

# **PG Diploma in Psychological Therapies Practice (Children, Young People & Families)**

**Programme Handbook**

**CYP IAPT 11**

**2023 - 2024**

## Contents

<b>Welcome</b> .....	<b>2</b>
<b>Meet the Team</b> .....	<b>3</b>
<b>Introduction and Aims</b> .....	<b>5</b>
<b>0-5 Programme Structure</b> .....	<b>7</b>
<b>General Administrative Information</b> .....	<b>8</b>
University of Exeter Services .....	8
CEDAR General Information .....	10
Programme Governance .....	11
Marking, Assessment and Progression .....	12
<b>Teaching</b> .....	<b>16</b>
<b>Framework</b> .....	<b>20</b>
<b>Tutorials</b> .....	<b>21</b>
<b>Accreditation</b> .....	<b>22</b>
<b>Confidentiality and Anonymisation</b> .....	<b>23</b>
<b>Assessment</b> .....	<b>26</b>
Formative and Summative Assessments Guidance and Marking Criteria.....	28
Assessment and Formulation Case Presentation .....	29
Case Reports .....	33
0-5 Competency Tapes .....	34
Mitigation Requests.....	37
<b>0-5 Reading List</b> .....	<b>39</b>
<b>0-5 Supervision and Clinical Practice Handbook</b> .....	<b>42</b>
Overview of Supervision and Assessment of Clinical Practice.....	42
Guidance on the use of Supervision .....	42
Assessment of Clinical Practice.....	43
0-5 Supervision Reports.....	44
<b>0-5 Resources and Documents</b> .....	<b>46</b>

## Welcome

Welcome to the University of Exeter's Postgraduate/Graduate Diploma programme in Evidence-Based Psychological Therapies for Children and Young People. This programme is part of the national Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) initiative and has a Cognitive Behavioural Therapy (CBT), Parenting (PT), 0-5, Systemic Family Practice (SFP) and ASD/LD pathway.

The overall aims of the CYP IAPT Programme are to transform mental health services for young people and their families/carers; to maximise their effectiveness and efficiency and thus improve access to evidence-based and outcome-monitored interventions.

The programme is heavily rooted within the development of clinical skills associated with a patient-centred approach and on the skills required to support CBT, PT, 0-5, ASD/LD and SFP evidence based therapies.

The continued development of these skills is embedded within a strong focus on practice-based supervision, which is a fundamental component of the training. As such your training should not just be seen as being the time you spend being taught within the University, but full time, based also around your clinical work undertaken within your work setting supplemented by your practice based supervision.

Successful completion of clinical and written assignments and appropriate participation in tutorials and workshops will lead to the awarding of a PG/Grad Diploma. We hope that you will be able to act as 'product champions' for CBT, parenting, 0-5s, ASD/LD and systemic practice and to be available as teachers and consultants, in the various CYP IAPT settings in which you work.

A major contributing resource to the programme is the knowledge and experiences that you as programme members bring. We intend to draw upon and honour this knowledge and experience in order to develop clinical skills and increase awareness and theoretical understanding. It is important, however, that understanding and use of theory is integrated with clinical application in a rigorous and constructively critical manner.

We hope you enjoy the training and look forward to meeting you over the coming months.



**Dr Alex Boyd, Co-Director of CYP Programmes**

## Meet the Team

### **Professor Catherine Gallop**

Director of CEDAR PGT Programmes

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Director of CYP-IAPT Training Programmes

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### **Dr Ann Hockaday**

0-5 and Parenting Programme Lead



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## Introduction and Aims

In this programme we aim to help you develop your practice in evidence-based psychological therapies for children, young people and families.

You will develop the knowledge and competencies required to be an effective practitioner, as determined by the relevant national curriculum for the CYP IAPT Programme.

We aim to provide you with a high quality and stimulating learning experience in a supportive environment that is enriched by an internationally recognised research environment, nationally recognised innovative clinical teaching approaches and current clinical practice.

The programme aims to ensure that all graduates meet recognised minimum clinical competence in working using CBT with young people with affective disorders, PT for conduct disorders with parents and young people, 0-5 interventions to enhance attachment in vulnerable groups and Interventions for common presenting difficulties in 0-5s, and SFP with eating disorders or depression / self-harm and conduct disorder.

### Specific Programme Aims

On completion of the programme we hope that you will be able to:

- Demonstrate generic and modality-specific skill competencies in evidence based psychological therapy as determined by the CYP IAPT national curriculum.
- Synthesise the key underpinning knowledge in evidence based psychological therapies for children, young people and families.
- Critique the context within which psychological therapies are provided (including relevant professional, ethical and legal frameworks).
- Explain in detail the key theoretical bases for evidence-based psychological therapy models and link their relationship to practice and understand, interpret, critically evaluate, and apply evidence-based practice.
- Evidence appropriate use of supervision in developing clinical skills.
- Analyse and manage the implications of ethical dilemmas and work proactively with others to formulate solutions and manage complexity.
- Function independently and reflectively as a learner and practitioner.

It is our intention that trainees from all diverse backgrounds and perspectives be well served by this course, that trainee's learning needs be addressed both in and out of teaching sessions, and that the diversity that trainees bring to this cohort be viewed as a resource, strength and benefit. It is our intention to present materials and activities that are respectful

of diversity: gender and gender identify, sexuality, disability, age, socioeconomic status, ethnicity, race, and culture. Your suggestions are invited, encouraged and appreciated. Please let us know ways to improve the effectiveness of the course for you personally or for other trainees or student groups. In addition, if any of our training sessions conflict with your religious events, or if you have a disability or other condition necessitating accommodation, please let us know so that we can make the necessary arrangements for you.

Our goal as a learning community is to create a safe environment that fosters open and honest dialogue. We are all expected to contribute to creating a respectful, welcoming, and inclusive environment. To this end, classroom discussions should always be conducted in a way that shows respect and dignity to all members of the class. Moreover, disagreements should be pursued without personal attack and aggression, and instead, should be handled with grace and care. This will allow for rigorous intellectual engagement and a deeper learning experience for all.

(Statements adapted from the University of Iowa, College of Education and Yale University - Dr. Carolyn Roberts, Assistant Professor, History of Science & History of Medicine, and African American Studies)

## 0-5 Programme Structure

There are four modules within the 0-5 pathway. The core module and three 0-5 modules. For information about the core module, please see the core module handbook.

### PG Dip:

Code	Title	Credits
PYCM027	Core Skills for Working with Young People with Mental Health Problems and Their Families	60
PYCM034	Fundamental Principles 0-5's	20
PYCM035	Interventions to Enhance Attachment	20
PYCM036	Interventions for Existing Diagnosable Problems in Children Aged 1.5 to 5 Years	20

### Grad Dip:

Code	Title	Credits
PYC3007	Core Skills for Working with Young People with Mental Health Problems and Their Families	60
PYC3010	Fundamental Principles 0-5's	20
PYC3011	Interventions to Enhance Attachment	20
PYC3012	Interventions for Existing Diagnosable Problems in Children Aged 1.5 to 5 Years	20

## General Administrative Information

- **University of Exeter Services**
- **CEDAR General Information**
- **Programme Governance**
- **Marking, Assessment and Progression**

## University of Exeter Services

### The University Campus

[Find out more about the Streatham campus.](#)

Key buildings you may wish to access include:

- The Forum (for Student Information Desk, non-academic enquiries & the Library)
- Devonshire House (cafés, shops, SU bar etc.)
- Reed Hall Mews (Student Health Centre).
- Northcote House houses the University's administration (the Vice-Chancellor, Registrar and Academic Secretary have their offices there, plus the Faculties Office, Registry, Accommodation and Examinations).
- The Sports Hall & open-air swimming pool adjacent to Cornwall House (open end of May to middle of September) and an indoor pool at St Luke's College.

Find out more information about [parking on campus](#).

### Student Information Desk

The Student Information desk is based in the Forum. Opening times are detailed [here](#). To log an enquiry, click [here](#).

### Library Facilities

The main library facilities are at the University of Exeter Streatham Campus. The library is stocked with psychology texts. The library catalogue, including access to electronic journals, and facilities for reserving and renewing books are on the web [www.exeter.ac.uk/library](http://www.exeter.ac.uk/library).

