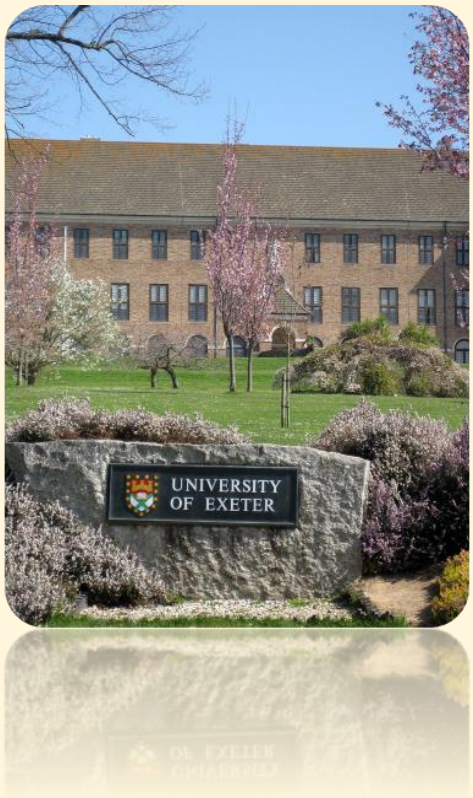
Graduate/PG Diploma in Psychological Therapies Practice

(Low Intensity Cognitive Behavioural Therapy- Children, Young People and Families)

Programme Handbook

Cohort 9

2024-2025



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Welcome to the University of Exeter

Faculty of Health and Life Sciences

We are very excited to bring you the University of Exeter's Graduate/Postgraduate Diploma programme in Psychological Therapies Practice (Low Intensity Cognitive Behavioural Therapy) for Children and Young People. The training complements CEDAR's highly successful and expanding portfolio of children, young people and families' clinical training programmes and contributes to our wider clinical training portfolio. We have a firm commitment to evidence based clinical practice and as such we endeavour to ensure all of our training programmes are firmly embedded within current research.

These are exciting times for us all. The team of highly experienced clinical trainers will endeavour to deliver the highest quality training to enable you to work competently and effectively as a practitioner within your service.

It is likely that you will find the training intensive and challenging, but hopefully enjoyable and especially practice enhancing.

Professor Catherine Gallop
Director of CEDAR and Director of Clinical Training
Co-chair Psychological Professions Network South West
CEDAR /University of Exeter

A very warm welcome. This NHS England (NHSE) commissioned CWP training is a key component in the development and delivery of the new early intervention workforce within children and young people's mental health services.

The overall aims of the CWP programme is to promote psychological wellbeing within community settings though the application of early intervention and prevention for children, young people and families. Effective and sustainable CWP provision is at the centre of current workforce ambitions and subsequent improvements in accessibility.

This course will equip CWP trainees with the competencies required for the role. The training programme is heavily rooted in the development of the knowledge and skills required to support Low Intensity, evidence-based therapies. The programme team bring a fantastic depth and breadth of experience, knowledge and skill to the programme and will provide you with and enriching and supportive training experience.

A contributing resource to the programme is the knowledge and experiences that so many of you as programme members bring. We intend to honour this knowledge and experience in order to develop your practitioner skills and increase awareness and theoretical understanding. It is important however, that the use of theory is integrated within your practitioner role in a rigorous and constructively critical manner.

Successful completion of the clinical and written components of the training and appropriate participation in tutorials, workshops and supervision will lead to the award of a Post Graduate / Graduate Diploma. We hope that this training will enable you to act as advocates of the training and the wider programmes principles and priorities

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

Professor Jonathan Parker
Director CEDAR Create
Co –Director of Portfolio/ CYP programmes
CEDAR/University of Exeter

Meet the programme team:

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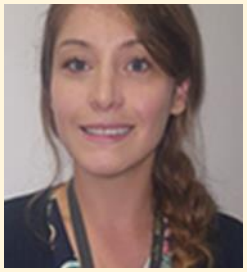

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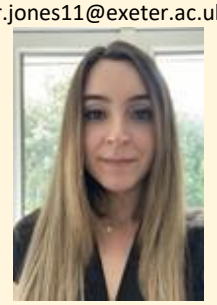

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Main Programme Aims:

In this programme we aim to help you develop your practice in focused, low intensity, evidence-based psychological intervention for children, young people and their families. You will develop the knowledge and competencies required to be an effective practitioner, as determined by the relevant national curriculum for the CYP Programme. Specifically, we will help you develop skills in assessment; delivering focused, low intensity, evidence based interventions and in the core competencies required to work with children and young people (and their parents / carers) presenting with anxiety, low mood and behavioural difficulties.

We aim to provide you with a high quality and stimulating learning experience in a supportive environment that is enriched by an internationally recognised research environment, nationally recognised innovative clinical teaching approaches and current clinical practice. The programme aims to ensure that all graduates meet recognised minimum clinical competence in their practice, using focused, low intensity evidence-based psychological interventions for children, young people and their families.

Specific Programme Aims:

The overall aim of the programme is to provide an introduction to the theory and practice of evidence based practice, specifically Low Intensity Cognitive Behavioural Therapy (LICBT) and parenting approaches informed by Social Learning Theory (SLT). The programme will aim to provide an equal balance between theoretical knowledge of LICBT and opportunity to integrate theory to clinical practice.

Specific programme aims are:

- To familiarise students with the core principles of CYP Mental Health service transformation, and apply these to their work with children, young people and families.
- To provide students with a thorough grounding in the Department of Health curriculum for Children's Wellbeing Practitioners.
- To develop student's understanding and clinical competency in engaging, assessing and delivering the low intensity clinical method and enable them to adapt their practice to work effectively with children and young people (CYP), with common mental health difficulties and their parents/carers and professionals.

- To provide students with the foundations to establish a commitment to continuing professional development and becoming an evidence-based practitioner.
- To provide students 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.

Cedar Equity, Diversity & Inclusion Statement -

It is our intention within Cedar that trainees from all diverse backgrounds and perspectives be well served by our training courses, that trainees' learning needs be addressed both in and out of teaching sessions, and that the diversity that trainees bring to their learning environment be viewed as a resource, strength and benefit. It is our intention to present materials and activities that are respectful of diversity. This includes, but is not limited to, gender and gender identify, sexuality, disability, age, socioeconomic status, ethnicity, religion, race, and culture. Your suggestions are at all times invited, encouraged and appreciated. We encourage you 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 in line with your professional body/ national curriculum requirements.

Our goal within Cedar as a learning community is to create a safe learning environment that fosters open and honest dialogue. We are all expected to contribute to creating a respectful, welcoming, and inclusive environment within which any form of discrimination will not be tolerated. 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 care, consideration and a non-judgmental stance. This will allow for rigorous intellectual engagement and a deeper learning experience for all.

(Statement 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)

At Cedar, in our training of psychological professionals, we are committed to progressing and embedding the principles of equity, diversity and inclusion into all

areas of our training courses, and are active in our endorsement of the Psychological Professions Network Equity, Diversity, and Inclusion Position Statement which can be read here: Testing accessibility document (ppn.nhs.uk)

Content Warning

Due to the nature of our work within mental health distress it is not uncommon for trainees to feel an emotional response to the course content. At times we will touch on areas of difficulty that due to your personal context and experiences, may feel challenging.

Sensitive content may include but is not limited to: Written text, video or audio recording, or discussion points. This guidance serves as a reminder to reflect upon our emotional resilience to learning throughout the programme and to actively seek out support if this becomes difficult to manage. Your employer, GP and the university will have services available to you. The university wellbeing team can be found here: Wellbeing Services | Student Wellbeing | University of Exeter

Learning methods

The CWP curriculum uses a range of teaching methods including taught teaching days, individual learning, role-play and supervised clinical practice in the workplace. Lectures will take place 60% online and 40% at the University of Exeter. Teaching will be delivered through a variety of methods, including 'live' zoom sessions, narrated PowerPoints and padlets. You can find out more about the teaching methods for each session by looking at the timetable on ELE. Please note that this will be regularly updated, therefore it is important to always check the latest version.

Learning outcomes

At the end of the CWP programme, successful students will be able to:

- Describe the low intensity clinical method as defined by the CWP programme and demonstrate clinical competency in low intensity CBT/ SLT assessment and interventions.
- Outline the skills required to effectively engage and maintain therapeutic relationships, even in the face of difficulties and ruptures.
- Apply an understanding of health behaviour change to inform, and demonstrate competency in providing support for low intensity CBT/ SLT interventions.

- Apply skills of scientific writing with a particular focus upon enhancing clinical practice associated with the clinical applications of psychology, through a range of methods, at a level appropriate to a G/PG Dip.
- Demonstrate skills of scientific writing and presenting results.
- Review and critically evaluate empirical evidence using a range of defined techniques.
- Review and critically evaluate published work as well as your own work.
- Explain the wider ethical issues relating to the subject and its application.
- Think critically, creatively and independently.
- Identify and solve complex problems demonstrating confidence and flexibility.
- Use electronic information retrieval and management tools proficiently and access information from a variety of sources.
- Interact effectively within a group.
- Work effectively on your own or as part of a team.
- Manage your own learning (autonomy, time management, self-teaching, self-reflection, seeking and using feedback, personal responsibility, self-criticism).
- Use supervision and personal reflection as a means to improve your personal effectiveness as demonstrated in the reflective commentaries.

The use of Artificial Intelligence (AI)

AI can be used as a database to search for information though please note this will need to be checked for accuracy. AI should not be used generatively to create assignment content as this may incur academic honesty inquires or be flagged within plagiarism and similarity scanners.

Further guidance on the use of AI can be found here: *Using generative Artificial Intelligence (AI) tools such as ChatGPT in academic work - Referencing - LibGuides at University of Exeter*

Programme Content and Assessment:

PROGRAMME STRUCTURE

You will either be registered on a Postgraduate Diploma or a Graduate Diploma totalling **120** credits.

There are six modules on each Programme:

Code **PGDip/GradDip**	**Title**	**Credits**
Module 1 PYCM079/ PYC3022	**Context and Values** In this module you will develop your knowledge in the core CYP mental health principles and you will become skilled in enhancing your work with children, young people and their families/parents. This module underpins module PYC49 (assessment) and PYC50 (interventions). This module is to provide you with the necessary knowledge, attitude and competence to operate effectively in an inclusive, values driven service and in the wider services context.	20
Module 2 PYCM080/ PYC3023	**Assessment and Engagement** The aims of the module are to equip CWPs with a good understanding of the incidence, prevalence and presentation of common mental health problems and evidenced-based treatment choices. Skills teaching will develop core competences in active listening, engagement, alliance building, patient-centred information gathering, information giving and shared decision-making.	20

Module 3 PYCM081/ PYC3024	**Evidence-based Interventions (Theory and Skills)** The aim of this module is to provide you with a good understanding of the process of therapeutic support for a range of evidence-based, low intensity cognitive behavioural interventions for anxiety, low mood, behavioural and self-regulatory difficulties and to manage the learning and development of individual CYP and their parents / carers.	20
Module 4 PYCM136/ PYC3136	**Working, assessing and engaging in community based and primary settings** The aim of this module is to develop your understanding of the community and primary care context, as well as the assessment and engagement of children, young people, and their families specific to these settings. It has been designed as counterparts to modules PYCM079 and PYCM080.	20
Module 5 PYCM137/ PYC3137	**Mental health prevention in community and primary care settings** Within this modules CWP's will be trained in two primary prevention approaches within community settings: Training others to have an awareness of common mental health difficulties and to review, understand and support the participation of children, young people and their families.	20
Module 6 PYCM138/ PYC3138	**Interventions for emerging mental health difficulties in community and mental health care settings** This module will work to equip CWPs with a good understanding of the process of psychoeducation and group work in community/ health care settings both face to face and virtually. You will acquire a framework of key skills and knowledge through teaching, experiential learning, role play and supervised practice.	20

Course Dates and Key information:

Induction: Thursday 18th January and Friday 19th January 2024

First Teaching Day: Monday 22nd January 2024

Half Term: Monday 12th February – Friday 16th February 2024

Spring/Easter break: Monday 1st April – Friday 12th April 2024

Half Term: Monday 27th May – Friday 31st May 2024

Teaching block finishes: Monday 24th June 2024

Please note that the course is not formally completed until the successful submission of all examined work and the Diploma is not awarded until the Award Board has met.

Registration of attendance

For online teaching it is required that you log into the padlet on ELE and write your name in the comments to mark your attendance. For in person teaching please register your attendance in person and sign out when you leave (fire safety).

Absence Reporting

The reasons for short term absence which are eligible for consideration are:

a. Disability (in accordance with ILP and HWSS recommendations
b. Illness
c. Illness of a dependant or other immediate relative for whom they have caring responsibilities
d. Self-isolation for Covid-19 in accordance with Government guidance
e. Medical appointments
f. Bereavement or other compassionate grounds
g. Police incident
h. Jury service
i. Unforeseen emergencies
j. Interview/career related appointments

k. Approved University visits, courses, exchanges

In the instance of needing to miss a lecture for reasons listed above, please email admin (CWP-EMHP@exeter.ac.uk), your tutor and service.

100% attendance is required on this clinical training programme. Any missed content (full or partial days) must be caught up on the lecture recording and a Missed Attendance self-reflection log (page 233) should be completed, sent to your tutor and retained for your portfolio.

It is expected that you arrive on time and do not leave the teaching sessions early (09:45-16:30), so that you are able to benefit from the full teaching provision.

For further information regarding attendance please see: 12 - Student absence - Teaching Quality Assurance Manual - University of Exeter and

CEDAR A&E Video edited (panopto.eu)

Teaching Timings

Unless you are informed otherwise, please note that teaching days will be at the following times:

Session 1: 9:45 to 11:00

Break: 11:00 to 11:15

Session 2: 11:15 to 12:30

Break: 12:30 to 1:30

Session 3: 1:30 to 2:45

Break: 2:45 to 3:00

Session 4: 3:00 to 4:30

Study Days

Trainees will have at least 20 days of study time in addition to lecture days. Seven of these have been scheduled into the start of the teaching block to support consolidation of learning. The remaining 13 are to be decided upon through

discussion between each trainee and their employer. Study days provide an opportunity for self-directed learning where trainees may want to review the week's content so far and prepare for the week ahead. As the programme progresses it's likely that study days will be used by trainees to complete their assignments. Study days must be taken outside of term time and should be spread throughout the year, either on a regular basis or an arrangement that works best for the programme member and their employer.

Some ideas include:

- Review lecture materials
- Start to revise module 1 lectures in preparation for the exam
- Visit the university's online study zone to develop academic skills
- Start drafting upcoming assignments
- Read up on an area of interest from the reading list

Office Hours

You can contact the CWP Administrator (Morgan Craig) with any administrative queries by email: cwp-emhp@exeter.ac.uk. For general enquiries, please e-mail the support team: CEDAR-PGTadmin@exeter.ac.uk

You can contact your tutor by email with any programme queries you may have. They will be happy to arrange an individual time to meet if needed.

Course Feedback

Guidance on feedback can be viewed in this sort video Powtoon - CEDAR Feedback.

Mid-module feedback will be opened half way through each module, three questions will be asked to gain students perspective. This is located on ELE in the module folders and is not compulsory but advised.

End of module feedback will be gathered on Accelerate and emails will be sent out by admin. **Completion of Accelerate feedback is compulsory** and you will need to evidence that you have completed all six of these as part of your clinical portfolio assessment.

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

Location of Teaching:

The aim is to deliver 60% of teaching online via Zoom and 40% of teaching in person at the University of Exeter: Washington Singer Building, Perry Rd, Exeter, EX4 4QG.

Flipped learning will take place individually at your home or chosen study location. Flipped learning should be considered as timetabled pre reading ahead of an upcoming skills based lecture.

