

MODULE TITLE	MODULE TITLE Evidence-based Interventions with Children, Young People and Families					CREDIT VALUE	30
MODULE CODE		PYC3003	MODULE CONVENER		Dr Catherine Gallop		
DURATION	TERM	1	2	3	Numb		23
	WEEKS	4	10	0	(antici		

# **DESCRIPTION – summary of the module content**

This module includes the fundamental elements of providing evidence-based interventions for mild presentations of anxiety and depression, when working with children, young people and their families. The curriculum builds on your existing clinical skills and knowledge of working within comprehensive CAMHS and the successful completion of the core skills and engagement and assessment modules of the Enhanced Evidence-based Practice course.

This module will be delivered over 14 days: 9 days of classroom based teaching at the HEI and 5 days in learning sets in the student's service. A notional structure and order for the HEI based days of teaching is shown below with (MindEd e-learning sessions may also be used to support learning). Appropriate e-learning sessions will be selected as an adjunct to learning.

No formal pre-requisites are required but you must be able to demonstrate familiarity with diagnostic systems (ICD and/or DSM) as a helpful shorthand to describe symptom patterns and syndromes and familiarity with standard models and approaches for anxiety disorders, depression, and other disorders with an evidence-base for both the models and the treatment.

# **MODULE AIMS – intentions of the module**

(clinical trials and outcome studies)

The aim of this module is to provide you with a good understanding of the process of therapeutic support for a range of evidence-based, low intensity cognitive behavioural interventions and to facilitate the management of individuals and groups of patients including families, friends and carers. The aims of the module are to equip you with essential skills necessary to provide an evidenced based intervention based on the young person's presentation.

**INTENDED LEARNING OUTCOMES (ILOs)** (see assessment section below for how ILOs will be assessed) On successful completion of this module *you should be able to*:

Module Specific Skills and Knowledge: Engage successfully parents in developing shared understandings of difficulties and enable parents to support interventions with young people that are informed by social learning perspectives Evaluate critically the phenomenology, diagnostic classifications and epidemiological characteristics of depression and anxiety disorders in children and young people 3 Illustrate the behavioural activation model, behavioural theory and explain the role of behaviour in the development and maintenance of depression Summarise the main components of an evidence-based intervention for working with worry which may 4 include progressive muscle relaxation, cognitive restructuring, imagery exposure and in-vivo exposure Explain how healthy lifestyle packages and interventions (e.g., sleep hygiene) are delivered 5 Describe the rationale for and process of delivery of guided self-help, the use of appropriate self-help materials and supporting the client in the use of relevant and effective materials 7 Understand how to best use supervision and outcome measurement and feedback to support the implementation of collaborative, evidence-based interventions with young people and their families Discuss in detail the importance of adequate preparation for ending therapy, allowing accurate evaluation and 8 consolidation of gains, and preparation for independent practice 9 Assess the potential for recurrence of depression and anxiety symptoms after ending and competence in collaborating to produce a relapse prevention plan, including medication where necessary, that actively involves the available interpersonal and professional networks Synthesise critically clinical research literature on exposure for anxiety disorders in children and young people 10

Describe how to sensitively adapt behaviour therapy for anxiety disorders to ensure equitable access, taking into account the age of the child or young person, and cultural and social differences and values among the children, young people and their parents/guardians

### Discipline Specific Skills and Knowledge:

- Summarise basic and essential factual and conceptual knowledge of the subject, and demonstrate a critical understanding of this knowledge
- Evaluate and analyse empirical evidence, and to assess the reliability of empirical evidence using a range of defined techniques

### Personal and Key Transferable/ Employment Skills and Knowledge:

- Describe a range of key professional and ethical issues related to professional practice within mental health settings and personal development
- Evaluate your strengths and weaknesses, challenge received opinion and develop your own criteria and judgement, and to seek and make use of feedback

#### SYLLABUS PLAN - summary of the structure and academic content of the module

The module content, module specific learning objectives, style of delivery and assessment for this module are as dictated by the enhanced evidence-based practice CYP IAPT curriculum.

The aims of this module will be achieved through a series of workshops, which will incorporate lectures, role-plays, and small group discussions. In addition, they will be supplemented by e-learning material and experience of putting into practice what has been learned within the workplace. Teaching will be provided by course tutors, supplemented by national experts where appropriate.

