Can design practice evaluation/quality improvement studies and analyse the data from them appropriately.
- Works in an ethical way when conducting research and practice evaluation/quality improvement.
- Works effectively with others in partnership when conducting practice evaluation/quality improvement work.
- Disseminates the findings from practice evaluation/quality improvement work appropriately.

2. Objectives

The trainee will be able to:

- Demonstrate an understanding of the epistemological and methodical paradigms underpinning clinical psychology theory, research and practice.
- Plan, design, implement, carry out qualitative or quantitative descriptive data analysis, report on, and disseminate a contextually appropriate Quality Improvement Project in a timely and collaborative manner.
- Identify salient practice issues, and the relevant clinical, theoretical, research and policy literature that support the need to carry out the Quality Improvement Project.
- Follow appropriate professional codes of practice and research governance/ethics procedures pertinent to carrying out practice evaluation/quality improvement work (e.g. NHS Constitution and NHS values as they apply to evaluation and research, BPS Code of Conduct and good practice guidelines for the conduct of psychological research, HRA and NHS research governance and ethics procedures).Explicate essential concepts in psychometrics.

3. Content of the Academic Programme

- Epistemologies and paradigms in applied psychology research and practice.
- Clinical governance, research governance and evidence-based practice.
- Conceptual bases and methodologies for practice evaluation, quality improvement, and audit.

- Identifying and developing pragmatic service evaluation research questions that are based on the evidence base, practice and policy and justifying their relevance to the service context.
- Writing a proposal for a piece of practice evaluation/quality improvement work, including a time plan.
- Foundations of measurement and psychometrics, including Unit 3 (Importance of reliability and validity) of Level A Testing Competency specification.
- Critiquing published quantitative clinical psychology research papers.
- Research designs, including small-N and single-case designs.
- Foundations of qualitative methods.
- Self-report, questionnaires and observational methods.
- Sampling issues relevant to practice evaluation/quality improvement work.
- Ethical issues related to practice evaluation/quality improvement work.
- Requirements of the Data Protection Act in relation to data gathered or used for research and evaluation.
- Analysing quantitative service evaluation/quality improvement data using SPSS.
- Computation of clinically significant change.
- Analysing qualitative data from service evaluation/quality improvement.
- Writing up service evaluation/quality improvement work.
- Writing up findings for a variety of audiences.
- Developing hypotheses and research questions for research that could contribute to clinical psychology theory and knowledge.

4. <u>Practice Learning</u>

- Observation week: finding out about past practice evaluation/quality improvement work and opportunities for future work in the placement.
- Collaborating with placement supervisor or other person as negotiated, on the development and execution of the quality improvement project (QIP).
- Where practicable, involving service users consultatively or collaboratively in practice evaluation/quality improvement work.
- Negotiation with placement supervisor about learning needs in terms of research and quality improvement work.
- Mid-placement visit: discussing development of skills, knowledge and attributes required to carry out effective practice evaluation/quality improvement work.
- Use of placement supervision and feedback on the development of practice evaluation/quality improvement work.
- Assessing the appropriateness of measures for conducting the QIP based on the therapy model, training model (if staff training is involved) and/or service context.
- Reflecting on the research culture and ethos in the placement context.
- Experience of gathering relevant data from clients or recorded data, and assessing quality and usability of data.
- Disseminating findings to the service and receiving feedback.
- If possible, identifying where the findings of practice evaluation have or have not been taken up and used by a service and why this might be.

5. Assessment Learning

Summative

- Professional Practice Report: Quality Improvement Project: use of the evidence base, methodological rigour, analysis and interpretation of data, adherence to ethical issues, reflective comments, service impact, evidence of partnership working and service feedback, written communication skills, identification of knowledge gaps for possible research or theory development.
- Critical reviews: critical evaluation and application of the evidence base to a specific issue.
- Professional Practice Reports: Direct Work: formulation, theoretical background, selection and use of measures of function and change, satisfaction and outcome, identification of knowledge gaps, theory-practice links.

Formative

- QIP proposal – evidence base, methodology, ethical issues, selection of measures (where relevant), data analytic strategy, service impact, and feasible time-plan.
- Feedback on QIP proposal and outline of QIP report.
- Discussions with QIP supervisors about substantive issues involved in the project.
- Self-assessment electronic statistics quiz.
- Self-assessment electronic test of Level A Psychometric Testing Competency specification (Units 2 and 3).
- Working with placement supervisor and internal QIP supervisor on practice evaluation/quality improvement project.
- Research learning log.

6. Reflective Learning

- Using feedback on QIP proposal and outline of QIP report in addition to discussions with supervisors.
- QIP discussion section and reflective account.
- Assessing own development needs via the Research Milestones log.
- Debating research issues in small research groups.
- Evaluating research strengths and needs with manager.

7. Moving from Competencies to Capability

- Ability and readiness to continually evaluate and critique clinical research evidence and practice and question the assumptions on which it is based.
- A willingness and ability to assimilate new research literature on effectiveness to suit the changing practice settings encountered.
- Ability to observe and study complex issues through research and evaluation, using creativity, problem-solving skills and technical expertise in order to advance knowledge and understanding in the field.
- Ability to independently plan and execute good quality practice evaluation/quality improvement research that is clinically relevant.

