

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

A/LD Pathway

Programme Handbook

CYP IAPT 12

2024 – 2025

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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 Autism/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, Autism/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, AUTISM/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

Programme Lead:

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Autism/LD Programme Lead
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Supervisors and Tutors:

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Administration

Natalie Cook
Programme Administrator
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External examiner

Jo Bromley – Manchester University

Main Aims of the Programme

In the Autism/LD 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 help you develop your practice in evidence-based psychological therapies for children and young people with Autism and/or a learning disability, their families/carers, and other professionals supporting them.

This programme has been developed to deliver the CYP-IAPT National Curriculum for evidence-based psychological therapies for children and young people with Autism and/or a Learning Disability (LD).

The curriculum states that both parents and clinicians agree that these children and young people often do not receive the psychological help they deserve because those trained in delivering evidence-based therapies feel inadequately equipped in adapting such therapies to children and young people with diagnoses of Autism and/or learning disability. It further states that clinicians with significant experience of working with such groups of children and young people are often insufficiently trained in evidence-based methods of therapy.

The programme aims to ensure that all graduates are familiar with the best evidence practice for the treatment of children or young people with Autism and/or a learning disability and have reached clinically competent minimum standards in providing such treatments.

Language Statement

We acknowledge the influential nature of language, recognising its ability to educate, shape ideas, and empower individuals. Simultaneously, we are mindful that language has the potential to inflict harm and contribute to stigma. The discussion surrounding the use of referential or identity first language in the context of autism is a sensitive and crucial ongoing dialogue. In alignment with the preferences of the majority within the autistic community, we will be employing identity first language in this handbook and encourage this approach throughout the programme. We will therefore be referring to Autistic children and young people, and will be referring to Autism rather than ASD (Autistic Spectrum Disorder) or ASC

(Autistic Spectrum Condition). The phrase “Autism/LD” will refer to children or young people who are autistic and/or who have a learning disability.

Specific Programme Aims

The curriculum suggests taking a broad (‘systemic’) view of the environment to encapsulate the immediate interpersonal environment of other people and their behaviours, the immediate physical environment (organisation/sensory aspects), the family, the wider social environment of for instance organisational ethos of school, adaptations for access and, even more broadly, the political statutory environment. The curriculum takes a lifespan perspective, which may be of particular significance at the time of transitions.

The aims of our programme are:

- To provide high quality training in specialist assessment, formulation and intervention for practitioners working with CYP who have Autism/LD who have mental health difficulties.
- Encourage critical thinking, reflective practice, and self-motivated learning among the cohort.
- To ensure that there are suitably qualified professionals, who are trained to standards that meet with the provision of services as specified by the National Service Framework for Mental Health (National Health Service Executive) to ensure that the needs of this client group are met by NHS services.
- To support our trainees to think creatively, reflectively and reflexively in order to best work with this diverse client group.

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.

Programme Approach

The programme is divided into two components; practical workplace placement and teaching.

On your placement you are expected to see a range of cases involving children and young people with Autism and/or LD. In total, you are expected to undertake 80 hours of supervised practice. We anticipate that each case would normally be seen for between 6 to 12 sessions, with an average of five hours of supervision per complete work (of assessment, formulation, intervention and evaluation) with a family/child/young person.

We acknowledge on the course that sessions with autistic children and young people and those with learning disabilities might not be an hour long and the session length should be adapted to meet individual needs. Therefore, you should, alongside your clinical supervisor, monitor the time spent per session with each client and ensure that you meet this target of 80 hours of supervised practice.

By the end of the course, you need to be able to evidence your ability to assess and intervene using evidence-based models. You would therefore be expected to have completed intervention for a majority of cases and have evidence of outcomes for those cases.

Cases seen by the end of the course must include:

- 2 Child Focused Clinical Skills (CFS) where the case has been worked through the stages of assessment, formulation, intervention and post-intervention evaluation.
- 2 Parent/System Approaches (PSA) where the case has been worked through the stages of assessment, formulation, intervention and post-intervention evaluation.
- Further cases which are either/or CFS or PSA to make up the 80 hours of supervised practice.

The curriculum states that teaching should comprise the following elements:

- **Didactic teaching:** Some elements of the training require a basic level of knowledge across trainees so that they can work in a consistent way in their CYP IAPT services. As a result, a small proportion of the curriculum should be delivered in a didactic style to ensure baseline knowledge in particular areas is gained.
- **Large and small group discussions:** Trainers need to ensure that any didactic teaching is followed by sufficient time to explore the different perspectives of the trainees group. More intimate, self-exposing, reflective discussion and skills development should take place in small groups. Trainers should ensure that the aims and competencies for each session are outlined at the beginning of any teaching

session, and they should consider having a plenary session at the end to consolidate learning.

- **Extensive use of case discussion and role-play:** This will most likely form the largest part of the training, for two reasons. Firstly, the specific competencies underpinning the post-graduate diploma are ones of technique, rather than knowledge. Secondly, this allows trainees to examine their own existing skills and practices in an experimental way.
- **Reflective practice sessions:** An essential component of working with children with Autism or learning disabilities is embodying an attuned and sensitive interaction in any clinical exchange. Trainees will be supported to adopt a mentalising stance within the training to support them to develop ‘mindmindedness’ and the ability to reflect on their own practice.
- **Observation skills:** Skilled observation is a further essential component of working with children with Autism or learning disabilities. It is expected that trainees will become further skilled at observation through a combination of teaching/workshops but also through close supervised practice in which dyadic interaction will be micro-analysed and discussed.

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. Each cohort will have different experiences and learning needs, and so we encourage trainees to 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)

Autism/LD Programme Structure

The programme is divided into two main components:

Module 1 will provide an appropriate introduction to all those working with CYP with Autism and Learning Disability. This includes a broad range of clinicians at a range of Agenda for Change (AfC) bandings.

Modules 2-4 provide a more thorough training in the knowledge, as well as skills and competencies required for delivering evidence-based therapies to this group.

Code	Title	How this is assessed
PYCM027/ PYC3007/ PYCM027	Core Skills for Working with Young People with Mental Health Problems and Their Families	Padlet Workplace Supervisors Reports University Supervisors Report Core Reflective Summary
PYCM086/ PYC3028	Autism-Learning Disability Core Knowledge and Skills	Padlet Essay
PYCM087/ PYC3029	Assessment, Engagement and Formulation with Young People and Families (Autism and Learning Disabilities)	Case Report Competency Recording A
PYCM088	Mental Health Interventions with Young People and Families (Autism and Learning Disabilities)	Competency Recording B Case Presentation

The intervention aspect of the programme can be conceptualised into interventions in two key areas: Child Focused Clinical Skills (CFS) and Parent/System Approaches, together this makes up our Adapted Therapeutic Skills (ATS) approach.

Each of these systems interact dynamically with each other. Trainees are encouraged to formulate throughout the assessment process where within the system they may get the most change through intervention. Skills teaching may be aimed at single or multiple areas of the system.