Individual learning will take place individually at your home or chosen study location. Individual learning should be considered standalone content that you can work though at your own pace. Padlets with a range of activities/reading will be located on ELE to guide your self-study.

Work-Based Supervision will be provided directly by your service.

Directed Learning:

Throughout this programme there is an emphasis upon you taking responsibility for some of your own education as independent learners. Your University teaching is timetabled, however study above and beyond these days, as with all University programmes, will be expected.

Developing and enhancing clinical competence through self-practice/self reflection (SPSR):

A major focus of the programme is placed upon the development of competence across a range of focused, low intensity interventions. A major focus of your time within the university taught days, individual/flipped learning days and your study days is on your own practice and the rehearsal of the interventions presented during the programme. To help structure and formalise this component of the programme the Self-Practice/Self-Reflection (SP/SR) model of supervision (Bennett-Levy et al., 2001; Farrand et al., 2010) will be adopted. This model of supervision requires you to initially undertake the brief, low Intensity interventions presented during the programme on yourself, and then reflect upon your use.

Competencies

The University of Exeter CWP Programme has been designed in line with the generic CAMHS competency Framework (Roth and Pilling, 2011) and the CWP national curriculum. The CBT Competencies Framework will also be drawn upon where appropriate (Roth & Pilling, 2007) in addition to Reach Out materials for low intensity working. For further Information on CAMHS Competencies, please

visit:http://www.ucl.ac.uk/clinical-psychology/CORE/child-adolescent-competences/CAMHS%20Competences%20Framework_V1%20(2).pdf

For further information on CBT Competence, please visit: Cognitive and Behavioural Therapy | UCL Psychology and Language Sciences - UCL – University College London

Exeter Learning Environment (ELE)

ELE is the University of Exeter's on-line Virtual Learning platform. It provides an online set of integrated tools to support e-Learning activities and enables students to access course materials and use tools such as Discussion Forums and Quizzes to interact online.

Central administration of the ELE service is provided by the Academic Systems team, whilst end-user support is provided by the Educational Enhancement e-Learning team.

The ELE service is used by all students, staff and associates within the University. It can be accessed via https://ele.exeter.ac.uk/

Assessment Guidance:

There will be a range of supportive materials on ELE throughout the academic year to support you with your assessments. Where possible, the course team make the following available for summative work as appropriate for the submission required.

1) Assessment briefs
2) Marking feedback forms you will receive for your work
3) x1 example submission where available
4) Assignment support sessions

Tutorials:

INDIVIDUAL 1:1 TUTORIALS

You will be offered a minimum of 2 x 20 minute tutorials over the duration of the course and a mid-programme review with you and your clinical supervisor. Please check the timetable for the suggested dates of these. Your tutor will be in contact directly to arrange your tutorials, which will take place online.

The tutorials aim to give you the opportunity to link with your tutor to:

- Review and reflect on your development and the course
- Give and receive feedback on assessed work.
- Give and receive feedback on the course.
- Review your clinical portfolio and practice.
- Have 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 an agenda for each meeting for their individual tutorials, to include where appropriate:

- Record of Clinical Contact Hours
- Record of all clinical skills supervision
- Record of all case management supervision
- Summary of 8 completed cases (updated continually)
- Teaching hours log (updated continually)
- Practice Outcomes Document (updated continually)
- Detailed client summary sheet (when complete)

1:1 Tutorial form - One

Student:

Tutor:

Date:

Agenda:
• Welcome • Wellbeing • ILP • Academic • Service/Clinical • Q&A

Welcome	
Wellbeing	Wellbeing Services | Student Wellbeing | University of Exeter
ILP	ILP Request Form 2023/4 (office.com)
Academic	Mod 1 Formative PPD Mod 1 Summative Exam Mod 2 Formative Assessment Tape Mod 2 Formative Reflective Commentary Mod 2 Summative Assessment Tape Mod 2 Summative Reflective Commentary Mod 3 Formative Assessment Tape Mod 3 Formative Reflective Commentary Mod 3 Summative Assessment Tape Mod 3 Summative Reflective Commentary Mod 4 Formative Brief Mod 4 Summative PowerPoint presentation Mod 5 Formative Brief Mod 5 Summative PowerPoint presentation Mod 6 Formative Brief Mod 6 Summative PowerPoint presentation Mod 1-6 POD & Portfolio

Service/Clinical	Have you met your supervisors yet? Please share supervisor/s email
Q&A	

1:1 Tutorial form - Two

Student:
Tutor:
Date:

Agenda:
• Welcome • Wellbeing • ILP • Academic • Progress on course • Service/Clinical • Q&A

Welcome	
Wellbeing	Wellbeing Services | Student Wellbeing | University of Exeter
ILP	ILP Request Form 2023/4 (office.com)
Academic **Marks so far**	Mod 1 Formative PPD: Mod 1 Summative Exam: Mod 2 Formative Assessment Tape: Mod 2 Formative Reflective Commentary: Mod 2 Summative Assessment Tape: Mod 2 Summative Reflective Commentary: Mod 3 Formative Assessment Tape: Mod 3 Formative Reflective Commentary: Mod 3 Summative Assessment Tape: Mod 3 Summative Reflective Commentary: Mod 4 Formative Brief: Mod 4 Summative recorded PowerPoint presentation: Mod 5 Formative Brief Mod 5 Summative PowerPoint presentation: Mod 6 Formative Brief Mod 6 Summative PowerPoint presentation: Mod 1-6 POD & Portfolio:

Progress on course	Teaching Log: Absence/Catch up: Mid module feedback shared: End of module feedback shared:
Service/Clinical	Please share supervisor/s email: Clinical Hours to date: CSS Hours to date: CMS Hours to date: POD underway: Any completed cases?: Case summary sheets completed (/4): Current caseload number: Case mix? (Age, gender, parents): Anxiety case?: Depression/behaviour?: Work with parents (parent led CBT, behavioural problems)?:
Q&A	

Recommended Reading: (not compulsory)

CWP
Module 1 – Context and Values

Core reading:

Bennett-Levy, J., Richards, D., Farrand, P. et al (2010). *Oxford guide to low intensity CBT interventions.* Oxford: Oxford University Press.

British Psychological Society. (2021). Code of Ethics and Conduct. Retrieved from https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Ethics%20and%20Conduct%20%28Updated%20July%202018%29.pdf

Department of Health (2015). Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing. Retrieved from: Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing (publishing.service.gov.uk)

Department of Health and Social Care and Department for Education (2017*).* Transforming Children and Young People's Mental Health Provision: a Green Paper. Retrieved from: Transforming_children_and_young_people_s_mental_health_provision.pdf (publishing.service.gov.uk)

England, NHS. (2014).The Five Year Forward View. Retrieved from: Five Year Forward View (england.nhs.uk)

Gallop, C., Fonagy, P., & Kidney, R. (2023). *Low-intensity practice with children, young people and families*. SAGE.

Wider reading:

Batty, M. J., Moldavsky, M., Foroushani, P. S., Pass, S., Marriott, M., Sayal, K., & Hollis, C. (2012). Implementing routine outcome measures in child and adolescent mental health services: From present to future practice. *Child and Adolescent Mental Health,* 18, 82–87.

Bower, P. & Gilbody, S. (2005). Stepped care in psychological therapies: Access, effectiveness and efficiency. *British Journal of Psychiatry*.186,11 -17.

Burnham, J. (2018). Developments in Social GRRRAAACCEEESSS: visible–invisible and voiced–unvoiced 1. *In Culture and Reflexivity in Systemic Psychotherapy* (pp. 139-160). Routledge

CAMHS Tier 4 Report Steering Group (2014). *CAMHS Tier 4 Report*. London: NHS England.

Baruch, G., Fonagy, P., & Robins (2007). *Reaching the hard to reach.* Sussex: John Wiley and Sons.

Kennedy, I. (2010). Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs. Retrieved from Getting it right for children and young people (publishing.service.gov.uk)

Milne, E. (2018). *Evidence-Based Clinical Supervision: Principles and Practice.* (2nd Ed) Wiley-Blackwell

O'Hagan, K. (2001). *Cultural Competence in the Caring Professions*. London: Jessica Kingsley.

Roth, A.D. & Pilling, S (2008). Using an evidence-based methodology to identify the competences required to deliver effective cognitive and behavioural therapy for depression and anxiety disorders. *Behavioural and Cognitive Psychotherapy,* 36, 129-147.

Module 2 – Engagement and Assessment

Core reading:

Bennett-Levy, J., Richards, D., Farrand, P. et al (2010). *Oxford guide to low intensity CBT interventions.* Oxford: Oxford University Press.

Burton, M., Pavard, E., & Williams, B. (2014). *An introduction to child and adolescent mental health.* Sage.

Gallop, C., Fonagy, P., & Kidney, R. (2023). *Low-intensity practice with children,*

young people and families. SAGE.

Richards, D & Whyte, M (2011) *Reach Out. (3rd edition)* Retrieved from: Reach_Out_3rd_edition.pdf (exeter.ac.uk)

Wider reading:

Batchelor, S. (2017). *Suicidal thoughts start young: The critical need for family support and early intervention.* Paper presented at the National Suicide Prevention Conference, Brisbane.

Bennett-Levy, J., Thwaites, R., Haarhoff, B., & Perry, H. (2015). *Experiencing CBT from the inside out: A self-practice/self-reflection workbook for therapists*. Guilford, New York.

Dazzi, T. Gribble, R., Wessely, S., & Fear, T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychological Medicine*, 44, 3361–3363

Lawlor. K. B, & Hornyak, M. J. (2012). SMART goals: How the application of SMART goals can contribute to achievement of student learning outcomes. *Developments in Business Simulation and Experiential Learning, 39*, 259-267

Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science*, *6*(1), 1-12.

Padesky, C. A., Mooney, K. A. (1990). Presenting the cognitive model to clients. *International Cognitive Therapy Newsletter*, 6, 13-14

Papworth, M., Marrinan, T., Martin, B., Keegan, D., & Chaddock, A. (2013). *Low intensity cognitive behaviour therapy: A practitioner's guide.* Sage: London.

Panchal, U., Salazar de Pablo, G., Franco, M., Moreno, C., Parellada, M., Arango, C., & Fusar-Poli, P. (2023). The impact of COVID-19 lockdown on child and adolescent mental health: systematic review. *European child & adolescent psychiatry*, *32*(7), 1151-1177.

Roth, A.D., & Pilling, S. (2007). *Core competencies required to deliver effective psychological therapies.* London: HMSO, Department of Health.

Silverman, J., Kurtz, S., & Draper, J. (2005). *Skills for communicating with patients*. Oxford: Radcliffe.

Young Minds (2020*). Why young people will need more mental health support after lockdown*. Retrieved from: Why young people will need more mental health support after lockdown | YoungMinds

Module 3 – LICBT intervention

Core reading:

Bennett-Levy, J., Richards, D., Farrand, P. et al (2010). *Oxford guide to low intensity CBT interventions.* Oxford: Oxford University Press.

Gallop, C., Fonagy, P., & Kidney, R. (2023). *Low-intensity practice with children, young people and families*. SAGE.

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Wider Reading:

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Cartwright-Hatton, S., Laskey, B., Rust, S., & McNally, D. (2010). *From timid to tiger. A treatment manual for parenting the anxious Child.* Wiley.

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Lejuez, C. W., Hopko, D. R., Hopko, S. D. (2001). A brief behavioral activation treatment for depression: Treatment manual. *Behavior Modification*, 25, 255-286

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Papworth, M.A. (2020). *How to Beat Fears and Phobias One Step at a Time*. London: Little Brown Books.

Reynolds, S. & Pass, L. (2020). Brief Behavioural Activation for Adolescent Depression: A Clinician's Manual and Session-by-Session Guide.

Module 4 – Engaging communities

Core reading:

Department of Health (2015). *Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing*. Retrieved from: Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing (publishing.service.gov.uk)

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The Kings Fund. (2019). Community health services explained. Retrieved from Community health services explained | The King's Fund (kingsfund.org.uk)

Wider reading:

Bagnoli, A., & Clark, A. (2010). Focus groups with young people: a participatory approach to research planning. Journal of youth studies, 13(1), 101-119.

Bell, A. (2007). Designing and testing questionnaires for children. Journal of Research in Nursing, 12(5), 461-469.

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Green, A.E., Price-Feeney, M. & Dorison, S. (2020). Breaking Barriers to Quality Mental Health Care for LGBTQ Youth. New York, New York: The Trevor Project.

Lightbody, R. (2017). ‘‘Hard to reach’ or ‘easy to ignore’? Promoting equality in community engagement.

Naeem, F., Phiri, P., Munshi, T., Rathod, S., Ayub, M., Gobbi, M., & Kingdon, D. (2015). Using cognitive behaviour therapy with South Asian Muslims: Findings from the culturally sensitive CBT project. International Review of Psychiatry, 27(3), 233-246.

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<u>Module 5 – Prevention within community settings (staff training and participation)</u>

Core reading:

Arnstein, S. R. (1969). A Ladder of Citizen Participation. *Journal of the American Institute of Planners, 35*, 216-224.

Badham, B.. & Wade, H. (2005). *Hear by right: Standards for the active involvement of children and young people*. NYA/LGA.

Hart, R. (1992). Children’s participation: From tokenism to citizenship. Florence, Italy:

UNICEF International Child Development Centre.

Kennedy, A. (2014) Models of Continuing Professional Development: a framework for analysis, *Professional Development in Education, 40(*3), 336-351.

UNICEF UK. (1989). The United Nations convention on the rights of the child. Layout 1 (unicef.org.uk)

Welsh Government (2016). *Children and young peoples participation in Wales: Good practice 2016*. Welsh Assembly Government. https://www.gov.wales/sites/default/files/publications/2019-06/good-practice-guide.pdf

Wider reading:

Ackermann, L., Feeny, T., Hart, J., & Newman, J. (2003). *Understanding and evaluating children's participation. A Review of Contemporary Literature.* Plan UK/Plan International

Cahill, H., & Dadvand, B. (2018). Re-conceptualising youth participation: A framework to inform action. *Children and Youth Services Review, 95*, 243-253.

Cordingley, P., Higgins, S., Greany, T., Buckler, N., Coles-Jordan, D., Crisp, B., Saunders, L., & Coe, R. (2015). *Developing Great Teaching: Lessons from the international reviews into effective professional development*. Teacher Development Trust.

Department for Education. (2016). *Standard for teachers' professional development*. https://www.gov.uk/government/publications/standard-for-teachers-professional-development.

Hart, R.A. (2008). Stepping back from 'the ladder': Reflections on a model of participatory work with children. In: Reid, A., Jensen, B.B., Nikel, J., Simovska, V. (eds.). Participation and Learning. Springer. https://doi.org/10.1007/978-1-4020-6416-6_2

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Malone, K., & C. Hartung (2009). Challenges of participatory practice with children. In B. Percy-Smith, & N. Thomas (Eds.), *A handbook of children and young people's participation: Perspectives from theory and* practice (pp. 24-38). Routledge.

Knowles, M. S. (1984*). Andragogy in Action*. Jossey-Bass.

Save the Children (2005). *Practice Standards for Children's Participation International*. Save the children.

Shier, H. (2001). Pathways to participation: Openings, opportunities and obligations. *Children and society*, *15*(2), 107-117.

Steel, R. (2005). Actively involving marginalised and vulnerable people in research. In L. Lowes, & I. Hulatt, (Eds.), *Involving service users in health and social care research* (pp.18-29). Routledge.

Module 6 – Interventions in community settings (group work)

Core reading

Benson, J. (2010). *Working more creatively with groups.* 3rd ed. Routledge. https://doi.org/10.4324/9780203870723

DeLucia-Waack, J. L. (2006). Assessment of group effectiveness. In *Leading* psychoeducational *groups for children and adolescents* (pp. 175-187). SAGE Publications.