- Always being aware of the wider social, political and ethical issues in relation to research and evaluation and embracing a commitment to effective partnership working and inter-professional collaboration.
- A commitment to contributing to the practice evidence base and to disseminating findings to the wider community of clinical psychologists and other mental health professionals.
- A readiness to appreciate and value the role of service users in conducting practice evaluation/quality improvement work.
- A willingness to support and facilitate the practice evaluation/quality improvement work of colleagues.

8. Key References

Barker, C., Pistrang, N. & Elliott, R. (2016). Research methods in clinical psychology: An introduction for students and practitioners (3rd ed.). Chichester: John Wiley & Sons. **(E)**

Cooper, H., Camic, P. M., Long, D. L., Panter, A. T., Rindskopf, D. & Sher, K. J. (Eds.) (2012). APA Handbook of Research Methods in Psychology, Volumes 1-3. Washington, DC: American Psychological Association.

Field, A. (2013). Discovering statistics. London: Sage. **(E)**

Robson, C. (2000) Small-scale evaluation: Principles and practice. London: Sage. **(R)**

Roth, A. D. & Fonagy, P. (Eds.) (2005). What works for whom? A critical review of psychotherapy research. London: Guilford Press. **(B**)

STRAND 4: CLINICAL RESEARCH, DISSEMINATION, AND EVALUATION

UNIT 2: ADVANCED RESEARCH DESIGN AND METHODOLOGY (YEAR 1)

TUTOR: RESEARCH TEAM

1. Competencies

- Can plan and design a piece of independent research that has the potential to extend the forefront of applied psychology theory and practice.
- Ability to utilise the systematic review of the extant theoretical, clinical, and research literature to provide the context and justification for an independent research proposal.
- Can reach an informed decision in choosing an appropriate research design, methodology, and approach to data analysis which best helps to answer the research questions that have arisen, or meet the aims of the research that has been proposed, and demonstrating the ability to be aware of the strengths, constraints, and quality assurance procedures associated with these (e.g. reliability, validity, independent audit, triangulation of data, power analysis).
- Can work collaboratively with practitioners and other stakeholders such as users of clinical services or other organisations in the field through the process of planning and conducting a piece of independent research.
- Can follow codes of professional practice in the conduct of research.
- Can identify a dissemination strategy for reporting the findings arising out of the independent research.

2. Objectives

The trainee will be able to:

- Identify suitable and achievable research aims or questions.
- Justify the need for a piece of independent research on the basis of a rigorous review of the salient literature.
- Adhere to professional codes of practice and guidelines in conducting research (e.g. BPS code of conduct and good practice guidelines for the conduct of psychological research, research governance and ethics procedures, and apply NHS Values to research).
- Explicate and apply appropriate research designs, methodologies, and approaches to data analysis that will be needed to successfully carry out independent research.
- Engage others in the process of initiating and carrying out independent research.
- Appreciate the importance of research and scholarly activity in relation to the advancement of professional practice and services to clients.

3. Content of the Academic Programme

- Advanced quantitative research methodologies, designs and approaches to data analysis.
- Sampling and quality assurance issues in quantitative research designs (e.g. probability and non-probability; opportunistic, random, stratified, validity, reliability).
- Methods of data collection and data analysis (e.g. questionnaires and surveys, semi-structured interviews), their relation to the choice of statistical test or qualitative method of data analysis,

and their suitability in addressing research questions or hypotheses. This is supported by access to web-based resources on research methodology and statistics.

- Conceptual understanding of multivariate statistical analysis (e.g. factor analysis, multiple linear regression) and its suitability to address research questions or hypotheses.
- Understanding qualitative research methodologies, quality assurance issues, underlying epistemologies, and their suitability in addressing research questions or aims.
- Ethical issues in clinical psychology research and the process of applying for R&D Health Research Authority (HRA) approval, and ethics approval.
- Collaborative problem-solving tasks and giving and gaining consultation about research ideas in research groups.
- Presentation of research plans to peers and others including service users and carers in conference format (where possible).

4. Practice Learning

Trainees will:

- Draw on placement experience to develop an understanding of how theoretical frameworks and published research are used and applied on placement, and discuss how issues encountered in practice can be illuminated by theoretically-driven research in the large group and small group teaching.
- As applicable, consult service users and/or carers in the planning, execution, and/or dissemination of their research.

5. Assessment Learning

Summative

- Critical reviews: demonstrate the breadth, depth, and sophistication of the integration that has occurred of the relevant clinical, theoretical and research literature in relation to the topic chosen, and skill in logical argument and critical thinking.
- Major Research Project (MRP) proposal: demonstrates the application of the extant literature in providing a supporting context and justification for the proposed research hypotheses, questions or aims in a clear and concise way, its broad relevance to healthcare, the sustainability and resource implications for the research, appropriateness of research design and method, having addressed ethical considerations, and having secured a research supervisor.

Formative

- Working with research supervisors in developing the research proposal.
- Consultation with members of the researched population in developing the research aims and questions, including service users and carers where applicable.
- Giving and receiving written and verbal feedback and peer assessment on an initial draft research proposal.
- In supervision gauge the extent to which contact has been established and is being maintained with collaborators in the field.

6. Reflective Learning

- Using research tutorials (small-group) to develop, provide and receive feedback on developing the research proposal, and reflecting on the process of giving or receiving feedback.
- Incorporating and making use of the feedback in preparing the research proposal for final submission.
- Using the Research Milestones document, supervision and trainee reviews with the manager to identify emerging research learning needs and competencies that are being built up with regard to research, and issues that have arisen with respect to the management and ability to complete the independent research within the available timescale.