### **Access to External Libraries**

The SCONUL Access scheme is a UK based method to allow students access to other HE Libraries. It is a co-operative venture between most of the higher education libraries of the UK and Ireland.

It is available to:

- Academic staff on open or fixed term contracts
- Postgraduate research students registered for a PhD, MPhil or similar qualification
- Part-time, distance learning and placement students
- Full-time postgraduates

SCONUL Access also provides for a reference only service for full-time undergraduate students. These students are NOT entitled to borrow from other Libraries under the SCONUL Access scheme. More information can be found on the University Library website at [www.exeter.ac.uk/library](http://www.exeter.ac.uk/library).

### **Study Skills Service**

The Study Skills Service offers confidential help to any student who would like to improve their study skills. The Study Skills Advisors can help with the following:

- Reading effectively
- Selecting reading from book lists
- Planning and writing assignments or essays
- Taking useful notes
- Revising for exams
- Organising your time
- Generally evaluating your study skills

This service is available to postgraduates, who can and do consult the Study Skills Advisors. Help is available throughout each term and during part of each vacation - see [www.exeter.ac.uk/student-engagement-skills](http://www.exeter.ac.uk/student-engagement-skills).

### **The Wellbeing Service**

More information regarding services provided by Wellbeing can be found [here](#).

### **Students with Disabilities**

The University employs Disability Advisors who offer support to students with disabilities and endeavours to provide facilities and equipment suited to people's individual needs [www.exeter.ac.uk/accessability](http://www.exeter.ac.uk/accessability).

### **Education Enhancement**

Education Enhancement provides professional guidance and support for students and academic staff in four related areas.

[e-Learning Development](#) promotes and supports the use of technologies in learning, teaching and assessment.

[Academic Development](#) offers professional and research informed advice and guidance to academic staff on aspects of learning, teaching and assessment in Higher Education. This unit is responsible for professional development programmes including LTHE (Learning and Teaching in Higher Education).

[Academic Skills Development](#) enhances student learning through workshops, lectures, individual appointments and innovative online materials.

### **Protection of Dignity at Work and Study**

The University of Exeter is committed to a policy of equality of opportunity and aims to provide a working and learning environment, which is free from unfair discrimination and will enable staff and students to fulfil their personal potential. All individuals should be treated with dignity and respect whether at work or study: staff and students have an important role to play in creating an environment where harassment is unacceptable.

The purpose of this policy is to assist in developing a working and learning environment and culture in which harassment is known to be unacceptable and where individuals have the confidence to deal with harassment without fear of ridicule or reprisals. The policy aims to ensure that if harassment or bullying does occur, adequate procedures are readily available to deal with the problem and prevent it reoccurring. Harassment can have a detrimental effect upon the health, confidence, morale, learning and performance of those affected by it. A list of current advisors can be found on the above link.

The policies can be found at on the [HR website](#).

### **Sexual Harassment**

The University defines sexual harassment as 'attention of a sexual nature which is offensive or unwanted'. There is a leaflet available on the nature of the problem and how to deal with it. A copy is available on each of the year's notice boards and a further copy can be obtained from Reception. If you feel that you have experienced sexual harassment then read this document and discuss the matter with any of the University's trained advisors or with any member of Psychology. This service is confidential and further action is taken only with the knowledge and permission of the programme member.

It is worth pointing out that the University's policy on protection from sexual harassment extends to its staff as well as programme members.

## CEDAR General Information

Washington Singer Laboratories and the adjacent Sir Henry Wellcome Building are home to the CEDAR programmes.

Washington Singer Laboratories:

- Reception opening hours are 8am - 5pm term time.
- Building opening hours are 8am – 7.30pm.

If you wish to access the building out of hours please contact your Programme Administrator for advice.

### Contact Details

Programme members are responsible for keeping their contact details and home address up to date. Any changes should be made via the [MyExeter portal](#) and the Student Record tab, and programme members should also make sure that their Programme Administrator is kept informed of any changes.

### IT Facilities

There are numerous PCs with scanning and printing facilities available for programme members' use within Psychology.

In addition, all the PCs in rooms 220 and 221 are available for programme members' use in conjunction with undergraduates in Psychology. In term time these computers are subject to heavy use, although in University holidays they are underused. Software for PCs is available from the Psychology IT Department.

The University has many additional IT facilities. Please see the following links for more information:

- [Openaccess](#)
- [IT Helpdesk](#)

## Programme Governance

### Staff Student Liaison Committee Meetings

Programme members are able to participate in the running of the programme through participation in Staff-Student Liaison Committee meetings. These will be held once per term

where the programme team will meet with the trainee representatives and for some SSLC committee meetings, Lived Experience Group members to discuss general issues in programme delivery.

SSLC meetings will consider any changes made to programme delivery dependent upon previous module evaluations. The Programme Lead will report to the Director of Clinical Training or Director of Programmes within the College of Life and Environmental Sciences.

### **Attendance and Absences**

As explained in the individual strand handbooks, this course is a clinically- applied training and as a result, the aim is for 100% attendance. If any teaching is missed, you need to evidence with your course team how you have made up the learning and developed the competencies.

Your programme team will monitor attendance closely with you throughout your training. Please make sure you sign the register on arrival to ensure that your attendance is recorded correctly. In the case you miss any of the teaching days (both within and outside of the university) through ill health **it is your responsibility to inform both your employer and the programme administrator.**

Please note that student absences can affect the quality of the learning experiences of the course. As such we do not expect you to take holidays when teaching has been scheduled. Should exceptional circumstances for leave arise then any requests for absence must be made in writing to the Programme Leads and agreed prior to leave being taken.

### **Maximum Duration Permitted for Completion of IAPT Training**

Extenuating circumstances, mitigations, and situations in the workplace may on occasion require a trainee to request an extension to the completion date of their assessed work. Wherever possible, we will work with your Workplace Supervisor to devise a realistic time-scale for completion of the programme. However, as this is a one year programme and the University allows interruption of studies for up to a maximum of one year it is expected that all trainees will complete within 3 years.

Please see the [University TQA manual](#) for guidelines on interruptions and withdrawal from studies.

For further information about Programme Governance, please see the [Generic IAPT course handbook](#)

## **Marking, Assessment and Progression**

## **Notched Marking Guidelines**

With effect from the 2016/7 academic session, the CLES Education Strategy Group has agreed to implement a notched marking scheme to support consistency and reliability within the assessment process. Within the marking scheme only certain marks may be used within each grade.

The marks available for award are described in the marking criteria document which is available to download here: [Notched Marking Guidelines](#)

## **Submitting Your Work**

All written assessments should be word-processed using double-line spacing, font size of 11pt or 12pt and in a font that is easy to read, e.g. Arial, Verdana, Tahoma. All pages should be numbered. To assist with “blind marking” please do not put your name or ID number anywhere in your submission.

Written work must stay within the specified word count and there will not be an upper percentage margin. Markers will stop marking at the point where the limit has been reached.

**All work must be submitted by 1.00pm on the submission date.**

**It is your responsibility as a student to ensure that all work arrives by the submission deadline.**

## **Citing and Referencing**

Psychology has adopted the American Psychological Association (APA) conventions as the standard for citations and references. As such references must be completed in APA style. It is important that programme members are familiar with the precise details of citing and referencing. We use the standard of ‘a publishable article’ and we expect citations and references to adhere to that standard. The information given here is based on the latest edition of the Publication Manual of the APA. We would encourage you to consult these guidelines and copies are kept in the library, or can be obtained online at [www.apastyle.org](http://www.apastyle.org). There are many web sites providing summaries of the APA Style Guide (a Google search will identify these).

Please see [this link](#) for information about the Postgraduate Assessment scheme used within CEDAR.