Tuckman, B. W. (1965). Developmental sequence in small groups. *Psychological bulletin*, *63*(6), 384.

Wider reading

Baourda, V.C., Brouzos, A., Mavridis, D., Vassilopoulos, S.P., Vatkali, E., & Boumpouli, C. (2022) Group psychoeducation for anxiety symptoms in youth: Systematic review and meta-analysis, *The* Journal for Specialists in Group Work, 47(1), 22-42.

Bonebright, D. A. (2010). 40 years of storming: a historical review of Tuckman's model of small group development. *Human Resource Development International*, *13*(1), 111-120.

Burlingame, G. M., & Krogel, J. (2005). Relative efficacy of individual versus group

psychotherapy. International Journal of Group Psychotherapy, 55(4), 607-611.

Casañas, R., Catalán, R., Del Val, J. L.,, Real, J., Valero, S., & Casas, M. (2012). Effectiveness of a psychoeducational group program for major depression in primary care: A randomized controlled trial. *BMC psychiatry*, *12*(1), 230.

Gerrity, D.A., & DeLucia-Waack, J.L. (2006). Effectiveness of groups in schools. *The Journal for Specialists in Group Work, 32*(1), 97-106.

Häggman-Laitila, A., & Pietilä. A. (2013). Small groups for parents: motives and practical issues boosting attendance, *Nordic Social Work Research*, 3:1, 59-77, DOI: 10.1080/2156857X.2013.766056

Kendall, P.C., Flannery-Shroeder, E., Panichelli-Mendel, S., Southam-Gerow, M., Henin A., & Warman, M.J. (1997). Therapy for youths with anxiety disorders: A second randomized clinical trial. *Journal of Consulting and Clinical Psychology. 65* (3), 366–380. https://doi.org/10.1037/0022-006X.65.3.366

Norton, P. J., & Barrera, T. L. (2012). Transdiagnostic versus diagnosis-specific CBT for anxiety disorders: A preliminary randomized controlled noninferiority trial. Depression and Anxiety, 10, 874-882.

Santesteban-Echarri, O., Hernández-Arroyo, L., Rice, S. M., Güerre-Lobera, M. J., Serrano-Villar, M., Espín-Jaime, J. C., & Jiménez-Arriero, M. Á. (2018). Adapting the brief coping cat for children with anxiety to a group setting in the Spanish public mental health system: A hybrid effectiveness-implementation pilot study. *Journal of Child and Family Studies*, *27*(10), 3300-3315. https://doi.org/10.1007/s10826- 018-1154-9

Toseland, R. W., & Siporin, M. (1986). When to recommend group treatment: A review of the clinical and the research literature. *International Journal of Group Psychotherapy, 36*(2), 171–201. https://doi.org/10.1080/00207284.1986.11491446

Vassilopoulos, S.P., Brouzos, A., Damer, D.E., & Mellou, A. (2013). A psychoeducational school-based group intervention for socially anxious children. *The Journal for Specialists in Group Work, 384*(4), 307-329.

Young Minds (n.d.). *Set up your own Parent's Support Group*. Retrieved January 20, 2023, from set-up-your-own-parent-s-support-group.pdf (youngminds.org.uk)

Useful Resources and Websites:

MindEd Registration: https://www.minded.org.uk/Login.

See MindEd checklist on ELE in 'Assignment Information' > 'POD/Portfolio' > 'Portfolio' on ELE.

Reach Out – Low Intensity Manual
National Programme Student Materials to Support the Delivery of Training for Psychological Wellbeing Practitioners Delivering Low Intensity Interventions
https://cedar.exeter.ac.uk/media/universityofexeter/schoolofpsychology/cedar/documents/Reach_Out_3rd_edition.pdf

Low Intensity Workbooks
Behavioural experiments workbook with children and young people:
https://swcypiapt.com/resources/publications/

PWP workbooks
https://cedar.exeter.ac.uk/iapt/iaptinterventions/

NICE Guidelines

NG134
National Institute for Health and Clinical Excellence. (2019). *Depression in children and young people: Identification and management*
https://www.nice.org.uk/guidance/ng134

CG31
National Institute for Health and Clinical Excellence. (2005). Obsessive-compulsive disorder and body dysmorphic disorder: treatment
https://www.nice.org.uk/guidance/cg31

PH20
National Institute for Health and Clinical Excellence. (2009). Social and emotional wellbeing in secondary education https://www.nice.org.uk/guidance/ph20

NG225
Self- harm: assessment, management and preventing recurrence
Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE

NG223
National Institute for Health and Clinical Excellence. (2022). Social and emotional wellbeing in primary and secondary education Overview | Social, emotional and mental wellbeing in primary and secondary education | Guidance | NICE

Websites
http://www.camhsnetwork.co.uk
https://swcypiapt.com/about/
https://www.minded.org.uk
http://www.ucl.ac.uk/CORE

No Health without Mental Health:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

Roth & Pilling (2007) & Roth, Calder & Pilling (NHS Education for Scotland Competence Framework for Workers in CAMHS Settings, 2011):
http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm

Referencing: Please follow APA guidelines for referencing (7th Edition). For more information, see:
https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

Acronyms on the CWP Programme:

You will come across a huge number of acronyms during your time on the course and as a CWP, some of which you may be familiar with and others you may not be. We have put together a list of the most common ones:

ABCEs – Autonomics, Behaviours, Cognitions, & Emotions

BPS – British Psychological Society

BABCP – British Association for Behavioural and Cognitive Psychotherapies

CAMHS – Children and Adolescent Mental Health Services

CEDAR – Clinical Education Research and Development

CBT – Cognitive Behavioural Therapy

CWP – Children's Well-being Practitioner

CYP – Children and Young People

EBP – Evidence Based Practice

EMHP – Education Mental Health Practitioner

ESQ – Experience of Service Questionnaire

GSH – Guided Self Help

HEE – Health Education England

IAPT – Improving Access to Psychological Therapies

LI – Low intensity

MHST – Mental Health Support Team

PEG – Psychoeducational Group

POD – Practice Outcomes Document

PPD – Professional Practice Document

ROMs – Routine Outcome Measurement

RCADS – Revised Children's Anxiety and Depression Scale

SFQ – Session Feedback Questionnaire

SPSR – Self Practice / Self Reflection

Submission dates and deferred deadlines:

MODULE	Module Code	Module Name	Assessment Element	Deadline	Mitigation (2 week extension)	Mitigation (1st deferred deadline)	Mitigation (2nd deferred deadline)
1	PYCM079/ PYC3022	Context and Values	FORMATIVE PPD	**26/02/24**	11/03/24	08/04/24	20/05/24
1	PYCM079/ PYC3022	Context and Values	SUMMATIVE Written Exam	**25/03/24**	Resit date: TBC	n/a	n/a
4	PCYM136/ PYC3136	Working, assessing and engaging in community settings	FORMATIVE 500 word audit brief	**22/04/24**	07/05/24	03/06/24	15/07/24
5	PYCM137/ PYC3137	Mental health prevention in community settings	FORMATIVE 500 word brief	**24/05/24**	07/06/24	05/07/24	16/08/24
2	PYCM080/ PYC3023	Engagement and assessment	FORMATIVE Clinical skills competency assessment of an assessment session	**14/06/24**	28/06/24	26/07/24	20/09/24

2	PYCM080/ PYC3023	Engagement and assessment	FORMATIVE Reflective commentary of an assessment session	**28/06/24**	12/07/24	09/08/24	04/10/24
6	PCYM138/ PCY3138	Interventions for MH difficulties in community settings	FORMATIVE 500 word brief	**22/07/24**	05/08/24	02/09/24	14/10/24
5	PYCM137/ PYC3137	Mental health prevention in community settings	SUMMATIVE 15mins narrated power point	**02/09/24**	16/09/24	14/10/24	25/11/24
3	PYCM081/ PYC3024	Evidence based intervention	FORMATIVE Clinical skills competency assessment of an intervention session	**16/09/24**	30/09/24	04/11/24	06/01/25
3	PYCM081/ PYC3024	Evidence based intervention	FORMATIVE Reflective commentary of intervention session	**30/09/24**	14/10/24	18/11/24	20/01/25

2	PYCM080/ PYC3023	Engagement and assessment	SUMMATIVE Clinical skills competency assessment of an assessment session	**14/10/24**	28/10/24	09/12/24	03/02/25
2	PYCM080/ PYC3023	Engagement and assessment	SUMMATIVE Reflective commentary related to assessment session	**28/10/24**	11/11/24	16/12/24	10/02/25
3	PYCM081/ PYC3024	Evidence based intervention	SUMMATIVE Clinical skills competency assessment of an intervention session	**04/11/24**	18/11/24	06/01/25	03/03/25
3	PYCM081/ PYC3024	Evidence based intervention	SUMMATIVE Reflective commentary of intervention session	**18/11/24**	02/12/24	13/01/25	10/03/25
4	PCYM136/PYC3136	Working, assessing and engaging in community settings	SUMMATIVE 15mins narrated PowerPoint	**09/12/24**	06/01/25	03/02/25	17/03/25

6	PCYM138/PCY3138	Interventions for MH difficulties in community settings	SUMMATIVE 15mins narrated PowerPoint	**13/01/25**	27/01/25	24/02/25	31/03/25
all	all	all	SUMMATIVE Practice Outcomes Document and Portfolio	**31/01/25**	14/02/25	21/03/25	02/05/25

Please note that in line with University processes we aim to return marks and feedback to students between 3 and 4 weeks following submission. This allows submissions to be marked and moderated (Mod 1, 4, 5 & 6 have a three week turn around, Mod 2 & 3, have a four week turn around) . This may be a slightly longer timeframe if the work is submitted prior to university closures, e.g. during Christmas, Easter, summer holidays, as well as bank holidays.

Assessment Hand In Procedure:

Submission information is provided at induction by the Programme Administrator and any questions regarding submission can be emailed to Morgan at cwp-emhp@exeter.ac.uk . An email with submission guidance will also be sent by your Programme Administrator prior to the deadline.

Competency Recordings and Consent:

You can submit your competency recording and consent form via MS Forms. The relevant submission link will be made available under "Submissions" on ELE and may also be shared by your Programme Administrator. Note a coversheet will also need to be provided for competency recordings. This can be found in the handbook and within the 'assignment information' tile on ELE2.

Please note for submissions that require a consent form, the consent form must also be submitted by the submission deadline. If you are not able to submit the consent form with the tape, trainees are advised to submit a mitigation request if you have grounds to do so. The consent form is part of the submission and marking teams cannot mark without this.

Management of work submitted late

Please note: The responsibility is with trainees to ensure all assessments are submitted on the deadline day and before 1pm.

If a student does not submit all components of their assignment by the deadline and they do not have an approved mitigation, late penalties will apply.

For full guidance on late submission penalties, please refer to the policy here:

Late Submissions Policy

Mitigation:

CEDAR PGT Mitigation Process

Mitigation is intended for use in exceptional circumstances.

All mitigation request forms must be submitted by students to the CEDAR mitigations team: CEDAR-Mitigations@exeter.ac.uk

It is recommended that you request a mitigation in advance of a coursework deadline by sending completed forms to the email address above. However, **mitigation requests can be accepted up to 24 hours after the submission deadline.**

Information on how to request mitigation is available on the CEDAR PGT Handbook, which is available on this page along with the CEDAR mitigation forms:

CEDAR PGT Handbook and Mitigation Forms

Guidance on commonly accepted grounds and accepted supporting evidence can be found here: Annex F - Mitigation - Teaching Quality Assurance Manual - University of Exeter)

Full guidance on the university policy can be found here: Mitigation Policy

If you have any questions about the mitigation process, please contact your Programme Administrator at cwp-emhp@exeter.ac.uk.

Resubmissions:

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. Marks following referral are capped at the pass mark of 40% (graduate diploma) or 50% (postgraduate diploma). All clinical recording submissions must be passed at 50% regardless of the level of study. 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 the following statement:

Resubmission Instructions

The internal markers have assessed your work. Unfortunately, it has not passed and will be sent to the external marker. You will have 4 weeks to resubmit.

Where assessments for part or all of a module are referred the whole module must be capped at 40% for graduate modules and 50% for postgraduate modules (50% for all clinical recordings).

Candidates referred in a module must submit new work to be assessed, or re-sit examinations, at a time agreed by the programme team.

Candidates referred in any of the taught modules will normally be required to complete revised assessments one month following receipt of the failed assessment.

Please note that there is no late period of submission for referred assignments.

If you have difficulties with written assessments please use the University study skills department: http://www.exeter.ac.uk/student-engagement-skills/academic

Employer Involvement and File Compression:

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

Recording Equipment

All services should provide trainees with suitable video recording equipment. It is recommended that files are compressed at the point of recording (select lower quality recording option).

Recording Submission Troubleshooting

MS Forms is used for the submission of recordings and consent forms. Please note that the file size limit on MS Forms for a single file is 1GB.

MS Forms has been identified as the most secure way to submit recordings to the university. It is necessary for meeting DPST compliance targets, mandated by the Department of Health and Social Care and applied across organisations which have access to NHS patient data.

If your recording is larger than 1GB, the main options when seeking to decrease file size are:

- **File compression**

File compression software such as Handbrake.fr, VLC Media Player, or other software can be used to compress a video recording. Any software used must be approved by your service.

- **Change of recording method**

The size of the files may be decreased if you are able to film via a different method, or in lower quality/resolution.

- **Splitting the recording**

As a last resort, recordings can be split into parts smaller than 1GB, provided that it's clear that the recording is of a full continuous session and no parts have been edited out.

Please liaise with your service IT teams for technical support.

Mid –programme reviews
Your academic tutor will arrange to meet with you and your clinical supervisor roughly half way through the programme, to check on clinical progress and action plan any further support which may be required.

Details of award (PostGraduate Diploma and Graduate Diploma):

You will either be registered on a Postgraduate Diploma (Level 7) or a Graduate Diploma (Level 6) totalling 120 credits. The mark sheet that will be applied to your work will therefore differ slightly depending on which diploma you are on. Please see the mark sheets related to each module for further information.

Please note that it is not possible to transfer from the Grad Dip to the PG Dip program. However, it is possible to transfer from the PG Dip to the Grad Dip, provided your clinical submissions (i.e. tape recordings for Modules 2 and 3) are marked at 50% or above. In this instance, your written submissions will be remarked at Grad Dip level.

The grading systems vary between the Postgraduate and Graduate qualifications and are detailed in the table below.