7. Moving from Competencies to Capability

- Critical awareness and ability to assimilate new knowledge to advance clinical and community practice, theory and research (e.g. being able to evaluate new research findings on treatment effectiveness, evaluate psychometric properties of a range of standardised measures and the limitations of these across a range of populations and contexts, developing evidence based practice).
- Increasing service user involvement at all levels of clinical psychology research and practice.
- Ability to disseminate psychological knowledge to a broad range of audiences.
- Ability to remain a critical and reflective consumer of emerging knowledge.
- Ability to creatively reflect on practice and personal experience and to use insights for identifying knowledge and theory gaps that could be addressed by clinical psychology research and development work, either by themselves or others.

8. Key References

The following references are drawn upon as materials specific to the needs of researchers in training; they continue to be widely cited in the literature.

Barker, C., Pistrang, N. & Elliott, R. (2016). Research methods in clinical psychology: An introduction for students and practitioners (3rd ed.). Chichester: John Wiley & Sons. **(E)**

Camic, P. M., Rhodes, J. E. & Yardley, L. (Eds.) (2003). Qualitative research in psychology: Expanding perspectives in methodology and design. Washington, DC: American Psychological Association. **(E)**

Clark-Carter, D. (2010). Quantitative psychological research: The complete student's companion (3rd ed.). Hove: Psychology Press **(E)**

Oppenheim, A. N. (2000). Questionnaire design, interviewing and attitude measurement. London: Continuum International. **(R)**

Willig, C. (2013). Introducing qualitative research in psychology: Adventures in theory and method (3rd ed.). Maidenhead: Open University Press. **(E)**

STRAND 4: RESEARCH, DISSEMINATION, AND EVALUATION

UNIT 3: INTEGRATING RESEARCH, THEORY AND PRACTICE (YEAR 1, 2 AND 3)

TUTOR: RESEARCH TEAM

1. Competencies

- Can negotiate, manage and successfully execute a piece of independent research that is likely to contribute to the discipline of applied/clinical psychology and is suitable to be published in a peer-reviewed journal.
- Ability to maintain a critical, reflexive, and scientific stance throughout the process of carrying out independent research, and in any subsequent dissemination of the research findings.
- Can critique and integrate extant literature at the forefront of clinical psychology, drawing on a broad knowledge base and research findings, and demonstrate ability to highlight the salient issues or implications for theory, research or practice.
- Can disseminate research findings at the appropriate level required for a given target audience paying attention to the conventions or style of dissemination required and the context in which the findings will be received (e.g. short report for research participants, a research report for local service or R&D consumption, peer-reviewed paper, independent research report).
- Ability to defend, critique, justify and reflect on the merits of the independent research that was carried out.
- Ability to identify and collaborate with respective stakeholders and make appropriate use of research supervision or expert advice in the carrying out and dissemination of research.

2. Objectives

The trainee should be able to:

- Demonstrate a working understanding of carrying out and completing a piece of independent research at doctorate level following professional codes of practice.
- Demonstrate advanced knowledge to critique and reflect on theory, practice, and research methodology in relation to conducting research.
- Collaborate, debate, disseminate and write research to publication standard.

3. Content of the Academic Programme

- Individual supervision for the independent research project (MRP).
- Peer led research groups to debate issues related to theory, practice and research methodology to facilitate integration and critical thinking, and group support with data analysis.
- Specialist consultation with research lecturers about advanced data analysis.
- Specialist elective workshops in advanced data.
- Workshop for preparing for the viva voce examination.

4. Practice Learning

- Trainees will be encouraged to reflect on the implications of their own research for clinical psychology practice, and how research might inform or help to develop the theoretical and evidence base for other areas of practice.

5. <u>Assessment Learning</u>

- PPR Critical review: Ability to demonstrate an integrated and critical understanding of the extant literature at the forefront of the field in writing the critical review.
- PPR Direct Work: Ability to identify and comment on the extant research literature and issues arising out of it in relation to direct practice work, and to highlight where there appear to be knowledge gaps and areas for theory development.
- The MRP: Demonstrate knowledge of relevant literature, methodology, understanding of ethical issues, selection of measures (where applicable), data analysis; ability to report findings through the literature review and empirical paper sections; research reporting skills applying to different audiences: for professionals through a peer-reviewed journal submission and in a brief report for relevant organisational staff where the data was collected; for lay readers through dissemination to service users as appropriate; defence of completed research in the viva voce examination.

6. <u>Reflective Learning</u>

- Identifying the learning that has occurred through keeping the research log, and discussion of issues arising out of this in the trainee reviews with the manager.
- Demonstrating the researcher's positioning (in small research groups) in relation to the independent research undertaken, and the impact this may have had on the process of conducting research or the manner in which the findings were understood within the body of the MRP.
- Demonstrating the ability to reflect and critique key aspects of the research undertaken in the critical appraisal and reflective account sections of the independent research report, and during the viva voce examination.
- Thinking about professional development needs in relation to research and working as a reflective scientist-practitioner and clinical-researcher after qualification.

7. <u>Moving from Competencies to Capability</u>

- Ability to use the experience and knowledge gained from carrying out independent research to contribute to further research within health and social care service settings and remain research active in the work setting.
- Contribute to developing innovative research and clinical practice at both a local and national level.
- Ability to collaborate with respective stakeholders and take particular account of involving service users in the planning and carrying out independent or collaborative research.
- Ability to transfer existing research knowledge and skills in supporting colleagues with respect to evaluating the extant knowledge base, carrying out service evaluation, audit or clinical research.
- Ability to supervise clinical research and service evaluation projects.

