

**Salomons Institute for Applied Psychology**

## DOCTORATE IN CLINICAL PSYCHOLOGY

**TRAINEE PRACTICE LEARNING PORTFOLIO**

**Trainee: ..............................................................**

**Year commenced training: ……………………..**

**Manager: ……………………………………………**

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**Note to anyone editing these pages**

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*Section A stage summaries to be completed by the trainee and signed by both trainee and supervisor. Cumulative summaries to be completed and signed by trainee.*

*Section B competency logs to be completed by the trainee and agreed with supervisor. Both to sign.*

*Section C to be completed by the trainee and agreed with supervisor. Both to sign.*

## Section A: Logs of clinical and indirect/strategic organisational influence experiences.

There are four types of logs covering two areas of professional practice learning experience. All four should be completed or updated for each placement:

## A1 Placement log of clinical experiences

All clinical contacts and clinical activity should be recorded in this log. It is likely to document clinical assessments and interventions, involving face-to-face work with service users, their carers and families. However, indirect work and time spent liaising or consulting with others about a person should also be noted.

Please record only clinical contacts where you are the principal or joint lead.

**A2 Cumulative summary of clinical experiences**

As for A1 above but summarizing the clinical activity information for all placements to date.

**A3 Placement log of indirect & strategic organisational influence experiences**

This log should be used to record all other types of professional activity such as teaching, training, presentations, research activity, inter-professional liaison, multidisciplinary work, supervision, consultancy, service development, service user involvement work, leadership experiences etc.

**A4 Cumulative summary of indirect & strategic organisational influence experiences**

As for A3 above but summarizing professional practice experiences for all placements to date.

Individual placement clinical experiences and indirect/strategic influence experiences logs should be signed off by the placement supervisor.

Cumulative summaries should be used by trainees and their managers to plan future learning opportunities on subsequent placements, for instance at Training Reviews and when meeting to determine training needs for the next placement.

Practice Learning Portfolio: A1 – Placement log of clinical experiences

**Trainee.............................................. Placement type ……………………………………….**

|  |
| --- |
| **1** |

**For Stage of training:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICE USER DEMOGRAPHICS** | | | | | | | |
| Total Clients |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Sex** | | | | | | | |
| Female |  |  | Male |  |  | Non-Binary |  |
|  |  |  |  |  |  |  |  |
| **Age** | | | | | | | |
| < 5 |  |  | 25 - 34 |  |  | 65 - 75 |  |
| 5 - 11 |  |  | 35 - 44 |  |  | 75 + |  |
| 12 - 18 |  |  | 45 - 54 |  |  |  |  |
| 19 - 24 |  |  | 55 - 64 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Ethnicity (ONS 2011)** | | | | | | | |
| **White** | |  | **Mixed/Multiple ethnic groups** | |  | **Asian/Asian British** | |
| White British (Eng/Welsh/Scot/NI) |  |  | White and Black Caribbean |  |  | Indian |  |
| White Irish |  |  | White and Black African |  |  | Pakistani |  |
| White Gypsy or Irish Traveller |  |  | White and Asian |  |  | Bangladeshi |  |
| White Other |  |  | Other Mixed/Multiple ethnicity |  |  | Chinese |  |
|  |  |  |  |  |  | Asian Other |  |
| **Black/African/Caribbean/**  **Black British** | |  | **Other ethnic group** | |  |  |  |
| African |  |  | Arab |  |  |  |  |
| Caribbean |  |  | Other |  |  |  |  |
| Black/African/Caribbean Other |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Social Class** | | | | | | | |
| 1.1 – Employers, senior managers |  |  | 3 – Intermediate |  |  | 6 – Semi-routine |  |
| 1.2 – Higher professionals |  |  | 4 – Small employers |  |  | 7 – Routine |  |
| 2– Intermediate professionals |  |  | 5 – Low supervisory |  |  | 8 – Long term unemployed |  |
|  |  |  |  |  |  |  |  |
| **Religion** | | | | | | | |
| Christian |  |  | Jewish |  |  | Other |  |
| Buddhist |  |  | Muslim |  |  | Not Applicable |  |
| Hindu |  |  | Sikh |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **CLINICAL DATA** | | | | | | | |
| **Problem Area** | | | | |  |  |  |
| Biological/Health |  |  | Emotional/Behavioural |  |  |  |  |
| Cognitive Function |  |  | Social/Interpersonal |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Duration** | | | | |  |  |  |
| < 1 year |  |  | < 10 years |  |  |  |  |
| < 5 years |  |  | > 10 years |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Severity** | | | | | | | |
| Mild |  |  | Moderate |  |  | Severe |  |
|  |  |  |  |  |  |  |  |
| **Challenging Behaviour** | |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Life Events** | | | | | | | |
| Bereavement/Loss |  |  | Abuse |  |  | Other |  |
| Health |  |  | Trauma |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Disabilities** | | | | | | | |
| Communication |  |  | Mobility |  |  | Other |  |
| Learning |  |  | Sensory |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **ACTIVITY DATA** | | | | | | | |
| **Role** | | | | | | | |
| Observation |  |  | Independent Work |  |  | Joint Work |  |
|  |  |  |  |  |  |  |  |
| **Activity** | | | | | | | |
| Assessment Only |  |  | Assessment & Intervention |  |  | Intervention Only |  |
|  |  |  |  |  |  |  |  |
| **Mode of Work** | | | | |  |  |  |
| Individual |  |  | Family |  |  |  |  |
| Couple |  |  | Group |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Type of Work** | | | | | | | |
| Direct |  |  | Indirect - Carers |  |  | Indirect - Staff |  |
|  |  |  |  |  |  |  |  |
| **Contact Time (D = Direct, C = Consultation/Liaison)** | | | | | | | |
| < 2 hours |  |  | < 10 hours |  |  | < 25 hours |  |
| < 5 hours |  |  | < 15 hours |  |  | 25 + hours |  |
|  |  |  |  |  |  |  |  |
| **Assessment Methods** | | | | | | | |
| Interview |  |  | Self-Report Tools |  |  | Neuropsychology Tests |  |
| Observations |  |  | Standardised Tests |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Models** | | | | | | | |
| Behavioural |  |  | Systemic |  |  | Community/critical |  |
| Cognitive Behavioural (CBT) |  |  | Cognitive analytic (CAT) |  |  | Other (specify) |  |
| Psychodynamic |  |  | Integrative |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Service Setting** | | | | |  |  |  |
| Primary Care |  |  | In-Patient/Residential |  |  |  |  |
| Secondary |  |  | Other e.g. third sector  (specify) |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Confirmed and signed by:* |  |  |  |  |  |  |  |
| Trainee: | | | Supervisor: | | | Date: | |
|  | | |  | | |  | |

**Practice Learning Portfolio: A1 – Placement log of clinical experiences**

**Trainee.............................................. Placement type ……………………………………….**

|  |
| --- |
| **2a** |

**For Stage of training:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICE USER DEMOGRAPHICS** | | | | | | | |
| Total Clients |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Sex** | | | | | | | |
| Female |  |  | Male |  |  | Non-Binary |  |
|  |  |  |  |  |  |  |  |
| **Age** | | | | | | | |
| < 5 |  |  | 25 - 34 |  |  | 65 - 75 |  |
| 5 - 11 |  |  | 35 - 44 |  |  | 75 + |  |
| 12 - 18 |  |  | 45 - 54 |  |  |  |  |
| 19 - 24 |  |  | 55 - 64 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Ethnicity (ONS 2011)** | | | | | | | |
| **White** | |  | **Mixed/Multiple ethnic groups** | |  | **Asian/Asian British** | |
| White British (Eng/Welsh/Scot/NI) |  |  | White and Black Caribbean |  |  | Indian |  |
| White Irish |  |  | White and Black African |  |  | Pakistani |  |
| White Gypsy or Irish Traveller |  |  | White and Asian |  |  | Bangladeshi |  |
| White Other |  |  | Other Mixed/Multiple ethnicity |  |  | Chinese |  |
|  |  |  |  |  |  | Asian Other |  |
| **Black/African/Caribbean/**  **Black British** | |  | **Other ethnic group** | |  |  |  |
| African |  |  | Arab |  |  |  |  |
| Caribbean |  |  | Other |  |  |  |  |
| Black/African/Caribbean Other |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Social Class** | | | | | | | |
| 1.1 – Employers, senior managers |  |  | 3 – Intermediate |  |  | 6 – Semi-routine |  |
| 1.2 – Higher professionals |  |  | 4 – Small employers |  |  | 7 – Routine |  |
| 2– Intermediate professionals |  |  | 5 – Low supervisory |  |  | 8 – Long term unemployed |  |
|  |  |  |  |  |  |  |  |
| **Religion** | | | | | | | |
| Christian |  |  | Jewish |  |  | Other |  |
| Buddhist |  |  | Muslim |  |  | Not Applicable |  |
| Hindu |  |  | Sikh |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **CLINICAL DATA** | | | | | | | |
| **Problem Area** | | | | |  |  |  |
| Biological/Health |  |  | Emotional/Behavioural |  |  |  |  |
| Cognitive Function |  |  | Social/Interpersonal |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Duration** | | | | |  |  |  |
| < 1 year |  |  | < 10 years |  |  |  |  |
| < 5 years |  |  | > 10 years |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Severity** | | | | | | | |
| Mild |  |  | Moderate |  |  | Severe |  |
|  |  |  |  |  |  |  |  |
| **Challenging Behaviour** | |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Life Events** | | | | | | | |
| Bereavement/Loss |  |  | Abuse |  |  | Other |  |
| Health |  |  | Trauma |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Disabilities** | | | | | | | |
| Communication |  |  | Mobility |  |  | Other |  |
| Learning |  |  | Sensory |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **ACTIVITY DATA** | | | | | | | |
| **Role** | | | | | | | |
| Observation |  |  | Independent Work |  |  | Joint Work |  |
|  |  |  |  |  |  |  |  |
| **Activity** | | | | | | | |
| Assessment Only |  |  | Assessment & Intervention |  |  | Intervention Only |  |
|  |  |  |  |  |  |  |  |
| **Mode of Work** | | | | |  |  |  |
| Individual |  |  | Family |  |  |  |  |
| Couple |  |  | Group |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Type of Work** | | | | | | | |
| Direct |  |  | Indirect - Carers |  |  | Indirect - Staff |  |
|  |  |  |  |  |  |  |  |
| **Contact Time (D = Direct, C = Consultation/Liaison)** | | | | | | | |
| < 2 hours |  |  | < 10 hours |  |  | < 25 hours |  |
| < 5 hours |  |  | < 15 hours |  |  | 25 + hours |  |
|  |  |  |  |  |  |  |  |
| **Assessment Methods** | | | | | | | |
| Interview |  |  | Self-Report Tools |  |  | Neuropsychology Tests |  |
| Observations |  |  | Standardised Tests |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Models** | | | | | | | |
| Behavioural |  |  | Systemic |  |  | Community/critical |  |
| Cognitive Behavioural (CBT) |  |  | Cognitive analytic (CAT) |  |  | Other (specify) |  |
| Psychodynamic |  |  | Integrative |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Service Setting** | | | | |  |  |  |
| Primary Care |  |  | In-Patient/Residential |  |  |  |  |
| Secondary |  |  | Other e.g. third sector  (specify) |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Confirmed and signed by:* |  |  |  |  |  |  |  |
| Trainee: | | | Supervisor: | | | Date: | |
|  | | |  | | |  | |