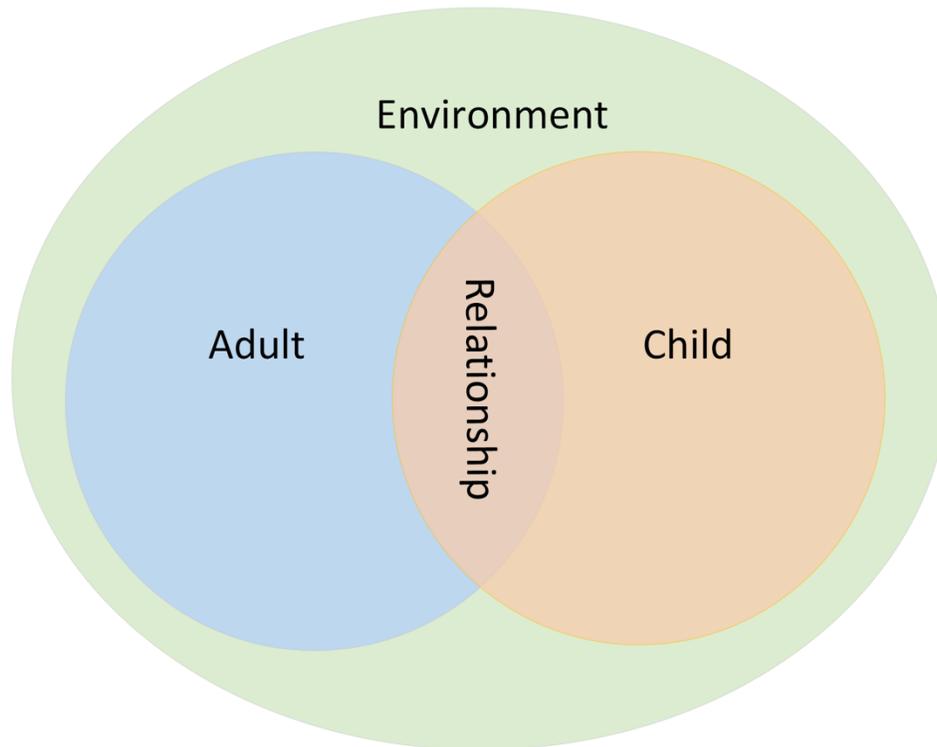


Figure 1: A systemic view of the areas of potential intervention using the Autism/LD ATS approach

Types of Cases

In all cases, there must be either Autism and/or LD present, or a working diagnosis of Autism and/or LD. We recommend that you do not work with highly complex, high risk family dynamics, as the role of the trainees on the course is to learn and demonstrate basic assessment and intervention skills and competencies with this client group.

Child Focused Skills

Within CFS you are expected to work with cases of mild to moderate anxiety difficulties and/or depression (or one or both of these). You are expected to assess and formulate by gathering background information using the 5Ps model and using ROMS. You will gather information about thoughts, feelings, behaviour, and physical symptoms and then formulate using a “hot cross bun” or “Think, Feel, Do” models.

Intervention for CFS will be taught at a basic level with further in-service support and supervision expected to refine and hone these skills. The skills will include:

- Thought restructuring
- Problem solving
- Behavioural Activation
- Using daily routines & structure
- Graded exposure/hierarchy
- Relaxation
- Distress Tolerance
- Emotion regulation

Useful texts/resources:

Stallard, P. (2020) *Clinician's Guide to CBT for Children to Young Adults: A Companion to Think Good, Feel Good and Thinking Good, Feeling Better*. John Wiley & Sons Ltd.

Parent/System Approaches

Within PSA you are expected to work with cases where the intervention is based undertaken with the system around the child (parent, carers, school).

These cases may include individuals with behaviour that challenges (“*culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities*” (Emerson, 2011). This might include injury to the self or behaviour that is harmful or challenging to others.

Assessment and formulation with this client group will include gathering background information using ABC diaries, observation and interview, using ROMS and the 5Ps model of formulation. You will formulate the function of the behaviour and relevant factors.

Clinical intervention skills are taught to a basic level with further in-service support and supervision to refine and hone these skills:

- Creating a behaviour support plan
- Proactive and preventative strategies – strengthening relationships, use of routines.
- Reactive strategies – responding to challenges
- Use of praise and reward, principles of reinforcement
- Post -incident support
- Relapse prevention and endings
- Motivation and engagement
- Family support and teaching skills to family members

Core texts/resources:

Osgood, T. (2019) *Supporting Positive Behaviour in Intellectual Disabilities and Autism: Practical Strategies for Addressing Challenging Behaviour*. Jessica Kingsley Publishers

NICE guidance (2015) *Challenging behaviour and learning disabilities*

[The Challenging Behaviour Foundation resources](#) on Positive behaviour support

General Administrative Information

General administrative information can be found in the CEDAR PGT handbook: [CEDAR PGT General Information Handbook 22-3 v1.pdf \(exeter.ac.uk\)](#)

- 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.

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.

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.

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.

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

Access to Buildings

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. See the section in this handbook : Missed Session Learning Activity

Your programme teams 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 <https://ele.exeter.ac.uk/mod/url/view.php?id=2537674>

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:

Submitting Your Work

All written assessments should be word-processed using double-line spacing, font size of 11pt or 12 pt 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. 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

Teaching Days 2024

Term 1

Week 1: Monday 8th to Friday 12th January

Week 2: Tuesday 14th to Friday 19th

Week 3: Tuesday 23rd to Friday 26th January

Week 4: Wednesday 31st - to Friday 2nd February

Week 5: Tuesday 6th February to Friday 9th February

Half Term

Week 6 – Tuesday 20th Feb to Friday 23rd February
Week 7 – Tuesday 27th February to Thursday 29th March
Week 8 – 6th March, 7th March
Week 9 – 13th March, 14th March
Week 10 – 20th March, 21st March
Week 11 – 27th March, 28th March

Term 2

Week 1 – 24th April, 25th April
Week 2 – 1st May, 2nd May
Week 3 – 8th May, 9th May
Week 4 – 15th May, 16th May
Week 5 – 22nd May, 23rd May

Half Term

Week 6 – 5th June, 6th June
Week 7 – 12th June, 13th June
Week 8 – 19th June, 20th June
Week 9 – 26th June, 27th June
Week 10 – 3rd July, 4th July
Week 11 – 10th July, 11th July

Term 3

Week 1 – 11th Sept, 12th Sept
Week 2 – 18th Sept, 19th Sept
Week 3 – 25th Sept, 26th Sept
Week 4 – 2nd Oct, 3rd Oct
Week 5 – 9th Oct, 10th Oct
Week 6 – 16th Oct, 17th Oct

Half Term

Week 7 – 6th Nov, 7th Nov
Week 8 – 13th Nov, 14th Nov
Week 9 – 20th Nov, 21th Nov
Week 10 – 27th Nov, 28th Nov

Please see your timetable for the most up to date teaching days.

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. At present the APAC is scheduled for late March/early April, 2025 (tbc).

The timetable, including core teaching days and in-person teaching days, can be found on [ELE](#).

Office Hours

In Term 1 the CYP-IAPT Programme team will run a weekly bookable office half-hour on a Wednesday or Thursday before or after lectures. In Terms 2 and 3 there will be regular office hour slots on a Thursday afternoon. The schedule will be emailed to trainees on a half-termly basis. You can also contact the team by email for any queries you may have.

Alternatively, if you are on campus, you can approach the help-staff at Washington Singer Reception Desk and if they cannot assist you, they will consult with the dedicated course administration team (who can also be reached by emailing cyp-iapt@exeter.ac.uk)

Feedback

We really value feedback to be in the form of “feedforward” - this approach offers constructive guidance as to what could be done better. It may help you to consider what you hoped to learn from a session, especially considering assignments or cases you have coming up, and let the team know where you feel you still have gaps in your knowledge, which you had hoped a particular session might have addressed. This helps the programme to dynamically respond to the needs of the cohort.

Core teaching may be requested via Qualtrics and are completed in 1-week blocks of teaching and can be found under the 'Feedback' tab on your ELE page.

Feedback consists of a brief questionnaire and should easily be completed within 1-3 minutes.

For teaching taking place within the Autism/LD strand, students must complete electronic feedback which is requested at the end of teaching day using Menti.

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.

Location of Teaching

For Autism/LD it is intended that most teaching and University supervision will 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 login details.

Additionally, it is intended that several selected teaching sessions will be delivered face to face in the Washington Singer Building, or Reed Hall at the University of Exeter.

Please check the ELE page regularly for the most up to date version of the timetable.

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 prolonged 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.

We are also aware that working from home brings with it many challenges. We will do our best to support you accessing the teaching, but please be prepared for the day as much as possible and talk to a member of the course team about any challenges you are facing.