- Make a professional, research-related contribution to the wider community of clinical psychologists and other mental health disciplines.
- Ability to work with others drawing on the strengths that they have to offer (e.g. with other mental health workers, service users, researchers, advocacy groups) whilst retaining the distinct contribution that clinical psychology can make in collaborative working.

8. Key References

Breakwell, G. M., Smith, J. A. & Wright, D. B. (Eds.) (2012). Research methods in psychology (4th ed.). London: SAGE. **(R)**

Cooper, H., Camic, P. M., Long, D. L., Panter, A. T., Rindskopf, D. & Sher, K. J. (Eds.) (2012). APA Handbook of Research Methods in Psychology, Volumes 1-3. Washington, DC: American Psychological Association.

Marks, D. F. & Yardley, L. (Eds.) (2003). Research methods for clinical and health psychology. London: Sage. **(B)**

Smith, J. A. (Ed.) (2008). Qualitative psychology: A practical guide to research methods (2nd ed.). London: SAGE. **(B)**

Yin, R. K. (2014). Case study research: Design and methods (5th ed.). London: SAGE. **(R)**

STRAND 5: PERSONAL AND PROFESSIONAL DEVELOPMENT

UNIT: RISK AND ETHICS (YEARS 1/2/3)

TUTOR: MARIA GRIFFITHS

(LTS principles – all)

1. Competencies

- To have a detailed and critical understanding of the ethical principles and guidelines which underpin the profession, and to be able to apply these in complex clinical situations.
- To be able to practice in an ethical, reflective and professional manner according to the ethical guidelines laid out by the BPS, the DCP and HCPC.
- To enable the trainee to manage risk appropriately in relation to their clients, the general public, the organisation and themselves.

2. Objectives

- To develop an understanding of the core ethical and philosophical theories on which sound ethical practice is based.
- To know what ethical practice constitutes, according to current professional and legislative guidance, and to be able to practice it.
- To have a detailed understanding of the BPS Code of Conduct, DCP Professional Practice Guidelines, and HCPC Standards of Conduct for both students and qualified practitioners.
- To work at an appropriate level of autonomy with an awareness of personal limits and accepting accountability to relevant professional and service managers.
- To be aware of, understand and apply, relevant legal frameworks and policies within the work context.
- To be able to identify professional situations which are potentially harmful or might involve significant risk (physical or psychological) (e.g. suicide) and take appropriate action.
- To understand the role of clinical governance in relation to risk management.

3. Content of the Academic Programme

Teaching sessions include:

- Introduction to ethics in clinical psychology
- Registration, BPS Code of Conduct, HCPC Standards and disciplinary procedures
- Risk management in the NHS
- Managing threats of self-harm and suicide
- Clinical risk assessment methods
- Organisational risk management
- Managing personal safety

4. Practice Learning

- To use induction periods in each placement to familiarise oneself with relevant policy documents, service regulations and risk management guidelines, to include completion of the Integrated Learning Task on risk in the first year of training.
- To address risk management issues within supervision.
- To reflect on ethical issues and considerations within supervision.

5. Assessment Learning

- Pieces of assessed work must reflect on ethical and risk management issues where pertinent. All work must fit within the ethical framework outlined by the BPS and HCPC.

6. Reflective Learning

This will take place in:

- supervision sessions
- training reviews
- mid-placement visits
- specific teaching sessions
- Reflective journal

7. Moving from Competencies to Capability

- To apply agreed ethical principles and values to complex and novel ethical dilemmas.
- To be able to take in to account a comprehensive range of social, psychological, cultural, professional and moral issues in making sound and ethical decisions about risk in novel contexts.

8. Overlap and Integration with Other Units

- Will overlap with unit on diversity, and in the exploration of how abuses of power can be minimised when working with clients from minority groups.
- The competencies around risk assessment and risk management will need to be integrated with competencies taught on the Forensic and Longer Term needs units.

9. Key References

Beauchamp, T. L., Childress, J. F. (2001). Principles of Biomedical Ethics (6th ed.) Oxford: Oxford University Press. *This is a seminal book on ethical practice in healthcare, a relevant background read still.*

British Psychological Society (2018). Code of ethics and conduct: Guidance published by the Ethics Committee of the British Psychological Society. Leicester: Author. *Available online from:* https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct **(E)**

British Psychological Society (2001). Working in teams. Leicester: Author. **(R)** British Psychological Society. (2017). Practice guidelines. Leicester: British Psychological Society. **(E)** *Available online from:* https://www.bps.org.uk/news-and-policy/practice-guidelines.