**Practice Learning Portfolio: A1 – Placement log of clinical experiences**

**Trainee.............................................. Placement type ……………………………………….**

|  |
| --- |
| **2b** |

**For Stage of training:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICE USER DEMOGRAPHICS** | | | | | | | |
| Total Clients |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Sex** | | | | | | | |
| Female |  |  | Male |  |  | Non-Binary |  |
|  |  |  |  |  |  |  |  |
| **Age** | | | | | | | |
| < 5 |  |  | 25 - 34 |  |  | 65 - 75 |  |
| 5 - 11 |  |  | 35 - 44 |  |  | 75 + |  |
| 12 - 18 |  |  | 45 - 54 |  |  |  |  |
| 19 - 24 |  |  | 55 - 64 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Ethnicity (ONS 2011)** | | | | | | | |
| **White** | |  | **Mixed/Multiple ethnic groups** | |  | **Asian/Asian British** | |
| White British (Eng/Welsh/Scot/NI) |  |  | White and Black Caribbean |  |  | Indian |  |
| White Irish |  |  | White and Black African |  |  | Pakistani |  |
| White Gypsy or Irish Traveller |  |  | White and Asian |  |  | Bangladeshi |  |
| White Other |  |  | Other Mixed/Multiple ethnicity |  |  | Chinese |  |
|  |  |  |  |  |  | Asian Other |  |
| **Black/African/Caribbean/**  **Black British** | |  | **Other ethnic group** | |  |  |  |
| African |  |  | Arab |  |  |  |  |
| Caribbean |  |  | Other |  |  |  |  |
| Black/African/Caribbean Other |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Social Class** | | | | | | | |
| 1.1 – Employers, senior managers |  |  | 3 – Intermediate |  |  | 6 – Semi-routine |  |
| 1.2 – Higher professionals |  |  | 4 – Small employers |  |  | 7 – Routine |  |
| 2– Intermediate professionals |  |  | 5 – Low supervisory |  |  | 8 – Long term unemployed |  |
|  |  |  |  |  |  |  |  |
| **Religion** | | | | | | | |
| Christian |  |  | Jewish |  |  | Other |  |
| Buddhist |  |  | Muslim |  |  | Not Applicable |  |
| Hindu |  |  | Sikh |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **CLINICAL DATA** | | | | | | | |
| **Problem Area** | | | | |  |  |  |
| Biological/Health |  |  | Emotional/Behavioural |  |  |  |  |
| Cognitive Function |  |  | Social/Interpersonal |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Duration** | | | | |  |  |  |
| < 1 year |  |  | < 10 years |  |  |  |  |
| < 5 years |  |  | > 10 years |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Severity** | | | | | | | |
| Mild |  |  | Moderate |  |  | Severe |  |
|  |  |  |  |  |  |  |  |
| **Challenging Behaviour** | |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Life Events** | | | | | | | |
| Bereavement/Loss |  |  | Abuse |  |  | Other |  |
| Health |  |  | Trauma |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Disabilities** | | | | | | | |
| Communication |  |  | Mobility |  |  | Other |  |
| Learning |  |  | Sensory |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **ACTIVITY DATA** | | | | | | | |
| **Role** | | | | | | | |
| Observation |  |  | Independent Work |  |  | Joint Work |  |
|  |  |  |  |  |  |  |  |
| **Activity** | | | | | | | |
| Assessment Only |  |  | Assessment & Intervention |  |  | Intervention Only |  |
|  |  |  |  |  |  |  |  |
| **Mode of Work** | | | | |  |  |  |
| Individual |  |  | Family |  |  |  |  |
| Couple |  |  | Group |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Type of Work** | | | | | | | |
| Direct |  |  | Indirect - Carers |  |  | Indirect - Staff |  |
|  |  |  |  |  |  |  |  |
| **Contact Time (D = Direct, C = Consultation/Liaison)** | | | | | | | |
| < 2 hours |  |  | < 10 hours |  |  | < 25 hours |  |
| < 5 hours |  |  | < 15 hours |  |  | 25 + hours |  |
|  |  |  |  |  |  |  |  |
| **Assessment Methods** | | | | | | | |
| Interview |  |  | Self-Report Tools |  |  | Neuropsychology Tests |  |
| Observations |  |  | Standardised Tests |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Models** | | | | | | | |
| Behavioural |  |  | Systemic |  |  | Community/critical |  |
| Cognitive Behavioural (CBT) |  |  | Cognitive analytic (CAT) |  |  | Other (specify) |  |
| Psychodynamic |  |  | Integrative |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Service Setting** | | | | |  |  |  |
| Primary Care |  |  | In-Patient/Residential |  |  |  |  |
| Secondary |  |  | Other e.g. third sector  (specify) |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Confirmed and signed by:* |  |  |  |  |  |  |  |
| Trainee: | | | Supervisor: | | | Date: | |
|  | | |  | | |  | |

**Practice Learning Portfolio: A1 – Placement log of clinical experiences**

**Trainee.............................................. Placement type ……………………………………….**

|  |
| --- |
| **3a** |

**For Stage of training:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICE USER DEMOGRAPHICS** | | | | | | | |
| Total Clients |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Sex** | | | | | | | |
| Female |  |  | Male |  |  | Non-Binary |  |
|  |  |  |  |  |  |  |  |
| **Age** | | | | | | | |
| < 5 |  |  | 25 - 34 |  |  | 65 - 75 |  |
| 5 - 11 |  |  | 35 - 44 |  |  | 75 + |  |
| 12 - 18 |  |  | 45 - 54 |  |  |  |  |
| 19 - 24 |  |  | 55 - 64 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Ethnicity (ONS 2011)** | | | | | | | |
| **White** | |  | **Mixed/Multiple ethnic groups** | |  | **Asian/Asian British** | |
| White British (Eng/Welsh/Scot/NI) |  |  | White and Black Caribbean |  |  | Indian |  |
| White Irish |  |  | White and Black African |  |  | Pakistani |  |
| White Gypsy or Irish Traveller |  |  | White and Asian |  |  | Bangladeshi |  |
| White Other |  |  | Other Mixed/Multiple ethnicity |  |  | Chinese |  |
|  |  |  |  |  |  | Asian Other |  |
| **Black/African/Caribbean/**  **Black British** | |  | **Other ethnic group** | |  |  |  |
| African |  |  | Arab |  |  |  |  |
| Caribbean |  |  | Other |  |  |  |  |
| Black/African/Caribbean Other |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Social Class** | | | | | | | |
| 1.1 – Employers, senior managers |  |  | 3 – Intermediate |  |  | 6 – Semi-routine |  |
| 1.2 – Higher professionals |  |  | 4 – Small employers |  |  | 7 – Routine |  |
| 2– Intermediate professionals |  |  | 5 – Low supervisory |  |  | 8 – Long term unemployed |  |
|  |  |  |  |  |  |  |  |
| **Religion** | | | | | | | |
| Christian |  |  | Jewish |  |  | Other |  |
| Buddhist |  |  | Muslim |  |  | Not Applicable |  |
| Hindu |  |  | Sikh |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **CLINICAL DATA** | | | | | | | |
| **Problem Area** | | | | |  |  |  |
| Biological/Health |  |  | Emotional/Behavioural |  |  |  |  |
| Cognitive Function |  |  | Social/Interpersonal |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Duration** | | | | |  |  |  |
| < 1 year |  |  | < 10 years |  |  |  |  |
| < 5 years |  |  | > 10 years |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Severity** | | | | | | | |
| Mild |  |  | Moderate |  |  | Severe |  |
|  |  |  |  |  |  |  |  |
| **Challenging Behaviour** | |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Life Events** | | | | | | | |
| Bereavement/Loss |  |  | Abuse |  |  | Other |  |
| Health |  |  | Trauma |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Disabilities** | | | | | | | |
| Communication |  |  | Mobility |  |  | Other |  |
| Learning |  |  | Sensory |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **ACTIVITY DATA** | | | | | | | |
| **Role** | | | | | | | |
| Observation |  |  | Independent Work |  |  | Joint Work |  |
|  |  |  |  |  |  |  |  |
| **Activity** | | | | | | | |
| Assessment Only |  |  | Assessment & Intervention |  |  | Intervention Only |  |
|  |  |  |  |  |  |  |  |
| **Mode of Work** | | | | |  |  |  |
| Individual |  |  | Family |  |  |  |  |
| Couple |  |  | Group |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Type of Work** | | | | | | | |
| Direct |  |  | Indirect - Carers |  |  | Indirect - Staff |  |
|  |  |  |  |  |  |  |  |
| **Contact Time (D = Direct, C = Consultation/Liaison)** | | | | | | | |
| < 2 hours |  |  | < 10 hours |  |  | < 25 hours |  |
| < 5 hours |  |  | < 15 hours |  |  | 25 + hours |  |
|  |  |  |  |  |  |  |  |
| **Assessment Methods** | | | | | | | |
| Interview |  |  | Self-Report Tools |  |  | Neuropsychology Tests |  |
| Observations |  |  | Standardised Tests |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Models** | | | | | | | |
| Behavioural |  |  | Systemic |  |  | Community/critical |  |
| Cognitive Behavioural (CBT) |  |  | Cognitive analytic (CAT) |  |  | Other (specify) |  |
| Psychodynamic |  |  | Integrative |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Service Setting** | | | | |  |  |  |
| Primary Care |  |  | In-Patient/Residential |  |  |  |  |
| Secondary |  |  | Other e.g. third sector  (specify) |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Confirmed and signed by:* |  |  |  |  |  |  |  |
| Trainee: | | | Supervisor: | | | Date: | |
|  | | |  | | |  | |