We highly recommend that from the outset of your time on the course you identify a quiet, private space, where you will not be interrupted by others. Supervision sessions are confidential and there should be no-one else who can hear you or see your screen during these sessions, but it is also best practice to always ensure that where you are working on university days is free from distractions and possible interruptions.

Most online teaching days will finish by 4.30pm

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, and there will likely be additional study days or weeks during the year. It is recommended that the remaining 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.

If you are unwell on a university day, please email your academic tutor and copy in Kat Gardner and CYP-IAPT at the admin email address. If you know who the member of staff is who is teaching that day, you should also copy them in as well. They might be able to record the session for you to watch later.

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. In the first instance contact your academic tutor to discuss this when you have missed a teaching session or sessions, or know you are going to miss some teaching.

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.

Please 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.

Accreditation

The curriculum skills trainees in a range of interventions. The course is not able, within the scope of the curriculum, to enable practitioners to achieve CBT accreditation.

Framework

- [CAMHS Competency Framework](#)

Competencies

The University of Exeter CYP IAPT Programme has been designed in line with the generic CAMHS competency Framework (Roth and Pilling, 2011) and the CYP IAPT national curriculum.

For further information the CYP IAPT national curriculum, please download: [CYP-IAPT Curriculum for AUTISM/LD](#)

For further Information on CAMHS Competencies, please visit the UCL Core Page: <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core>

Tutorials

There is 1 x half hour tutorial per term. The following form is completed by the tutor during the tutorial:

https://ele.exeter.ac.uk/pluginfile.php/3528772/mod_folder/content/0/Supervision/1_1_Tutorial_Termly_Review.pdf?forcedownload=1

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 information each term for their individual tutorials, including (where appropriate):

- Log of clinical and supervision activity
- Teaching Log
- Supervisors Reports

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 referring to 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 Report:

1. In the Case Report there should be no identifiable information in relation to the client or service.
2. A minor breach in Case Report, 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

Documents to download:

[Online Submission Student Handbook](#)

[CEDAR Mitigation Request Form*](#)

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

**NB Part 2 of the CEDAR Mitigation Request Form does not need to be completed by the Programme Lead prior to the mitigation form being emailed to CEDAR-mitigations@exeter.ac.uk. Instead, the mitigation team will email the Programme Lead after the form has been submitted by email to ascertain if they are in agreement with the evidence for mitigating the deadline.*

Please see <https://ele.exeter.ac.uk/mod/url/view.php?id=2537674> for information on mitigation and late submissions.

Further information on mitigation can be found here: [Information on mitigations can be found here: http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/annex-f/](http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/annex-f/)

Full information about Late Submissions and penalties which apply can be found in the TQA manual here: [2 - Setting and submission of assessments - Teaching Quality Assurance Manual - University of Exeter](#)

Assessment Submissions Summary

Module Code	Module Name	Assessment Element	Deadline	Marks Returned	Where to submit	Consent Forms
	Module 1 Knowledge & Skills	FORMATIVE - Padlet short answers online (Formative)	26 th Jan 2024	16 th February 2024	ELE	
PYCM027/ PYC3007	Core Skills	Essay (3000 words)	13 th March, 2024	3 rd April, 2024	ELE	
PYCM086/ PYC3028	Module 1 Knowledge and Skills	Essay (2500 words)	24 th April 2024	15 th May, 2024	ELE	
PYCM087/ PYC3029	Module 2 Assessment	Case Report (Assessment and Formulation; 3000 words)	5 th June 2024	26 th June 2024	ELE	✓

PYCM027	Core Skills	FORMATIVE – University Supervisors Reports	26 th June, 2024	-	ELE	
PYCM027	Core Skills	FORMATIVE – Workplace Supervisors Reports	26 th June, 2024	-	ELE	
PYCM027	Core Skills	FORMATIVE – Workplace Supervisor rating of Core Therapy Competencies A (CAPS)	26 th June, 2024	-	ELE	
PYCM087/ PYC3029	Module 2 Assessment	Competency Recording A (Assessment)	3 rd July, 2024	31 st July 2024	ELE	✓
PYCM027	Core Skills	Workplace supervisor Rating of Core Therapy Competencies B (CAPS report)	9 th October, 2024	-	ELE	
PYCM027	Core Skills	University Supervisors Report	9 th October, 2024	-	ELE	
PYCM027	Core Skills	Workplace Supervisors Report	9 th October, 2024	-	ELE	
PYCM027	Core Skills	Core Reflective Summary	16 th October, 2024	6 th November 2024	ELE	
PYCM088	Module 3 Mental Health Interventions	Competency Recording B (Intervention)	6 th November 2024	4 th December 2024	ELE	✓
PYCM088	Module 3 Mental Health Interventions	Case Presentation (Intervention)	20 th November 2024	11 th December 2024	ELE	✓
PYCM027	Core Skills	Workplace Supervisor Rating of Core Therapy Competencies C (CAPS report)	27 th November 2024	-	ELE	
PYCM027	Core Skills	SUMMATIVE – University Supervisors Report	27 th November 2024	-	ELE	

PYCM027	Core Skills	SUMMATIVE – Workplace Supervisors Report	27 th November 2024	-	ELE	
	All modules	Clinical Portfolio core	28 th November 2024	Checked but not graded by staff	SharePoint	

You can expect to receive your results 15 working days after your deadline, 20 working days for taped submissions. 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 days guarantee.

Please note for submissions that require a consent form, the consent form must also be submitted by the submission deadline.

Formative & Summative Assessments

Workplace Service Leads and Workplace Supervisors will be routinely informed of trainees' marks on their academic assignments (e.g. essays, case report) 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/.

Formative Competency Recording.

Each trainee will have the opportunity to bring one clinical session recording to be marked to supervision.

This need not be your best work, but this is the opportunity to get some feedback using similar criteria to the competency recording feedback. Other trainees will watch and give feedback and your supervisor will give very brief feedback, including whether this would be a likely pass, likely fail, or borderline), with brief notes

This recording should be an hour max. There is no minimum time. This can be a recording of you and a colleague rather than a “live” clinical work with a client if you would prefer.

This is not a compulsory assignment, but it is strongly recommended that you take advantage of this opportunity. The grade does not count towards the module mark.

Supervisors will make time for this assignment in supervision sessions 3 (on Term 2 week 5; 23 May) and 4 (Week 7; 13 June). Please note that supervisors cannot offer time for this after these dates. This is in preparation for the Summative Competency Recording A which is due on 3 July.

Guidance on Using the Same Case on More than one Submission

There are specific rules regarding the use of cases for duplicate pieces of work. Cases cannot be used for duplicate Competency Recordings which means that Competency Recordings A and B must be about different cases.

However, you are allowed to submit a Case Report about a client, and also submit a Competency Recording from that same clinical work.

The Case Presentation should also be a different case than was written up for the Case Report. However, the Case Presentation can be about a case that was submitted for a Competency Recording.

Guidance on type of work to submit for Competency Recordings and Case Presentation

We need to ensure that we have seen evidence of demonstrable skills in assessment and in both Child Focused intervention and Parent/System Focused interventions.

Therefore, you must submit evidence of these skills. Competency Recording A focusses on assessment skills. The opportunities to demonstrate intervention skills are in the Case Presentation and the Competency Recording B assignments.

Therefore, if you plan to demonstrate Child focused intervention skills using the Case Presentation, you must submit a Parent/System focused intervention for Competency Recording B. Similarly, if your Case Presentation shows intervention skills with a Parent/System, then your Competency Recording B should be Child focused skills.