	Postgraduate Diploma (Level 7)	**Graduate Diploma (Level 6)**
Distinction	70%+	70%+
Merit	60-69%	60-69%
Pass	50-59%	40-59%
Fail	49% or below	39% or below

Please note that trainees need to achieve an overall mark of 50% to pass the clinical assessments (Module 2 & 3 recordings of your clinical practice), whether progressing at Grad or Post Grad level. For those on the Postgraduate Diploma, assignments will be marked according to the grading descriptors for Level 7, which are detailed below. Please note that each assignment has its own marking criteria (which can be

found in the handbook & on ELE), the following descriptors provide generic marking criteria for written work on the course:

POSTGRADUATE DIPLOMA (Level 7)

Generic marking criteria for written work

	Fail **0-49%**	**Pass** **50-59%**	**Merit** **60-69%**	**Distinction** **70-100%**
Use and application of literature	May demonstrate some knowledge of the field and awareness of current evidence and issues, but with notable weaknesses Demonstrates significant weaknesses in the knowledge base, and/or simply reproduces knowledge without evidence of understanding Failure to evidence or discuss/apply appropriate examples of literature to clinical practice References to literature are infrequent, non-existent or inconsistent	Demonstrates a sound knowledge and understanding of material within a specialised field of study Demonstrates an understanding of current theoretical and methodological approaches and how these affect the way the knowledge base is interpreted Can begin to evaluate examples of literature relating to current research and advanced scholarship in the field Shows some ability to apply knowledge and literature to clinical practice	Demonstrates a systematic knowledge, understanding and critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of the academic discipline, field of study or area of professional practice Is able to evaluate critically a range of literature relating to current research and advanced scholarship in the discipline Shows a good ability to apply knowledge and literature to clinical practice	Produces work of exceptional standard, reflecting outstanding knowledge and understanding of material Displays mastery of a complex and specialised area of knowledge and skills, with an exceptional critical awareness of current problems and/or new insights at the forefront of the field Is able to evaluate critically, with exceptional insight, a range of literature relating to current research and advanced scholarship in the discipline Shows originality in application of knowledge and literature to clinical practice

Critical analysis	Limited or no critical ability demonstrated Some appropriate analysis, but some significant inconsistencies	Provides evidence of relevant and sound analysis within the specialised area, with some ability to evaluate critically Is able to analyse complex issues and make appropriate judgements	Is able to evaluate methodologies critically and, where appropriate, to propose new hypotheses Is able to deal with complex issues both systematically and creatively, making sound judgements in the absence of complete data	Shows outstanding ability to evaluate methodologies critically and, where appropriate, to propose new hypotheses Can deal with a range of complex issues both systematically and creatively, making excellent judgements in the absence of complete data
Ability to reflect on and evaluate own practice	Shows ability to identify either strengths or weaknesses of practice but this lacks development of criticality Poor or no use of reflective models or frameworks to structure reflections, where appropriate Limited or no reference to reflective practices Little demonstration of independence in considerations of continuing professional development	Able to identify own strengths and weaknesses in practice, with suitable examples and some degree of evaluation Some use of reflective models and frameworks to structure reflections, where appropriate Demonstrates some understanding of the importance of reflective practices as part of clinical role Demonstrates some independence in considerations of continuing professional development	Shows some insight and autonomy in evaluating own strengths and weaknesses. Effective and consistent use of reflective models and frameworks to structure reflections, where appropriate Engagement with personal influences that may impact practice Demonstrates independence in considerations of continuing professional development	Shows a high level of awareness and autonomy when evaluating strengths and weaknesses of practice Draws on relevant literature on reflective practices and utilises reflective models and frameworks consistently and confidently Applies literature to reflections critically and with confidence Demonstrates a high level of independence in considerations of continuing professional development

Awareness of professional issues	May demonstrate some ability to identify professional issues related to role but this lacks depth or meaning May show some evidence of problem-solving but this is problematic/not evidence-based Shows insufficient understanding and awareness of confidentiality	Confident and effective in identifying and defining professional issues related to role/implementation of a specific area of the role Shows some ability in tackling and solving demanding professional issues Able to apply knowledge of confidentiality to clinical practice	Evidence of flexibility and autonomy in identifying and defining a range of complex professional issues Demonstrates self-direction and some originality in tackling and solving demanding professional issues In-depth consideration of confidentiality and application to clinical practice	Succinct and relevant identification of a range of complex professional issues, with appropriate development and application of literature Demonstrates autonomy and notable originality in tackling and solving demanding professional issues Showcases an understanding of the importance of confidentiality and excellent application to clinical practice
Summary and action planning	No or unsubstantial conclusions drawn Conclusions or summary of learning do not relate to rest of work Actions plans are inconsistent with rest of work or irrelevant to topic or focus	Valid conclusions drawn Shows ability to summarise learning and implications of learning Some developed action planning, with reference to measures of success and timeframes	Strong conclusions drawn Provides relevant and concise summary of learning and implications of learning, with reference to literature Action planning is consistent with the rest of the work and may be supported by relevant literature	Strong and persuasive conclusions drawn Outstanding summary of learning and implications of learning provided with consistent links to literature and rest of work Shows a high level of consistency and autonomy in action planning, with frequent reference to the evidence base and clear trajectory for future development

Structure and presentation	Poor or no use of subheadings to structure work Inappropriate balance of words per section Academic conventions used inconsistently or poorly Work is poorly presented (work not double spaced, no page numbers, different fonts and text sizes used etc.) Word count has been overlooked Limited, incorrect or no use of figures and/or appendices	Appropriate subheadings are employed to structure the work and the writing style is academic in nature Academic conventions evident Minor grammatical and/or spelling errors identified Work is presented adequately (e.g. double spaced, page numbers, same font and text size used etc.) Student within word count Some good use of figures and/or appendices	Work is well structured and arguments are communicated effectively Academic conventions well adhered to Few grammatical and/or spelling errors Good presentation of work (e.g. double spaced, page numbers, same font and text size used etc.) Student within word count Consistent and effective use of figures and/or appendices	Work has a coherent, balanced structure and is written in a clear and engaging style Academic conventions adhered to with very few errors No or minor grammatical and/or spelling errors identified Excellent presentation of work Student within word count Outstanding use of figures and/or appendices
Referencing	Little or no adherence to APA referencing guidelines (7th Ed.) Very few references included	Adequate adherence to APA referencing guidelines (7th Ed.) with some errors An appropriate range of sources included	Good adherence to APA referencing guidelines (7th Ed.) with few errors identified A good range of sources included	Excellent adherence to APA referencing guidelines (7th Ed.) with very few minor errors identified A wide range of relevant sources included

For students on the Graduate Diploma, assignments will be marked according to the grading descriptors for Level 6, which are detailed below. Please note that each assignment has its own marking criteria (which can be found in the handbook and on ELE), the following

descriptors provide generic marking criteria for written work on the course:

GRADUATE DIPLOMA (Level 6)

Generic marking criteria for written work

	Fail **0-39%**	**Pass** **40-59%**	**Merit** **60-69%**	**Distinction** **70-100%**
Use and application of literature	Gaps in knowledge, with only superficial understanding. Little evidence of reading Views and findings unsupported Reliance on inappropriate sources of evidence Little or no application of knowledge or literature to clinical practice	Understanding of key aspects of field of study Some evidence of reading Views and findings often supported by literature Use and application of appropriate sources of evidence Evidence of application of knowledge and literature to clinical practice	Systematic understanding of field(s) of study Strong evidence of reading Claims generally supported by appropriate literature Frequent application of a range of research informed literature, including sources retrieved, analysed independently Some consideration of research methodologies e.g. sample size, age of participants, etc.	Good or excellent knowledge and understanding of the main concepts and key theories of the discipline(s) Evidence of wider and further reading Strong application of a range of research informed literature embedded throughout the work Excellent understanding of research methodologies and limitations and an awareness of the research landscape of topic

Critical analysis	Some evidence of analytical skills, but for the most part the work is descriptive Little evidence of critical analysis.	Evidence of some logical, analytical thinking and synthesis Can analyse new and/or abstract data and situations without guidance.	Sound, logical, analytical thinking; synthesis and evaluation present Able to critically analyse and present alternative perspectives (either within literature or own practice)	Logical thinking present throughout High quality analysis, developed independently or through effective collaboration Demonstrates a high level of understanding of alternative perspectives (both within literature and own practice)
Ability to reflect on and evaluate own practice	Limited or no evidence of ability to recognise own strengths and weaknesses in practice Limited or no evidence of appropriate use of reflective models and frameworks to reflect on practice No awareness or evidence of reflective practices	Able to recognise own strengths and weaknesses in practice, with minor areas of weakness Can utilise reflective models and frameworks with minor areas of weakness Shows awareness of reflective practices	Able to evaluate own strengths and weakness with confidence Can utilise reflective models and frameworks with confidence Able to engage in reflection upon personal influences that may impact practice Demonstrates understanding of the importance of reflective practices as part of clinical role	Shows insight and autonomy in evaluating own strengths and weaknesses. Critical and effective use of reflective models and frameworks In-depth engagement with personal influences that may impact practice Demonstrates reflective practice throughout and able to draw on relevant literature related to reflective practice

Awareness of professional issues	Limited or no awareness of professional issues evident Solutions not offered to problems and issues that arise in practice No reference to, or understanding of, confidentiality demonstrated	Demonstrates some ability to identify professional issues related to role Shows awareness of possible solutions to professional issues discussed Has understanding and awareness of confidentiality	Confident and effective in identifying and defining professional issues related to role/implementation of a specific area of the role Able to apply knowledge to consider solutions to professional issues that arise Able to apply knowledge of confidentiality to clinical practice	Astute and flexible in autonomously identifying and defining a range of complex professional issues Range of methods and knowledge applied to offer solutions to professional issues that arise In-depth consideration of confidentiality and application to clinical practice
Summary and action planning	Conclusions lack relevance No or little evidence of ability to summarise learning and implications of learning No or under-developed action planning	Some relevant and valid conclusions drawn Shows ability to summarise learning and implications of learning Some evidence of action planning based on findings and conclusions	Valid, and sometimes convincing, conclusions drawn Ability to summarise learning and implications of learning, with reference to literature Well developed and detailed action planning with reference to measures of success and timeframes	Strong and persuasive conclusions drawn Excellent summary of learning and implications of learning provided with consistent links to literature and rest of work Action planning is consistent with the rest of the work and is supported by relevant literature

Structure and presentation	Poor or no use of subheadings to structure work Inappropriate balance of words per section Academic conventions used inconsistently Several grammatical and/or spelling errors Poor presentation of work (work not double spaced, no page numbers, different fonts and text sizes used etc.) Student significantly over or under allocated word count Poor or no use of figures and/or appendices	Use of subheadings to structure work Appropriate balance of words per section Academic conventions evident Some grammatical and/or spelling errors Sufficient presentation of work (e.g. double spaced, page numbers, same font and text size used etc.) Student within word count Some use of figures and/or appendices	Effective use of subheadings to structure work Appropriate balance of words per section Academic conventions consistently applied Few grammatical and/or spelling errors Good presentation of work (e.g. double spaced, page numbers, same font and text size used etc.) Student within word count Effective use of figures and/or appendices	Excellent use of subheadings to structure work Appropriate balance of words per section High level of academic skills consistently applied No or minor grammatical and/or spelling errors identified Excellent presentation of work Student within word count Excellent use of figures and/or appendices
Referencing	Little adherence to APA referencing guidelines (7th Ed.) Very few references included	Some adherence to APA referencing guidelines (7th Ed.) with some errors (either repeated errors or one-off errors). A sufficient range of sources included	Good adherence to APA referencing guidelines (7th Ed.) with few errors present A good range of sources included	Excellent adherence to APA referencing guidelines (7th Ed.) with very few minor errors present A wide range of sources included

Assignment Guidance and Marking Criteria:

THE FOLLOWING ARE THE METHODS BY WHICH YOUR KNOWLEDGE, CLINICAL AND REFLECTIVE PRACTICE WILL BE ASSESSED:

- **Professional Practice Document (PPD)**
- **Short answer question examination**
- **Clinical skills competency assessment (video recording)**
- **Reflective commentaries**
- **Formative briefs**
- **Recorded PowerPoints**
- **Supervisor Practice Outcomes Document (POD)**
- **Clinical Portfolio**

Formative Guidance

Feedback from formative submissions is for trainee's guidance only and the mark does not contribute towards your overall grade on the module. Each module has a formative element e.g. Mod 1 PPD, Mod 2- formative assessment recording and reflective commentary, Mod 3 – Formative intervention recording and reflective commentary, Mod 4 – 500 word brief, Mod 5 – 500 word brief, Mod 6- 500 word brief.

Your formative submissions must be submitted by the deadlines. The clinical recordings must have verbal consent to record, be clearly audible, all persons present fully visible (see faces), be of a complete session and not edited in any way. You must submit a written consent form alongside the clinical recording.

Summative Guidance

Feedback from summative submissions contributes towards your final grade on each module. Your summative submissions must be submitted by the deadline. Any clinical recordings must have verbal consent to record, be clearly audible, all persons present fully visible (see faces), be of a complete session and not edited in anyway.

Trainees MUST achieve an overall mark of 50% to pass the assessment whether progressing at Grad or Post Grad level. Appropriate consent form(s) should be included.

The video recordings of your Assessment sessions (Module 2) should be no longer than 60 minutes in duration. Please note that for marking purposes, **marking will stop at 60 minutes** and any further content cannot be awarded credit.

The video recordings of your Interventions sessions (Module 3) should be no longer than 45 minutes in duration. Please note that for marking purposes, **marking will stop at 45 minutes** and any further content cannot be awarded credit.

Video tapes that are submitted should represent the whole session with the child, young person and parent / carer. Verbal consent to record must be stated on the recording itself, as well as on the consent forms. **Competency tapes without verbal consent to record confirmed within the session introduction will not be marked and automatically fail 0%.**

If you have difficulties with written assessments please use the University study skills department: https://www.exeter.ac.uk/departments/tqae/asset/

Please also see CEDAR guidance on what is and is not included in your word count for all written submissions: Generic Programme Handbook | Improving Access to Psychological Therapies | University of Exeter

Module 1 – Formative PPD

Assignment Brief - Module 1 Formative PPD

Module Code and Title	PYCM079/ PYC3022 Context and Values	**Module Lead**	Dr Rob Kidney
Assignment No. and type	M1: Professional Practice Document	**Assessment Weighting:**	Formative : N/A
Submission date:	26/02/2024	**Target feedback date:**	18/03/2024

Assignment task
The completion of three outcomes to demonstrate trainees understanding of the core values and principles of the CWP role. For each outcome trainees will be required to write up to 400 words (800 for outcome 3). This is a formative submission, and feedback is given to support trainees learning and development.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1.	Understand the CYP services context, principles and policy – local and national.
2.	Understand and effectively convey the core CYP mental health principles.

3.	Engage and involve children, young people and parents/caregivers in a way that maximises their collaboration and engagement in mental health services and related settings and contexts.
4.	Commit to a non-discriminatory, recovery-orientated values base to mental health care and to equal opportunities for all, and encourage children and young peoples' active participation in every aspect of care and treatment.
5.	Use effectively case management and clinical skills supervision to enhance clinical work.
6.	Use of routine outcome measures to support outcomes informed clinical practice.

How your work will be assessed
Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against the mark sheet. This is a pass/fail **formative** submission, all three outcomes need to be deemed satisfactory in order in pass the assignment. There is no requirement to re-sit if failed, as marks for this submission do not contribute towards your overall grade for this module.

Links to further guidance:
ELE: • Example PPD • Guidance document • Mark sheets Padlet: • PPD guidance padlet - CWP09 PPD Support Padlet

Trouble shooting/ key reminders
- Any words over the word count cannot be marked (Outcome 1- 400 words, Outcome 2 – 400 words, Outcome 3 – 800 words). - Literature should be used to support each outcome. Aim to link this literature back to your role as a CWP. - Try to avoid lots of description of previous experiences, focus on what you have learnt and how it is transferable to your role as a CWP. - Use the Rolfe et al., (2001) model to structure your reflections upon a strength and area of development (outcome 3). Please note that this can be hypothetical in nature e.g. what do you believe will be a strength/development area when working with CYP from diverse backgrounds.

Referencing requirements
Please reference your work according to the APA 7th edition referencing guidance. Your end of text reference list can be located at the end of each outcome, or combined at the end of the PPD document. You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library.

Child PG/Grad Dip Psychological Therapies Practice

Professional Practice Document (PPD)

Module 1

PYCM080/PYC3022

2024/25

Professional Practice Document (PPD)

Welcome to the PPD. In this document you will have the opportunity to demonstrate your learning from module one. Module one relates to the core values and principles of LICBT and the role of a Children's Wellbeing Practitioner (CWP).

There are 3 outcomes listed to consolidate and deepen your knowledge and to demonstrate your understanding of these vital underpinning principles. The PPD also offers the opportunity to use reflective practice to consider these values and principles in a more personal way.