**Practice Learning Portfolio: A1 – Placement log of clinical experiences**

**Trainee.............................................. Placement type ……………………………………….**

|  |
| --- |
| **3b** |

**For Stage of training:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICE USER DEMOGRAPHICS** | | | | | | | |
| Total Clients |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Sex** | | | | | | | |
| Female |  |  | Male |  |  | Non-Binary |  |
|  |  |  |  |  |  |  |  |
| **Age** | | | | | | | |
| < 5 |  |  | 25 - 34 |  |  | 65 - 75 |  |
| 5 - 11 |  |  | 35 - 44 |  |  | 75 + |  |
| 12 - 18 |  |  | 45 - 54 |  |  |  |  |
| 19 - 24 |  |  | 55 - 64 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Ethnicity (ONS 2011)** | | | | | | | |
| **White** | |  | **Mixed/Multiple ethnic groups** | |  | **Asian/Asian British** | |
| White British (Eng/Welsh/Scot/NI) |  |  | White and Black Caribbean |  |  | Indian |  |
| White Irish |  |  | White and Black African |  |  | Pakistani |  |
| White Gypsy or Irish Traveller |  |  | White and Asian |  |  | Bangladeshi |  |
| White Other |  |  | Other Mixed/Multiple ethnicity |  |  | Chinese |  |
|  |  |  |  |  |  | Asian Other |  |
| **Black/African/Caribbean/**  **Black British** | |  | **Other ethnic group** | |  |  |  |
| African |  |  | Arab |  |  |  |  |
| Caribbean |  |  | Other |  |  |  |  |
| Black/African/Caribbean Other |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Social Class** | | | | | | | |
| 1.1 – Employers, senior managers |  |  | 3 – Intermediate |  |  | 6 – Semi-routine |  |
| 1.2 – Higher professionals |  |  | 4 – Small employers |  |  | 7 – Routine |  |
| 2– Intermediate professionals |  |  | 5 – Low supervisory |  |  | 8 – Long term unemployed |  |
|  |  |  |  |  |  |  |  |
| **Religion** | | | | | | | |
| Christian |  |  | Jewish |  |  | Other |  |
| Buddhist |  |  | Muslim |  |  | Not Applicable |  |
| Hindu |  |  | Sikh |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **CLINICAL DATA** | | | | | | | |
| **Problem Area** | | | | |  |  |  |
| Biological/Health |  |  | Emotional/Behavioural |  |  |  |  |
| Cognitive Function |  |  | Social/Interpersonal |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Duration** | | | | |  |  |  |
| < 1 year |  |  | < 10 years |  |  |  |  |
| < 5 years |  |  | > 10 years |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Severity** | | | | | | | |
| Mild |  |  | Moderate |  |  | Severe |  |
|  |  |  |  |  |  |  |  |
| **Challenging Behaviour** | |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Life Events** | | | | | | | |
| Bereavement/Loss |  |  | Abuse |  |  | Other |  |
| Health |  |  | Trauma |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Disabilities** | | | | | | | |
| Communication |  |  | Mobility |  |  | Other |  |
| Learning |  |  | Sensory |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **ACTIVITY DATA** | | | | | | | |
| **Role** | | | | | | | |
| Observation |  |  | Independent Work |  |  | Joint Work |  |
|  |  |  |  |  |  |  |  |
| **Activity** | | | | | | | |
| Assessment Only |  |  | Assessment & Intervention |  |  | Intervention Only |  |
|  |  |  |  |  |  |  |  |
| **Mode of Work** | | | | |  |  |  |
| Individual |  |  | Family |  |  |  |  |
| Couple |  |  | Group |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Type of Work** | | | | | | | |
| Direct |  |  | Indirect - Carers |  |  | Indirect - Staff |  |
|  |  |  |  |  |  |  |  |
| **Contact Time (D = Direct, C = Consultation/Liaison)** | | | | | | | |
| < 2 hours |  |  | < 10 hours |  |  | < 25 hours |  |
| < 5 hours |  |  | < 15 hours |  |  | 25 + hours |  |
|  |  |  |  |  |  |  |  |
| **Assessment Methods** | | | | | | | |
| Interview |  |  | Self-Report Tools |  |  | Neuropsychology Tests |  |
| Observations |  |  | Standardised Tests |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Models** | | | | | | | |
| Behavioural |  |  | Systemic |  |  | Community/critical |  |
| Cognitive Behavioural (CBT) |  |  | Cognitive analytic (CAT) |  |  | Other (specify) |  |
| Psychodynamic |  |  | Integrative |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Service Setting** | | | | |  |  |  |
| Primary Care |  |  | In-Patient/Residential |  |  |  |  |
| Secondary |  |  | Other e.g. third sector  (specify) |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Confirmed and signed by:* |  |  |  |  |  |  |  |
| Trainee: | | | Supervisor: | | | Date: | |
|  | | |  | | |  | |

Practice Learning Portfolio: A2 – Cumulative summary of clinical experiences

**Trainee.............................................. Placement type ……………………………………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **2a** | **2b** | **3a** | **3b** |

**At end of stage of training:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICE USER DEMOGRAPHICS** | | | | | | | |
| Total Clients |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Sex** | | | | | | | |
| Female |  |  | Male |  |  | Non-Binary |  |
|  |  |  |  |  |  |  |  |
| **Age** | | | | | | | |
| < 5 |  |  | 25 - 34 |  |  | 65 - 75 |  |
| 5 - 11 |  |  | 35 - 44 |  |  | 75 + |  |
| 12 - 18 |  |  | 45 - 54 |  |  |  |  |
| 19 - 24 |  |  | 55 - 64 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Ethnicity (ONS 2011)** | | | | | | | |
| **White** | |  | **Mixed/Multiple ethnic groups** | |  | **Asian/Asian British** | |
| White British (Eng/Welsh/Scot/NI) |  |  | White and Black Caribbean |  |  | Indian |  |
| White Irish |  |  | White and Black African |  |  | Pakistani |  |
| White Gypsy or Irish Traveller |  |  | White and Asian |  |  | Bangladeshi |  |
| White Other |  |  | Other Mixed/Multiple ethnicity |  |  | Chinese |  |
|  |  |  |  |  |  | Asian Other |  |
| **Black/African/Caribbean/**  **Black British** | |  | **Other ethnic group** | |  |  |  |
| African |  |  | Arab |  |  |  |  |
| Caribbean |  |  | Other |  |  |  |  |
| Black/African/Caribbean Other |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Social Class** | | | | | | | |
| 1.1 – Employers, senior managers |  |  | 3 – Intermediate |  |  | 6 – Semi-routine |  |
| 1.2 – Higher professionals |  |  | 4 – Small employers |  |  | 7 – Routine |  |
| 2– Intermediate professionals |  |  | 5 – Low supervisory |  |  | 8 – Long term unemployed |  |
|  |  |  |  |  |  |  |  |
| **Religion** | | | | | | | |
| Christian |  |  | Jewish |  |  | Other |  |
| Buddhist |  |  | Muslim |  |  | Not Applicable |  |
| Hindu |  |  | Sikh |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **CLINICAL DATA** | | | | | | | |
| **Problem Area** | | | | |  |  |  |
| Biological/Health |  |  | Emotional/Behavioural |  |  |  |  |
| Cognitive Function |  |  | Social/Interpersonal |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Duration** | | | | |  |  |  |
| < 1 year |  |  | < 10 years |  |  |  |  |
| < 5 years |  |  | > 10 years |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Problem Severity** | | | | | | | |
| Mild |  |  | Moderate |  |  | Severe |  |
|  |  |  |  |  |  |  |  |
| **Challenging Behaviour** | |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Life Events** | | | | | | | |
| Bereavement/Loss |  |  | Abuse |  |  | Other |  |
| Health |  |  | Trauma |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Disabilities** | | | | | | | |
| Communication |  |  | Mobility |  |  | Other |  |
| Learning |  |  | Sensory |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **ACTIVITY DATA** | | | | | | | |
| **Role** | | | | | | | |
| Observation |  |  | Independent Work |  |  | Joint Work |  |
|  |  |  |  |  |  |  |  |
| **Activity** | | | | | | | |
| Assessment Only |  |  | Assessment & Intervention |  |  | Intervention Only |  |
|  |  |  |  |  |  |  |  |
| **Mode of Work** | | | | |  |  |  |
| Individual |  |  | Family |  |  |  |  |
| Couple |  |  | Group |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Type of Work** | | | | | | | |
| Direct |  |  | Indirect - Carers |  |  | Indirect - Staff |  |
|  |  |  |  |  |  |  |  |
| **Contact Time (D = Direct, C = Consultation/Liaison)** | | | | | | | |
| < 2 hours |  |  | < 10 hours |  |  | < 25 hours |  |
| < 5 hours |  |  | < 15 hours |  |  | 25 + hours |  |
|  |  |  |  |  |  |  |  |
| **Assessment Methods** | | | | | | | |
| Interview |  |  | Self-Report Tools |  |  | Neuropsychology Tests |  |
| Observations |  |  | Standardised Tests |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Models** | | | | | | | |
| Behavioural |  |  | Systemic |  |  | Community/critical |  |
| Cognitive Behavioural (CBT) |  |  | Cognitive analytic (CAT) |  |  | Other (specify) |  |
| Psychodynamic |  |  | Integrative |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Service Setting** | | | | |  |  |  |
| Primary Care |  |  | In-Patient/Residential |  |  |  |  |
| Secondary |  |  | Other e.g. third sector  (specify) |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Confirmed and signed by:* |  |  |  |  |  |  |  |
| Trainee: | | | | | | Date: | |
|  | | | | | |  | |