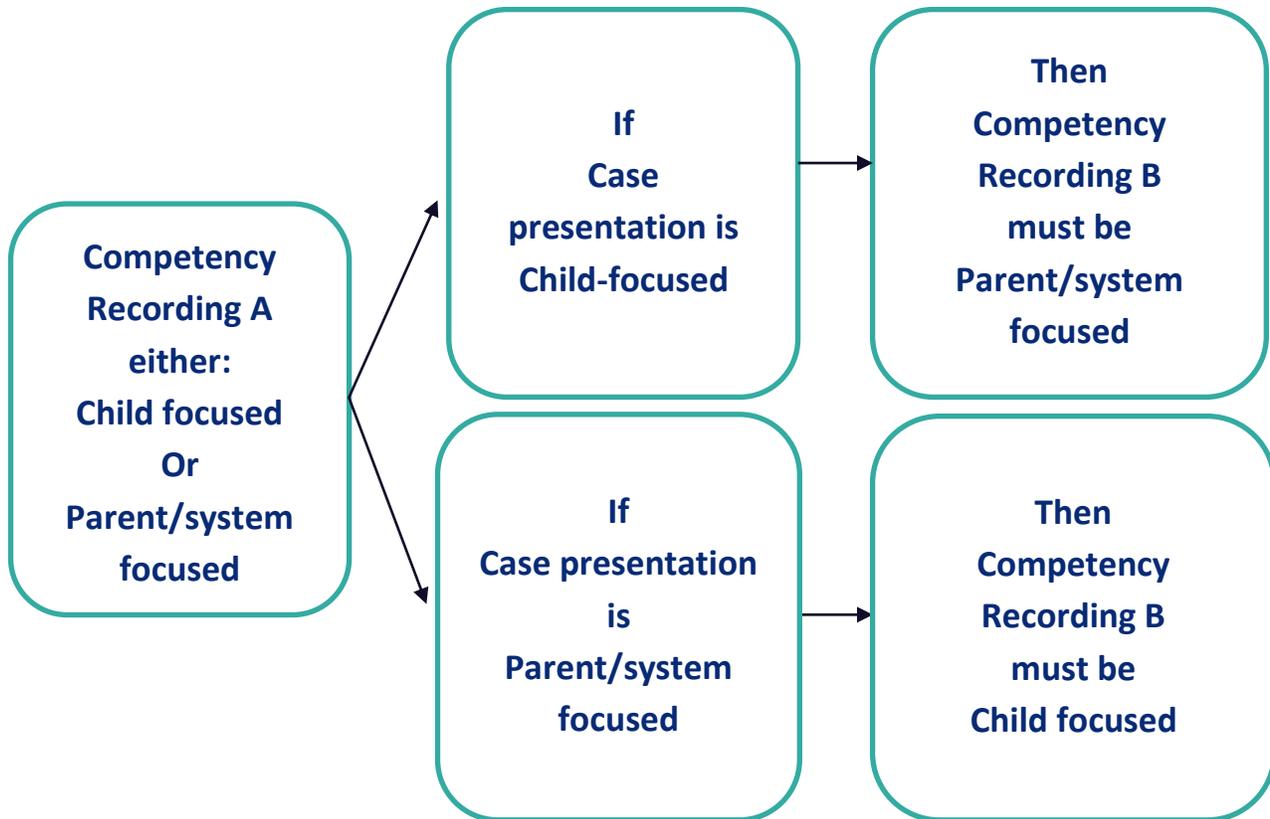


Figure 2: Case presentation/Competency Recording case submission requirements.

Essay

Essay Question

Maximum word length is 2500 words (please note there is no +10% allowance and words over the limit will not be marked).

Describe and critically evaluate the social and biological models of disability and practice as these relate to children and young people with Autism and/or a learning disability, with particular reference to how these may impact on your work as a clinician.

Files to Download:

[Essay Guidelines](#)

[Essay Marksheet](#)

Essay Guidelines

You will be assessed on the following dimensions:

***Interpretation of title**

Marks will be awarded for your ability to answer the essay question posed. Therefore ensure you read the essay question clearly and that you understand it; if not ask. In order to pass this section you will need to clearly address all elements of the essay question.

***Understanding of theory**

Marks will be awarded where you demonstrate a clear understanding of relevant theory and the ability to apply this understanding to answer the essay question.

***Critical analysis**

Marks will be awarded where you demonstrate an ability to not only pull together relevant information but also to analyse this critically, for example weighing it against evidence that does not fit with the point you are making and demonstrating a thoughtful reflective approach or commenting on the rigor of the evidence cited. You should clearly differentiate your own opinions from those critiques reported from the work of other authors'.

***Summary of arguments & implications**

Marks will be awarded where you demonstrate an ability to summarise your arguments *and* comment on the implications they may have for clinical practice and or future research. The essay should not be a purely theoretical exercise and it is important that you demonstrate your ability to apply your conclusions to the broader context within which you are working.

Use of sources

You need to ensure that where possible the points you make are backed up by relevant literature. We would expect you to use a wide source of references e.g. journals, books and websites. An absolute minimum of 10 references would be the norm.

Structure & style

Marks will be awarded for a well-structured essay. The essay should flow well with a clear introduction (including essay plan), middle and end. Make use of summaries to help the reader through your arguments. Think about what point you are making and why, make your point and where available support it with evidence, and then reflect and summarise the point. Be mindful of your use of language both the use of colloquialisms and jargon.

Where appropriate you may use diagrams, tables and bullet points. These should be used to aid clarity. If used, subheadings should relate to subsequent material presented and help to structure your essay. If used, appendices and footnotes should be used appropriately and not to help with word count. Key information needs to be in the main body of the text. Appendices should be clearly referred to and labelled and come after references.

References

References MUST conform to APA both in text and at the end of your essay (see University guidance). Please check and double check references in terms of accuracy, consistency and ensuring that all references in the text are referred to in the reference section.

Spelling, grammar, typographical errors and presentation

You will be marked down for typographical, grammatical and spelling errors. Work should be double spaced and page-numbered. Where available get someone else to proof read

your essay before submitting. If you have problems in this area please use the study skills department.

Word count

Word count excludes: essay title, tables, the reference list, figures and appendices. All other words are counted. Work exceeding this limit will not be marked and will not receive credit.

Case Report

Trainees submit one case report.

Case Report (3,000 words): Assessment and Formulation

This will be based on ATS casework with an individual child / young person.

Aims

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

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

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

Files to download:

[Case Report Guidelines](#)

[Case Report Marksheet](#)

[CYP IAPT Autism/LD Consent Form – Young Person](#)

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

[Easy read consent form \(PDF\)](#)

Competency Recordings

Trainees submit **two** competency recordings over the year on two *different* clinical cases.

Alongside these recordings, you will need to submit a Submission Form Cover Sheet **A & B**, **C** and a Reflective Submission.

There is the opportunity for a formative competency recording to be reviewed within a supervision group – see the Assessment Submissions Summary above.

Competency Recording A: ATS assessment

This recording is of clinical casework **either** with an individual child / young person or Parent / System related to assessment.

Competency Recording B: ATS Intervention

This recording is of clinical casework **either** with an individual child / young person or Parent / System. The recording should be related to intervention.

Guidance on Tape Length and Session

Assessment and intervention) tapes should be approximately 45 minutes to 1 hour 15 minutes in length.

Please note that recorded sessions should not exceed 1hr 15 minutes. Marking will stop at 1hr 15 minutes, and no credit will be given for any work beyond that point. It is acknowledged that tapes might be shorter than the above guidance, and this is acceptable as long as sufficient evidence of competencies is within the submitted tape.

If your tape is less than the minimum time (45 minutes), it will be accepted and marked, but we would draw your attention to the need to demonstrate appropriate skills within the tape that you are submitting, and a tape which is less than the minimum length might not be enough to do this.

Guidance on Recording Sessions

There will be an opportunity to discuss with the course team the challenges of recording sessions with neurodiverse children and young people.

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 (young person, parent or professional) 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

An adapted scale, based on the P.R.E.C.I.S.E model will be used for both the assessment and intervention recordings. The recording will be graded on process factors and skills factors.