For each outcome you will be required to write up to 400 words (800 words for outcome 3) to show your learning and reflection. Where outcomes refer to knowledge, it will be important to highlight what you feel are key government documents, literature or research that underpin your understanding of the value and importance of the outcome under consideration.

Other areas relate to the opportunity to consider how to embed these core principles in your work, and are seeking your ability to consider how to you intend to use these values in your practice to shape your work. Understanding of why their inclusion matters form the perspective of both the literature and the young person/family will also help to evidence this. If you have clinical experience to draw upon, you are welcome to use this.

Where outcomes ask you to reflect upon a principle or value, you may consider it helpful to consider a reflective model to help structure your thinking. You will not need to describe the model identified, but could adopt the reflective model headings to support your reflection and the structure of how you present this. Reflections may take into consideration your experiences in working with children to date. This may be through your own practice, observing the practice of others, or by considering team discussion or supervision that you have been a part of. Alternatively, these reflections may explore your learning and understanding, and demonstrate an illustration of your thinking in how to adopt these values moving forwards.

The areas considered in the PPD are important to your day-to-day practice in working with children. It is advisable to begin to consider how these areas

affect clinical practice in services from the outset of this program. It is intended that these values form the heart of your practice and become thoroughly embedded within your practice. Although a formative piece if work, in order to be marked as an overall pass, all areas must be passed.

Outcome 1

Child and young person-centred practice is a key feature of Low Intensity CBT working. Consider ways in which you could adapt your sessions to balance power within your work as a CWP.

EVIDENCE

Provide a summary of no more than 400 words to demonstrate how you have achieved this outcome

Outcome 2

Consider the importance of working within the remit of the CWP role. Outline examples of when you would refer to other agencies or colleagues, to best meet the needs of a young person.

EVIDENCE

Provide a summary of no more than 400 words to demonstrate how you have achieved this outcome.

Outcome 3

Demonstrate an ability to reflect upon one strength and one area of development in relation to your knowledge and/or experience of working with children and young people from diverse backgrounds.

EVIDENCE

For one strength and one weakness use the Rolfe et al., (2001) model of reflection to demonstrate the above outcome. Each reflection should be no more than 400 words (800 words in total).

Professional Practice Document (PPD) marking form

Student Number:

Outcome	Guidance	Comments	Satisfactory/ Has learning edges
Outcome 1 – **Child and Young Person-centred practice is a key feature of Low Intensity CBT working. Consider ways in which you could adapt your sessions to balance power within your work as a CWP.**	This outcome should cite key literature to illustrate the value and importance of this outcome. Reference to the CYP mental health principles is recommended. You may wish to reflect upon previous experience in this area if relevant. Description of how understanding will lead to future adaption of practice must be included.		
Outcome 2 – **Consider the importance of working within the remit of the CWP role. Outline examples of when you would refer to other agencies or colleagues, to best meet the needs of a young person.**	This outcome should cite literature to illustrate the value and importance of working within a model of stepped care. You may wish to reflect upon previous experience in this area if relevant. Consideration of the remit and boundaries of the CWP role must be considered, as well as clear examples of when signposting or onward referral would be appropriate.		

Outcome 3 - **Demonstrate an ability to evaluate one strengths and one area of development in relation to your knowledge and/or experience of working with children and young people from diverse backgrounds.**	This outcome should identify one specific areas of strength and one specific area for future development, in relation to working with CYP from diverse backgrounds. This can be based upon previous experience, or can be hypothetical in nature *'I believe one of my strengths will be…'* The Rolfe et al., (2001) model of reflection must be used and SMART goals included within the 'So What?' section to support future development. 400 words are allocated to the strength and a further 400 words for the area of development (800 total).		
OVERALL	**Note: All areas of the PPD must be passed for the portfolio to receive a satisfactory rating overall**		
COMMENTS:			

Module 1 – Summative Exam

Assignment Brief - Module 1 Summative Exam

Module code and title:	PYCM079/ PYC3022 Context and Values	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M1: Exam (1 hour)	**Assessment weighting:**	Summative: 100%
Submission time and date:	25/03/2024	**Target feedback time and date:**	22/04/2024

Assignment task
This is one hour, written examination is made up of five short answer questions each awarded up to 12 marks (60 total). There is a 650 word limit per question. The purpose of this examination is to assess trainees understanding of the key context and values underpinning the CWP role, and to ensure trainees possess the necessary knowledge, attitude and competence to operate effectively in an inclusive values driven service.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
7.	Understand the CYP services context, principles and policy – local and national.
8.	Understand and effectively convey the core CYP mental health principles.
9.	Engage and involve children, young people and parents/caregivers in a way that maximises their collaboration and engagement in mental health services and related settings and contexts.
10.	Commit to a non-discriminatory, recovery-orientated values base to mental health care and to equal opportunities for all, and encourage children and young peoples' active participation in every aspect of care and treatment.

11.	Use effectively case management and clinical skills supervision to enhance clinical work.
12.	Use of routine outcome measures to support outcomes informed clinical practice.

How your work will be assessed
Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against the exam answers. • If you are on the **PostGraduate Diploma (Level 7)** an overall average grade of **50%** is required to pass this submission If you are on the **Graduate Diploma (Level 6)**, an overall average grade of **40%** is required to pass this submission.

For Postgraduate Diploma students this assignment will be marked according to the grading descriptors for Level 7:

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Poor Fail			Very Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

For Graduate Diploma students this assignment will be marked according to the grading descriptors for Level 6:

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Links to further guidance:
ELE: • Example Exam • Mark sheet • Guidance document Guidance for open book exams can be found here: Open-book_exams_Dec21.pdf (exeter.ac.uk) Further support regarding Exams can be sought from the Study Zone Exams and assessments | Study Zone | University of Exeter

Trouble shooting/ key reminders
• Covers Module 1 content only. • You won't be marked negatively for not including references, but evidence of wider reading beyond lecture content will help to achieve higher marks. • Read each question carefully, what is it asking you to do e.g. explain, describe, compare & contrast etc. • Look at the number of marks attached to help you manage timings for example, as a rough guide 10 marks = ten minutes. • Exam scripts will be put through Turnitin. You must not copy and paste from notes/online sources. • Arrange ILP's as soon as possible.

SHORT ANSWER EXAMINATION

You will have one written examination of 60 minutes during the programme, held under examination conditions. This exam will be summative i.e. the marks will contribute directly to the attainment of the module. The exam will involve short **5** answer questions each awarded up to **12** marks. **There is a 650 word limit per question.** The exam may take place online or in person, depending on current university guidelines.

Please see ELE for an example exam. Please note suggested answers cannot be provided due to the limited pool of questions for this examination.

Guidance on how to approach on online, open book exam can be found here: Open-book_exams_Dec21.pdf (exeter.ac.uk)

Further support regarding Exams can be sought from the Study Zone Exams and assessments | Study Zone | University of Exeter

Module 2 & 3– Clinical competency recordings

MODULE 2 & 3 CLINICAL SKILLS COMPETENCY ASSESSMENT (VIDEO RECORDING)

You are required to submit four clinical video recordings over the course of the programme (two formative and two summative). Two of these (one formative and one summative) will be on an Assessment session for module 2, the other two (one formative and one summative) will be on an intervention session for module 3. Please note that you need to submit a recording of a different case between Module 2 and Module 3, i.e. **your Module 2 summative tape must be a session with a different CYP to your Module 3 summative tape.**

Tape 1:	(Formative) Assessment session, any presentation
Tape 2:	(Summative) Assessment session, any presentation
Tape 3:	(Formative) Intervention session, anxiety or low mood
Tape 4:	(Summative) Intervention session, anxiety or low mood

Key information:

- All clinical recordings and reflective commentaries must be submitted by the deadline (unless mitigated). Appropriate consent form(s) should be included.
- The CYP must be aged 18 or younger.
- It is **essential** that you obtain written and verbal consent from the CYP and caregivers (where appropriate) for the clinical recording to be used for assessment/supervision purposes. **Submissions without the CYP's verbal consent to record within the session introduction, will be automatically failed (0%) and not marked.**
- All clinical recording must be clearly audible, for summative submissions the CYP, practitioner and any other carers/professionals must be **visible throughout (e.g. can see faces)**, so interpersonal skills can be fully assessed.

If either the young person or carers/professionals present are considered by the marker to have been not sufficiently in view, this submission will receive an auto-fail of the assessment overall (0%).

- **To avoid auto failure, the recording must be of a continuous session and not paused, edited or cropped in any way.** If the CYP leaves the room e.g. to use the bathroom, marking time will be added to the end of the session, as long as the session does not continue with any caregivers in the room. The recording must be left running without a stop or pause.
- Trainees must achieve an overall mark of 50% to pass clinical competency assessments, whether on the Post Grad or Graduate programme.
- **If the assessment of safety is missing/fails, the submission will auto fail with a maximum mark of 49% awarded.**
- Marking will stop at 60mins for Assessment (Mod 2) and 45mins for intervention (Mod 3). Any content after this cannot be awarded credit.
- Any ILP's that give trainees additional time e.g. for exams, do not apply to clinical competency recordings.
- The associated reflective commentary must be based upon the clinical recording you submit.

Confidentiality breaches on clinical recordings:

Please note that whilst routine CYP personal information can be included within the clinical recordings e.g. full name, age, school details. **To avoid breaching confidentiality in line with GDPR guidance, the inclusion of the CYP's full home address, NHS number or GP details, without explicit additional consent will result in a confidentiality breach auto fail (0%).** The recording would then be deleted from all University systems.

Recording Equipment

All services should provide trainees with video recording equipment. It is strongly recommend that when clinical sessions are taking place notices are put on the door which clearly state '*No entry, this a confidential session with recording in progress. If you enter this room you may be captured as part of the clinical recording'*

Marking Criteria for Clinical Competency Video Tapes:

Assessment Session Marking Criteria:

This is a competency assessment in undertaking a patient-centered LICBT assessment. The purpose of the assessment is to ensure that a *minimum* level of clinical competency is demonstrated; that would enable safe and effective clinical practice. It is vitally important that practitioners can assess competently. Practitioners should gather sufficient information using the funnelling process to be able to come to an accurate probable diagnosis or shared understanding; give relevant information to the CYP and family; and enable them to make an informed decision about treatment options. **If safety is not assessed in the assessment process, it will incur an immediate fail**. To pass the competency assessment a minimum percentage of 50% must be achieved overall. Editing of the video will result in an immediate fail.

Consent

Written consent forms will need to be uploaded alongside the clinical recording and cover sheet – if written consent has not been gained then we will not be able to mark your work. The CYP's verbal consent to record must also be stated on the recording itself. **University consent forms must be used and cannot be replaced by any service/work place consent forms when submitting.**

Consent forms for CYP, parents/caregivers and other professionals can be found in this handbook and are available on ELE in course documents. The form and number of forms that you use will depend upon who is attending the session, with potentially all 3 forms being used in one session (though the norm will be one). As a rule of thumb, for children under 13 **years old,** a parent**/caregiver** only form can be used**. Children** 13 **years old** and over should be asked to sign **the CYP consent form, as well as** any **caregivers/other** professionals **present on the recording**.

Please note for submissions that require a consent form, the consent form must also be submitted by the submission deadline. If you are not able to submit the consent form with the tape, trainees are advised to submit a mitigation request, if you have grounds to do so. The consent form is part of the submission and marking teams cannot mark without this.

If the person from whom you are seeking consent is unable to provide an **electronic signature** and instead uses **a typed signature** on the consent form, we require an accompanying consent email from the CYP/caregiver(s) to confirm they have signed the forms and level of consent given. This can be sent to the admin team on cwp-emhp@exeter.ac.uk. Alternatively hard copies can be sent to CYP and returned when signed. To facilitate this process, we have drafted emails to each group that

you may wish to use when working remotely and requesting consent from someone who does not have an electronic signature:

FOR CYP:

Dear CWP Team,

I confirm that I, ….. [please insert name], have been informed about consent for recording and have read the information on the consent form, provided by ….. [please insert therapist name].

I confirm that I give consent for our sessions to be audio/video recorded [delete as appropriate]. I consent to the recordings to be used for supervision and assignment purposes / supervision, assignment and teaching [delete as appropriate], and that I can withdraw consent at any time.

Best wishes [insert name]

FOR PARENTS/CAREGIVERS:

Dear CWP Team,

I confirm that I, ….. [please insert name], have been informed about consent for recording and have read the information on the consent form, provided by ….. [please insert therapist name].

I confirm that I give consent for my child/my family's sessions to be audio/video recorded [delete as appropriate]. I consent to the recordings to be used for supervision and assignment purposes / supervision, assignment and teaching [delete as appropriate], and that I can withdraw my consent at any time.

Best wishes [insert name]

FOR PROFESSIONALS

Dear CWP Team,

I confirm that I, ….. [please insert name], have been informed about consent for recording and have read the information on the consent form, provided by ….. [please insert therapist name].

I confirm that I give consent for sessions where I am present to be audio/video recorded [delete as appropriate]. I consent to the recordings to be used for

supervision and assignment purposes / supervision, assignment and teaching [delete as appropriate], and that I can withdraw my consent at any time.

Best wishes [insert name]

COVER SHEET FOR SUBMISSION OF FORMATIVE / SUMMATIVE CLINICAL SKILLS COMPETENCY ASSESSMENT VIDEO RECORDING

Formative / Summative (highlight)

Module 2 3 (highlight)

Name:

Date:

Session number:

Client's Goal(s)

Identified Problem(s):

Additional Comments:

Are there any particular areas you would like feedback on?

"I certify that I have conducted this clinical work in line with appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP Standards of Conduct, Performance and Ethics] and/or workplace Policies, which have been strictly adhered to in terms of making the recording and seeking permission for use. A signed consent form is attached to demonstrate that the client has understood the reasons for and manner of this recording."

Signed: ……. Trainee Name:

Consent Form (Young Person)

Digital Video Recordings & Reflective Commentaries CYP training

Information

Your therapist/practitioner is doing some training which will make them even better at helping you. The course is taking place at the University of Exeter. We have to be sure your therapist/practitioner is working to the highest standards. Some of the courses we run are accredited by the by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Association of Family Therapy & Systemic Practice (AFT). Please ask your therapist/practitioner if you wish to know more about this.

One way the University does this is asking your therapist/practitioner to regularly record sessions using digital video, and to write "reflective commentaries". These are used for supervision and assessment. Recordings are securely stored on encrypted devices at all times. Video cameras or 'tablets'/lap-tops may be used to make this recording – you can ask to be recorded from behind if you do not want your face to be seen.

Supervision means meeting with small groups of other therapists/practitioners doing the same sort of work. Another more senior therapist/practitioner discusses what your therapist/practitioner is doing. Sometimes they will look at recordings of sessions to do this and give feedback and advice to your therapist/practitioner, on how to fine-tune and develop their skills. Sometimes your therapist/practitioner will meet just with their supervisor one to one to get feedback and advice about making sure their work is as good as it can be. Some recordings of sessions are used by the University for assessment.

"Reflective Commentaries" describes written work which include some details of the work you are involved in, so we can make sure your therapist/practitioner is doing this well and can get even better at it. Personal details that could identify you will be removed from commentaries – for example names will be changed. Anyone seeing the reflective commentaries or recordings will keep the contents confidential. If you want, your therapist/practitioner will talk to you about the commentary and how it was written up to make you aware of the contents. Recordings and reflective commentaries will be stored separately under secure conditions for six years after your therapist/practitioner has graduated.

You can take away your consent at any time if you want without giving a reason. You may feel really uncomfortable during a session, for example, or feel there is something very private you do not want to share with others. Your work will not be negatively affected in any way if you decide to do this. If you take away your consent after a recording or commentary has been handed in for assessment, then it will have to be kept by the University for the normal length of time but will not be used for anything other than assessing your therapist/practitioner.

Please read the statements below and sign for each one you agree with and add the date.