## **Word Count Guidance**

*Please note that any words over the word count will not be marked.*

The following content is NOT included in a final word count:

- Abstract

- Title
- Contents page
- Reference list
- Bibliography
- Footnotes (these should be used for references only; those containing large amounts of text will be treated as if they were part of the main body of text). Footnotes should only be used where directed by the module convenor.
- Appendices
- Words used in tables, graphs and other forms of data presentation (including titles of figures)
- Equations

The following content IS included in a final word count:

- Main body of text
- In text quotations
- In text references
- Section headings
- Footnotes containing large amounts of text (unless indicated otherwise by module convenor)

### **Re-assessment Procedures**

Referral: A referral is a further attempt permitted by the examiners, following initial failure of an individual module, at the assessment(s) or examination(s) for that module. There is no requirement to repeat attendance. The module mark following a referral is capped at the pass mark of 50% (postgraduate). For any assessment, candidates have a right to be referred on one occasion only. Where the Board of Examiners decides there are adequate grounds, such as medical reasons or exceptional personal circumstances, it may allow a deferral (i.e., re-assessment without the mark being capped), or permit a further referral.

In the event of any piece of work being referred it will be returned to the programme member with instructions from the programme administrator.

### **Marking and Appeals Procedure**

If a student feels that there has been irregularity in the marking of an assignment and wishes to appeal against a provisional mark prior to the Examination Board, they should bring the grounds for their appeal in writing promptly to the attention of the Director of Clinical Training, who may then seek the opinion of an additional marker. The External Examiner would then review both marks and the correspondence. This will usually resolve the matter, but if a student still feels that he or she has grounds for a formal appeal, the university's procedures for doing this can be found in the TQA manual.

### **Student Complaints Procedure**

Information about the University Student Complaint Procedure can be found [here](#).

## **Academic Probity**

The definition of cheating and plagiarism in this document are taken from the University's [Teaching Quality Assurance \(TQA\)](#).

Definitions and offences are outlined in the TQA [here](#). Information on poor academic practice and academic misconduct is also outlined in detail [here](#).

## **Assessment, Progression and Awarding Committees (APACs)**

A Board of Examiners will meet at the end of each programme to recommend awards. The Board comprises the Programme Lead and the External Examiner(s). It is chaired by the Director of Clinical Training, in accordance with University procedures.

Results of students who have successfully completed the programme will be sent for ratification at the Vice Chancellor's Executive Group meeting. Results of students who are unsuccessful will be considered at a Consequences of Failure Board. This Board will make recommendations for the consequences of failure for individual students. These recommendations will be approved (or otherwise) by the College Associate Dean for Education, who will submit recommendations to the Dean of Faculty for final approval.

On occasions the information contained within this programme handbook regarding programme governance and assessment may be different to that agreed at the wider college and university level. Such differences are due to the specific training and educational requirements encountered with programmes, in particular those required as part of the professional body accreditation process, the delivery of national curriculums and requirements of the SHA tender processes. Where there are differences, information contained within this programme handbook should take precedence.

**It should be noted that you will not officially complete the programme until your award has been approved at this Board and approved by the Vice Chancellor's Executive Group.**

## Teaching

Each year we begin the course with a focus on the core teaching module. Some of this teaching is delivered for all strands as a whole cohort, whereas other core sessions are delivered individually in strands. The majority of your core teaching will be completed by the end of term 1. Core teaching days will be clearly indicated on the timetable.

### **Core Teaching Days 2023**

#### **Term 1**

Week 1 – 9<sup>th</sup> Jan (a.m), 11<sup>th</sup> Jan, 12<sup>th</sup> Jan, 13<sup>th</sup> Jan

Week 2 – 16<sup>th</sup> Jan, 17<sup>th</sup> Jan, 18<sup>th</sup> Jan, 19<sup>th</sup> Jan, 20<sup>th</sup> Jan

Week 3 – 23<sup>rd</sup> Jan, 25<sup>th</sup> Jan, 26<sup>th</sup> Jan, 27<sup>th</sup> Jan

### **0-5 Teaching Days 2023**

#### **Term 1**

Week 1 – 9<sup>th</sup> Jan (p.m), 10<sup>th</sup> Jan (a.m)

Week 3 – 24<sup>th</sup> Jan

Week 4 – 30<sup>th</sup> Jan, 31<sup>st</sup> Jan

Week 5 – 6<sup>th</sup> Feb, 7<sup>th</sup> Feb, 8<sup>th</sup> Feb, 9<sup>th</sup> Feb

*Half Term*

Week 6 – 20<sup>th</sup> Feb, 21<sup>st</sup> Feb, 22<sup>nd</sup> Feb

Week 7 – 28<sup>th</sup> Feb, 1<sup>st</sup> March

Week 8 – 7<sup>th</sup> March, 8<sup>th</sup> March

Week 9 – 14<sup>th</sup> March, 15<sup>th</sup> March

Week 10 – 21<sup>st</sup> March, 22<sup>nd</sup> March

Week 11 – 28<sup>th</sup> March, 29<sup>th</sup> March

## **Term 2**

Week 1 – 18<sup>th</sup> April, 19<sup>th</sup> April

Week 2 – 25<sup>th</sup> April, 26<sup>th</sup> April

Week 3 – 2<sup>nd</sup> May

Week 4 – 9<sup>th</sup> May

Week 5 – 16<sup>th</sup> May, 17<sup>th</sup> May

Week 6 – 23<sup>rd</sup> May, 24<sup>th</sup> May

### *Half Term*

Week 7 – 6<sup>th</sup> June, 7<sup>th</sup> June

Week 8 – 13<sup>th</sup> June, 14<sup>th</sup> June

Week 9 – 20<sup>th</sup> June, 21<sup>st</sup> June

Week 10 – 27<sup>th</sup> June, 28<sup>th</sup> June

Week 11 – 4<sup>th</sup> July, 5<sup>th</sup> July

Week 12 – 11<sup>th</sup> July, 12<sup>th</sup> July

Week 13 – 18<sup>th</sup> July, 19<sup>th</sup> July

Week 14 – 25<sup>th</sup> July, 26<sup>th</sup> July

## **Term 3**

Week 1 – 5<sup>th</sup> Sept, 6<sup>th</sup> Sept

Week 2 – 12<sup>th</sup> Sept, 13<sup>th</sup> Sept

Week 3 – 19<sup>th</sup> Sept, 20<sup>th</sup> Sept

Week 4 – 26<sup>th</sup> Sept, 27<sup>th</sup> Sept

Week 5 – 3<sup>rd</sup> Oct, 4<sup>th</sup> Oct

Week 6 – 10<sup>th</sup> Oct, 11<sup>th</sup> Oct

Week 7 – 17<sup>th</sup> Oct, 18<sup>th</sup> Oct

### *Half Term*

Week 8 – 31<sup>st</sup> Oct, 1<sup>st</sup> Nov

Week 9 – 7<sup>th</sup> Nov, 8<sup>th</sup> Nov

Week 10 – 14<sup>th</sup> Nov, 15<sup>th</sup> Nov

Week 11 – 21<sup>st</sup> Nov, 22<sup>nd</sup> Nov

Week 12 – 28<sup>th</sup> Nov, 29<sup>th</sup> Nov

Please note also that the course is not formally completed until the successful submission of all examined work and the diploma is not awarded until the Academic Progress and Awards Committee (APAC) has met, normally in the Spring of the year following course completion.

### **Office Hours**

You can contact the team by email for any queries you may have. The team's office hours are held online on Monday 09:30-10:00am. Alternatively, approach the help-staff at Washington Singer Reception Desk and if they cannot assist you, they will consult with the dedicated course administration team.

### **Feedback**

Students must complete electronic feedback via Accelerate. These are completed in 2-week blocks of teaching and you will receive emails with links to complete the feedback. You will also need to evidence that you have completed feedback as part of your Clinical Portfolio assessment.

Feedback provides an opportunity for students to give their opinions and thoughts on teaching sessions and allows the CYP-IAPT team to implement new suggestions and changes for future cohorts.

We will communicate any changes in how feedback is to be gathered as soon as we hear about them

### **Location of Teaching**

Teaching and University supervision are traditionally delivered face to face in the Washington Singer Building, or Reed Hall at the University of Exeter. Some sessions may need to be delivered online through Zoom and/or Microsoft Teams. You will be able to create an account to each of these platforms using your university log in details. Please check the ELE page regularly for the most up to date version of the timetable.

This method of delivery is subject to change throughout the year, so please do check your university email account regularly for updates regarding teaching.

### **The Structure and Timings of the Days:**

Teaching days usually start at 9.30am; when working online, the start time will be clearly stated in the online link to the teaching for that day. We recognise that working online for long periods of time can be tiring, so we try to incorporate regular breaks, alongside a lunch break. These will be discussed and agreed at the start of each session.