Your reflection will be given brief feedback.

Guidance on the Reflection to be submitted with Recordings

You are not given a specific grade for this self-rating, but general feedback will be given on your self-reflection.

Your self-reflections should demonstrate your ability to consider your overall development in terms of working with autistic/LD children and young people. You should reflect on your practice and in particular in relation to your developing competencies in line with your clinical work. You can make reference to any feedback received on your work during the course – this may be from the university in relation to formal assessments, or from supervision reports, or from your client work. The following model may help with this.

The four-stage experiential learning model (Kolb 1984 and Lewin 1946) in Bennett Levy et al (2004 p. 19) is the most widely used model in adult education (see fig. 3).

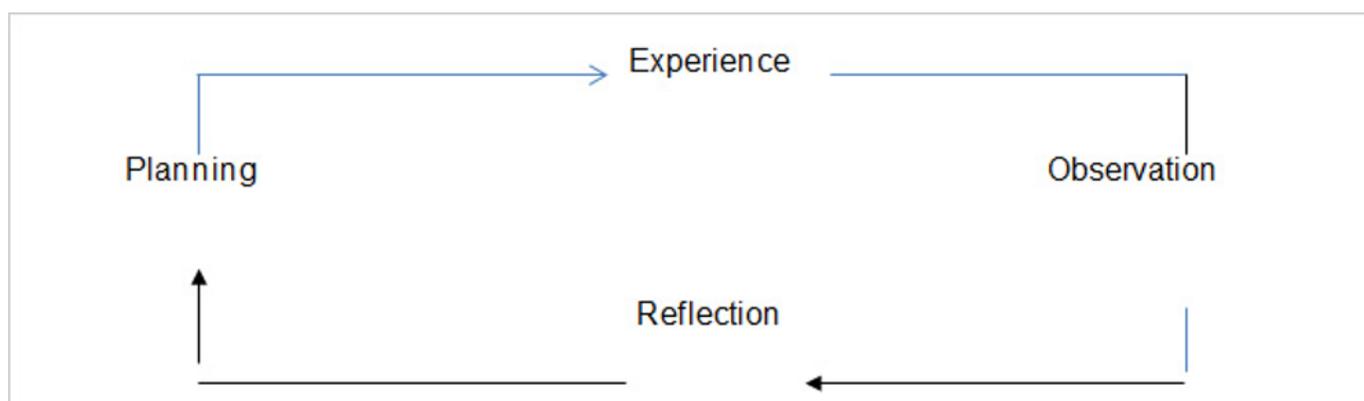


Figure 3. Experiential learning cycle (Bennett-Levy et al. 2004)

Different terms have been used by different authors to reflect the same four stages: Plan, Experience, Observe, and Reflect.

Effective learning is said to proceed through a series of these cycles.

EXPERIENCE: Description of the relevant concrete experience within your practice e.g. client / family and therapist behaviour, verbal communications and events.

OBSERVE: Observations of therapist reactions, thoughts, emotions, impulses, values and beliefs and, where relevant, those of the child, young person and carer

REFLECT: Making sense of what happened by
Relating it to previous experience and knowledge
Searching for understanding
Generalising, abstracting principles

PLAN: With the new understanding, how can I take this forward?

Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. *Behavioural and Cognitive Psychotherapy*, 29, 203-220.

Guidance on the Submission Form to be submitted with Recordings

This is not marked. This is an opportunity for you to briefly explain the goals of the session, what has been covered in previous sessions, barriers to meeting your goals in the session, and what you would hope to cover in the next session.

Files to Download:

- [Autism/LD Cover Sheet for Competency Recording](#)
- [Competency Recording A Mark Sheet](#)
- [Competency Recording A marking criteria](#)
- [Competency Recording B Intervention Marksheet](#)
- [Competency Tape B Intervention Marking Criteria](#)
- [Autism/LD Cover Sheet for Competency Recording B](#)
- [CYP IAPT Autism/LD Consent Form – Young Person](#)
- [CYP-IAPT Consent Form \(Parents\)](#)
- [CYP IAPT Autism/LD Easy-Read Consent Form](#)

Case Presentation

The presentation will consist of a PowerPoint with video clips of work carried out related to an intervention with an autistic and/or LD child or young person. This should be a piece of work with the child or young person, with parents/carers or a family, or with professionals.

The purpose of the case presentation is to demonstrate your grasp of the application of key principles underlying the chosen intervention to clinical practice and to demonstrate your skills in assessment, formulation and intervention.

ALL presentations should at the least include some coverage of the background to the case, what was done regarding assessment, an account of the formulation including a diagrammatic representation, details of what was actually done regarding intervention, and some critical analysis of the outcomes and process of intervention (evaluation), together with some consideration of professional issues and some self-reflection. Risk assessment **MUST** always be addressed.

The presentation will consist of a PowerPoint and should include video clips of the work carried out to support the presentation. Two clips should be included to help illustrate the work carried out. The first clip should demonstrate a part of the assessment process, for example, or formulation. The second clip should demonstrate an aspect of the actual intervention carried out, for example. **Where clips are presented, each individual clip should be no more than five minutes in length, and ten minutes in total across the two.**

30 minutes will be provided for the presentation to allow time for clips to be included.

Files to download:

[Case Presentation Marksheet](#)

[Case Presentation Marking Criteria](#)

[CYP IAPT Autism/LD Consent Form – Young Person](#)

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

[CYP IAPT Autism/LD Easy-Read Consent Form](#)

Clinical Portfolio

At the end of the year of training, all trainees are required to submit a clinical portfolio in order to pass the course. The clinical portfolio is comprised of:

The Clinical Portfolio will comprise of two parts:

- Part one: Excel Spreadsheet. This will include:

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- Log of Clinical and Supervision Activity (LCSA)
 - Log of observing others in practice
 - Log of university teaching
 - Part two: Folder for Supporting Documents (Word / PDFs) and this will include
 - CAPS report
 - Term 3 university supervisor reports
 - Term 3 workplace supervisor report
 - Emails that confirm the supervisor(s) have signed signing off on clinical log and supervision hours and acts as their signature on these documents.

You will be allocated your own individual SharePoint folder which can be accessed only by you, the course staff and your supervisors. You should use this folder to share the most up to date version of your LCSA with your supervisors and / or for 1:1 tutorials.

Part 1: Log of Clinical and Supervision Activity (LCSA)

Part one of your clinical portfolio is to be completed on the excel file.

This file contains a log of all your clinical and supervision activity throughout your year of training. All trainees are strongly encouraged to start completing this from the outset and to keep it updated.

Please take the time to familiarise yourself with all the tabs on the file. There is an initial instructions tab which outlines clearly how the file should be completed, and where necessary there are further instructions on each tab.

You will need to include confirmation from your supervisors that they have seen and agree with your final LCSA. This should take the form of an email 'signature', using the specific email templates which can be found on the document list below. These must then be inserted into your LCSA, as per the instructions found on that tab.

Front Sheet

This tab provides details regarding the trainee who is completing the clinical portfolio and contains a checklist to confirm that you have completed all elements of the clinical portfolio and put the supporting documents into the supporting documents folder on SharePoint. Prior to submission you should sign the bottom of the front sheet by typing your name in the box provided.

Summary of Supervised Cases

This tab provides an overview of the closely supervised cases that you have seen. You will need to put details of the primary presenting problem, primary supervisors (which might include workplace and university staff) and whether the case was written up as a case report or case presentation. The number of supervision hours and hours seen will be automatically

calculated for you, based on the Clinical Log (number of hours seen) and the Supervision Log (supervision hours).

Clinical Log

Use this tab to record the details of the cases you have seen, including total hours seen, as well as basic information about the individuals and the outcome of treatment.