Consent for digital video recordings

I understand that my therapist/practitioner is currently undertaking specialist graduate/post-graduate training at the University of Exeter and as part of this training, his/her supervisors and/or course tutors will view recordings of therapy.

I am happy for my sessions to be digitally video recorded and for the recordings to be used for supervision and to be submitted to the course tutors for assessment purposes.

I understand that I can take away my consent at any time, up to the point that recordings are handed in, without giving a reason and that this will not negatively affect my legal rights or the work I am engaged in. If I take away consent after the recording is handed in, it will be kept by the University for six years after your therapist/practitioner has graduated, but will not be used for other training reasons.

I agree to the use of my recordings in the ways described above in this consent form.

Signed Child/Young Person: _____ Date: _____

Signed Therapist/Practitioner: _____ Date: _____

Extra consent for teaching

It is very helpful sometimes to use real life examples of therapy sessions for training other therapists/practitioners. The contents of any sessions shared in this way would be kept confidential.

I am happy for recordings of my sessions to be used for teaching at the University.

I understand that I can take away my consent for this specific purpose at any time without giving a reason and that this will not negatively affect in any way the work I am engaged in.

Signed Child/Young Person: _____ Date: _____

Signed Therapist/Practitioner_____ Date: _____

All recordings will be stored in accordance with the Data Protection Act (DPA), 2018

<u>Consent for Reflective Commentaries</u>

I understand that my therapist/practitioner is currently undertaking specialist graduate/post-graduate training at the University of Exeter, and that as part of this training they must hand in written reflective commentaries of some of their work for assessment and training, and that these commentaries will be looked at by staff and trainees of the training course attended by my therapist/practitioner.

I understand that although every attempt will be made to make details anonymous that could be used to identify me or my family, though it may be difficult to remove all identifiable information.

I understand that I can take away my consent at any time, up to the point that the commentary is handed in, without giving a reason and that this will not negatively affect my legal rights or the work I am engaged in. If I take away consent after the commentary is handed in, it will be kept as an assignment by the University for six years after your therapist/practitioner has graduated, but will not be used for other training reasons.

I confirm that my therapist/practitioner has given me all the information I need about the commentary. I have had the opportunity to read this information and think about it, ask questions and have these answered.

Signed Child/Young Person: _____ Date: _____

Signed Therapist/Practitioner_____ Date: _____

All written commentaries will be stored in accordance with the Data Protection Act (DPA), 2018

Copy to client Date: / / Copy for client file Date: / /

Therapist Statement

"I certify that I have conducted this clinical work in line with appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP/AFT/ BPS Standards of Conduct, Performance and Ethics/ AVIGuk values and beliefs] and workplace policies, which have been strictly adhered to in terms of making the recording and/or writing the reflective commentary and in seeking permission for their use. ***This signed consent form will accompany the recording or reflective commentary.***

I confirm that I have offered my client the opportunity to discuss the content of any reflective commentary and how it was presented"

Name of Therapist/practitioner: .....

Signed Therapist/Practitioner: ..... Date: .....

All written reports will be stored in accordance with the Data Protection Act (DPA), 2018

Copy to client Date: / / Copy for client file Date: / /

Consent Form (Parent/Carer)

Digital Video Recordings & Reflective Commentaries CYP Training

Information

You or your child's therapist/practitioner is currently part of a graduate or post-graduate training at the University of Exeter helping them become more highly skilled and effective at their job. The University has to be sure your or your child's therapist/practitioner is working to the highest standards. Some of the courses we run are accredited by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Association of Family Therapy & Systemic Practice (AFT). Your or your child's therapist/practitioner can tell you more about this if you wish.

One way the University does this is asking your or your child's therapist/practitioner to regularly record sessions using digital video, and to write "reflective commentaries". These are used for supervision and assessment. Recordings are securely stored on encrypted devices at all times. Video cameras or 'tablets'/lap-tops may be used to make this recording– you or your child can ask to be recorded from behind if this makes you or them feel more comfortable.

Supervision means meeting with small groups of other therapists/practitioners doing the same sort of work. Another more senior therapist/practitioner discusses what your or your child's therapist/practitioner is doing. Sometimes they will look at recordings to do this and will give feedback and advice to your or your child's therapist/practitioner on how to fine-tune and develop their skills. Sometimes your or your child's therapist/practitioner will meet just with their supervisor one to one to get feedback and advice about making sure their work is as good as it can be. Some recordings of sessions are used by the University for assessment.

"Reflective Commentaries" describes written work which include details of the work you and/or your child is engaged in so we can make sure the therapist/practitioner is doing this well and can get even better at it. Personal details that could identify you or your child will be removed from the commentary – for example names will be changed. Anyone seeing the reflective commentary or recordings will keep the contents confidential. If you want, your or your child's therapist/practitioner will talk to you about the commentary and how it was written up to make you aware of the contents. Recordings and reflective commentaries will be stored separately under secure conditions for six years after your or your child's therapist/practitioner has graduated.

You can take away your consent at any time if you want without giving a reason. The work you or your child is engaged in will not be negatively affected in any way if you decide to do this. If you take away your consent after a recording or commentary has been handed in for assessment, then it will have to be kept by the University for the normal length of time but will not be used for anything other than assessing your or your child's therapist/practitioner.

Please read the statements below and sign for each one you agree with and add the date.

Consent for digital video recordings

I understand that my/my child's therapist/practitioner is currently undertaking specialist graduate/post-graduate training at the University of Exeter and as part of this training, his/her supervisors and/or course tutors will view recordings of therapy.

I am happy for my/my child's/my family's sessions to be digitally video recorded and for the recordings to be used for supervision and to be submitted to the course tutors for assessment purposes.

I understand that I can take away my consent at any time, up to the point that recordings are handed in, without giving a reason and that this will not negatively affect my or my child's legal rights or the work me or my child is engaged in. If I take away consent after the recording is handed in, it will be kept by the University for six years after your therapist/practitioner has graduated, but will not be used for other training reasons.

I agree to the use of my/my child's recordings in the ways described above in this consent form.

Signed Parent/Carer: _____ Date: _____

Signed Therapist/Practitioner: _____ Date: _____

Extra consent for teaching

It is very helpful sometimes to use real life examples of sessions for training other therapists/practitioners. The contents of any sessions shared in this way would be kept confidential.

I am happy for recordings of my/my child's/my family's sessions to be used for teaching at the University.

I understand that I can take away my consent for this specific purpose at any time without giving a reason and that this will not negatively affect in any way the work me or my child is engaged in.

Signed Parent/Carer: _____ Date: _____

Signed Therapist/Practitioner_____ Date: _____

All recordings will be stored in accordance with the Data Protection Act (DPA), 2018.

<u>Consent for Reflective Commentaries</u>

I understand that my/my child's therapist/practitioner is currently undertaking specialist graduate/post-graduate training at the University of Exeter, and that as part of this training they must hand in written reflective commentaries of some of their work for assessment and training, and that these commentaries will be looked at by staff and trainees of the training course attended by my/my child's therapist/practitioner.

I understand that although every attempt will be made to make details anonymous that could be used to identify my child, me or my family, it may be difficult to remove all identifiable information.

I understand that I can take away my consent at any time, up to the point the commentary is handed in, without giving a reason and that this will not negatively affect my child's legal rights or the work me or my child is engaged in. If I take away consent after the commentary is handed in, it will be kept as an assignment by the University for six years after your therapist/practitioner has graduated, but will not be used for other training reasons.

I confirm that my /my child's therapist/practitioner has given me all the information I need about the commentary. I have had the opportunity to read this information and think about it, ask questions and have these answered.

Signed Parent/Carer: _____ Date: _____

Signed Therapist/Practitioner_____ Date: _____

All written commentaries will be stored in accordance with the Data Protection Act (DPA), 2018

Copy to client Date: / / Copy for client file Date: / /

Therapist Statement

"I certify that I have conducted this clinical work in line with appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP/AFT/ BPS Standards of Conduct, Performance and Ethics/ AVIGuk values and beliefs] and workplace policies, which have been strictly adhered to in terms of making the recording and/or writing the reflective commentary and in seeking permission for their use. ***This signed consent form will accompany the recording or reflective commentary.***

I confirm that I have offered my client the opportunity to discuss the content of any reflective commentary and how it was presented"

Name of Therapist/practitioner: .....

Signed Therapist/Practitioner: ..... Date: .....

Consent Form (Professionals)

Digital Video Recordings & Reflective Commentaries CYP training

Information

The therapist/practitioner working with the parent/ child or young person you support is currently part of a graduate or post-graduate training at the University of Exeter helping them become more highly skilled and effective at their job. The University has to be sure that therapists/practitioners are working to the highest standards. Some of the courses we run are accredited by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Association of Family Therapy & Systemic Practice (AFT) – the therapist/practitioner working with the young person or parent you support can tell you more about this if you wish.

One way the University does this is asking therapists/practitioners to regularly record their work using digital video, and to write "reflective commentaries". These are used for supervision and assessment. Recordings are securely stored on encrypted devices at all times.

Supervision means meeting with small groups of other therapists/practitioners doing the same sort of work. Another more senior therapist/practitioner discusses the work being done, and they will sometimes look at recordings to do this. They will give feedback and advice to the therapist/practitioner on how to fine-tune and develop their skills. Sometimes the therapist/practitioner will meet just with their supervisor one to one. They still get feedback and advice about making sure their work is as good as it can be. Some recordings of their work are used by the University for assessment.

"Reflective Commentaries" describes written work which include details of the work the young person or parent you support is engaged in so we can make sure the therapist/practitioner is doing this well and can get even better at it. Personal details that could identify you, the young person or parent you support will be removed from commentaries – for example names will be changed. Anyone seeing the commentaries or recordings will keep the contents confidential. If you want, the therapist/practitioner will talk to you about the commentary and how it was written up to make you aware of the contents without divulging any information the parent or young person wants to be kept confidential. Recordings and reflective commentaries will be stored separately under secure conditions for six years after the therapist/practitioner has graduated.

You can take away your consent at any time if you want without giving a reason. The work the young person or parent you support is engaged in will not be negatively affected in any way if you decide to do this. If you take away your consent after a recording or commentary has been handed in for assessment, then it will have to be kept by the University for the normal length of time but will not be used for anything other than assessing the therapist/practitioner.

Please read the statements below and sign for each one you agree with and add the date.

Consent for digital video recordings

I/We understand that the therapist/practitioner working with the parent or young person I/we support is currently undertaking specialist graduate/post-graduate training at the University of Exeter and as part of this training, his/her supervisors and/or course tutors will view recordings of therapy.

I/We am/are happy for the work I/we may be doing with the child/young person/parent I/we support to be digitally video recorded and for the recordings to be used for supervision and to be submitted to the course tutors for assessment purposes. I/We understand that I/we may also be present in some of these recordings.

I/We understand that I/we can take away my/our consent at any time, up to the point that recordings are handed in, without giving a reason and that this will not negatively affect the work being conducted. If I/we take away consent after the recording is handed in, it will be kept by the University for six years after your therapist/practitioner has graduated, but will not be used for other training reasons.

I/We agree to the use of recordings in the ways described above in this consent form.

Signed Professional: _____ *Date:* _____

Signed Professional: _____ *Date:* _____

Signed Therapist/Practitioner: _____ *Date:* _____

Extra consent for teaching

It is very helpful sometimes to use real life examples of therapy sessions for training other therapists/practitioners. The contents of any sessions shared in this way would be kept confidential.

I/We am/are happy for recordings of the work I/we may be doing with the young person/ parent, I/we support to be used for teaching at the University.

I/We understand that I/we can take away my/our consent for this specific purpose at any time without giving a reason and that this will not negatively affect in any way the work being conducted.

Signed Professional: _____ *Date:* _____

Signed Professional: _____ *Date:* _____

Signed Therapist/Practitioner: _____ *Date:* _____

All recordings will be stored in accordance with the Data Protection Act (DPA), 2018

Consent for Reflective Commentaries

I/We understand that the therapist/practitioner is currently undertaking specialist graduate/post-graduate training at the University of Exeter, and that as part of this training they must hand in written reflective commentaries of some of their work for assessment and training, and that these commentaries will be looked at by staff and trainees of the training course attended by the therapist/practitioner.

I/We understand that although every attempt will be made to make details anonymous that could be used to identify the parent/ young person I/we support or me/us, it may be difficult to remove all identifiable information.

I/We understand that I/we can take away my/our consent at any time, up to the point that the commentary is handed in, without giving a reason and that this will not negatively affect the parent or young person's I/we support legal rights or the work he/she is engaged in. If I/we take away consent after the commentary is handed in, it will be kept as an assignment by the University for six years after your therapist/practitioner has graduated, but will not be used for other training reasons.

I/We confirm that the therapist/practitioner has given me/us all the information I/we need about the commentary. I/we have had the opportunity to read this information and think about it, ask questions and have these answered.

Signed Professional: _____ Date: _____

Signed Professional: _____ Date: _____

Signed Therapist/Practitioner: _____ Date: _____

All written commentaries will be stored in accordance with the Data Protection Act (DPA), 2018

Copy to client Date: / / Copy for client file Date: / /

Therapist Statement

"I certify that I have conducted this clinical work in line with appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP/AFT/ BPS Standards of Conduct, Performance and Ethics/ AVIGuk values and beliefs] and workplace policies, which have been strictly adhered to in terms of making the recording and/or writing the reflective commentary and in seeking permission for their use. ***This signed consent form will accompany the recording or reflective commentary.***

I confirm that I have offered my client the opportunity to discuss the content of any reflective commentary and how it was presented"

Name of Therapist/Practitioner: .....

Signed Therapist/Practitioner: ..... Date: .....