Please refer to the Core handbook for Core Teaching timings, as these may differ

## **Study Time**

Trainees are required by National Guidance to **have a minimum of 28 days study time** in addition to taught hours. We have timetabled in 6 days study time during half terms. It is recommended that the remaining 22 days are spread throughout the year, either as a half day each week or an arrangement that works best for the programme member and their employer.

## **Attendance and Leave**

The course is a clinically- applied training and as a result, the aim is for 100% attendance. If any teaching is missed, you need to evidence with your course team how you have made up the learning and developed the competencies.

No annual leave is to be taken on your teaching days. Annual and study leave needs to be taken outside of these days. The only exceptions are where pre-booked leave was agreed at interview or if there are exceptional circumstances. For the latter, annual leave on taught days can only be taken if it is agreed with your Programme Lead prior to the date. A written request should be made to the Programme lead.

As you are all in paid employment, any leave from the University counts as annual leave or sick leave and as a result you need to make your service manager aware of any missed days as well as the University admin and programme teams. We will be in regular contact with your services throughout the course and will make them aware of any leave taken.

## **Missed Session Learning Activity**

The PGDip/GradDip CYP-IAPT courses require a high level of attendance in order to meet both the university and the clinically required standards for the award as noted in the handbook. However, we appreciate that unforeseen crises do arise that make it difficult to attend occasional sessions, we therefore have provision to complete Missed Session Learning Activity Record Form. *This does not apply to missed University supervision sessions. Neither does it apply to multiple missed sessions where programme suspension is likely to be the appropriate course of action following discussion with your Academic Tutor.*

**The decision as to whether a Missed Session Learning Activity plan requires completion for any given absence will be made by the academic team in consultation with individual trainees.**

Designing an appropriate missed session learning activity is the responsibility of the student but clear guidance is given here about how it should be done. The activity is based on the learning objectives from the missed session which are usually available from the session

handout on ELE or from the lecturer. The learning outcomes must be recorded on the **Missed Session Learning Activity Record**.

Download: [Missed Session Learning Activity Record \(CYP-IAPT - All Strands\)](#)

The missed session learning activity requires active and creative engagement with the material in order to address the learning deficit in your **skill development** following the missed session. It is often useful to determine whether any other students have missed the session and complete the activity together, allowing peer discussion and deeper reflection on the material. Students may also utilise small group work with peers, who may or may not have missed the session, and are willing to participate in an additional learning exercise to supplement their own knowledge and skill development. This allows for the use of role play and enhances applied clinical skills as well as theoretical knowledge. Learning activities are likely to include reflection on two or three relevant texts and / or recorded material linked to the learning outcomes.

Your learning activity will take approximately the duration of time missed e.g. a six hour learning activity for a missed teaching day. Self-directed study can be a part of the missed learning activity – although some more active engagement with fellow students is also required.

**A required part of any plan therefore, is evidence of active learning – discussion, role play or similar – with your peers or your clinical supervisor.**

The missed session learning activity *must be agreed with your Academic Tutor prior to completion of the activity*. Your Academic Tutor is required to sign the plan twice – once to confirm agreement with the proposal, and once to confirm completion of the activity. If the initial signature is not sought, you may need to complete a further learning activity.

## Framework

[CAMHS Competency Framework \(.pdf\)](#)

### Competencies

The University of Exeter CYP IAPT Programme has been designed in line with the generic CAMHS competency Framework (Roth and Pilling, 2011, above) and the CYP IAPT national curriculum. For the 0-5 pathway, the Incredible Years certification process and VIG competencies will also be drawn upon where appropriate.

For further information the CYP IAPT national curriculum, please download:

## [CYP IAPT 0-5s Curriculum](#)

For further Information on CAMHS Competencies, please visit the [UCL Core Page](#).

For further information on the accreditation criteria for IY, please visit the [IY page](#).

For further information on VIG practice please see [this link](#).

## Tutorials

There are two types of tutorials in the programme:

### Group Skills Based Tutorials

#### Purpose

- To consolidate learning from workshops
- To provide opportunity for further skills practice
- Opportunity to reflect on clinical application of knowledge
- Opportunity to ask questions, give and receive feedback

### Individual Tutorials

1 x half hour tutorial per term

#### [1:1 Termly Tutorial Review](#)

#### Purpose

- Opportunity to review and reflect on your development and the course
- Opportunity to give and receive feedback on assessed work.
- Opportunity to give and receive feedback on the course.
- To review your clinical portfolio.
- A safe environment for addressing personal development.

**NB:** *If trainees have any concerns or issues that may be impacting on their ability to participate fully in the training or causing them any distress or concern; trainees are strongly encouraged to notify either their tutor or any member of the course team as soon as possible, rather than wait for their 1:1 tutorial.*

## Preparation

Trainees are required to bring up-to-date forms each term for their individual tutorials, including (where appropriate):

- Clinical Log
- Supervision Log
- Teaching Log
- Supervisors Reports
- Summary Sheets

Download: [Portfolio Review](#)

## Accreditation

The 0-5s course is designed to work alongside the accredited standards required from AVIGuk to achieve accredited practitioner status. Mid-point reviews and Practitioner Accreditation meetings are held within the University structure to support the trainees if they successfully meet these VIG requirements during the course.

Your workplace should pay for AVIGUK registration. We will support the process of accreditation with AVIGUK, although it is not set on completing the academic components of the course.

The British Association for Behavioural and Cognitive Psychotherapies (BABCP) is the current accreditation body for Evidence Based Parent Training and accredits the CYP IAPT Parenting course. The 0-5 course was new as of January 2017 and it is currently unclear whether the BABCP or other organisations will want to accredit the course. However, the University of Exeter CYP IAPT 0-5 Training Programme has been designed to meet the predicted assessment and clinical practice requirements for BABCP should they accredit these courses in the future.

## Confidentiality and Anonymisation

Maintaining confidentiality is a vital aspect of maintaining professional standards. Common over-sights by trainees are the inclusion of identifying information in an appendix (e.g. name of service; identifying information of client or professionals involved), providing excessive information about client and family or geographic location. When writing, always ask yourself

if you need to include that bit of information, and if so, is it possible to anonymise it more – for example: X lived in a rural county rather than saying Somerset; a counselling service in the South West of England, rather than saying Checkpoint or Off the Record.

A brief statement in the introduction to case reports and other client-related assessments should make it clear that any names being used have been changed to protect the confidentiality of children and young people and their families/parents/carers. Care should be exercised in anonymising documents included as appendices to reports and other written assessments, especially documents included in the clinical portfolio. Any details that identify a child or young person or a parent/carer should be deleted or blanked out. If using a felt-tip pen to blank out these details **DO** make sure that the details cannot still be read when the paper is held up to the light, for example.

Other names and addresses (apart from the trainee's own name and employing service for the clinical portfolio) should also be blanked out – e.g. names and addresses of GP surgeries. Service details should **NOT** be identified at all for case presentations and case reports. It is also good practice not to include information that might identify the author of assignments, such as details of their profession, for example.

**Any breaches in confidentiality in any assessments will result in the assessment automatically being returned to the trainee for urgent attention, or will result in a fail if a serious breach – see below.**

The following principles have been agreed as the process to follow where there are breaches in confidentiality in assessments submitted as part of the CEDAR PGT training programmes:

#### Case Presentations:

1. With case presentations, no identifiable information should be presented on the client or the service.
2. A minor breach in case presentations, where confidentiality/anonymisation has occurred and been acknowledged by the author, but then a minor mistake(s) gets picked up will be returned to the author for correction. The trainee will have 48 hours to reply and correct the errors in the presentation handouts, otherwise it will be marked as a fail.
3. When major breaches are present or anonymisation has not occurred and/or been made explicit, this will be an automatic fail and the trainee would need to resubmit a second submission correcting the error (and making any other changes if there are other resubmission criteria).