You are expected to see a range of cases, at least 2 of which is a Parent/Systems Approach, and 2 aimed at reducing a mental health difficulty using Child Focused Clinical Skills (each a case would normally be seen for approximately 6-12 sessions, with an average five hours of supervision per family/case). You need to have 80 hours of supervised clinical practice; care should be taken to meet this threshold considering the session duration and number of sessions required to meet the client's needs.

Recording of supervision

During your training you will receive a combination of group and individual supervision, across university and your workplace.

There are 6 tabs for supervision in the Excel file:

- Clinical Supervision Summary
- Workplace individual supervision
- Workplace group supervision
- ATS group supervision

The expectation is that each one of your closely supervised cases will have been discussed in supervision. If you are in a service where you typically work for a shorter duration with families, you may still find that you have an average of 5 hours of supervision per family from the combined hours for university and workplace supervision. You may, however, find that you need to include more clients on the Summary of Supervised Cases/Clinical Log tabs (where you log cases seen) to ensure that you reach the 80 hours of clinical practice. There is space for additional cases.

Use a code (NOT initials) to label each case you have worked with. Make sure you use the same code for each client throughout your portfolio.

Clinical Supervision Summary

Across the different CYP-IAPT strands group supervision counts towards total supervision hours as we recognise that you will be learning from engaging in the reflective practice groups and engaging with the cases your peers bring to supervision.

In the supervision summary tab, the total hours of ATS supervisions attended are calculated for you, based on the Log of Teaching tab. The amount of time spent on your closely supervised cases is recorded on the other supervision tabs (Workplace individual, Workplace group, ATS group). You will need to add the names of your supervisors and there is a

reminder at the bottom to include email signatures from all university and workplace supervisors in your supporting documentation folder on SharePoint.

ATS cases

This is used to record your closely supervised cases.

As already stated, this must include:

- 2 Child Focused Clinical Skills (CFS) where the case is has been worked through the stages of assessment, formulation, intervention and post-intervention evaluation.
- 2 Parent/System Approaches (PSA) where the case is has been worked through the stages of assessment, formulation, intervention and post-intervention evaluation.
- Further cases which are either/or CFS or PSA

We stipulate you must have an average of 5 hours of supervision per family and record it on the workplace supervision or ATS university group supervision tabs.

When recording your supervision for each of your supervised cases, you will need to work out what amount of supervision relates to each case and include this under the appropriate tab.

Please note, both university and workplace supervision can be used towards the supervision hours (in the Clinical Supervision Summary tab).

In terms of recording ATS university group supervision you can record all of the 2.5 hours of each group supervision session as counting towards your overall supervision hours (which will show on the summary of supervision tab – based on the Teaching Log), but you will need to take note of what group supervision sessions you used to discuss which cases so you can work out what is applicable to a specific case for the ATS group supervision tab. For example, if you brought Child Focussed Clinical Skills - case 1 - and Parent/System Approaches - case 2 - to a university group supervision session, you might allocate 75 minutes (1.25 hours) to CFCS 1 and 75 (1.25 hours) minutes to PSA 2.

Observing others in practice

We stipulate that each practitioner should have observed their supervisor or another therapist in practice on at least one occasion. Please use this tab to detail these observations; some practitioners will have done more than one observation and there is space to detail up to 7 observations.

Log of University Teaching

A log of teaching provided by the University is within the Excel file.

You will need to amend it as required, as you may not have attended all of the sessions, which will then be checked with our records. A minimum of 80% attendance is needed in order to pass.

For each term you will be asked to state how you caught up on the content of any sessions that were missed.

Part 2: Supporting Documentation

This part of the clinical portfolio comprises supporting documentation that cannot be submitted as part of the excel file.

As noted above, you will have a SharePoint folder for your clinical portfolio.

Within this folder you will need to:

1. Create a subfolder entitled 'Supporting Documents'
2. Within this subfolder you will need 4 further subfolders, each entitled as outlined below.

Please use the exact wording stipulated below for your folders. If your submission is not set out in this way, we will need to return it to you to amend. This is to ensure that clinical portfolios can be marked efficiently within the time frame and stored electronically in a clear and effective way.

Subfolder Name	Subfolder Contents
Folder 1 CAPS reports	Include CAPS reports for Terms 2 and 3
Folder 2 University Supervisor report	Include Term 3 supervisor report
Folder 3 Workplace Supervisor report	Include Term 3 supervisor report
Folder 4 Email signatures	Include: University supervisor email signatures for Clinical Log University supervisor email signatures for Supervision Workplace supervisor email signatures for Clinical Log Workplace supervisor email signatures for Supervision

Supervision and Clinical Practice

Autism/LD Supervision Documents can be downloaded from the CYP IAPT ELE page (Useful Resources > Forms and Supporting Documents):

<https://ele.exeter.ac.uk/mod/folder/view.php?id=2558236>

We support your academic and clinical skill development through four different learning opportunities.

Trainees will also be learning within their placements and the supervision provided there. All clinical decision making is through that supervisory route.

Overview of Supervision and Assessment of Clinical Practice

Supervision and Cases

You will receive two and a half hours of university-based group supervision of your Adapted Therapeutic Skills (ATS) practice on a fortnightly basis. You will be expected to bring video clips to both University and your service setting for supervision.

For ALL casework the child or young person must have a suspected or given diagnosis of Learning Disability and / or Autism.

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, you must 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 group supervision, helping to develop your clinical skills in Child Focussed Clinical Skills or Parent/System Approaches.

Your Workplace based supervision will also involve caseload supervision. They will hold an overview of all your clinical cases. They will also support you in applying relevant theory to your clinical work 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, bringing video footage of your clinical work, 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, a reflective essay will be completed to be handed in at the end of the course.

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.
- 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.

* You will be expected to bring video tapes of your cases to the University on a weekly basis and regularly to your service supervision.

Videos for Supervision Groups

Guidelines for Supervision Videos

The national Autism/LD CYP-IAPT curriculum stipulates that trainees must be assessed through supervision by their hosting university and that the supervision must include video recorded observation of trainee's clinical skills.

Whilst creating and reviewing videos is rarely most clinician's favourite part of the job, it has a significant positive impact on skills and confidence development and can maximise how helpful and targeted supervision can be. Overall, using video can directly positively impact the quality of the service that you are able to offer. Being clear about the "why" of videoing sessions can make it much easier to ask a client for video consent as we are asking you do this in order for you to offer the client the best clinical service that you can.

The marking criteria for the formative and summative supervisor reports are also clear that we require video content to be able to sign off your skills and to witness how you use this content in supervision.

We appreciate that some trainees across different services have experienced difficulty in consistently recording video from clinical sessions for a variety of reasons. However, there is the alternative of videoing role play of clinical skills relevant to your current clinical with a colleague from your workplace or another trainee. Alternatively, altering the position of the video camera can be very helpful for some families/individuals who prefer to be off screen, or videoing other meetings that take place about the clinical work, for example when sharing feedback with a staff team or parent who is happy to be videoed.

In summary, the process of using video in supervision which has been designed to enable your University Supervisors have enough observed information about your clinical skills (as evidenced by video content) and your use of supervision to be able to pass the summative University Supervisors report.

We understand that you might not have a video available for your first supervision session.

Here are the steps that should be taken prior to and following each supervision group:

1. To prepare for each group supervision session each trainee should prepare a five-minute excerpt of video. The five-minute clip should show something that you think went well and/or something that you would like the supervision group to support you with (for example how you could have done something better). It is better to bring video content to supervision than only bring work when it feels "good enough" – the focus in the supervision group is for them to be a supportive learning opportunity and demonstrated how you can use supervision to grow is part of the marking criteria.
2. If you cannot access five minutes of video content from a client, please video role play with a colleague from your workplace or another trainee from the course (see point 1 for what type of content the role play should cover).
3. In exceptional circumstances if you are unable to bring either video of clinical or role play to the supervision, please contact your University Supervisor at least 24 hours before the session and state in your email.