Health & Care Professions Council (2016). Information for students and education providers: Guidance on conduct and ethics for students. London: HCPC. *Available online from*:

https://www.hcpc-uk.org/resources/guidance/guidance-on-conduct-and-ethics-for-students/ **(E)**

Health & Care Professions Council (2016). Standards of conduct, performance and ethics. London: HCPC. *Available online from*: http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/ **(E)**

Health & Care Professions Council (2015). Standards of proficiency: Practitioner psychologists. London: HCPC. *Available online from:* http://www.hcpc-uk.org/publications/standards/index.asp?id=198 **(E)**

Kivisto, A. J. (2016). Violence Risk Assessment and Management in Outpatient Clinical Practice. Journal of Clinical Psychology. 72, 4, 329 – 349. doi.org/10.1002/jclp.22243 **(R)**

Knapp, S. (2012). Practical ethics for psychologists: a positive approach. (2nd ed.) American Psychological Association **(B)**

Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E. Pilgrim, D. & Read, J. (2018) The Power, Threat, Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis. Leicester: British Psychological Society. **(R)**

Linehan, M., Comtois, K. & Ward-Ciesielski, E. (2012). Assessing and Managing Risk with Suicidal Individuals. Cognitive and Behavioural Practice. 19, 218 -232. doi.org/10.1016/j.cbpra. 2010.11.008 **(R)**

Yeager, K. R. (Ed.) (2015). Crisis intervention handbook: assessment, treatment and research (4th ed.). Oxford University Press. **(B)**

STRAND 5: PERSONAL AND PROFESSIONAL DEVELOPMENT

UNIT: PROFESSIONAL ROLES AND IDENTITY (YEARS 1/2/3)

TUTOR: KATE FOXWELL *Temporary cover:* ALAN HEBBEN-WADEY

(LTS principles 1-5, 7-9)

1. Competencies

- To develop a critical awareness of the broad range of theories and practices within the profession of clinical psychology, and to have begun to develop their personal and professional identity and viewpoint from within these.
- To develop a professional identity which encompasses the core values and ethical principles that underpin the profession as a whole.
- To practice in a manner that contributes to the development of the profession of clinical psychology.

2. Objectives

- To develop a critical awareness of the trainee's personal development and culture, and how these may shape understanding, professional identity and clinical practice.
- To reflect on personal styles of interactions with other individuals, groups or systems, and the impact that these have on professional work.
- To be aware of the professional boundaries that need to be in place to ensure ethical clinical psychology practice.
- To have gained an understanding of the models of supervision and the supervision process for both supervisor and supervisee.
- To be able to use supervision to reflect on practice and to know when supervision is needed. To make appropriate use of feedback received.
- To be able to practice at an appropriate level of autonomy, with an awareness of the limits of one's competence.
- To be aware of when professional and personal support is needed to maintain standards of practice and to be able develop strategies to handle the emotional and physical impact of our practice.
- To manage one's personal learning needs and develop strategies for meeting these.
- To work collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints.
- To understand the issues involved in the transition from trainee to qualified clinical psychologist.

3. Content of the Academic Programme

The reflective practitioner group.

- Overall, this unit will provide the space to integrate the academic, clinical, research and reflective elements of the course.

- There will be some specific teaching sessions and seminars that aim to facilitate the development of trainees' professional identity and that focus on the development of specific skills.
- Substantial amounts of learning for this unit will take place through teaching sessions on other units.

4. Practice Learning

- Discussion in supervision focused on issues of professional identity and practice.

5. Assessment Learning

- This should be determined in all pieces of assessed work, which must show evidence of a critical awareness of a range of theories and professional practices, and of practice being undertaken in a professional manner.

6. Reflective Learning

This will take place in:

- Training reviews
- Reflective practice group
- Clinical supervision
- Mid-placement visits
- Reflective journal
- Individual teaching sessions

7. Moving from Competencies to Capability

- To develop the capacity to monitor one's own professional skills and identity, and to continue to develop these (e.g. through CPD, supervision, training etc.) in new and changing service contexts and priorities.

8. Overlap and Integration with Other Units

- There will be considerable overlap with a number of other units. Indeed, all other units will contribute to the development of a trainee's professional skills and identity.

9. Key References

British Psychological Society (2009). Code of ethics and conduct: Guidance published by the Ethics Committee of the British Psychological Society. Leicester: Author. *Available online from*: https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy%20-%20Files/Code%20of%20Ethics%20and%20Conduct%20%282009%29.pdf **(E)**

British Psychological Society (2010). The core purpose and philosophy of the profession. *Available online from*: https://www1.bps.org.uk/system/files/Public%20files/DCP/cat-713.pdf **(R)**

British Psychological Society (2014). DCP policy on supervision. *Available online from*: https://www1.bps.org.uk/system/files/Public%20files/inf224_dcp_supervision.pdf

Corrie, S. & Lane, D. (2016). Supervision in the Psychological Professions: Building your own Personalised Model (UK Higher Education OUP Humanities & Social Sciences Counsel). London: Open University Press. **(R)**

Fleming, I. & Steen, L. (Eds.) (2012). Supervision and clinical psychology: Theory, practice and perspectives (2nd ed.). Hove: Routledge. **(E)**

Kinderman, P. (2016). Professional identity of psychologists needs greater clarity and unity. *Available online from*: https://www1.bps.org.uk/blog/presidential/professional-identity-psychologists-needs-greater-clarity-and-unity **(R)**

STRAND 5: PERSONAL AND PROFESSIONAL DEVELOPMENT

UNIT: DIFFERENCE, DIVERSITY AND SOCIAL INEQUALITIES (YEARS 1/2/3)

TUTORS: ALAN HEBBEN-WADEY AND SHREENA UNADKAT

(LTS principles – all)

1. Competencies

- To adapt their clinical, professional and research skills to working with people from a diverse range of backgrounds reflecting the demographic characteristics of the population.
- To adapt their practices to meet wider policy agendas, such as social inclusion.
- To have a thorough understanding of the influence of power and difference and to practice in ways which empower the client.