Practice Learning Portfolio: A3 - Log of indirect & strategic organisational influence experiences

**Trainee.........................................................................**

|  |
| --- |
| **1** |

**For Stage of training:**

*Complete total number of occasions have had experience under each category:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meetings Attended** | |  | **Leadership & Organisational Influence**  **see** <http://www.bps.org.uk/system/files/Public%20files/DCP/cat-710.pdf> | |
| Professional |  |  |
| Specialty |  |  |
| Service planning/review |  |  | Interagency/community liaison, networking, capacity building |  |
| Multidisciplinary team allocation |  |  | Lead on psychological issue in teams, e.g. formulation, testing |  |
| Multidisciplinary team other |  |  | Promote/facilitate staff reflective practice & other psychological skills |  |
| Team building/awayday |  |  | Assist with public relations/ marketing activities |  |
| Staff support |  |  | Contribute to service development processes/local policy or procedures |  |
| Other |  |  | Chair meeting, coordinate working party/collaborative project/training |  |
| **Liaison Work or Contact** |  |  | Model/educate re. role of psychology & its contribution to services |  |
| Service user groups/forums |  |  | Shadow/engage with service leads/managers, commissioners |  |
| Voluntary groups/services |  |  | Offer constructive evidence-based  critique/evaluation of models/services |  |
| Social services/housing |  |  | Facilitate service user/carer involvement/coproduction |  |
| Education/schools |  |  | **Training Events Attended, Shared Learning** |  |
| Police/prison/probation |  |  | Trust policies, procedures, briefings |  |
| Other professions/agencies |  |  | Health & safety |  |
| **Teaching & Consultation** |  |  | Multidisciplinary seminar/workshop |  |
| Clinical/journal presentation |  |  | Multidisciplinary conference |  |
| Small-group teaching < 15 |  |  | Professional seminar/tutorial/SIG |  |
| Large-group teaching > 15 |  |  |  |  |
| Inter-professional consultancy |  |  |  |  |
| Team/service consultancy |  |  | TOTAL NUMBER OF DAYS ON PLACEMENT *DURING* THIS STAGE: |  |
| Providing supervision |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Quality/Service Improvement Activities on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| **Organisational initiatives and interventions on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| Public education/community engagement presentation done? YES / NO  *(e.g. careers talk to school, talk on mental health, community workshop. Briefly describe)* |
|  |

*Confirmed and signed by:*

*Trainee: ........................................................... Date: ..................................*

*Supervisor: ............................................................ Date: ..................................*

**Practice Learning Portfolio: A3 - Log of indirect & strategic organisational influence experiences**

**Trainee.........................................................................**

|  |
| --- |
| **2a** |

**For Stage of training:**

*Complete total number of occasions have had experience under each category:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meetings Attended** | |  | **Leadership & Organisational Influence**  **see** <http://www.bps.org.uk/system/files/Public%20files/DCP/cat-710.pdf> | |
| Professional |  |  |
| Specialty |  |  |
| Service planning/review |  |  | Interagency/community liaison, networking, capacity building |  |
| Multidisciplinary team allocation |  |  | Lead on psychological issue in teams, e.g. formulation, testing |  |
| Multidisciplinary team other |  |  | Promote/facilitate staff reflective practice & other psychological skills |  |
| Team building/awayday |  |  | Assist with public relations/ marketing activities |  |
| Staff support |  |  | Contribute to service development processes/local policy or procedures |  |
| Other |  |  | Chair meeting, coordinate working party/collaborative project/training |  |
| **Liaison Work or Contact** |  |  | Model/educate re. role of psychology & its contribution to services |  |
| Service user groups/forums |  |  | Shadow/engage with service leads/managers, commissioners |  |
| Voluntary groups/services |  |  | Offer constructive evidence-based  critique/evaluation of models/services |  |
| Social services/housing |  |  | Facilitate service user/carer involvement/coproduction |  |
| Education/schools |  |  | **Training Events Attended, Shared Learning** |  |
| Police/prison/probation |  |  | Trust policies, procedures, briefings |  |
| Other professions/agencies |  |  | Health & safety |  |
| **Teaching & Consultation** |  |  | Multidisciplinary seminar/workshop |  |
| Clinical/journal presentation |  |  | Multidisciplinary conference |  |
| Small-group teaching < 15 |  |  | Professional seminar/tutorial/SIG |  |
| Large-group teaching > 15 |  |  |  |  |
| Inter-professional consultancy |  |  |  |  |
| Team/service consultancy |  |  | TOTAL NUMBER OF DAYS ON PLACEMENT *DURING* THIS STAGE: |  |
| Providing supervision |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Quality/Service Improvement Activities on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| **Organisational initiatives and interventions on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| Public education/community engagement presentation done? YES / NO  *(e.g. careers talk to school, talk on mental health, community workshop. Briefly describe)* |
|  |

*Confirmed and signed by:*

*Trainee: ........................................................... Date: ..................................*

*Supervisor: ............................................................ Date: ..................................*

**Practice Learning Portfolio: A3 - Log of indirect & strategic organisational influence experiences**

**Trainee.........................................................................**

|  |
| --- |
| **2b** |

**For Stage of training:**

*Complete total number of occasions have had experience under each category:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meetings Attended** | |  | **Leadership & Organisational Influence**  **see** <http://www.bps.org.uk/system/files/Public%20files/DCP/cat-710.pdf> | |
| Professional |  |  |
| Specialty |  |  |
| Service planning/review |  |  | Interagency/community liaison, networking, capacity building |  |
| Multidisciplinary team allocation |  |  | Lead on psychological issue in teams, e.g. formulation, testing |  |
| Multidisciplinary team other |  |  | Promote/facilitate staff reflective practice & other psychological skills |  |
| Team building/awayday |  |  | Assist with public relations/ marketing activities |  |
| Staff support |  |  | Contribute to service development processes/local policy or procedures |  |
| Other |  |  | Chair meeting, coordinate working party/collaborative project/training |  |
| **Liaison Work or Contact** |  |  | Model/educate re. role of psychology & its contribution to services |  |
| Service user groups/forums |  |  | Shadow/engage with service leads/managers, commissioners |  |
| Voluntary groups/services |  |  | Offer constructive evidence-based  critique/evaluation of models/services |  |
| Social services/housing |  |  | Facilitate service user/carer involvement/coproduction |  |
| Education/schools |  |  | **Training Events Attended, Shared Learning** |  |
| Police/prison/probation |  |  | Trust policies, procedures, briefings |  |
| Other professions/agencies |  |  | Health & safety |  |
| **Teaching & Consultation** |  |  | Multidisciplinary seminar/workshop |  |
| Clinical/journal presentation |  |  | Multidisciplinary conference |  |
| Small-group teaching < 15 |  |  | Professional seminar/tutorial/SIG |  |
| Large-group teaching > 15 |  |  |  |  |
| Inter-professional consultancy |  |  |  |  |
| Team/service consultancy |  |  | TOTAL NUMBER OF DAYS ON PLACEMENT *DURING* THIS STAGE: |  |
| Providing Supervision |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Quality/Service Improvement Activities on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| **Organisational initiatives and interventions on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| Public education/community engagement presentation done? YES / NO  *(e.g. careers talk to school, talk on mental health, community workshop. Briefly describe)* |
|  |