1. The reason(s) why you have not been able to bring client or role play video.
2. What steps you plan to take to catch up in terms of providing video content that can be viewed by your supervisor and discussed.
4. It will be at the Supervisors discretion about whether you will have a time slot within the supervision group to discuss your clinical work without the video. You will still be expected to engage in the group discussions.
5. To prepare for each group supervision session trainees should read their goals for supervision from their supervision contracts, reflect on progress and use this to identify a specific supervision question to discuss within supervision in relation to the video material they are bringing.
6. After each supervision group trainees should return the completed HASQ forms within 1 week to their University Supervisor. The HASQ must be returned to the supervisors, this provides evidence regarding the self-reflection that the trainee does regarding their cases, and on the process of supervision.

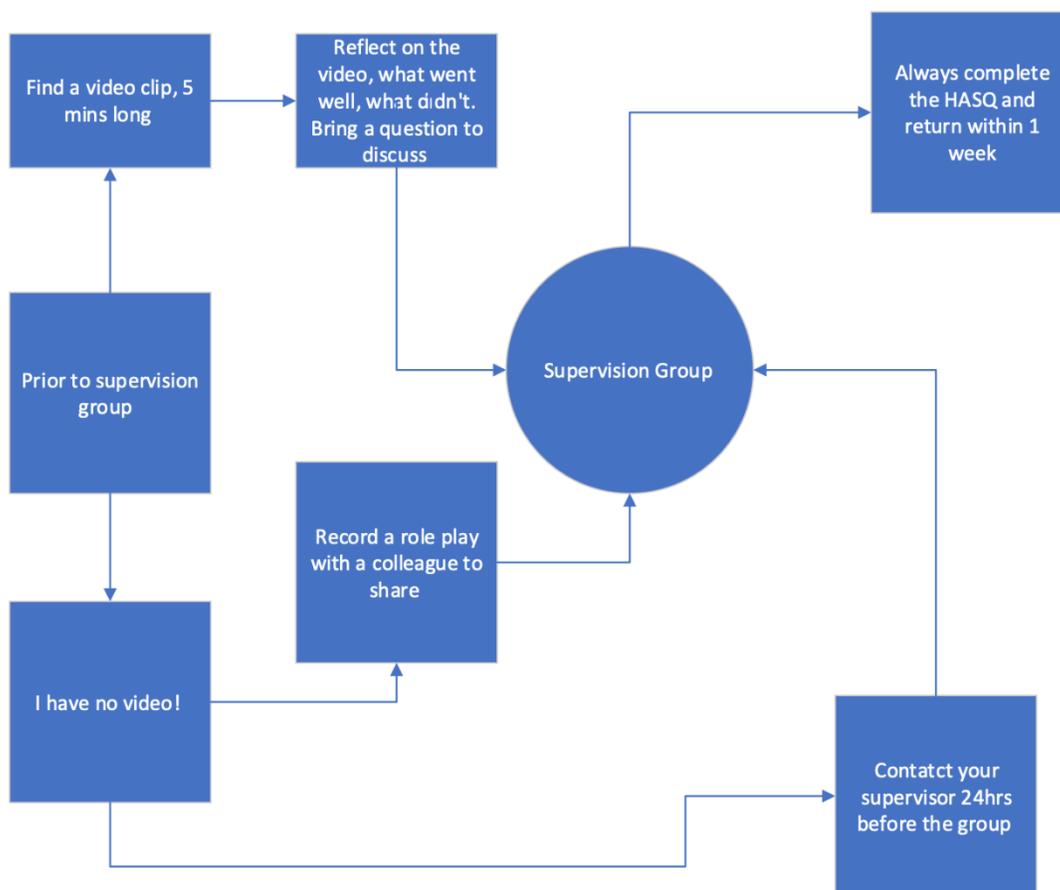


Figure 4: Showing the steps to take regarding bringing video for supervision

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 your Autism/LD modules. It also meets the CYP IAPT curriculum requirements. We encourage you to complete the Excel spreadsheet (part of your portfolio) on an ongoing basis, and **you will need to bring these to your termly 1:1 tutorial.**

Child and Adolescent Practice Scale (CAPS)

Three CAPS reports will be completed across the year. 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.

Competency Recordings

You will need to submit 2 therapy recordings over the year on two different clinical cases. An appropriate consent form(s) and front sheet should be included. See the section in this handbook on Competency Recordings.

Autism/LD Supervision Reports

In the middle of Term 2 and at the beginning of Term 3 both university and workplace supervisors will complete formative supervisor's reports. You will need to submit these to the course on the assessment dates and keep a copy for your records.

At the end of term 3 university and workplace supervisors will complete summative supervisor's reports, which need to be satisfactorily passed in order for the course to be

successfully completed. These also need to be submitted to the course on the assessment date with copies kept for your own records. **It is also required that the Term 3 summative supervisor's reports are included within the clinical portfolio.** If concerns are highlighted in these reports that indicate that the supervisors cannot sign you off as being satisfactory for that stage in your training, an action plan meeting will be arranged between the supervisor and a member of the programme team.

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". 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
Novice	1	Inappropriate performance, with major problems evident
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:

[CAPS Precise Scoring Sheet](#)

[Formative Supervisors Report Term 1](#)

[Supervisors Reports Term 2, 3](#)

Overview of Record Keeping & Forms

General / Skills Development

Log of university teaching

Casework

Service	University of Exeter CYP-IAPT Autism/LD pathway
RIO case notes	Clinical log of supervised practice Individual client summary sheet
Consent forms	University consent form ROMS

ROMS (may include experience of service questionnaire)

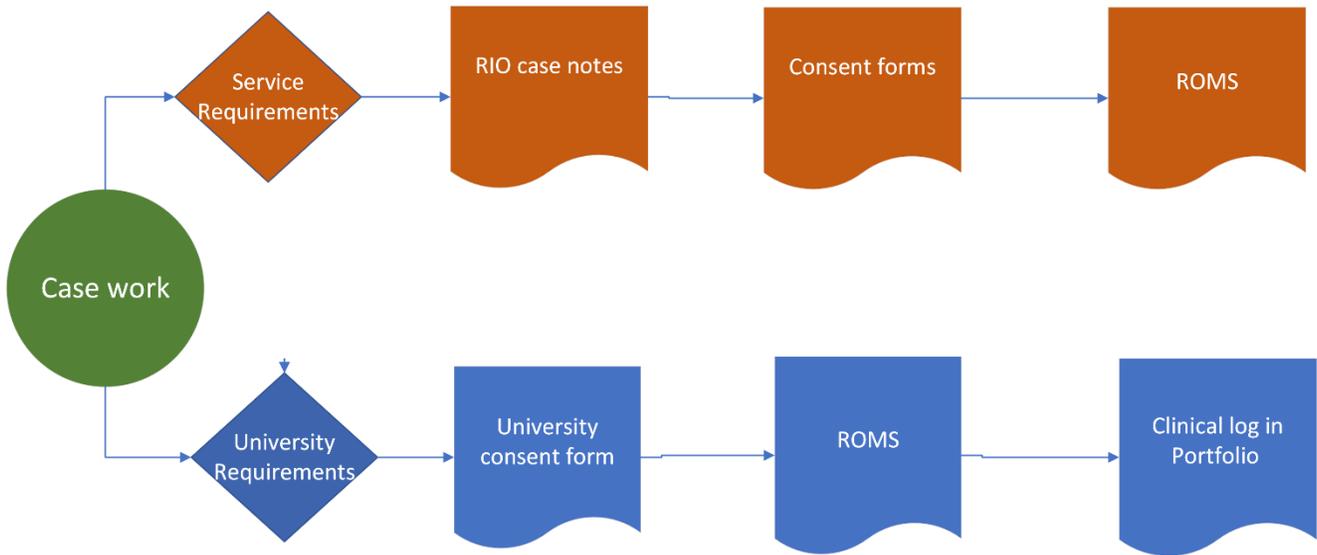


Figure 5: Showing the steps for record keeping for case work.