#### Case Reports:

1. In Case Reports there should be no identifiable information in relation to the client or service.
2. A minor breach in Case Reports, where confidentiality/anonymisation has occurred and been acknowledged by the author, but then a minor mistake(s) gets picked up will be returned to the author for correction. The Trainee will have 48 hours to reply and correct the errors, otherwise it will be marked as a fail.
3. When major breaches are present or anonymisation has not occurred and/or been made explicit, this will be an automatic fail and the trainee would need to resubmit a second submission correcting the error (and making any other changes if there are other resubmission criteria).

#### Clinical Portfolios:

1. In the clinical portfolio, the trainee and the service can be identified but no identifiable information on clients should be included.
2. If confidentiality breaches occur in a clinical portfolio in relation to clients, this will be marked as an automatic fail and the trainee will be asked to address the area of concern (and any other changes) for resubmission.

## Assessment

[Generic Front Sheet \(For all submissions of work\)](#)

[Online Submission Student Handbook](#)

[CEDAR Mitigation Request Form](#)

[CEDAR Supplementary Evidence for Clinical Assessments Mitigation Form](#)

Module Code	Module Name	Assessment Element	% of Marks	Deadline	Marks Returned	Consent Forms
PYCM027 / PYC3007	Core Skills	Essay (3000 words)	30%	13 <sup>th</sup> March, 2023	3 <sup>rd</sup> April, 2023	
PYCM027 / PYC3007	Core Skills	<b>FORMATIVE:</b> University Supervisors Report 1	N/A	24 <sup>th</sup> April, 2023		
PYCM027 / PYC3007	Core Skills	<b>FORMATIVE:</b> Workplace Supervisors Report 1	N/A	24 <sup>th</sup> April, 2023		
PYCM027 / PYC3007	Core Skills	<b>FORMATIVE:</b> Workplace supervisor Rating of Core Therapy Competencies A (CAPS report)	N/A	24 <sup>th</sup> April, 2023		
PYCM034/PYC3010	Fundamentals	Case Presentation (Individual – IY Regulatory)  <b>NB:</b> Please submit slides and consent form by 9am on 23/05/2023	100%	10 <sup>th</sup> May, 2023	31 <sup>st</sup> May	√
PYCM035/PYC3011	Existing Problems	<b>FORMATIVE:</b> Competency recording A (Group, Session 4 Onwards) & Reflective Log A (1000 words)	0%	31 <sup>st</sup> May, 2023	28 <sup>th</sup> June, 2023	√

		IY Self Evaluation, Collaborative Process Checklist & Attendance Sheet				
PYCM036/PYC3012	Attachment	Competency recording B (VIG) & Reflective Log B (1000 words)	25%	14 <sup>th</sup> June, 2023	12 <sup>th</sup> July, 2023	√
PYCM035/PYC3011	Existing Problems	Case Report A (IY Group; 3000 words)	100%	5 <sup>th</sup> July, 2023	*8 <sup>th</sup> September, 2023	√
PYCM027 / PYC3007	Core Skills	University Supervisors Report 2	N/A	12 <sup>th</sup> July, 2023		
PYCM027 / PYC3007	Core Skills	Workplace Supervisors Report 2	N/A	12 <sup>th</sup> July, 2023		
PYCM027 / PYC3007	Core Skills	Workplace supervisor Rating of Core Therapy Competencies B (CAPS report)	20%	12 <sup>th</sup> July, 2023		
PYCM036/PYC3012	Attachment	Case Report B (VIG; 3000 words)	25%	13 <sup>th</sup> September, 2023	4 <sup>th</sup> October, 2023	√
PYCM027 / PYC3007	Core Skills	Core Reflective Summary (2000 words)	30%	2 <sup>nd</sup> October, 2023	23 <sup>rd</sup> October, 2023	
PYCM036/PYC3012	Attachment	Competency recording C (VIG) & Reflective Log C (1000 words)	25%	8 <sup>th</sup> November, 2023	6 <sup>th</sup> December, 2023	√
PYCM036/PYC3012	Attachment	Extended Case Report C (VIG; 5000 words)		29 <sup>th</sup> November, 2023	*12 <sup>th</sup> January, 2024	√

PYCM027 / PYC3007	Core Skills	<b>SUMMATIVE:</b> University Supervisors Report 3	N/A	4 <sup>th</sup> December, 2023		
PYCM027 / PYC3007	Core Skills	<b>SUMMATIVE:</b> Workplace Supervisors Report 3	N/A	4 <sup>th</sup> December, 2023		
PYCM027 / PYC3007	Core Skills	<b>SUMMATIVE:</b> Workplace supervisor Rating of Core Therapy Competencies C (CAPS report)	20%	4 <sup>th</sup> December, 2023		
		<b>Clinical Portfolio</b>	<b>P/F</b>	18 <sup>th</sup> December, 2023		

\*You can expect to receive your results 15 working days after your deadline, 20 working days for tape submissions, or 6 weeks for KSA portfolios. Please note that if you have mitigated your submission, this will be 15/20 working days after your set deadline, not the original deadline. If your work is submitted late without an authorised extension, but within the 14 day late period, this work is not included in the 15/20 working day guarantee.

Marks for work submitted within two weeks of an extended university holiday are due back on the Friday of the first week in the next term.

Please note for submissions that require a consent form, the consent form must also be submitted by the submission deadline. If you believe you have grounds for an extension, please see the "mitigation requests" page for more information.

## Formative and Summative Assessments Guidance and Marking Criteria

- Case Presentation (Incredible Years - Regulatory)
- Case Reports A and B (IY and VIG)
- Case Report C (Extended Case Report) (VIG)
- Parenting Group and VIG Practice Tapes and associated Reflective Practice Logs (self-rating scale and reflective analysis)

- Clinical Portfolio and Supervisors' Reports (see Clinical Portfolio handbook section) - including summary logs of clinical activity, case summaries, taught hours log, ELE feedback, self-ratings and reflective summaries, supervision log and supervised practice summary sheet.

Workplace Service Leads and Workplace Supervisors will be routinely informed of trainees' marks on their academic assignments (e.g. essays, case reports) and clinical assignments (e.g. competency assessments). Workplace Service Leads and Supervisors are invited to make contact with the Programme Lead or Academic Lead should any concerns about a trainee's development arise throughout the year.

If you have difficulties with written assessments please inform the programme team but also make use of the University study skills department: [www.exeter.ac.uk/student-engagement-skills/academic/](http://www.exeter.ac.uk/student-engagement-skills/academic/).

## Assessment and Formulation Case Presentation

The case presentation will be of individual parent work using Incredible Years Home Coaching with a child with **regulatory difficulties**.

The purpose of the case presentation is to demonstrate your grasp of the application of social learning theory principles to clinical practice and to demonstrate your skills in assessment and formulation.

The presentation will consist of a PowerPoint with video clips presented alongside. There will be two clips presented from the individual parent work, of approximately 2-4 minutes length each. The first clip will demonstrate a part of the assessment process, as per the marking criteria. The second clip will demonstrate a part of the formulation/conceptualisation process, as per the marking criteria.

### Guidelines

**Trainees will be assessed on the following dimensions:**

**\*Assessment – information gathering**

Should include:

- Reason for referral.
- Presenting problem(s).
- Relevant background/personal information, including development of the problem and current social circumstances.
- A genogram of the family.
- Risk assessment.
- A parenting assessment of the presenting problems – including a description of identified situations/triggers, cognitions, emotions, and behaviours of both the child and the parent/carer.
- Identified treatment goals for therapy (focus on SMART goals).
- Issues relating to engagement and the therapeutic alliance.
- Reference to assessment protocols in NICE guidance.
- Scores on IAPT routine outcome and assessment measures.
- Details of further contextual information as appropriate including quality of parenting, the inter-parental relationship including domestic abuse, parental mental health, and support networks.

### **\*Conceptualisation / Formulation**

- Where a particular model has been used to guide formulation, this should be referenced and accurately described.
- Each factor of the formulation should be described in terms of how this relates to the presence or maintenance of the presenting problem for the child and/or parent
- Diagrams used should be supported by description within the text.
- The formulation should link and explain the presence of and maintenance of the presenting problem(s) and where relevant the development of the problem.
- A diagram must be included of how these problems are being maintained.
- The formulation should relate to the client's goals and flow from the assessment.
- Ensure a focus on collaboration with explicit client contribution.