*Confirmed and signed by:*

*Trainee: ........................................................... Date: ..................................*

*Supervisor: ............................................................ Date: ..................................*

**Practice Learning Portfolio: A3 - Log of indirect & strategic organisational influence experiences**

**Trainee.........................................................................**

|  |
| --- |
| **3a** |

**For Stage of training:**

*Complete total number of occasions have had experience under each category:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meetings Attended** | |  | **Leadership & Organisational Influence**  **see** <http://www.bps.org.uk/system/files/Public%20files/DCP/cat-710.pdf> | |
| Professional |  |  |
| Specialty |  |  |
| Service planning/review |  |  | Interagency/community liaison, networking, capacity building |  |
| Multidisciplinary team allocation |  |  | Lead on psychological issue in teams, e.g. formulation, testing |  |
| Multidisciplinary team other |  |  | Promote/facilitate staff reflective practice & other psychological skills |  |
| Team building/awayday |  |  | Assist with public relations/ marketing activities |  |
| Staff support |  |  | Contribute to service development processes/local policy or procedures |  |
| Other |  |  | Chair meeting, coordinate working party/collaborative project/training |  |
| **Liaison Work or Contact** |  |  | Model/educate re. role of psychology & its contribution to services |  |
| Service user groups/forums |  |  | Shadow/engage with service leads/managers, commissioners |  |
| Voluntary groups/services |  |  | Offer constructive evidence-based  critique/evaluation of models/services |  |
| Social services/housing |  |  | Facilitate service user/carer involvement/coproduction |  |
| Education/schools |  |  | **Training Events Attended, Shared Learning** |  |
| Police/prison/probation |  |  | Trust policies, procedures, briefings |  |
| Other professions/agencies |  |  | Health & safety |  |
| **Teaching & Consultation** |  |  | Multidisciplinary seminar/workshop |  |
| Clinical/journal presentation |  |  | Multidisciplinary conference |  |
| Small-group teaching < 15 |  |  | Professional seminar/tutorial/SIG |  |
| Large-group teaching > 15 |  |  |  |  |
| Inter-professional consultancy |  |  |  |  |
| Team/service consultancy |  |  | TOTAL NUMBER OF DAYS ON PLACEMENT *DURING* THIS STAGE: |  |
| Providing Supervision |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Quality/Service Improvement Activities on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| **Organisational initiatives and interventions on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| Public education/community engagement presentation done? YES / NO  *(e.g. careers talk to school, talk on mental health, community workshop. Briefly describe)* |
|  |

*Confirmed and signed by:*

*Trainee: ........................................................... Date: ..................................*

*Supervisor: ............................................................ Date: ..................................*

**Practice Learning Portfolio: A3 - Log of indirect & strategic organisational influence experiences**

**Trainee.........................................................................**

|  |
| --- |
| **3b** |

**For Stage of training:**

*Complete total number of occasions have had experience under each category:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meetings Attended** | |  | **Leadership & Organisational Influence**  **see** <http://www.bps.org.uk/system/files/Public%20files/DCP/cat-710.pdf> | |
| Professional |  |  |
| Specialty |  |  |
| Service planning/review |  |  | Interagency/community liaison, networking, capacity building |  |
| Multidisciplinary team allocation |  |  | Lead on psychological issue in teams, e.g. formulation, testing |  |
| Multidisciplinary team other |  |  | Promote/facilitate staff reflective practice & other psychological skills |  |
| Team building/awayday |  |  | Assist with public relations/ marketing activities |  |
| Staff support |  |  | Contribute to service development processes/local policy or procedures |  |
| Other |  |  | Chair meeting, coordinate working party/collaborative project/training |  |
| **Liaison Work or Contact** |  |  | Model/educate re. role of psychology & its contribution to services |  |
| Service user groups/forums |  |  | Shadow/engage with service leads/managers, commissioners |  |
| Voluntary groups/services |  |  | Offer constructive evidence-based  critique/evaluation of models/services |  |
| Social services/housing |  |  | Facilitate service user/carer involvement/coproduction |  |
| Education/schools |  |  | **Training Events Attended, Shared Learning** |  |
| Police/prison/probation |  |  | Trust policies, procedures, briefings |  |
| Other professions/agencies |  |  | Health & safety |  |
| **Teaching & Consultation** |  |  | Multidisciplinary seminar/workshop |  |
| Clinical/journal presentation |  |  | Multidisciplinary conference |  |
| Small-group teaching < 15 |  |  | Professional seminar/tutorial/SIG |  |
| Large-group teaching > 15 |  |  |  |  |
| Inter-professional consultancy |  |  |  |  |
| Team/service consultancy |  |  | TOTAL NUMBER OF DAYS ON PLACEMENT *DURING* THIS STAGE: |  |
| Providing Supervision |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Quality/Service Improvement Activities on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| **Organisational initiatives and interventions on this placement** *(briefly describe)* |
|  |

|  |
| --- |
| Public education/community engagement presentation done? YES / NO  *(e.g. careers talk to school, talk on mental health, community workshop. Briefly describe)* |
|  |

*Confirmed and signed by:*

*Trainee: ........................................................... Date: ..................................*

*Supervisor: ............................................................ Date: ..................................*

Practice Learning Portfolio: A4 - Cumulative summary of indirect & strategic organisational influence experiences

**Trainee.........................................................................**

|  |  |  |  |
| --- | --- | --- | --- |
| **2a** | **2b** | **3a** | **3b** |

**At end of stage of training:**

*Complete total number of occasions you have had experience under each category:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meetings Attended** | |  | **Leadership & Organisational Influence**  **see** <http://www.bps.org.uk/system/files/Public%20files/DCP/cat-710.pdf> | |
| Professional |  |  |
| Specialty |  |  |
| Service planning/review |  |  | Interagency/community liaison, networking, capacity building |  |
| Multidisciplinary team allocation |  |  | Lead on psychological issue in teams, e.g. formulation, testing |  |
| Multidisciplinary team other |  |  | Promote/facilitate staff reflective practice & other psychological skills |  |
| Team building/awayday |  |  | Assist with public relations/ marketing activities |  |
| Staff support |  |  | Contribute to service development processes/local policy or procedures |  |
| Other |  |  | Chair meeting, coordinate working party/collaborative project/training |  |
| **Liaison Work or Contact** |  |  | Model/educate re. role of psychology & its contribution to services |  |
| Service user groups/forums |  |  | Shadow/engage with service leads/managers, commissioners |  |
| Voluntary groups/services |  |  | Offer constructive evidence-based  critique/evaluation of models/services |  |
| Social services/housing |  |  | Facilitate service user/carer involvement/coproduction |  |
| Education/schools |  |  | **Training Events Attended, Shared Learning** |  |
| Police/prison/probation |  |  | Trust policies, procedures, briefings |  |
| Other professions/agencies |  |  | Health & safety |  |
| **Teaching & Consultation** |  |  | Multidisciplinary seminar/workshop |  |
| Clinical/journal presentation |  |  | Multidisciplinary conference |  |
| Small-group teaching < 15 |  |  | Professional seminar/tutorial/SIG |  |
| Large-group teaching > 15 |  |  |  |  |
| Inter-professional consultancy |  |  |  |  |
| Team/service consultancy |  |  | TOTAL NUMBER OF DAYS ON PLACEMENT *FOR ALL STAGES*: |  |
| Providing Supervision |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Quality/Service Improvement Activities to date** *(list briefly)* |
|  |

|  |
| --- |
| **Organisational initiatives and interventions to date** *(list briefly)* |
|  |

|  |
| --- |
| Public education/community engagement presentation done yet? YES / NO  *(e.g. careers talk to school. Briefly describe)* |
|  |

*Confirmed and signed by:*

*Trainee: ........................................................... Date: ..................................*

Section B: Clinical psychology competencies development

1. The Salomons Programme is committed to the development of model-specific competencies as part of the broader range of clinical psychology practice competencies.

This section of the Practice Portfolio is a way of tracking the accumulation of therapy-specific and other professional practice skills across placements during training. It will provide the trainee with a record to:

1. monitor development and training needs to assist placement planning and reviews of progress
2. document skills when seeking employment
3. provide evidence should the trainee wish to seek therapy-specific accreditation in the future.

1. The following pages provide competency frameworks for trainees to record their development in relation to:

* common models of therapy (CBT, Psychodynamic, Systemic, Cognitive Analytic Therapy, Positive Behavioural Support)
* broader areas of professional practice (Critical Community Psychology, Leadership and Organisational Influence).

The frameworks provided are anchored in CORE or BPS frameworks if available, or adapted from frameworks produced by therapy accreditation bodies.

1. Trainees are required to log development of model-specific therapy skills in CBT and at least one other therapy model during training. They are also required to provide examples of their developing competencies from their placement practice. In addition, competencies developed in whichever models the trainee encounters in a significant way on placements should also be reflected in the record. In addition, trainees should record their development of leadership, organizational and community skills through the Leadership and Critical Community Psychology frameworks.
2. Trainees are responsible for completing the framework logs. However this should be done in conjunction with supervisors who have observed trainees’ practice in dedicated development discussions. Only the competency framework(s) relevant to the particular placement experience should be completed for each placement. For instance, if the placement has not included any systemic work, there should be no entry into the Systemic framework for that placement.
3. Integrated and adapted therapy practice It is not expected that all or even most skills associated with a model will be covered on a single placement. Nor is it expected that all trainees will always work to a strict model with service users. The aim is to provide a record of key areas of competency development that reflects the diversity of practice in clinical psychology across the lifespan. Therefore, trainees may do significant amounts of work informed by more than one therapeutic model and adapted for particular client groups or individual services users. Consideration of model-specific skills used within such work should be included in the records.
4. If no competency framework is provided here for the specific therapy used by the trainee on placement, supervisors and trainees should draw upon the literature to identify a recognized competency framework or list of skills which can be reproduced and used instead.