Supervision

Service	University of Exeter CYP-IAPT Autism/LD pathway
Supervision contract	Ongoing log of supervision hours Autism/LD ongoing summary of supervision hours
Video footage and notes	Supervision contract(s) HASQ - send to supervisor after each session Autism/LD Ongoing summary of supervision hours Video footage and notes Individual Client(s) Summary Sheet Record of supervision Clinical Log of All Supervised Practice Reflective commentary

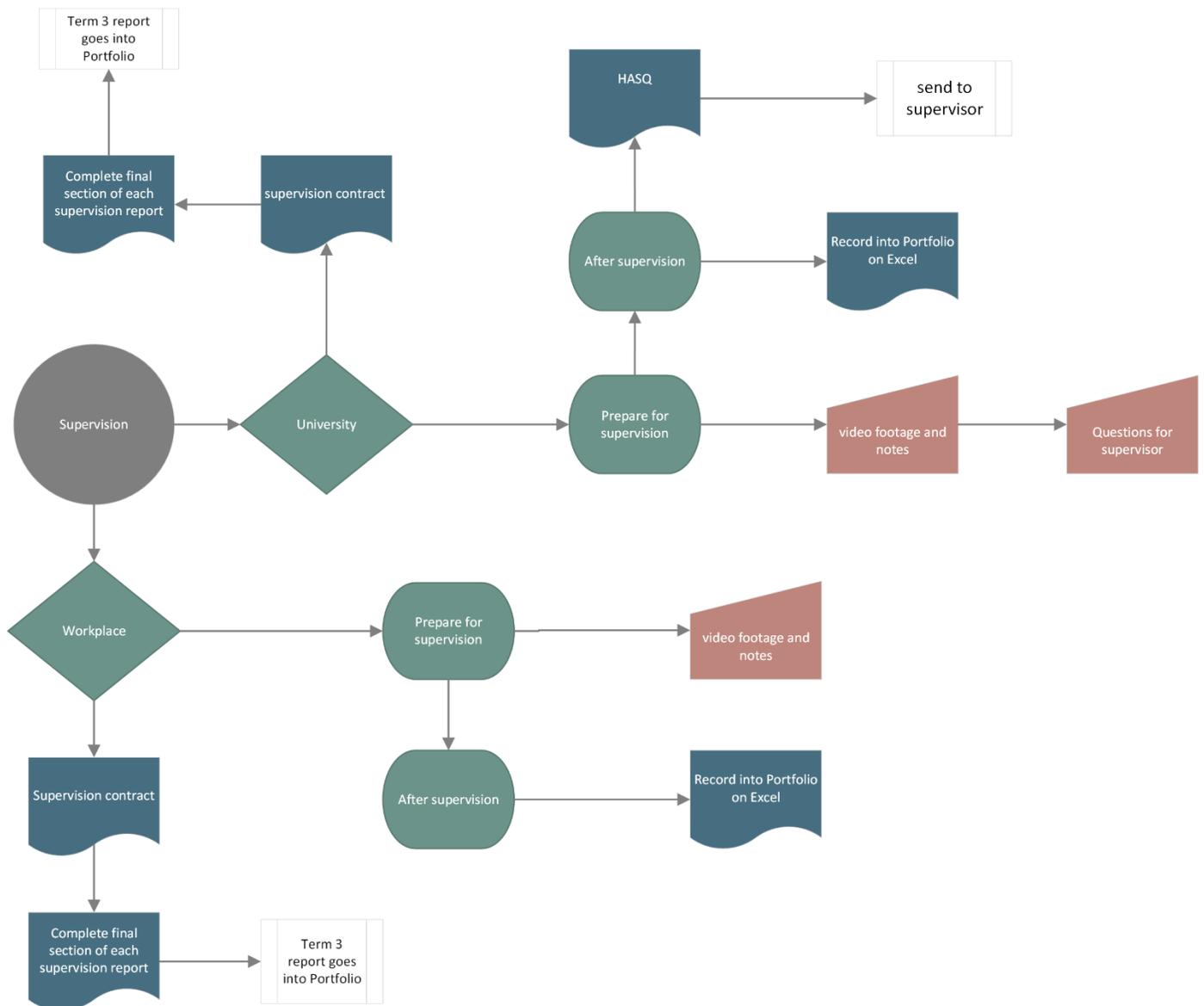


Figure 6: Showing the steps for preparation and record keeping for supervision

Autism/LD Reading List

Attwood, T. (2008). *The Complete Guide to Asperger's Syndrome*. Jessica Kingsley Publishers.

Baker, P., & Osgood, T. (2019). *Understanding and Responding to Behaviour that Challenges in Intellectual Disabilities: A Handbook for those that provide support*. Pavilion Publishing and Media Ltd.

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- Beardon, L. (2020). *Avoiding anxiety in autistic children: A guide for autistic wellbeing*. Sheldon Press.
- Beardon, L. (2022) *What works for autistic children*. Sheldon Press.
- Beardon, L. (2022) *Autism in childhood: For parents and carers of the newly diagnosed*. Sheldon Press
- Bernard, S.H., & McCarthy, S. (2020). *Mental Health Needs of Children and Young People with Intellectual Disabilities: A Reader for Professionals and Support Staff in Health, Education and Social Care*. Pavilion Publishing and Media Ltd.
- Bogadishina, O. (2016). *Sensory Perceptual Issues in Autism and Asperger Syndrome, second edition: Different Sensory Experiences – Different Perceptual Worlds*. Jessica Kingsley Publishers.
- Boucher, J.M. (2017). *Autism Spectrum Disorder: Characteristics, Causes and Practical Issues*. SAGE Publications Ltd.
- Emerson, E., & Einfeld, S.L. (2011). *Challenging behaviour*. Cambridge University Press.
- Fletcher-Watson, S., & Happé, F. (2019). *Autism: A New Introduction to Psychological Theory and Current Debate*. Taylor & Francis Group.
- Grandin, T. & Panek, R. (2014). *The Autistic Brain*. Rider.
- NICE (2011). *Autism in under 19s: recognition, referral and diagnosis*. NICE Clinical guideline CG128. <https://www.nice.org.uk/guidance/cg128>
- NICE (2013). *Autism in under 19s: support and management*. NICE Clinical guideline CG170. <https://www.nice.org.uk/guidance/cg170>
- NICE (2015). *Challenging behaviour and learning disabilities: Prevention and interventions for people with learning disabilities whose behaviour challenges*. NICE Clinical guideline NG11. <https://www.nice.org.uk/guidance/ng11>
- NICE (2016). *Mental health problems in people with learning disabilities: prevention, assessment and management*. NICE Clinical guideline NG54. <https://www.nice.org.uk/guidance/ng54>
- Osgood, T. (2019) *Supporting Positive Behaviour in Intellectual Disabilities and Autism: Practical Strategies for Addressing Challenging Behaviour*. Jessica Kingsley Publishers

Stallard, P. (2021). *A Clinician's Guide to CBT for Children to Young Adults: A Companion to Think Good, Feel Good and Thinking Good, Feeling Better*. Wiley.

Autism/LD Resources & Documents

Autism/LD Supervision Documents

Files to download:

[CAPS Precise Scoring Sheet](#)

[Formative Supervisors Report \(Term1\)](#)

[Summative Supervisors Report \(Term2 and 3\)](#)

[Autism LD Supervision Contract 2024](#)

[Autism/LD HASQ Form](#)

[Autism/LD Record of Supervision Form](#)

Autism/LD Clinical Portfolio Forms

See SharePoint / Excel file

Other Useful Documents:

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

[Online Submission Student Handbook](#)

[CEDAR Mitigation Request Form 23-4](#)

[CEDAR Supplementary Form for Clinical Assessments](#)