### **\*Intervention Plan**

The intervention plan should:

- Directly relate to and flow from the assessment and formulation – help to understand how the intervention will address the family's difficulties.
- Rationales for the interventions should be present – why the intervention is suitable and what specific aspects of the intervention are needed to help support the family.
- Relate to the client's identified goals.
- Include reference to relevant NICE guidelines and the evidence base.
- Include specific aspects of the intervention that are likely to help the family, directly related to the formulation
- Comment on the non-specific aspects of the therapeutic relationship/skills used to deliver interventions which are likely to support the process.
- Identify anticipated difficulties, guided by the assessment and formulation process.
- Socialisation to the model and suitability for the intervention.

### **\*Link of theory to practice**

This is covered to some extent in previous areas.

Throughout the presentation you need to:

- Relate the clinical work carried out to relevant social learning theory and other relevant parenting models.
- Use theory to guide your assessment, formulation and intervention plan and guide your thinking about this case.
- Refer to and make use of the relevant literature pertaining to the presenting difficulties.

### **Self-reflectivity**

Throughout the presentation you should demonstrate a reflective approach to the work you carried out and explain methods/tools used to aid this process (e.g. supervision discussion, protected preparation time for therapy & supervision sessions, thought records, listening to session recordings etc.). For example, we would expect you to provide a rationale for the work carried out that draws on your ability to reflect on theory/therapeutic alliance/socio/political/organisational/professional and ethical factors. Reflection may involve demonstrating an awareness of the way that your own assumptions/beliefs might impact on the process and outcome of therapy with due consideration of how this may shape and develop your practice in the future.

### **Awareness of professional issues (including confidentiality)**

You must include a risk assessment that outlines risk to self and others.

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

- Issues of risk
- Ethical issues
- Power dynamics
- Issues of diversity and difference and its impact on the therapeutic relationship.

Client confidentiality - anonymised biographical data must be used throughout the presentation, i.e. you need to change any names and identifying information and make it clear that this has been done.

### **Structure and style of presentation**

Marks will be awarded for a well-structured and well-presented case presentation. Use of PowerPoint is strongly encouraged and PowerPoint slides (or equivalent document) should include prompts/bullet points to aid presentation and discussion of the case. The case presentation should flow in a logical manner and any slides/hand-outs provided should be relevant and aid the markers. **The slides will be required to be submitted to the markers following the presentation.**

Be mindful of your use of language, both regarding the use of colloquialisms and jargon. Where appropriate you may make use of diagrams, tables and bullet points in the presentation to clarify information.

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

Your case presentation should be clearly presented and you may wish to consider practicing your presentation beforehand where possible. Consider any preparation time needed for the set-up of your presentation as this should be kept to a minimum. Put any aids (e.g. PowerPoint document) onto a memory stick and position any other aids needed (e.g. flipchart, handouts) at the beginning of your presentation.

### References

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

### Spelling, grammar, typographical errors

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

### Length of Presentation

The case presentation should be a maximum of 30 minutes duration. **The presentation will be halted at 30 minutes and information not presented will not receive credit.**

### Re-submission Criteria

A failure on two or more of the key areas will result in an overall fail. In the case of an overall fail, the trainee will be required to provide a re-submission.

\* Indicates a key area

Download: [0-5s Case Presentation Mark Sheet](#)

## Case Reports

Trainees submit **three** case reports over the year on three *different* clinical cases/groups.

### **Case Report A (3,000 words)**

This will be about a family attending the Incredible Years Group.

### **Case Report B (3,000 words)**

This will be about a family using the VIG Intervention

#### **Aims**

The purpose of these case reports is to demonstrate your grasp of the application of theory to clinical practice.

### **One Extended Case Report C (5000 words)**

This will be of one or two families that have completed VIG.

#### **Aims**

The overall aims of the extended case report are for you to demonstrate your grasp of the application of theory to clinical practice by demonstrating an understanding of evidence-based practice and providing a critical discussion of the relevant research evidence to this case/group.

**You will be required to reflect on one key theme or issue that was apparent or relevant to this case and discuss these with reference to relevant research/literature.** You may wish to include a transcript of sessions from this client/group to illustrate your points and provide material for reflection.

The area chosen may relate to any area of parenting and clinical work. Examples might include different parenting models, process issues, issues relating to the therapeutic alliance, contextual or systemic factors, including mental health difficulties or domestic abuse, cultural or difference issues.

N.B. A good case does not necessarily mean one with a good outcome. We require you to demonstrate not just your application of Parenting theory to clinical practice but also your reflections and learning related to this piece of clinical work and your understanding of evidence-base practice.

N.B. In all case reports, material presented must reflect accurately the assessment and interventions carried out with the relevant client.

**Files to download:**

- [0-5 Case Report Marking Criteria](#)
- [0-5 Case Report Mark Sheet A & B](#)
- [0-5 Case Report Mark Sheet C](#)
- [Consent Form - YP](#)
- [CYP-IAPT Consent Form \(Parents\)](#)

## 0-5 Competency Tapes

You will have to submit three therapy video recordings over the year. One of these recordings will be of the IY group you run, which is a formative tape. The group tape submitted for marking will preferably have 50% of your whole group attendance in the session. A minimum of 6 people attending is also acceptable.

You will also submit two VIG recordings across the year. These will include whole shared review sessions and a selection of the VIG clips used during the intervention.

### Guidance on Tape Length and Session

For your IY group tape, you must submit a whole group tape, of approximately two hours length. The group itself must last for 2 hours, plus the time for a break. This should be an example of leading the group in weeks 6, 7, 8, or 9.

For the VIG tapes, these should be a whole shared review session, of approximately 45 minutes to 1 hour and 15 minutes in length. The clips reviewed in the session should also be submitted with each tape. It is advised that the first shared review session with a family is not used.

### Guidance on Recording Sessions

You will be expected to submit videos as part of the clinical assessment and treatment and bring these to supervision on a weekly basis. It is essential that you obtain the consent of your clients (parents) for the recording to be used for supervision and/or assessment and submit this with your tapes. The consent form also asks whether your client will be willing for the recording to be used in future training. You should consult your placement supervisor about your Trust's policies on storing the recordings and transporting the clips and submissions to the University.

## **Recording Equipment**

All Trusts and services should provide trainees with recording equipment to make and transport video recordings securely

## **Marking Criteria**

For Parenting Group tapes, Incredible Years Parent Group Leader Rating Scale marking criteria will be used. Marking criteria is adapted from the Incredible Years Collaborative Process checklist, copyright Carolyn Webster-Stratton. A Pass at this level equates to the competencies required for tape review based on the CYP IAPT PG Diploma National Curriculum competencies.

For VIG tapes, the shared reviews will be marked against the national standards set out by AVIGuk in the VIG Skill Development Scale (VIG-SDS). You must achieve a minimum score of 2.5 in each area to pass the VIG competency recordings.

## **Reflective Practice Log**

Three Reflective logs are required – one handed in with each tape (A, B and C). The logs can be written on any topic that has been a significant part of the work. The writing must follow a reflective structure, to include experience/observation; reflection; summary, plans and implications. A focus on practitioner development is helpful. The questions below are there as a guide only.

### **Reflective Log with Group Tape A (1000 words)**

You could use this log to reflect on the delivery of the Incredible Years group. You can be guided by your own experiences and should use a reflective model. Some questions that may support your thinking could include: What was positive about the process of recruiting and selecting families to participate? Which elements of the model fit well with your practicing style and which do you have to work on? How have you experienced co-facilitation in this group? Which sessions have gone particularly well, and which have not worked so well as planned?

### **Reflective Log with Tape B (1000 words)**

You could use this log to reflect on the process of using Video Interaction Guidance. You can be guided by your own experiences and should use a reflective model. Some questions that may support your thinking could include: what progress have parents (and child) made and how has the work supported this? What has your engagement with the parent been like? How have you managed to negotiate and evaluate helping questions? How have you experienced using the VIG-SDS?

### **Reflective Log with Tape C (1000 words)**

You could use this log to reflect on the process of developing in the use of Video Interaction Guidance. You can be guided by your own experiences and should use a reflective model. Some questions that may support your thinking could include: What progress have parents

made and how has VIG supported this? What has your engagement with the parent been like? How have you managed to negotiate and evaluate helping questions? How have you progressed in using the video technology? Are you able to identify attuned principles? How have you progressed, based on the VIG-SDS? What are your next steps?