**Resources (for information only)**

Both trainees and supervisors may find their discussions are assisted by looking at the detailed frameworks accessible through the following links:

**CBT** <https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/cognitive-and-behavioural-therapy>

**CTS-R** <http://www.getselfhelp.co.uk/trainees.htm>

**Psychodynamic** <https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychoanalytic-Psychodynamic-Therapy>

**Systemic** <https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Systemic_Therapy>

**Systemic Family Practice-Systemic Skills Rating Scale (SFP-SSRS) –**<https://www.canterbury.ac.uk/science-engineering-and-social-sciences/salomons-institute-for-applied-psychology/programmes/doctorate-in-clinical-psychology/resources.aspx>

**Positive Behavioural Support Framework (PBS)**

<http://pbsacademy.org.uk/wp-content/uploads/2016/11/Positive-Behavioural-Support-Competence-Framework-May-2015.pdf>

**CAT** – Competence in Cognitive Analytic Therapy - <https://www.canterbury.ac.uk/science-engineering-and-social-sciences/salomons-institute-for-applied-psychology/programmes/doctorate-in-clinical-psychology/resources.aspx>

**Community psychology** <http://www.scra27.org/what-we-do/practice/18-competencies-community-psychology-practice/>

**Leadership** <https://www.bps.org.uk/sites/bps.org.uk/files/Member%20Networks/Faculties/Leadership/Clinical%20Psychology%20Leadership%20Development%20Framework%20-%20BPS%20%282010%29.pdf>

Some additional model specific frameworks are available here:

<https://www.canterbury.ac.uk/science-engineering-and-social-sciences/salomons-institute-for-applied-psychology/programmes/doctorate-in-clinical-psychology/resources.aspx>



Salomons Institute for Applied Psychology

**Doctorate in Clinical Psychology**

Practice Portfolio: Cumulative Log of Developing CBT Competencies

|  |
| --- |
| **Trainee name:** ………………………………………………………………… |

For the trainee: It is your responsibility to hold this record and refer to it during the course of your various placements, as a tool to assist discussions in supervision about your development of specific CBT competencies. Add to this log on each placement that offers experience in CBT. Our definition of CBT includes second and third wave therapies and group work as well as standard individual therapy.

When reviewing the placement with your supervisor, decide together whether ‘emerging’, ‘establishing’ or ‘consolidating’ best describes your competency in each of the six areas *on that particular placement,* i.e. with that particular client group. Since each placement and client group is different, ratings on later placements may be either more or less advanced than earlier ones. Your work may not have involved all competency areas (for instance, if working integratively or adaptively), in which case, leave those competency areas blank for that placement.

**To indicate your stage of competency development**, please insert the code below for the placement (made up of stage of training and specialism) under the *Emerging, Establishing* or *Consolidating* column for each of the six competency areas that is relevant to that placement.

**1A 2a CH or LD 2b CH or LD 3a OA or S 3b OA or S**

Then, you are required to give some examples in the text boxes provided, referencing the type of placement each time by using the above codes. Note any adaptations made in respect of the setting/client group.

For the supervisor: You may find it helpful to refer to this form (perhaps in addition to standard tools you may use already such as the [CTS-R](http://www.getselfhelp.co.uk/trainees.htm)) when giving the trainee feedback following observations and audio-recorded sessions. The ratings are intended to support a conversation rather than indicate a “pass or fail” though they may help to inform your overall ratings on the ECC form. Competency areas should be left blank if not observed/not applicable.

These competencies have been informed by [the UCL CORE CBT competence framework](https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/cognitive-and-behavioural-therapy)

**NB. Please note that trainees are required to give examples of the competencies they are developing.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Competence** | Emerging | Establishing | Consolidating |
| Structuring sessions e.g.  * Agenda setting * Keeping to a structure in sessions * Pacing and use of time |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
| A | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| Assessment e.g.  * Ability to conduct a focused CBT assessment * Ability to elicit relevant developmental history |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |
| Area of Competence | Emerging | Establishing | Consolidating |
| Formulation e.g.  * Disorder specific formulations * Use of developmental information * Trans diagnostic formulations * Communicating formulations * Drawing on and integrating a range of theoretical ideas (a meta-competency) * Choosing the most relevant model (a meta-competency) |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| Specific techniques e.g.  * Guided discovery * Cognitive interventions (cognitive change diaries, continua, responsibility charts, evaluating alternatives, examining pros/cons, imagery restructuring, reliving and re-scripting) * Behavioural interventions (behavioural activation, activity diaries, behavioural experiments, role play, graded exposure, ERP, graded task assignments, modelling, applied relaxation, controlled breathing etc.) * Adapting interventions to the client (a meta-competency) * Selecting most appropriate interventions (a meta-competency) * Timing of interventions (a meta-competency) |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |
| Area of Competence | Emerging | Establishing | Consolidating |
| 1. **Therapeutic relationship e.g.**  * Fostering therapeutic alliance * Collaboration * Ability to manage the emotional content of sessions – to elevate expression of emotion where relevant, or to manage heightened emotions * Ability to grasp the subtleties of the client’s perspective * Capacity to manage obstacles to therapy, e.g. alliance rupture and repair * Awareness of own reactions and beliefs about self as a therapist |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| 1. **Using CBT to inform indirect work e.g.**  * Leadership * Consultation * Communication * Teaching * Supervision |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |

Record agreed by\*:

|  |  |
| --- | --- |
| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

|  |  |
| --- | --- |
| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

|  |  |
| --- | --- |
| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

|  |  |
| --- | --- |
| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

|  |  |
| --- | --- |
| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

*\*signatures required for each placement where this form has been added to*



Salomons Institute for Applied Psychology

**Doctorate in Clinical Psychology**

Practice Portfolio: Cumulative Log of Developing Psychodynamic Competencies

|  |
| --- |
| **Trainee name** ……………………………………………………………. |

For the trainee: It is your responsibility to hold this record and refer to it during the course of your various placements, as a tool to assist discussions in supervision about your development of psychodynamic competencies. Add to this log on each placement that offers experience in psychodynamic work. Not all trainees will have direct experience of ‘pure’ psychodynamic working, so it is expected that these competencies will develop and be noticed in a variety of settings.

When reviewing the placement with your supervisor, decide together whether ‘emerging’, ‘establishing’ or ‘consolidating’ best describes your competency in each of the thirteen areas *on that particular placement,* i.e. with that particular client group. Since each placement and client group is different, ratings on later placements may be either more or less advanced than earlier ones. Your work may not have involved all competency areas (for instance, if working integratively or adaptively), in which case, leave those competency areas blank for that placement.

**To indicate your stage of competency development**, please insert the code below for the placement (made up of stage of training and specialism) under the Emerging, Establishing or Consolidating column for each of the 13 competency areas that is relevant to that placement.

**1A 2a CH or LD 2b CH or LD 3a OA or S 3b OA or S**

Then, you are required to give some examples in the text boxes provided, referencing the type of placement each time by using the above codes. Note any adaptations made in respect of the setting/client group.

For the supervisor: You may find it helpful to refer to this form when giving feedback following observations or more generally. The ratings are intended to support a reflective conversation rather than indicate a “pass or fail”, though they may help to inform your overall ratings on the ECC form. Competency areas should be left blank if not observed/not applicable.

These competencies have been developed with reference to:

UCL CORE Psychodynamic competence framework (<https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychoanalytic-Psychodynamic-Therapy>).

BPS Standards for the accreditation of Doctoral programmes in Clinical Psychology, Section B: Therapy competencies, 2, Psychodynamic therapy (October 2014)

Ten psychodynamic competencies of general relevance to clinical psychology training. Leicester Doctoral Clinical Psychology programme. Kurtz,A; Schroder,T & O’Reilly, M. (2015)

1. **CORE PSYCHODYNAMIC COMPETENCIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| **A1. Knowledge of the basic underlying principles and rationale of psychodynamic approaches.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
|  | | | |
| Area of Competence | Emerging | Establishing | Consolidating |
| **A2. Ability to understand the importance of establishing an effective therapeutic relationship, involving both empathic and non-judgemental understanding and acceptance, as well as constructive challenge.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| **A3. Ability to establish and maintain an appropriate therapeutic frame, to include the provision of emotional containment and management of boundaries around the therapeutic task.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |
| Area of Competence | Emerging | Establishing | Consolidating |
| **A4. Ability to undertake assessment and formulation:**   1. incorporating a **developmental** perspective, making use of information regarding formative events in building an understanding of the client, and appreciation of the impact of early experience on the way the client presents in the here-and-now. 2. incorporating a **dynamic** perspective drawing on an understanding and awareness of unconscious conflict and the role of the mechanisms of defence in protecting against psychic pain. 3. incorporating a **relational** perspective – understanding how past and present significant attachment relationships can come to be re-enacted within the therapeutic relationship. |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| **A5. Ability to understand and maintain an appropriate psychodynamic attitude and focus towards clinical work:**   1. including an ability to facilitate the exploration of unconscious dynamics influencing relationships. 2. including an ability to work with the client’s internal and external reality, linking these as necessary. 3. including an awareness of and ability to work with unconscious communication/motivation in client and self. 4. including an ability to be mindful of and work within the distinct phases of therapy, with due regard to the importance of engagement and termination. |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |
| Area of Competence | Emerging | Establishing | Consolidating |
| **A6. Ability to engage with and make use of supervision provided from a psychodynamic perspective acknowledging the central role of personal exploration and reflection within this.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code  Example/s: | | | |
|  | | | |