Assignment Brief - Module 2 Clinical skills assessment tape

Module code and title:	PYCM080/ PYC3023 Engagement and Assessment	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M2: Clinical skills assessment tape (60 minutes)	**Assessment weighting:**	Formative: N/A Summative: 60%
Submission time and date:	Formative: 14/06/2024 Summative: 14/10/2024	**Target feedback time and date:**	Formative: 12/07/2024 Summative: 11/11/2024

Assignment task
This is a competency assessment in undertaking a low intensity CBT Assessment session. The purpose of the assessment is to ensure that a minimum level of clinical competency is demonstrated that would enable safe and effective clinical practice. An overall average grade of 50% is required to pass this submission. If the safety assessment is missing/fails, the submission will auto fail with a maximum mark of 49% awarded.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	To be able to assess and identify areas of difficulty (including risk) and establish main areas for change.
2	Establish and maintain a working therapeutic alliance & engage the child/young person/family to support them in self-management of recovery.
3	Identify and differentiate between common mental health problems in CYP.
4	Use Routine Outcome measures and standardized assessment tools effectively
5	Navigate & signpost to appropriate interventions

How your work will be assessed
Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against other key criteria, as defined in the LI-CBT assessment pro forma and mark scheme. Please note that for clinical submissions all students (Post Graduate or Graduate) will be marked against the following grade descriptors:

All students for this assignment will be marked according to the grading descriptors with a 50% overall pass mark:

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Very Poor Fail			Extremely Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Links to further guidance:
ELE: Assessment Pro forma • Example Crib sheet • Mark sheet • Cover sheet • Consent forms Padlet: • Clinical Tapes submission support (including videos) - CWP09 Module 2 - Assessment Tapes Submission support (padlet.com) Handbook: • Assignment guidance • Consent guidance • Marking guidelines • Mark sheet

Trouble shooting/ key reminders
• It is an essential requirement that the CYP's verbal consent to record the session is confirmed within the session introduction. **If verbal consent to record the session is missing, the submission will auto fail (0%) and not be marked.** • Marking stops at 60 minutes, anything beyond this will not be awarded credit. • Clinical assessment tapes can be with any aged CYP (18 and under), with any clinical presentation. • All clinical recording must be clearly audible, for **summative** submissions the CYP, practitioner and any other carers/professionals must be **visible** throughout (e.g. can **see faces**), so interpersonal skills can be fully assessed. **If either the young person or carers/professionals present are considered by** the **marker to have been not sufficiently in view, this submission will receive an auto-fail of the** assessment **overall (0%).** • To avoid auto failure, the recording must be of a continuous session and not paused, edited or cropped in any way. Please note that whilst routine CYP personal information can be included within the clinical recordings e.g. full name, age, school details. **To avoid breaching confidentiality in line with GDPR guidance, the inclusion of the CYP's full home address, NHS number or GP details, without explicit additional consent will result in a confidentiality breach auto fail (0%).**

LICBT assessment pro forma

Introductions

	Not demonstrated sufficiently to meet competency	**Some evidence of competency demonstrated** (the worker demonstrates partial or limited skill)	**Sufficient evidence of competency demonstrated**
Confirms consent to record	**No verbal consent will result in the auto failure of this submission.**	Confirms CYP verbal consent to record the session.	Confirms CYP verbal consent to record the session. Explains why they are recording and who will have access to it.
Practitioner introduces themselves by name	Does not introduce self.	States first or last name only; or gives additional information such as beginning to explain their role or the purpose without checking the CYPs name.	Clearly states full name, preferred name and pronouns.
Practitioner asks the CYPs full name and enquires about their preferred name	Fails to discover the CYPs name.	Finds out only part of the CYPs name; or does not check for a preferred name.	Finds out the CYPs full name, preferred name and pronouns.
The practitioner explains their role clearly including relevant expertise and being situated in a wider team	Practitioner does not state their role.	The practitioner is vague or provides a statement only, such as "I work here as a CWP" without providing clarification of their role, team or relevant expertise.	Full statement of role provided: "I am a trainee Educational Mental Health Practitioner or CWP for short. Have you heard of this role before? I have specific training to work with CYPs who are experiencing depression and anxiety (or feeling low or worried). I work as part of a wider team of practitioners who are also trained to work with these difficulties"
The practitioner explains terms of confidentiality	Practitioner does not explain confidentiality.	The practitioner is vague or provides a statement only, such as "if you tell me something	Full statement of confidentiality provided: "Everything we discuss today will be confidential" (checks CYPs

		concerning I might have to pass this on".	understanding of this term) Explains: "I have duty of care to pass on information if I feel that you are a risk to yourself, a risk to others or at risk from others. I will always let you know if I need to do so".
Describes purpose/agenda of the assessment	No purpose stated or agenda introduced.	Vague or unhelpful explanation e.g. "I'm going to be asking you lots of questions". Gives the young person no role in the agenda.	Full purpose stated which includes the collaborative nature of the assessment and helps the CYP understand their role within it as active. Introduces a clear and visual session agenda, asks if the CYP would like to add to this/help tick off items as you go.
Defines times scale	Time not stated.	Vague statement "We have a short time"	Explicitly stated "The session will take up to 1 hour, is that ok?"

Interpersonal skills

	Not demonstrated sufficiently to meet competency	**Some evidence of competency demonstrated** (the worker demonstrates partial or limited skill)	**Sufficient evidence of competency demonstrated**
Displays verbal empathy e.g. **"It sounds like this is very difficult/hard for you"**	Not demonstrated sufficiently (on less than 2 relevant occasions).	Limited use of verbal empathy (but more than two occasions) and/or opportunities missed or incongruent with non-verbal communication displayed; sympathy rather than empathy given.	Appropriate verbal empathy statements used throughout the session that are authentic; at appropriate times and congruent with non-verbal behaviour.
Displays engagement by non-verbal cues e.g. eye contact, posture, nods and facial expressions	Not demonstrated sufficiently.	Displays some or part of the time only; loses eye contact too often due to note taking etc.; does not display collaboration with posture sufficiently when giving information.	Appropriately demonstrated throughout the session at a sufficient level. Good eye contact and open body language.

Acknowledges the problem by using reflection e.g. "You've been feeling low for 2 years, is that right?"	Not demonstrated sufficiently.	Displays some or part of the time but misses opportunities.	Reflection used throughout the session to help check understanding and demonstrate active listening.
Acknowledges the problem by summarising e.g. "you have told me that your difficulties are…"	Not demonstrated sufficiently.	Displays some or part of the time but misses opportunities and/or does not ensure they have understood correctly the CYPs from their own point of view.	Uses summaries when appropriate e.g. at end of funnelling and safety assessment. Seeks CYP confirmation that they have understood correctly.
Creatively engages the CYP for appropriate developmental level	Not demonstrated sufficiently.	Some evidence but not fully demonstrated or missed opportunities	Demonstrates using creativity and adapting to the appropriate developmental level of the CYP. For example, use of body maps, thought bubbles, emoji boards.

Information gathering

	Not demonstrated sufficiently to meet competency	**Some evidence of competency demonstrated** (the worker demonstrates limited skill)	**Sufficient evidence of competency demonstrated**
Uses the four W's to help structure questions when gathering ABCE symptoms: • **What?** • **Where?** • **When?** • **With whom?**	Doesn't use the 4Ws consistently throughout the interview to gather information; or gathers less than two areas.	Uses the 4Ws at least twice for the general problem but misses opportunities to gather accurate information within funnelling around symptoms.	Uses at least three of the 4W's competently and weaves into funnelling around ABCE areas to clinch detail and gain a deeper understanding/variance of symptoms not just the overall problem e.g. where a symptom is better or worse.
Autonomic symptoms: Physical symptoms as a result of the presenting problem.	Does not directly ask about physical symptoms; or relies on CYP volunteered information only without finding out more.	Asks about physical symptoms at least once, but misses opportunities to follow up information or cues.	Funnels sufficiently around CYP's experience of physical symptoms, including clinching the finer detail by asking 4W and FIDO questions when appropriate.
Behavioural symptoms: **The ways in which the CYP has adapted what they do/have stopped doing as a result of their presenting problem.**	Does not directly ask about behaviours that have changed as a result of the presenting problem; or relies on CYP volunteered information only without finding out more.	Asks about behaviours at least once, but misses opportunities to follow up information or cues; or does not gather variance information.	Funnels sufficiently around changes in CYP behaviour, including things they are doing more of/less of; may be avoiding as a result of the problem; and what they do to manage their symptoms. As well as clinching finer detail through asking 4W and FIDO questions when appropriate.
Cognitive symptoms: **The thoughts the CYP experiences in specific situations as a result of their presenting problem.**	Does not directly ask about thoughts; or relies on CYP volunteered information only without finding out more.	Asks about thoughts at least once, but misses opportunities to follow up information or cues. Situation specific thoughts are missed, or only generic thoughts gathered.	Sufficiently gathers general and situational specific thoughts. The feared consequence is explored e.g. "What would happen if…" or "What are you worried about happening when…?" 4W and FIDO questions are used to clinch the finer details.

Emotional symptoms : **How the CYP feels as a result of their presenting problem e.g. sad, angry, frustrated.**	Does not directly ask about thoughts; or relies on CYP volunteered information only without finding out more.	Asks about emotional symptoms at least once, but misses opportunities to follow up information or cues.	Funnels sufficiently around changes in the CYPs emotions. Finer details are clinched though asking 4W and FIDO questions.
Triggers: **What triggers CYP symptoms on a day to day basis – not the initial onset of the presenting problem.**	Does not specifically ask about triggers or makes assumptions.	Specifically asks about triggers but does not summarise any already gathered.	Specifically asks about triggers to the presenting problem on a day to day basis, reflecting and clarifying any triggers already gathered.

Determines the impact (consequences) of the presenting problem on specific areas of the CYP's lifestyle. • **Home life** • **Education** • **Social life** **Hobbies/interests**	Does not gather impact or gathers new or repeated behaviours instead of consequences of the presenting problem in that area.	Gathers some of the impact in this area; but not all or asks vaguely; gathers new behaviours rather than the consequences of the presenting problem in that area.	Gathers the full impact upon each lifestyle area and accurately gathers the consequence of the problem e.g. "so you told me you are falling behind at school; what is happening because of this?" (e.g. getting told off by teachers or getting worse grades)
Routine Outcome Measures (ROMs) **ROMs competed in line with the minimum data set. A rationale provided for their use, and scores reviewed.**	ROMs not completed.	ROMs completed but not reviewed.	All ROMs competed. A clear rationale for use of these as an additional clinical tool is provided. Some scores are collaboratively reviewed to check if they align with information gathered. Further funnelling evidenced for any new information.

Other information

Only moved onto when a clear understanding of presenting difficulties is established and summarised.

Initial onset of the current episode	No information gathered	Some information gathered but not to sufficient depth	Clearly enquires and sufficiently funnels to gather relevant information
Asks why seeking help	No information	Some information	Clearly enquires and sufficiently

now	gathered	gathered but not to sufficient depth	funnels to gather relevant information
Enquires about any previous episodes, the duration and what eventually made it better	No information gathered	Some information gathered but not to sufficient depth	Clearly enquires and sufficiently funnels to gather relevant information
Asks about any previous mental health treatment/support.	No information gathered	Some information gathered but not to sufficient depth	Clearly enquires and sufficiently funnels to gather relevant information
Asks about any prescribed medication.	No information gathered	Some information gathered but not to sufficient depth.	If medication for CYP mood has been prescribed, funnel around what it is, dosage and effect. No information/advice should be given here, always signpost to GP.
Age-appropriate enquiry about use of alcohol and illicit drug use.	No information gathered	Some information gathered but not to sufficient depth.	Funnels as appropriate, including ascertaining any change as a result of the presenting problem. It may be appropriate to give information about interaction with mood, and check for parental awareness if appropriate.

Assessment of safety – **This section must be passed or the assessment auto fails**

Safety Assessment:	Does not undertake safety assessment or assessment is not adequately conducted to ensure CYP safety, e.g. areas missed, cues not followed or CYP safety not ascertained through funnelling when appropriate. Apologises or euphemises when asking the questions.	Safety assessment undertaken with some competency demonstrated e.g. does not use a bridging statement, does not fully summarise at the end, safety assessment is applied in a dogmatic style and/or without common factor skills or poorly phrased/leading questions.	A bridging statement is used to introduce this section. A comprehensive safety assessment is undertaken with all areas fully covered; CYP cues are followed and appropriately funnelled as necessary. CYP safety is ascertained. A full summary of safety appropriate to the level of the CYP is given at the end.

Suicide current thoughts, plans, actions, protective factors	No information gathered.	Some information gathered but could be funnelled around further.	Clear, separate and non-leading questions asked regarding thoughts, plans and actions. If risk present FIDO questions are used to assess level of risk present during the assessment.
Suicide past thoughts, plans, actions, protective factors	No information gathered.	Some information gathered but could be funnelled around further.	Clear, separate and non-leading questions asked regarding historic thoughts, plans and actions. If risk present FIDO questions are used to assess level of risk present during the assessment.
Self-harm current thoughts, plans, actions, protective factors	No information gathered.	Some information gathered but could be funnelled around further.	Clear, separate and non-leading questions asked regarding thoughts, plans and actions. If risk present FIDO questions are used to assess level of risk present during the assessment.
Self-harm past thoughts, plans, actions, protective factors	No information gathered.	Some information gathered but could be funnelled around further.	Clear, separate and non-leading questions asked regarding thoughts, plans and actions. If risk present FIDO questions are used to assess level of risk present during the assessment.
Protective Factors	No information gathered.	Some information gathered but could be funnelled around further.	Information gathered in relation to range of protective factors including relational factors, connectedness to others, hobbies, interests, positive activities, pets, places, linked to SMART goals problem Statement and future aspirations. A clear separate question used to explore the function of protective factors '*what is it about these protective actors which help you feel safe?'*

Impact **Friends** **Family** **School**	No information gathered.	Some information gathered in relation to the impact of peers, family and education on the young person's safety but could be funnelled around further.	Information relating to the impact of the young person's safety in their individual wider context specifically relating to their safety. '*Can you tell me about how safe you feel with your peers / family at school?*
Risk from others (vulnerability)	No information gathered.	Some information gathered but could be funnelled around further.	Sufficiently funnelled around who the CYP feels at risk from and why. Explored whether anything has happened, and who is aware.
Risk to others	No information gathered.	Some information gathered but could be funnelled around further.	Sufficiently funnelled around who the CYP may pose a risk to and why. Established whether anything happened and what were the consequences.
Self-care: - Sleep - Appetite - Hygiene	No information gathered.	Some information gathered but could be funnelled around further.	Sufficiently funnelled around any changes to sleep, appetite and hygiene. Information given if appropriate
Neglect from others: - Warmth - Food - Shelter	No information gathered.	Some information gathered but could be funnelled around further.	Sufficiently funnelled around any issues with access to warmth, food, shelter. Information given if appropriate
Social media use	No information gathered.	Some information gathered but could be funnelled around further.	Clear information gathered in relation to social media use and how safety is maintained in relation to this. 'Do you use any social media platforms? Can you tell how you keep yourself self when you use social media?' / 'What do you do to keep yourself self when using social media?'

	Not demonstrated sufficiently to meet competency	**Some evidence of competency demonstrated** (the worker demonstrates limited skill)	**Sufficient evidence of competency demonstrated**
Any caring responsibilities	No information gathered.	Some information gathered but could be funnelled around further.	Information gathered in relation to any caring responsibilities for siblings, parents, wider family members. *'Do you feel responsible for looking after anyone in your family or social groups?'*
Safety Summary	No safety summary.	Brief summary provided.	Full summary provided to check your understanding and offer the CYP another opportunity for disclosure
If current risk present - Safety plan must be Discussed, Completed, reviewed	No information given or safety plan completed or reviewed.	Safety plan discussed but further information could be given to personalise this to the young person's needs and context	Information given in relation to the ability to collaboratively complete a safety plan if necessary, including the rationale and content e.g. **recognising warning signs, list coping strategies, inclusion of friends family, contact details for mental health services and resources to support safety, and limiting access to methods of self-harm and suicide.** Where safety plan is required, this is collaboratively completed or reviewed to meet the personalised needs of YP.