2. Objectives

- To have a systematic knowledge and understanding of issues of diversity and social inequality which affect the delivery of clinical psychology from the individual to the organization.
- To be familiar with current NHS and other relevant policies and legislation which relate to issues of diversity.
- To be able to critique psychological knowledge and practice from a cultural perspective
- To have reflected on one's own cultural background and identities, and be able to identify and address any issues that might affect clinical practice.
- To have the basic skills necessary to work with people from a wide range of social and cultural backgrounds according to their particular needs and interests.

3. Content of the Academic Programme

- Definitions and models of diversity and of cultural competence
- NHS and other pertinent policies and legislation
- Issues of diversity in the NHS, especially Clinical Psychology
- Patterns and processes of social inequality and their relationship to psychological well-being
- Issues relevant to specific aspects of diversity (e.g. sexuality, faith, gender, class, ethnicity, health status)
- Reflective spaces to consider one's own experiences in relation to working with people from a range of backgrounds.

4. Practice Learning

- To experience work with service users from different backgrounds, cultures and identities.
- To reflect through supervision on one's own competencies with regard to working with people from a range of backgrounds.
- To have contact with voluntary organizations representing different communities, understanding their different perspectives and needs.

- To consider accessibility and appropriateness of psychological service provision for different groups.
- To use the placement induction to start to understand the population served by the relevant service and their particular service needs.

5. Assessment Learning

- To have considered within the Professional Practice Reports the cultural context of the client(s) and the implications of this for the subsequent intervention and outcome.
- To have considered within the critical reviews issues of generalisability of bodies of knowledge to a range of individuals and contexts, including theory and research from the wider psychological literature.
- To be aware of how issues of diversity might influence the production of research and the applicability of findings through completing the research components of the programme.

6. Reflective Learning

This will take place in:

- Training reviews
- Reflective practitioner group
- Reflective journal
- Clinical supervision
- Mid-placement reviews

7. Moving from Competencies to Capability

- To be capable of working with complex clients and services within unique settings that require advanced understanding of the cultural issues specific to that group, and to also have an understanding of how one's own background might limit or advantage that work and take appropriate action.

8. Key References

Dalal, F. (2012). Thought paralysis: The virtues of discrimination. London: Karnac. **(B)** *Valuable background text using group analysis to understand relations of difference.*

Fernando, S. (2017). Institutional racism in psychiatry and clinical psychology: Race matters in mental health. London: Palgrave Macmillan. **(R)**

Keating, F. (2016). Racialized Communities, Producing Madness and Dangerousness. Intersectionalities, 5, (Special Issue: Mad Studies: Intersections with Disability Studies, Social Work, and 'Mental Health') p.173-185.

Marmot, M. (2010). Fair society, healthier lives. (The Marmot Review*). Available online from:* https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf **(R)** *Most recent, thorough and comprehensive review of health inequalities in the UK.*

McKenzie-Mavinga, I. (2016). The Challenge of Racism in Therapeutic Practice: Engaging with Oppression in Practice and Supervision. London, UK: Palgrave.

Ryde, J. (2009). Being White in the helping professions: Developing effective intercultural awareness. London: Jessica Kingsley. **(R)** *Main UK text on working as a White therapist*.

STRAND 5: PERSONAL AND PROFESSIONAL DEVELOPMENT

UNIT: THE REFLECTIVE PRACTITIONER GROUP (YEARS 1/2/3) - SUMMARY

TUTOR: MARGIE CALLANAN

The reflective practitioner group provides a forum for reflective discussion and dialogue in a confidential and facilitated environment. The intention is that by providing a space for issues and experiences to be voiced and explored, the group will help trainees fulfil their major task of completing and learning from the programme and becoming effective and ethical reflective-scientist practitioners. Enabling trainees to become reflective practitioners is considered an essential part of the training. At a personal-professional level this includes developing the capacity and robustness to acknowledge and work with personal experience and to be open to personal feedback from others. It also involves developing sensitivity to the direct experience of others in a relational context. In addition to these aspects the group also provides a direct experience of group processes that complements formal teaching in this area. The aims of the group are:

- to promote reflective practice, self-reflection and personal awareness;
- to promote learning about working with and within groups/teams;
- to provide a forum for reflection on issues relating to the interface between the experience of individuals in the year group, the year group as a whole, the course and the wider context.

Attendance at the group is mandatory and this is monitored by managers. Discussion in the group remains confidential and no formal assessment is involved. Further information about the reflective groups and their role in the Personal and Professional Development Policy of the programme is available in Section 9 of the Programme Handbook.

The groups are constitutes of three or four trainees from each of the three year groups. Nine groups run in parallel.

<u>References of interest</u>

On findings regarding structure and use of process in group supervision

Brink, P., Back-Pettersson, S. & Sernert, N. (2012) Group supervision as a means of developing professional competence within pre-hospital care. International Emergency Nursing, 20, 76-82

A book on Post-Foulkesian Group Analytic Theory for those interested in a wider and deeper read…

Dalal, F. (1998). Taking the Group Seriously. International Library of Group Analysis. Jessica Kingsley Publishers: London, ISBN 978-1-85302-642-3

On students in RPG

Gallagher, L., Lawler, D., Brady, V., O'Boyle, C. Deasy, A. & Muldoon, K. (2017). An evaluation of the appropriateness and effectiveness of structured reflection for midwifery students in Ireland. Nurse Education in Practice. 22, 7-14

Gillmer, B. & Marckus, R. (2003). Personal professional development in clinical psychology training: surveying reflective practice. Clinical Psychology, 27, 20-23