1. **SPECIFIC PSYCHODYNAMIC TECHNIQUES:**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| **B1. Ability to identify and work with the transference and counter-transference, noticing one’s own and the client’s emotional reactions in the clinical setting, and making use of this awareness to develop and enhance the psychological understanding of the client.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |
| Area of Competence | Emerging | Establishing | Consolidating |
| **B2. Ability to understand the role of interpretation in furthering the therapeutic process and learning its effective use in deepening rapport and the emotional understanding of the client.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| **B3. Ability to recognise and work with defences.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |
| Area of Competence | Emerging | Establishing | Consolidating |
| **B4. Ability to recognise and work with processes of therapeutic impasse and rupture, and the ability to generate a psychological formulation to make sense of this and inform therapeutic action aimed at repair.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |

1. **APPLICATION OF PSYCHODYNAMIC PRINCIPLES TO BROADER CONTEXTS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| **C1. Ability to adapt methods to understand and work with different populations such as with children, adolescents and people with learning disabilities etc. (please specify in box below)** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |
| Area of Competence | Emerging | Establishing | Consolidating |
| **C2. Ability to adapt methods to understand and work with other contexts, such as with groups, teams and professional systems (please specify in box below)** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| **C3. Ability to make use of psychodynamically informed process reflection when working within other psychological models.** |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
|  | | | |

Record agreed by\*:

|  |  |
| --- | --- |
| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

|  |  |
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| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

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| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

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| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

|  |  |
| --- | --- |
| Placement Code: | Date: |
| Trainee Signature: | Supervisor Signature: |

*\*signatures required for each placement where this form has been added to*



Salomons Institute for Applied Psychology

**Doctorate in Clinical Psychology**

Practice Portfolio: Cumulative Log of Developing Systemic Competencies

|  |
| --- |
| **Trainee name** ……………………………………………………………. |

For the trainee: It is your responsibility to hold this record and refer to it during the course of your various placements, as a tool to assist discussions in supervision about your development of systemic competencies. Add to this log on each placement that offers experience in systemic work. Not all trainees will have direct experience of working with families using with an observing team, so that it is expected that these competencies will develop and be noticed in a variety of settings including in individual work, team work, being part of a reflecting team and taking part in pre and post therapy conversations.

When reviewing the placement with your supervisor, decide together whether ‘emerging’, ‘establishing’ or ‘consolidating’ best describes your competency in each of the six areas *on that particular placement,* i.e. with that particular client group. Since each placement and client group is different, ratings on later placements may be either more or less advanced than earlier ones. Your work may not have involved all competency areas (for instance, if working integratively or adaptively), in which case, leave those competency areas blank for that placement.

**To indicate your stage of competency development**, please insert the code below for the placement (made up of stage of training and specialism) under the Emerging, Establishing or Consolidating column for each of the six competency areas that is relevant to that placement.

**1A 2a CH or LD 2b CH or LD 3a OA or S 3b OA or S**

Then, you are required to give some examples in the text boxes provided, referencing the type of placement each time by using the above codes. Note any adaptations made in respect of the setting/client group.

For the supervisor: You may find it helpful to refer to this form when giving feedback following observations and audio-recorded sessions, or more generally. The ratings are intended to support a reflective conversation rather than indicate a “pass or fail” though they may help to inform your overall ratings on the ECC form. Competency areas should be left blank if not observed/not applicable.

These competencies have been informed by:

[the UCL CORE systemic competence framework](https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Systemic_Therapy)

*Systemic Family Practice Systemic Competency Scale*, developed by Judith Lask in 2013 and revised in February 2016

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| Convening and managing a session collaboratively e.g.  * Engages all family/ clients (including young children by use of toys etc.) and includes everyone in decisions about goals and the development of the work. * Incorporates the family/ clients understanding into the developing map/formulation * Acknowledges and uses the expertise of the family/clients in thinking about the problem. * Uses own expertise to help the family/clients, but does not get stuck in an expert position. * Uses tentative language that allows for a co-construction of ideas. * Retains a curious position. * Uses the above competencies in non-family systems e.g. staff teams |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Competence | Emerging | Establishing | Consolidating |
| 2. Use of questioning/ assessment e.g.  * Demonstrates a good use of circular and other question - used both for information gathering and intervention. * Demonstrates an ability to ask questions that address differences and that are culturally sensitive. * Asks questions adapted to fit in with needs of clients/ family members, purpose and context of the work. * Questioning takes into account different members’ viewpoints. * Assessment includes historical and transgenerational factors; developmental stages and family life cycle; issues around gender, culture, power, class and spiritual beliefs; strengths, resources and attempted solutions. * Demonstrates an ability to construct a genogram with families/clients to clarify patterns of relationship and current influences on the system. * Uses the above competencies in non-family systems e.g. staff teams |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
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| Area of Competence | Emerging | Establishing | Consolidating |
| 3. Conceptual map/ formulation/hypothesis e.g.  * Shows understanding of different systemic theories and principles, and uses them in an understanding of psychological problems, resilience and change. * Appropriately uses hypotheses to widen thinking around all aspects of the referral (including professional systems) and is able to develop and change these hypotheses as new information emerges. * Uses the formulation/hypotheses to create a road map and to create coherence in and between sessions. * Demonstrates an ability to conceptualise the interactions and relationships between systemic factors picked up in the assessment (e.g. historical and transgenerational factors.) * Is able to help the family/client develop a systemic and relational understanding of their issues. * Demonstrates an ability to incorporate family resiliencies across generations and considers cultural resiliencies. * Uses the above competencies in non-family systems e.g. staff teams |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
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| Area of Competence | Emerging | Establishing | Consolidating |
| Enabling change e.g.  * Understands and applies systemic approaches that enable change e.g. externalising, reframing, role play, sculpting. * Uses feedback to provide a response to content and process that is helpful to families/clients – e.g. through re-framing, unique outcomes, exceptions, scaffolding, and solution focussed questions. * Intervenes using process: working with the family on patterns of interaction e/g through communication work, active questioning, enactment, role play. * Demonstrates an ability to work with a systemic team and/or co-therapists in an effective way. * Explores and manages emotions. * Uses a variety of communication means (including written communication) as a vehicle for creating change and encouraging engagement. * Uses the above competencies in non-family systems e.g. staff teams |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
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| Area of Competence | Emerging | Establishing | Consolidating |
| 1. **Therapeutic relationship and reflexivity**  * Demonstrates an ability to manage families/clients’ different emotions in the room: * Shows awareness of own values, ‘prejudices’, thoughts and beliefs and an ability to use these on behalf of the client/s. * Shows an understanding and ability to manage and work with endings from a systemic perspective (e.g. being curious about endings in different cultures) * Uses the above competencies in non-family systems e.g. staff teams. * Knows the limits of their own knowledge/ lenses and seeks appropriate help to expand their understanding particularly when working cross-culturally. |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
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| Area of Competence | Emerging | Establishing | Consolidating |
| 1. **Uses a systemic approach model in indirect or group work, e.g. in**  * Group work * Leadership * Consultation * Communication * Teaching * Supervision |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
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*\*signatures required for each placement where this form has been added to*

Cumulative log of developing Positive Behavioural Support competencies to be inserted here



Salomons Institute for Applied Psychology

**Doctorate in Clinical Psychology**

Practice Portfolio: Cumulative Log of Developing Critical and Community Psychology Competencies

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| **Trainee name** ……………………………………………………………. |

For the trainee: It is your responsibility to hold this record and refer to it during the course of your various placements, as a tool to assist supervisory discussions about your development of critical and community psychology leadership competencies. Add to this log on each placement that offers relevant experiences. Remember that they may not come badged as relevant to critical or community psychology, so it may be helpful to think with your supervisor about which experiences might be relevant on any particular placement.

When reviewing the placement with your supervisor, decide together whether ‘emerging’, ‘establishing’ or ‘consolidating’ best describes your competency in each of the four areas *on that particular placement,* i.e. in that particular setting. Since each setting is different, ratings on later placements may be either more or less advanced than earlier ones. Your work may not have involved all competency areas, in which case leave those competency areas blank for that placement.

**To indicate your stage of competency development**, please insert the code below for the placement (made up of stage of training and specialism) under the Emerging, Establishing or Consolidating column for each of the four competency areas that is relevant to that placement.

**1A 2a CH or LD 2b CH or LD 3a OA or S 3b OA or S**

Then, you are required to give some examples in the text boxes provided, referencing the type of placement each time by using the above codes. Note any adaptations made in respect of the setting/client group.

For the supervisor: You may find it helpful to refer to this form when giving the trainee feedback. The ratings are intended to support a reflective conversation rather than indicate a “pass or fail” though they may help to inform your overall ratings on the ECC form. Competency areas should be left blank if not observed/not applicable.

These competencies have been informed by the Society for Community Research and Action’s [*Competencies for Community Psychology Practice*](http://www.scra27.org/what-we-do/practice/18-competencies-community-psychology-practice/) and by Prilleltensky & Nelson’s (2002) [*Doing Psychology Critically: Making a Difference in Diverse Settings*](https://books.google.co.uk/books?id=SjIoBQAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false) (Table 5.2).