Competences will be predominantly acquired through skills-based learning. The module therefore uses a combination of classroom-based learning at the HEI, incorporating video and role play, group work with problem-based learning sets, supervised clinical practice and e-learning from the MindEd portal to augment learning.

E-learning from the MindEd e-portal will be used to deliver key elements of the core curriculum. This has been developed specifically to support the CYP IAPT curriculum and can be accessed freely anywhere (including internationally).

E-learning content will be supported by learning sets provided by the HEI and completed with other trainees, at the workplace. The learning sets will be based on clinical material. They will use the principles of problem-based learning to engage trainees and to facilitate and promote theory practice links.

Each workplace organisation, in collaboration with the HEI, will identify a co-ordinator for a group of trainees. Ideally, the co-ordinator will have completed a CYP IAPT Postgraduate Diploma or Certificate and be using the core skills of CYP IAPT in their work and be able to support trainees in developing the core skills and competences. Workplace co-ordinators will organise and facilitate group work and problem-based learning, including the necessary resources (e.g. study space, access to e-learning) and support trainees' use of the e-learning materials. Workplace co-ordinators will liaise with academic staff at the HEI and monitor your progress in your workplace learning.

You will be required to provide therapeutic interventions to children and young people with mild presentations of anxiety and depression. This work will be video-recorded and supervised by a service supervisor who has completed the PGCert Clinical Supervision of Evidence-Based Psychological Therapies or the five day outreach CYP IAPT supervision course. You will keep a professional and reflective portfolio demonstrating assessments, interventions, supervision and reflective practice. Clinical work will be verified by supervisor sign off in the professional portfolio and clinical competence will be assessed by the service supervisor and a video recording of an intervention session submitted to the HEI. Service supervisors will also be required to write a supervisor report for the portfolio.

Contact hours: (Each day is 5.75 hours for accreditation purposes)

- 14 days in total
- 9 days in class in theoretical teaching and clinical simulation
- 5 days in the workplace undertaking supervised practice
- Total contact hours: 80.5 hours

LEARNING AND TEACHING	3						
<b>LEARNING ACTIVITIES AN</b>	D TEACHIN	NG METHODS	(given in hou	urs of s	tudy time)		
Scheduled Learning and 8	0.5	Guided ind	dependent	219.5	Placemer	nt/study	0
Teaching activities		stu	ıdy		abroad		
<b>DETAILS OF LEARNING A</b>	CTIVITIES A	AND TEACHIN	IG METHODS				
Category		Hours of study time	Description				
Scheduled Learning and Tea	51.75	Practical classes – these will be used to develop clinic competences in assessment and engagement through tuto					
Scheduled Learning and Tea	28.75	supervised small group role-play  Service-based learning sets – undertaking PBL as part of group within the classroom supported by the tutor					
Guided independent study	79.5			ation for semi		ato.	
Guided independent study		70					arning
Guided independent study		70	Reading and preparation for Problem-based learning				
Guidea independent stady	70	Self-practice and self-reflection on role plays with fello students undertaken outside of teaching sessions ar 'blogging' of personal reflections upon practice					
ASSESSMENT							
FORMATIVE ASSESSMENT	<b>r</b> - for feedh	ack and devel	opment purpos	ses: doe	s not count to	owards mod	ule grade
FORMATIVE ASSESSMENT - for feedb Form of Assessment		Size of the assessment e.g. duration/length			assessed	Feedback method	
Clinical skills competency as of an intervention session	Up to one hour		1, 3-	5	Written or	oral	
Reflective commentary		1000 words		7, 12	P-15	Written or	oral
SUMMATIVE ASSESSMEN	T /0/ of oro			7, 12	-13	vviilleii Oi	Ulai
				25	Practical ex	·	50
Coursework 2	5 VV	ritten exams		25	Practical ex	laiiis	50
DETAILS OF SUMMATIVE	ACCECCME	=NIT					
						Feedback	ام مالم مما
Form of Assessment	% of			i. ilos	assessed	reeuback	method
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Written examination (this	25 90 minutes		2-5, 7		5, 7, 10, 11	Written	
assessment must be passed; failure in this assessment will lead to failure in the module and the programme)							
Reflective commentary (this assessment must be passed; failure in this assessment will lead to failure in the module and the programme)	25	1000 words		7, 12		Written and oral	
Clinical skills competency assessment of an intervention session (this is an assessment of competency and must be passed; failure in this assessment will lead to failure in the module and the programme)	50	Up to one ho	ur	1, 3-	5	Written an	d oral
Clinical portfolio (this is 0 pass/fail only and must be passed; failure in this passessment will lead to failure in the module and the programme)		3,000 words		1-4,	7-9	Written	
Supervisor assessment of 0		3,000 words		1, 3-	5, 7-9	Written	