Heneghan, C., Wright, J. & Watson, G. (2014). Clinical psychologists' experience of reflective staff groups in inpatient settings: A mixed methods study. Clinical Psychology and Psychotherapy. 21, 324-340

Looking at themes found to be 'barriers' in RP – interesting read though rather old paper

Platzer, H., Blake, D. and Ashford, D. (2000). Barriers to learning from reflection: a study of the use of group work with post-registration nurses. Journal of Advanced Nursing, 31, 1001-1008

STRAND 5: PERSONAL AND PROFESSIONAL DEVELOPMENT

UNIT: ENDINGS WORKSHOP (YEAR 3) - SUMMARY

TUTOR: RACHEL WHATMOUGH *Temporary cover:* MARGIE CALLANAN

The Endings Workshop occurs at the end of training and is the final element of the academic programme. Taking place over two full days the facilitated experiential workshop provides an opportunity for third year departing trainees to reflect upon and discuss their experience of the training course as a whole, to think together about what the training has meant for them, and start to prepare themselves for the transition to becoming fully qualified practitioners. Day one focuses on trainee reflection on their experience of the course and training. Members of the staff team join for a part of this day to allow for conversation and sharing on these themes. Day two focuses upon looking to the future and the transition to fully qualified status. To facilitate this process, a small group of newly qualified practitioners from the previous year's cohort return for part of the day to share their experiences thus far, and also provide survey data on their jobs and experiences one year on. The workshop is facilitated by a Group Consultant external to the training programme who is experienced in large group process.

The aims of the workshop are as follows:

- To facilitate the processing of some of the collective, and different experiences of training
- To allow an opportunity for the departing cohort to address endings issues in relation to each other and to the programme.
- To facilitate the transition from training to employment.
- To complement the sessions of preparation for employment.

STRAND 6: ADDITIONAL PROFESSIONAL COMPETENCIES – BRIEF SUMMARIES

UNIT: PRE-PROGRAMME ORIENTATION DAY

Three months or so before starting the programme, prospective trainees are invited to the Institute for a day to meet some staff and get some further information to help prepare for training. The day consists of information-giving (administrative issues relating to employment and other matters); small group work to meet other members of the cohort and share working experiences to date and a session based on 'Room 101' where staff present 'pet-hates' from the world that are relevant to current debates in Clinical Psychology.

Trainees are given a list of reading and references to consider over the Summer before training begins:

If you would like to do some psychology related preparation over the summer, here is a list of books, films and websites (in no particular order), suggested by the staff team at Salomons, which we hope you find interesting.

Books

- 'A Monster Calls' by Patrick Ness - *Teen fiction about a boy who has strange visitations from a tree spirit which may (or may not) be his subconscious mind. Also made into an interesting film.*
- 'Elizabeth is Missing' (2015) by Emma Healey - *dementia and carer stress*.
- 'The Comforts of Madness' (1988) by Paul Sayer - *psychosis, trauma and institutional care*.
- 'An Unquiet Mind' (1985) by Kay Jamison - *a personal account of living with bipolar affective disorder.*
- 'The 10pm Question' (2010) by Kate De Goldi - *agoraphobia, parental mental health, young carers, child anxiety.*
- The Places You'll Go! (1990) by Dr Suess -*a children's book/ poem*
- The Illustrated Mum (1999) by Jacqueline Wilson - *a children's book about a young person dealing with a mother with mental health issues.*
- Breakdown (1976) by Stuart Sutherland. - *the first part is a really vivid experience of having a breakdown – medication is his salvation which makes for interesting reading*.
- McCormack, C. (2009). The Wee Yellow Butterfly. Argyll Publishing. *Cathy McCormack's inspiring story of how, from unpromising beginnings, she has spent her life committed to seeking justice and finding fulfilment. For those 'trapped in a toxic mixture of economic circumstance and bad politics', life can be hard. Yet, as Cathy McCormack's story shows, a strong spirit and a refusal to accept what is given can release energy and creativity for individuals and their communities.*
- The Bell Jar by Sylvia Plath (1967). *Famous poet's only novel, about breakdown and recovery of a young woman.*
- 'Mad Girl' by Bryony Gordon (2016) –a *compassionate insightful book about 'losing one's mind'.*

Poems

- 'Ithaka' by C P Cavafy –*about life's journey*
- 'Funeral Blues' by W H Auden - *about grief*.

Websites

- Rai Waddingham's site - *about her experience of mental illness* http://www.behindthelabel.co.uk/
- TED talk by Eleanor Longden: https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head
- *An online series of interviews and brief videos relating to music and dementia* from Rolling Stone magazine: http://www.rollingstone.com/music/features/elvis-costello-talks-personal-reasons-behind-new-alzheimers-psa-w465152
- *Service users with experience of a psycho-educational art therapy course following psychotic episode - talking about their experience of the course, featuring some of their artworks*. https://m.youtube.com/watch?v=5edMeaXQJLI&feature=youtu.be