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| **Area of Competence** | Emerging | Establishing | Consolidating |
| 1. **Application of Community and Critical Psychology Principles to Achieve Second Order Change**  * *Multiple Perspectives*: The ability to articulate and apply multiple perspectives and levels of analysis (e.g. individual, group/organisation, community, society). * *Empowerment:* The ability to articulate and apply a collective empowerment perspective, and to support members of marginalised communities. The ability to design and implement interventions where the process as well as the outcome has the potential to be transformational e.g. promoting increased agency, mutuality, respect and wellbeing. * *Cultural Competence*: The ability to value, integrate, and bridge multiple worldviews, cultures, and identities. * *Anti-discriminatory practice*: The ability to oppose discrimination and facilitate supportive, egalitarian relationships and inclusive practices. * *Deconstruction and consciousness raising*: The ability to analyse situations and language in order to understand the operations of ideology and power (e.g. whose interests are being served and how). Ability to help others to develop and apply critical awareness and reflexivity. * *Values-based practice:* Understanding and enacting values of self-determination, care, compassion, respect for diversity, participation and collaboration, accountability and social justice. Promoting wellbeing through addressing values, power relations, and the distribution and accessibility of resources in interventions. * *Reflective Practice*: The ability to identify and address ethical issues in one’s own practice and to recognise how one’s own values, assumptions, and life experiences influence one’s work. To develop and maintain professional networks for ethical consultation and support. |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
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| **Area of Competence** | Emerging | Establishing | Consolidating |
| 1. **Community Level Interventions** e.g**.**  * *Community Partnership:* The ability to work in partnership with community stakeholders to plan, develop, implement and manage projects. * *Prevention and Health Promotion*: The ability to articulate and implement a prevention perspective, and to implement prevention and health promotion interventions. * *Group facilitation:* The ability to facilitate productive group and inter-group processes even in the presence of power differentials or conflict, supporting participatory decision-making and co-production. * *Resource Development*: The ability to identify and integrate use of human and material resources. * *Consultation & Organisational Development*: The ability to facilitate processes that can increase an organisation’s capacity to attain its goals. |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
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| **Area of Competence** | Emerging | Establishing | Consolidating |
| 1. **Working for community and social change,** e.g.  * *Community Organising and Community Advocacy*: The ability to work collaboratively with community members to improve conditions affecting their community, e.g. through practicing advocacy and [‘accompaniment’](http://www.compsy.org.uk/LivingPoverty5b.pdf). * *Policy Analysis, Development and Advocacy*: Knowledge of public policy and ability to analyse its psychosocial effects, contribute to its development and challenge it where necessary. To build communication and working alliances with policymakers. * *Community Education, Knowledge Exchange, and Building Public Awareness*: The ability to communicate with diverse audiences through effective writing, use of social media and public speaking in ways that inspire, encourage change and promote critical thinking about knowledge and its sources, and about social justice. |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
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| **Area of Competence** | Emerging | Establishing | Consolidating |
| 1. **Community Research** e.g.   *Participatory Community Research*:The ability to work with community partners to plan and conduct high quality, contextually appropriate research, and to communicate the findings in diverse ways. The ability to use methods of inquiry that change power relations e.g. collaborative methods that build agency, mutuality, respect and wellbeing.  *Programme Evaluation*: The ability collaboratively to evaluate community initiatives in order to make improvements and report to stakeholders.  *Scholar Activism*: The ability to share the results of scholarship in the pursuit of community wellbeing and social justice. |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
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*\*signatures required for each placement where this form has been added to*



Salomons Institute for Applied Psychology

**Doctorate in Clinical Psychology**

Practice Portfolio: Cumulative Log of Developing Leadership Competencies

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| **Trainee name** ……………………………………………………………. |

For the trainee: It is your responsibility to hold this record and refer to it during the course of your various placements, as a tool to assist supervisory discussions about your development of specific leadership competencies. Add to this log on each placement that offers the relevant experiences.

When reviewing the placement with your supervisor, decide together whether ‘emerging’, ‘establishing’ or ‘consolidating’ best describes your competency in each of the three areas *on that particular placement,* i.e. in that particular setting. Since each placement and client group is different, ratings on later placements may be either more or less advanced than earlier ones. Your work may not have involved all competency areas, in which case leave those competency areas blank for that placement.

**To indicate your stage of competency development**, please insert the code below for the placement (made up of stage of training and specialism) under the Emerging, Establishing or Consolidating column for each of the six competency areas that is relevant to that placement.

**1A 2a CH or LD 2b CH or LD 3a OA or S 3b OA or S**

Then, you are required to give some examples in the text boxes provided, referencing the type of placement each time by using the above codes. Note any adaptations made in respect of the setting/client group.

For the supervisor: You may find it helpful to refer to this form when giving the trainee feedback. The ratings are intended to support a reflective conversation rather than indicate a “pass or fail” though they may help to inform your overall ratings on the ECC form. Competency areas should be left blank if not observed/not applicable.

These competencies have been adapted from the DCP’s [*Clinical Psychology Leadership Development Framework (*trainee and newly qualified levels*).*](https://www.bps.org.uk/sites/bps.org.uk/files/Member%20Networks/Faculties/Leadership/Clinical%20Psychology%20Leadership%20Development%20Framework%20-%20BPS%20%282010%29.pdf)

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| **Area of Competency** | Emerging | Establishing | Consolidating |
| Clinical Leadership Competencies e.g.  * Broad knowledge of psychological models to inform own and team’s formulation and interventions. * Psychological perspective on   multifarious health and mental health  presentations   * Emotional Intelligence/resilience * Self-reflection/helping others self reflect. * Reflection and awareness of systemic   issues operating within teams/able to  lead team dynamics discussions.   * An understanding of the emotional   impact of change (including resistance).   * Encourage team reflection on   current/innovative practice   * Able to lead on comprehensive psychological assessment, including risk * Ability to develop and operationalise   clinical and service outcome evaluations |  |  |  |
| Examples of how this competency was demonstrated: Placement code (e.g. 2aLD):  Example/s: | | | |
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| **Area of Competency** | Emerging | Establishing | Consolidating |
| Professional Competencies e.g.  * Understanding of diversity, values, ethics   and integrity.   * Application of different psychological models to supervision and consultation with other professionals. * Training other professionals in the application of psychological models. * Conflict management skills. * Ability to participate in and oversee research   projects |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
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| Area of Competency | Emerging | Establishing | Consolidating |
| Strategic Competencies e.g.  * Critiquing the literature and guidelines regarding therapeutic interventions used in service. * Ability to use evidence, data collection, outcomes and audit to constructively critique current service practice.   Clinical   * Able to construct and share service development plans. * Influence organisational policies and procedures. |  |  |  |
| Examples of how this competency was demonstrated: Placement code:  Example/s: | | | |
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Record agreed by\*:

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*\*signatures required for each placement where this form has been added to*

Section C: Cumulative Summary of Development of Psychological Testing Competencies

All performance and paper and pencil psychometric assessments should be logged in the following cumulative table, across all placements. Tests should only be logged where the trainee has utilised the test as principal / joint lead in a case (not observation only). Successive supervisors should validate the form with their signatures.

**Cumulative Record of Development of Psychological Testing Competencies.**

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| **Trainee name** ……………………………………………………………. |

*For the train*e*e: It is your responsibility to complete and hold this record and refer to it during the course of your placement, as a tool to assist supervisory discussions about your development of competences in standardised testing. All performance and pencil/paper psychometric tests should be logged in the following table. Tests should only be logged where the trainees has utilised the test as principle/joint lead.*

*Please record Stage of Training according to the following:* ***1 2a CH or LD*** *(specify)* ***2b CH or LD 3a OA or S 3b OA or S***

*For the supervisor: You may find it helpful to refer to this form when giving the trainee feedback following observations or audio-recorded sessions. The ratings are intended to support a conversation rather than indicate a “pass or fail” though they may help to inform your overall ratings on the ECC.*

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| **Stage**  **of**  **Training** | **Test Used** | **Age**  **of**  **Client** | **Clinical Use**  **(reason for testing - outcome measure, treatment**  **planning, eligibility)** | **Administration** | | | **Interpretation** | | |
| **Emerg-ing** | **Establish-ing** | **Consol-idating** | **Emerg-ing** | **Establish-ing** | **Consol-idating** |
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| **Stage**  **of**  **Training** | **Test Used** | **Age**  **of**  **Client** | **Clinical Use**  **(reason for testing - outcome measure, treatment**  **planning, eligibility)** | **Administration** | | | **Interpretation** | | |
| **Emerg-ing** | **Establish-ing** | **Consol-idating** | **Emerg-ing** | **Establish-ing** | **Consol-idating** |
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| **Psychological Testing Competencies Record agreed and signed by: Placement 1** | | | | |
| Trainee ……………………………………….. | Date ………………… |  | Supervisor ………………………………… | Date ………………… |

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| **Placement 2a Child / LD** |  |  | **Placement 2b Child / LD** |  |
| Trainee ……………………………………….. | Date ………………… |  | Trainee ……………………………………….. | Date ………………… |
| Supervisor …………………………………… | Date ………………… |  | Supervisor …………………………………… | Date ………………… |

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| **Placement 3a OA / Supplementary** |  |  | **Placement 3b OA / Supplementary** |  |
| Trainee ……………………………………….. | Date ………………… |  | Trainee ………………………………….….. | Date ………………… |
| Supervisor …………………………………… | Date ………………… |  | Supervisor ………………………………………………… | Date ………………… |