clinical competences to include direct observation of each of the treatment strategies taught, whether

through video recording or
live supervision – all must
reach 50% minimum to be
deemed competent on a
standardised measure
(this is pass/fail only and
must be passed; failure in
this assessment will lead to
failure in the module and
the programme)

DETAILS OF RE-ASSESSMENT (where required by referral or deferral)						
Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment			
Written examination	Written examination	2-5, 7, 10, 11	Four weeks from the date that feedback was provided			
Reflective commentary	Reflective commentary	7, 12-15	Four weeks from the date that feedback was provided			
Clinical skills competency assessment	Clinical skills competency assessment	1, 3-5	Four weeks from the date that feedback was provided			
Clinical portfolio	Clinical portfolio	1-4, 7-9	Four weeks from the date that feedback was provided			
Supervisor assessment	Supervisor assessment	1, 3-5, 7-9	Four weeks from the date that feedback was provided			

#### **RE-ASSESSMENT NOTES**

Five assessments are required for this module. In all cases re-assessment will be the same as the original assessment. Where you have been referred/deferred for any form of assessment detailed above you will have the opportunity to retake within four weeks from the date that feedback was provided.

If you pass re-assessments taken as a result of deferral, your re-assessment will be treated as it would be if it were your first attempt at the assessment and the overall module mark will not be capped.

If you pass re-assessments taken as a result of referral (i.e. following initial failure in the assessment), the overall module mark will be capped at 40%.

If you fail re-assessments taken as a result of referral (i.e. following initial failure in the assessment), you will be failed in the module and as a consequence you will be failed in the programme and your registration as a student of the University will be terminated.

# **RESOURCES**

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

Core reading:

- Child IAPT National curriculum (2012). London: Department of Health
- Roth, A.D. and Pilling, S. (2007). Core competencies required to deliver effective psychological therapies. London: HMSO, Department of Health.
- Fonagy, P. and Target, M. (2005). What works for whom: a critical review for children and adolescents. London: Routledge
  - Bennett-Levy, J., Richards, D., Farrand, P. et al (2010). Oxford Guide to Low Intensity CBT Interventions. Oxford: Oxford University Press.
  - Lovell, K. and Richards, D. (2008). A Recovery Programme for Depression. London: Rethink.
  - Silverman, J., Kurtz, S. and Draper, J. (2005). Skills for Communicating with Patients. Oxford: Radcliffe.
  - Child IAPT National curriculum (2012). London: Department of Health
  - Roth, A.D. and Pilling, S. (2007). Specific competencies required to deliver effective CBT. London: HMSO, Department of Health.
  - Fonagy, P. and Target, M. (2005). What works for whom: a critical review for children and adolescents. London: Routledge
  - Stallard, P. (2005). Think Good, Feel Good. London: Wiley-Blackwell

# Wider reading:

- Bazire, S. (2003). Psychotropic Drug Directory 2003/2004: The Professionals Pocket Handbook and Aide Memoire. Salisbury: Fivepin Publishing.
- Goldberg, D. and Huxley, P. (1992). Common Mental Health Disorders: A Biosocial Model. London: Routledge.

Myles, P. and Rushforth, D. (2007). A Complete Guide to Primary Care Mental Health. London: Robinson. ELE: College to provide hyperlink to appropriate pages CREDIT VALUE **ECTS VALUE** 15 **PRE-REQUISITE MODULES** None **CO-REQUISITE MODULES** None NQF LEVEL (FHEQ) 6 AVAILABLE AS DISTANCE LEARNING NO **ORIGIN DATE** 26/11/2014 LAST REVISION DATE 16/12/2014 **KEY WORDS SEARCH** CYP Improving Access to Psychological Therapies, IAPT, low intensity, cognitive behavioural therapy, common mental health problems, primary care, evidence based psychological therapies, clinical competency

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