Films

- 'Inside Out' (Disney & Pixar, 2015) - *Riley is uprooted from her Midwest life when her father starts a new job in San Francisco. Riley is guided by her emotions – Joy, Fear, Anger, Disgust and Sadness. The emotions live in Headquarters, the control centre inside Riley's mind, where they help advise her through everyday life. As Riley and her emotions struggle to adjust to a new life in San Francisco, turmoil ensues in Headquarters. Although Joy, Riley's main and most important emotion, tries to keep things positive, the emotions conflict on how best to navigate a new city, house and school*.
- A Beautiful Mind - Howard, R., & Nasar, S. (2006). *Based on the true story of a brilliant mathematician, telling how he overcame years of suffering through schizophrenia to win the Nobel Prize.*
- What's Eating Gilbert Grape (1993). *After his father's death, Gilbert has to care for his mentally disabled brother, Arnie.*
- Girl Interrupted (1999). *Based on the best-selling 1993 memoir by American author Susanna Kaysen, relating her experiences as a young woman in a psychiatric hospital in the 1960s after being diagnosed with borderline personality disorder.*
- Iris (2001) - *tells the true story of Irish novelist Iris Murdoch and her relationship with John Bayley. The film contrasts the start of their relationship, and their later life when Murdoch was suffering from Alzheimer's disease.*

STRAND 6: ADDITIONAL PROFESSIONAL COMPETENCIES – BRIEF SUMMARIES

UNIT: INDUCTION (INCLUDING NHS EMPLOYERS INDUCTION), AND ASSESSMENT BRIEFINGS MANDATORY TRAINING (PRIMARILY YEAR 1)

ADMIN AND ACADEMIC STAFF/SURREY AND BORDERS

Trainees are provided with a general administrative introduction to the training by programme administrative staff. Most NHS Trusts have introduced requirements for the induction training of their employees, they have, however, established different specifications for what they consider to be "mandatory" training and have generally not drawn up guidelines for groups of staff like Clinical Psychology trainees who are centrally employed and may be working within particular Trusts for only a limited period. In order to provide a timely induction and avoid uncertainty on placements an NHS induction training package for all trainees commencing the programme is provided by Surrey and Borders Partnership NHS Foundation Trust on behalf of all NHS placement providers.

The induction has been designed in light of data gathered from individual Trusts about their induction requirements and covers a range of widely recognised NHS induction areas. This includes vulnerable adults, data protection, manual handling, child protection, fire training and training in conflict resolution and disengagement. Training may also be provided on specific systems of electronic record keeping, such as RIO. The induction package is reviewed annually in light of feedback and changing service requirements.

Trainees are provided with a written statement of the areas covered by the induction so that they can clearly inform host Trusts of the areas where induction training has already been provided. It is hoped that this will enable host Trusts to identify and tailor any additional induction requirements to those specific to work within the local Trust setting (for example to local health and safety procedures or clinical policies) and thus avoid unnecessary duplication. Decisions about these additional induction requirements are determined by placement providers.

STRAND 6: ADDITIONAL PROFESSIONAL COMPETENCIES

TRAINEE LIAISON MEETINGS (YEARS 1/2/3)

TUTOR: JOHN MCGOWAN

As discussed in Section 1.10.3 all cohorts throughout the Programme have the opportunity for regular (usually six times per academic year) hour long meetings with members of the Programme Team. These meetings provide a regular forum for communication between staff and trainees. The issues that arise in these meetings include information giving and discussion of problems/issues arising from the Programme. The meetings also provide a space for discussion of issues current issues and professional dilemmas relating to Trainees' development as practitioners. These meetings are normally convened by a director. A team of staff are allocated to a year group for liaison meetings throughout the three years.

STRAND 6: ADDITIONAL PROFESSIONAL COMPETENCIES

ADVANCED READING SEMINARS (YEAR 3)

TUTOR: JOHN MCGOWAN

These seminars provide an opportunity for trainees to work in small groups with a facilitator to think about and reflect on key papers relevant to an important area of clinical psychology theory and/or practice. Trainees are invited to choose the seminar they wish to engage in. Trainees will be expected to read chosen paper(s) in advance of each seminar and take an active role in contributing to the discussion in each group. As well as small group work the seminars are intended to provide more specialist teaching in areas both interesting to and useful for the trainees.

Each seminar consists of four two-hour sessions spaced over several months. Between four and six different seminar topics will usually be offered each year. Places in the seminar groups are allocated according to trainee preference. Participant numbers are usually (though not always) a minimum of six and a maximum of 11. The seminars offered are intended to cover a wide range of topics and to address interests in all of the main care groups relevant to clinical psychology, (adult mental health, child learning disabilities, older people, and clinical health psychology). Most recently the seminars have also encompassed teaching from the Salomons Advisory Group of Experts (comprised of service users), and neuropsychology.

Examples of recent seminars are available on the Academic Blackboard. Recent Seminars include: relieving key papers looking at psychoanalytic conceptualisations on defences against psychic pain, in depth consideration of the role of power in mental health and the personal service user experience of practitioners in mental health.

STRAND 6: ADDITIONAL PROFESSIONAL COMPETENCIES

UNIT: SPECIALIST OPTIONS

TUTOR: JOHN MCGOWAN

The Specialist Options unit was introduced to the programme for the 2011 intake onwards. The aim is to provide additional specialist academic input on areas of particular relevance to the NHS (e.g. greater knowledge of specific therapeutic skills). It is also intended what the programme will provide options of particular interest and relevance to the trainees. The Specialist Options unit offers a range of choices (most likely three or four) and that these, to an extent, vary from year to year according to the priorities of the programme stakeholders

As with the Advanced Reading Seminars the trainees will make a choice as to which available option they elect for. In so far as possible the choice of option will be paired with practice learning in a relevant clinical placement. It is also envisaged that Clinical Psychologists post-qualification may join with the trainees and attend these specialist options. Options usually occur in a week long teaching block at the beginning of the third year to facilitate linkage with specialist placements.