**Files to download:**

[Generic Front Sheet \(For all submissions of work\)](#)

[Consent Form - YP](#)

[CYP-IAPT Consent Form \(Parents\)](#)

[IY Competency Tape A Marking Grid](#)

[0-5s Competency Tape C VIG Mark Sheet](#)

[Guidance on Writing Reflective Log \(0-5s\)](#)

[Criteria for Assessing Reflective Log 0-5s](#)

[0-5s Reflective Log Mark Sheet](#)

## Mitigation Requests

Application for mitigation of assessment should be made prior to the assessment deadline in question, or within 24 hours of the deadline. Please see further guidance in the Generic IAPT Handbook.

Minor ailments, including coughs and colds, and short-term difficulties including those involving transport, computer problems (always make a backup of your work); personal or family celebrations, etc. will not be acceptable as grounds for appeal.

Acceptable grounds for an extension will include serious illness, serious personal problems, and deaths of close family or friends. Appeals should be supported by the relevant documentation, including medical notes, where possible and appropriate.

**As a general rule the committee will not accept appeals where the problems could have been resolved and late submission avoided if the programme member had planned ahead by a few days.**

Students may apply for mitigation for more than one module where the same circumstances have affected more than one assessment. However, students must use the correct mitigation process and be explicit in detailing: the circumstances that have affected them, how these circumstances have affected their performance and evidence to support their application (doctor's note etc.), together with written corroboration/support from their workplace supervisor.

Students wishing to apply for mitigation for the CYP-IAPT Practitioners course should complete the CEDAR Mitigation Form and email it along with **any supporting evidence** to [CEDAR-mitigations@exeter.ac.uk](mailto:CEDAR-mitigations@exeter.ac.uk).

For requests that are made due to clinical circumstances (e.g. access to clients) please ask your workplace supervisor/manager/service lead to complete the CEDAR Supplementary Mitigation Form for Clinical Assessments which can act as your supporting evidence. You will be able to attach this completed form to your request.

Please note that mitigation forms must be completed before the deadline or within 24 hours of the deadline passing. Supporting evidence must be uploaded within 10 working days of the assignment deadline at the latest, or the request will not be considered.

**Submit this to:** [CEDAR-mitigations@exeter.ac.uk](mailto:CEDAR-mitigations@exeter.ac.uk)

[CEDAR Mitigation Request Form](#)

[CEDAR Supplementary Evidence for Clinical Assessments Mitigation Form](#)

## 0-5 Reading List

Barkley, R. (1997). *Defiant children (second edition)*. New York: Guilford.

Brazelton, T.B., & Cramer, B.G. (1991). *The Earliest Relationship: Parents, Infants, and the Drama of Early Attachment*. Reading, MA: Addison-Wesley.

Crittenden, P.M. (2008). *Raising Parents. Attachment, Parenting and Child Safety*. Willan Publishing: Devon, UK.

Davis, H., & Day, C. (2010). *Working in Partnership with Parents*. 2<sup>nd</sup> Edition. Pearson: London.

Day, C., Michelson, M., Thomson, S., Penney, C., & Draper, L. (2012). Evaluation of a peer-led parenting intervention for child behaviour problems: A community-based randomised controlled trial. *British Medical Journal*, 344, e1107.

Day, C., Morton, A., Ibbeson, A., Maddison, S., Peas, R., & Smith, K. (2014) Antenatal-Postnatal Promotional Guides: Evidence-Based Early Intervention. *Journal of Health Visiting*, 2(12), 658-6.

Day, C., Ellis, M., & Harris, L. (2015). *The Family Partnership Reflective Practice Handbook*. 2<sup>nd</sup> Edition. London: CPCS.

EIF (2015). *The Best Start At Home: What Works To Improve The Quality Of Parent-Child Interactions From Conception To Age 5 Years? A Rapid Review of Interventions*. Early Intervention Foundation.

Ellis, M., & Day, C. (2013). *Therapeutic relationships: engaging people in their care and treatment*. In Ian Norman and Iain Ryrie (Eds.). *The Art and Science of Mental Health Nursing: Principles and Practice* (3<sup>rd</sup> edition). London: Open University Press/McGraw Hill.

Gerhardt, S. (2004). *Why Love Matters: How Affection Shapes a Baby's Brain*. Hove, East Sussex: Routledge.

Kazdin, A. (2010). Problem-solving Skills Training and Parent Management Training for Oppositional Defiant Disorder and Conduct Disorder. In J. Weisz & A. Kazdin (Eds.), *Evidence-based Psychotherapies second edition* (pp. 211-226). New York Guilford.

Kennedy, H., Landor, M., & Todd, L. (2011). *Video interaction guidance*. London, UK: Jessica Kingsley.

Lieberman, A.F. (1993). *The Emotional Life of the Toddler*. New York: The Free Press.  
McMahon, R., & Forehand, R. (2003). *Helping the noncompliant child*. New York Guilford.

Michelson, D., Dretzke, J., Davenport, C., Barlow, J., & Day, C. (2013). Do evidence-based interventions work when tested in the "real world?" A systematic review and meta-analysis

of parent management training for the treatment of child disruptive behavior. *Clinical Child and Family Psychology Review*, DOI 10.1007/s10567-013-0128-0

Murray, L. (2014). *The Psychology of Babies: How relationships support development from birth to two*. London: Robinson.

Music, G. (2011). *Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development*. Hove, East Sussex: Psychology Press.

NICE (2008). Maternal and child nutrition, NICE Clinical Guidance PH11. <https://www.nice.org.uk/guidance/ph11>

NICE (2010). *Nocturnal enuresis - The management of bedwetting in children and young people*, NICE Clinical Guideline 111. <https://www.nice.org.uk/guidance/cg111>

NICE (2012). *Social and Emotional wellbeing: early years*, NICE Clinical Guidance PH40. <https://www.nice.org.uk/Guidance/PH40>

NICE (2013). Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management. *NICE Clinical Guideline 158*. <https://www.nice.org.uk/guidance/cg158>

NICE (2014). *Constipation in children and young people*, NICE Clinical Guidance QS62. <https://www.nice.org.uk/guidance/qs62>

NICE (2015). *Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care*, NG26 <https://www.nice.org.uk/guidance/ng26>

Royal College of Psychiatrists. (2008). *A Competency Based Curriculum for Specialist Training in Psychiatry: Specialist Module in Child and Adolescent Psychiatry*. London: Royal College of Psychiatrists.

Scott, S. (2008). Parenting Programs. In M. Rutter, D. Bishop, D. Pine, S. Scott, J. Stevenson, E. Taylor & A. Thapar (Eds.), *Rutter's Child and Adolescent Psychiatry (fifth edition)* Oxford: Blackwell.

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## 0-5 Supervision and Clinical Practice Handbook

- Overview of Supervision and Clinical Practice
- Guidance on the Use of Supervision
- Assessment of Clinical Practice
- 0-5 Supervision Reports

## Overview of Supervision and Assessment of Clinical Practice

As part of the programme, you will receive two and a half hours of university-based group supervision of your Incredible Years and Video Interaction Guidance practice a week, including group and individual work.

There will be a minimum of 70 hours of combined workplace and university supervision over the course year, which includes the weekly supervision of your individual parent work and VIG work from your workplace supervisor over the year. You will be expected to bring video clips to both University and your service setting for supervision.

You will run one Incredible Years Group, where the children must be aged 3-5 years and experiencing difficulties with their behaviour. This work will be closely supervised at the University and you are expected to bring tapes of the group work to supervision.

For the VIG work, you need to have seen at least six, closely supervised, completed individual parent cases. There must be a total of 18 cycles completed across the families. You must have received a minimum of 20 hours of workplace VIG supervision across the course of the year. The child must be between the ages of 0-5.

For the individual, regulatory work, three cases must be seen. These cases will be where the child experiences difficulties with feeding, toileting, sleeping or persistent crying. The child must be 18 months to 3 years of age. The individual parent work will be closely supervised through bringing therapy tapes to the university and by bringing clips to workplace supervision. This work needs to be with the parent and parent and child.

We have provided a supervision contract for you and both your supervisors to work through during your initial meetings to help you discuss and agree the nature and content of your supervision. This will form the Supervision Contract between yourself, University Supervisor and Workplace Supervisor. Please do adapt this to your individual needs if helpful.

### **Supervision Feedback**

We have provided a supervisee feedback form on supervision which can be a useful tool to help you review supervision with your supervisor at the end of each term. At the end of each supervision session we will ask you to provide feedback to your supervisor by using the Helpful Aspects of Supervision Questionnaire (HASQ).

## **Your Supervisors**

Your University based supervisor will provide you with intensive skills-based supervision, helping to develop your Incredible Years Group Leader and VIG competencies. They will supervise one group over the year and your VIG / individual cases. Your service supervisors will also supervise your VIG and individual cases. During the course of the year, you will move supervision groups.

Your Workplace based supervision will also involve caseload supervision (including of your group). They will hold an overview of all your clinical cases. They will also support you in applying relevant theory to your individual parenting cases and will be able to support you in working in your clinical setting and dealing with clinical issues such as risk.

Both your Workplace and University based clinical supervisors will be offered training in the requirements of supervision and the clinical assessment associated with the programme. They will also be offered ongoing continued professional development (CPD) in and supervision of their supervision practice.

## **Your Role as Supervisee**

In addition to filling in the clinical and supervision logs and reports (see below) you will also need to think about your role as a supervisee. This will include coming prepared for your supervision, keeping notes on discussions in supervision and carrying through jointly agreed action points (see record of supervision) and bringing a summary of your supervision to your 1:1 tutorials (see ongoing summary of supervision hours). If you have any concerns about your cases or supervision please do raise these with your supervisors in the first instance.

In order to develop a reflective approach to the work you carry out and link theory, practice and supervision, Reflective Practice Logs should be submitted alongside your tapes A, B and C.

## **Guidance on the Use of Supervision**

In order to ensure that you make the most effective use of supervision we suggest you read the guidance included within the supervisors' reports in this handbook. In addition, we have included below some suggested content of supervision and supervision methods and topics.

### **Content of supervision**

- Content of supervision will focus on the acquisition of knowledge, conceptualisation and clinical skills within a cognitive behavioural model(s), social learning and VIG model(s).

- Associated issues will also be discussed when it is relevant to do so e.g. case management, suitability and safeguarding.
- Identification (and collaborative change of these if appropriate) of supervisee thoughts, attitudes, beliefs and values and the impact of these on therapeutic and professional behaviour.
- Discussion and working through relationship and process aspects of supervision.

### **Supervision Methods and Topics**

- Discussion of therapeutic relationship and engagement issues.
- Case conceptualisation/formulation.
- Rehearsal of therapeutic techniques e.g. modelling, role-play.
- Discussion about therapeutic strategies.
- Case Presentations.
- Homework.
- Review of audio and videotapes
- Identification of supervisee thoughts, attitudes, beliefs with exploration of the impact of these on therapeutic and professional behaviour.
- Review of risk and therapist/service user safety.
- Review of clinical guidelines/manuals.
- Review of psychoeducational material.
- Experiential exercises.
- Other strategies as agreed.

## **Assessment of Clinical Practice**

### **Clinical Portfolio**

At the end of the course each programme member is required to submit a clinical portfolio. This clinical portfolio forms one of the required assessments for all of your modules. It also meets the CYP IAPT curriculum requirements.

### **Supervision Reports**

At the end of terms 1 and 2, both supervisors will complete formative supervisor's reports. You will need to submit these (see assessment summary for dates) and keep a copy for your records.

At the end of term 3, both supervisors (service and University) will complete a final, summative supervisor's report. You will need to submit these and keep a copy to be added to your clinical portfolio. These must be rated as satisfactory.

### **Child and Adolescent Practice Scale (CAPS)**

Three CAPS reports will be completed in each term. The first one will be formative, followed by two summative reports. Your workplace supervisor will complete a CAPS form to assess your core therapeutic competences.

In order to pass the summative CAPS assessments you are required to achieve a minimum of '2' on each of the individual CAPS items and a minimum of 50% overall

### **0-5s Practice Competency Tapes**

You will need to submit three therapy tapes over the year. An appropriate consent form and front sheet should be included.

## **0-5 Supervision Reports**

### **Formative Reports - Terms 1 and 2**

At the end of term 1 and 2, trainees need to submit a "Formative Workplace and University Supervisor Report". These reports are reviewed with your university tutor. Where a trainee does not pass their supervisor's report this will be addressed with the trainee and their tutor and supervisor.

### **Summative Reports - Terms 2 and 3**

At the end of term 2 and 3, your workplace supervisor will complete a summative CAPS form to assess your core therapeutic competences. In order to pass the summative CAPS assessments, you are required to achieve a minimum of '2' on each of the individual CAPS items and a minimum of 50% overall.

At the end of term 3, a summative Workplace and University Report will be submitted. You will need to submit these and keep a copy to be added to your clinical portfolio. These must be rated as satisfactory.

To assist with assessment of your ability to use supervision in a workplace context, and your competence, strengths and areas for improvement, the adapted Dreyfus scale (1989), as used with the CTS-R (2001), will be used as a guide to facilitate feedback on competency.

**Incompetent** - The therapist commits errors and displays poor and unacceptable behaviour, leading to negative therapeutic consequences.

**Novice** - At this level the therapist displays a rigid adherence to taught rules and is unable to take account of situational factors. He/she is not yet showing any discretionary judgement.

**Advanced Beginner** - The therapist treats all aspects of the task separately and gives equal importance to them. There is evidence of situational perspective and discretionary judgement.

**Competent** - The therapist is able to see the tasks linked within a conceptual framework. He/she makes plans within this framework and uses standardised and routinised procedures.

**Proficient** - The therapist sees the patient's problems holistically, prioritises tasks and is able to make quick decisions. The therapist is clearly skilled and able.

**Expert** - The therapist no longer uses rules, guidelines or maxims. He/she has deep tacit understanding of the issues and is able to use novel problem-solving techniques. The skills are demonstrated even in the face of difficulties (e.g. excessive avoidance).

Competence level	Examples
Incompetent	0 Absence of feature, or highly inappropriate performance
	1 Inappropriate performance, with major problems evident
Novice	
Advanced Beginner	2 Evidence of competence, but numerous problems and lacking consistency
Competent	3 Competent, but some problems and/or inconsistencies
Competent	4 Good features, but minor problems and/or inconsistencies
Proficient	5 very good features, minimal problems and/or inconsistencies
Expert	6 Excellent performance, or very good even in the face of patient difficulties

**Files to download:**

[Supervisor Report \(Formative\)](#)

[Supervisor Report \(Summative\)](#)

## 0-5 Resources and Documents

### 0-5 Supervision Forms

[CAPS Precise Scoring Sheet](#)

[PT Supervision Contract \(2020\)](#)

[HASQ Form](#)

[Record of Supervision Form](#)

[Supervisor Report \(Formative\)](#)

[Supervisor Report \(Summative\)](#)

### 0-5 Clinical Portfolio Forms

[Clinical Portfolio Front Sheet](#)

[Form A - Summary of Supervision Hours](#)

[Form B - University Supervisor Report \(Summative - 0-5s\)](#)

[Form C - Workplace Supervisor Report \(Summative - 0-5s\)](#)

[Form D - Clinical Log of Supervised Practice \(0-5s\)](#)

[Form E - Individual Parent Summary Sheet \(0-5s\)](#)

[Form F - Incredible Years Parent Group Peer & Self-Evaluation Form](#)

[Form G - Incredible Years Collaborative Process Checklist \(0-5s\)](#)

[Form H - Reflective Practice Log \(0-5s\)](#)

[Form I - 0-5s Teaching Log](#)

[Form J - IY Group Register \(0-5s\)](#)

[Form K - Parent Information and Goal Record Sheet \(0-5s\)](#)

[Form L - Weekly IY Group Feedback Document \(0-5s\)](#)

[Clinical Portfolio Mark Sheet](#)

### Other Useful Documents:

[CAMHs Competency Framework \(.pdf\)](#)

[Online Submission Student Handbook](#)

[CEDAR Mitigation Request Form](#)

[CEDAR Supplementary Evidence for Clinical Assessments Mitigation Form](#)