Information giving and shared decision making

Problem statement: **A collaborative problem statement is created using summaries of information gathered; explaining the rationale for the statement and how it will be used/structured.**	Vague or absent problem statement; not in CYPs own words or practitioner imposed; does not provide a clear rationale or structure; does not offer choice in writing it; gathers new information within the problem statement rather than summarising back.	Explains the rationale but does not offer choice in completing it, or gathers some new information rather than summarising back information gathered; limited use of CYPs own words.	Explains the problem statement rationale sufficiently. Offers choice in who will write the statement; accurately summarises information gathered in the assessment and uses the CYPs own words in appropriate language.
Practitioner seeks CYPs view that problem statement is accurate and opportunity to revise it given.	Does not seek CYPs view of the statement as accurately summarising a baseline of their current difficulties.	Presents the statement but gives limited opportunity to revise and/or does not check that it accurately summarises a baseline of current difficulties.	Gives the CYP the opportunity to read back the statement/have the statement read back and checks that is gives an accurate baseline of their current difficulties; gives the opportunity to revise the statement.
Practitioner checks with the CYPs that this summarises the problem the CYP wishes to work on if they go onto treatment.	Does not check the statement provides a baseline summary of the problem they would wish to work on if they enter into treatment.	Imposes view that this is the problem they will work on in treatment.	Checks with the CYP that this forms a baseline of current difficulties that if they decide to move onto treatment would be the problem that they would like to work on.
Goals for treatment created collaboratively. Ensure these are SMART in nature: Specific, Measurable, Achievable, Realistic, Time limited	No goals created, or goals created on behalf of the CYP.	Broad goals created but they are not SMART in nature e.g. to worry less.	Rationale for goal setting provided. Ideally, three goals created in line with the SMART format. Asking questions such as, "What would you be doing if you were worrying less?" to support this process.
Practitioner uses a bridging statement to move onto information giving section.	Does not give the CYP information about moving onto information giving.	Is unclear or vague e.g. "we will move on to the next section now"	Gives the CYPs information about the next part of the assessment.
Introduces the ABC CBT model to the CYP and checks CYPs understanding of CBT, then fills any gaps in understanding.	Does not explain the maintenance cycle and/or how to break into this.	Explains the vicious circle but does not give examples and/or limited check of understanding, or explains this but a closed check of understanding taken e.g.	Explains the maintenance cycle of the ABCs vicious cycle and how this can be broken; checks CYPs understanding by asking the CYP to explain this back using their own example/inputting their own

		"does that make sense"	symptoms etc.
Accurate probable diagnosis given. If appropriate.	Gives a vague diagnosis e.g. "anxiety" or gives a wrong diagnosis e.g. gives diagnosis of panic disorder to a social phobia scenario that would initiate the wrong treatment being applied.	Gives a probable diagnosis but does not give this in a fully competent way or, does not offer time for the CYP to reflect upon this.	Gives an accurate probable diagnosis from the symptoms gathered within the assessment e.g. "from what we have discussed today and the symptoms you are experiencing, this is indicative of a moderate level of generalised anxiety disorder (GAD) for short). What do you know about GAD?
Checks CYP understanding of presenting condition and fills gaps in understanding/gives relevant normalising information.	Does not give accurate or relevant information about the condition.	Gives information about the condition without checking the CYPs existing knowledge; or without giving factually accurate normalising information.	Checks the CYPs understanding of the probable diagnosis; fills any gaps or clarifies any misunderstanding the CYPs may have; gives relevant information.
Asks the CYP if they would like to know about evidence based treatment delivery options.	Does not check before giving information.	Asks vaguely.	Clearly checks that the CYP would like to hear more about treatment options. Seeks preference for behavioural or cognitive interventions.
Provides practical information about guided self-help and role of homework tasks.	Does not explain LI-CBT approach.	Gives limited information about a LI-CBT approach and self-help support.	Gives clear information about role of guided self-help and homework tasks within this. States number of sessions available and who would be present.
Discusses relevant treatment delivery options (face to face, telephone, video conferencing)	Does not offer CYP choice in delivery method.	Offers vague choice but practitioner heavily guides this process.	Clearly discusses different treatment delivery methods and listens to CYP preferences.
Explores CYP's preference for caregiver involvement.	Does not check CYP's preference.	Asks vaguely.	Clearly checks CYPs preference for caregiver involvement.

Undertakes brief COM-B analysis. **•Capability** **•Opportunity** **•Motivation**	Does not explore any COM-B factors.	Vague/brief COM-B analysis.	Full COM-B analysis explored discreetly but fully to ensure all internal and external barriers identified to engaging in both chosen treatment method of delivery and treatment itself (i.e. motivation to engage in treatment).
Books an appointment to see the CYP again at a convenient time and offers choice in how they can be seen e.g. face to face or telephone (as appropriate to the condition)	Does not book another appointment or discuss next steps.	Books a follow up appointment but without checking the CYP wants to be seen again and/or does not explain next steps.	Books a follow up appointment, checking that the CYP wishes to do so and clearly explains next steps.

CRITERIA FOR COMPETENCY TAPE ASSESSMENT SESSION (MARKSHEET)

Module 2 ☐ Formative ☐ Summative ☐ PGCert / Dip ☐ GradCert / Dip **Programme Member:** **Mark:**	Distinction ☐ Merit ☐ Pass ☐ Fail ☐

This is a competency assessment in undertaking a low intensity CBT assessment. The purpose of the assessment is to ensure that a *minimum* level of clinical competency is demonstrated that would enable safe and effective clinical practice. It is vitally important that practitioners can assess competently. Practitioners should gather information, give relevant information to the patient about interventions, and enable them to make an informed decision about treatment options. To pass the competency assessment a minimum percentage of 50% must be achieved overall across the sections. **If risk assessment is not conducted, this will incur an immediate fail.**

Weighting	Section	Distinction 70% +	Merit 60 – 69%	Pass 50 – 59%	Fail 49% or below
10%	Introduction to the session	☐	☐	☐	☐
30%	Interpersonal Skills	☐	☐	☐	☐
30%	Information gathering	☐	☐	☐	☐
10%	Assessment of Safety	☐	☐	☐	☐
20%	Information giving and shared decision making	☐	☐	☐	☐

Introduction to the session
Consent to record seen on the recording YES ☐ NO ☐ (if no autofail submission) **General Comments:** **To Improve Further:** •
Interpersonal skills
General Comments: **To Improve Further:** •
Information gathering
General Comments: **To Improve Further:** •
Assessment of Safety
General Comments: **To Improve Further:** •
Information giving and shared decision making
General Comments: **To Improve Further:** •

If you are unclear on any feedback received, please do make an appointment to meet with your personal tutor to discuss this.

University of Exeter

Assignment Brief - Module 3 Clinical skills Intervention tape

Module code and title:	PYCM081/ PYC3024 Evidence based intervention	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M3: Clinical skills intervention tape (45 minutes)	**Assessment weighting:**	Formative: N/A Summative: 60%
Submission date:	Formative: 16/09/2024 Summative: 04/11/2024	**Target feedback date:**	Formative: 14/10/2024 Summative: 02/12/2024

Assignment task
This is a competency assessment in undertaking a low intensity CBT Intervention session. The purpose of the assessment is to ensure that a minimum level of clinical competency is demonstrated that would enable safe and effective clinical practice. An overall average grade of 50% is required to pass this submission. There Is no auto fail elements for intervention tape submissions.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	Deliver low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.
2	Demonstrate competency in maintaining a therapeutic alliance with CYP patients during their treatment programme, including dealing with issues and events that may threaten the alliance.

3	Use competently behaviour change models and strategies in the delivery of low-intensity interventions.
4	Evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols.
5	Plan competently a collaborative low-intensity psychological treatment programme for common mental health problems, including managing the ending of contact.

How your work will be assessed
Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against other key criteria, as defined in the LI-CBT intervention pro forma and mark scheme. Please note that for clinical submissions all students (Post Graduate or Graduate) will be marked against the following grade descriptors:

All students for this assignment will be marked according to the grading descriptors with a 50% overall pass mark:

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Very Poor Fail			Extremely Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Links to further guidance:

ELE:

- Intervention Pro forma
- Example Crib sheet
- Full assessment example – staff role-play
- Mark sheet
- Cover sheet
- University Consent forms

Padlet:

- Clinical Tapes submission support (including videos) - . CWP09 Module 3 Intervention submission support (padlet.com)

Handbook:

- Assignment guidance
- Consent guidance
- Marking guidelines
- Mark sheet

Trouble shooting/ key reminders

- Marking stops at 45 minutes, anything beyond this cannot be awarded credit.
- Your chosen invention tapes must be with a CYP (aged 18 or under), **not a parenting or parent led session.**
- Please avoid submitting a first intervention session with a CYP, as no marks can be awarded for a homework review.
- It is an essential requirement that the CYP's verbal consent to record the session is confirmed within the session introduction. **If verbal consent to record the session is missing, the submission will auto fail.**
- All clinical recording must be clearly audible, for **summative** submissions the CYP, practitioner and any other carers/professionals must be **visible** throughout (e.g. can **see faces**), so interpersonal skills can be fully assessed. **If either the young person or carers/professionals present are considered by** the **marker to have been not sufficiently in view, this submission will receive an auto-fail of the assessment overall (0%).**
- To avoid auto failure, the recording must be of a continuous session and **not paused, edited or cropped in any way.**
- Please note that whilst routine CYP personal information can be included within the clinical recordings e.g. full name, age, school details. **To avoid breaching confidentiality in line with GDPR guidance, the inclusion of the CYP's full home address, NHS number or GP details, without explicit additional consent will result in a confidentiality breach auto fail (0%).**

LICBT INTERVENTION PRO FORMA

Introduction:

	Not demonstrated sufficiently to meet competency	**Some evidence of competency demonstrated** (the worker demonstrates partial or limited skill)	**Sufficient evidence of competency demonstrated**
Consent to record	**No verbal consent will result in the auto failure of this submission**	Confirms CYP verbal consent to record the session.	Confirms CYP verbal consent to record the session. Explains why they are recording and who will have access to it.
Practitioner reintroduces themselves by name	Does not introduce self.	States name, role and the purpose without checking the CYP's understanding.	Clearly states own full name "*Just to remind you that my name is ….*" / checks if YP can remember their name.
Practitioner rechecks the CYP's full and preferred name	Fails to check the CYP's name or ascertains this later during the assessment.	Finds out only part of the CYP's name or uses this prior to verbally checking; or does not ascertain the preferred name.	Rechecks both CYP's full and preferred name.
Practitioner checks what the CYP remembers about their role (appropriate to the age of the CYP)	Practitioner does not state their role.	The practitioner is vague or provides a statement only, such as "*I work here as a CWP".*	Full statement of role re-provided after checking the CYP's understanding of this.
The practitioner checks what the CYP remembers about confidentiality	Practitioner does not state confidentiality.	The practitioner is vague or provides a statement such as *"if you tell me something concerning I might have to pass this on".*	Practitioner fully checks what CYP remembers about confidentiality and states the three conditions under which this is broken.
Introduces agenda for the session.	No purpose/agenda stated.	Tells the young person the agenda, doesn't mention which session number	Agenda discussed collaboratively, with CYP given the opportunity to

		they have reached.	add to this.
Defines times scale	Time not stated.	Vague statement *"We have a short time".*	Explicitly stated " *The session will take up to 45 minutes, is that ok?"*

Interpersonal skills

	Not demonstrated sufficiently to meet competency	**Some evidence of competency demonstrated**	(the worker demonstrates partial or limited skill)
Displays verbal empathy	Not demonstrated sufficiently (on less than 2 relevant occasions).	Limited use of verbal empathy (but more than two occasions) and/or opportunities missed or incongruent with non-verbal communication displayed; sympathy rather than empathy given.	Appropriate verbal empathy statements used throughout the session that are authentic; at appropriate times and congruent with non-verbal behaviour.
Displays engagement by non-verbal cues e.g. eye contact, posture, nods and facial expressions	Not demonstrated sufficiently.	Displays some or part of the time only; loses eye contact too often due to note taking etc.; does not display collaboration with posture sufficiently when giving information.	Appropriately demonstrated throughout the session at a sufficient level.
Acknowledges the problem by using reflection	Not demonstrated sufficiently.	Displays some or part of the time but misses opportunities.	Uses reflection throughout the session appropriately
Acknowledges the problem by summarising e.g. "you have told me that your difficulties are…"	Not demonstrated sufficiently.	Displays some or part of the time but misses opportunities and/or does not ensure they have understood correctly the CYP's view.	Uses summaries when appropriate throughout the session and seeks CYP confirmation that they have understood correctly.
Creatively engages the CYP for appropriate developmental level	Not demonstrated sufficiently.	Some evidence but not fully demonstrated or missed opportunities.	Demonstrates using creativity and adapting to the appropriate developmental level of the CYP.

Information Gathering

	Not demonstrated sufficiently to meet competency	Some evidence of competency demonstrated	Sufficient evidence of competency demonstrated
Reviews problem statement to check shared understanding of main presenting difficulty.	Problem statement not reviewed.	Reads back statement without offering CYP opportunity to read it/review it.	Gives CYP the opportunity to read this aloud. Encourages reflection in relation to any changes against this baseline measure. Funnels around any improvement/worsening of symptoms.
SMART goals are reviewed and progression scores on the GBO.	SMART goals not reviewed.	Checks superficially	CYP rates progression towards all three SMART goals. Funnels around any changes in a neutral and curious manner. Normalises how scores can go up or down.
Routine outcome Measures: **Rechecks patients understanding of measures and completes relevant questionnaires in line with the minim data set/CYP presentation.** **Reviews the CYP score in relation to previous weeks, perhaps with use of a graph.**	Does not complete measures; or poorly demonstrated e.g. gives wrong score or gives a score but does not explain what it means	CYP completes ROM's but with no rationale provided or review of scores.	Checks the CYP understanding of measures and why they are completed. All relevant ROM's are completed in line with the LI-CBT minim data set. Reflects upon scores in relation to previous weeks. Funnels around any significant changes.
CYP homework review **(Please avoid submitting an intervention session 1 as there will be no homework to review, and your skills in this area cannot be assessed).**	CYP homework not reviewed, or lack of homework completion not discussed.	Homework review is heavily practitioner led or, barriers to lack of homework completion not problem solved.	Checks CYP understanding of the homework task set. Asks to see worksheets and uses open questions such as '*Talk me through what happened'* to keep the review client centred. Reviews each task and funnels around how the CYP found the activity (before/during/after). If homework has not been completed, barriers are collaboratively problem solved.

Assessment of Safety

Safety Assessment:	Does not undertake safety assessment or assessment is not adequately conducted to ensure CYP safety.	Safety assessment area undertaken with some competency demonstrated	Safety assessment fully undertaken
Suicide current (thoughts, plans, actions, protective factors)	Changes in safety not assessed.	Does not separate questions into thoughts, plans and actions. Does not funnel around risk if disclosed.	Thoroughly and separately assesses any change in thoughts/plans/actions e.g. *last week you told me you were not having any suicidal thoughts, has this changed?*
Self-harm current (thoughts, plans, actions, protective factors)	Changes in safety not assessed.	Does not separate questions into thoughts, plans and actions. Does not funnel around risk if disclosed.	Thoroughly and separately assesses any change in thoughts/plans/actions e.g. *last week you told me you were not having any thoughts of self-harm, has this changed?*
Risk from others	Changes in safety not assessed.	Some brief exploration of risk if disclosed.	Sufficiently funnels around any changes in safety.
Risk to others	Changes in safety not assessed.	Some brief exploration of risk if disclosed.	Sufficiently funnels around any changes in safety.
Self-neglect (appetite, sleep, hygiene)	Changes in safety not assessed.	Some brief exploration of risk if disclosed.	Sufficiently funnels around any changes in safety.
Neglect from others: - - Warmth Food Shelter	Changes in safety not assessed	Some brief exploration of risk if disclosed.	Sufficiently funnels around any changes in safety.
Social media use	Changes in safety not assessed	Some brief exploration of risk if disclosed.	Sufficiently funnels around any changes in safety.
Any caring responsibilities	Changes in safety not assessed	Some brief exploration of risk if disclosed.	Sufficiently funnels around any changes in safety.
Safety Summary	No safety summary.	Brief summary provided.	Full summary provided to check your understanding and offer the CYP another opportunity for disclosure

If current risk present – a Safety plan should either be reviewed or created.	Current risk present and no safety plan reviewed or created.	Safety plan discussed but further information could be given to personalise this to the young person's needs and context.	Information given in relation to the ability to collaboratively complete a safety plan if necessary, including the rationale and content e.g. **recognising warning signs, list coping strategies, inclusion of friends family, contact details for mental health services and resources to support safety, and limiting access to methods of self-harm and suicide.** Where safety plan is required, this is collaboratively completed or reviewed to meet the personalised needs of YP.

Intervention

	Not demonstrated sufficiently to meet competency	**Some evidence of competency demonstrated**	**Sufficient evidence of competency demonstrated**
Checks CYPs feelings towards treatment. **Uses a bridging statement to link information gathering to information giving.**	Moves straight into information giving without checking they would like to continue or introducing this	Introduces section briefly	Fully gains an understanding of whether CYP wants to continue with the chosen LI-CBT intervention. Introduces new session content, explaining which number session has been reached.
Supports the CYP understanding of the maintenance cycle (ABCE) of their specific disorder.	Does not reintroduce maintenance cycle, or doesn't at any point check CYP understanding of how the intervention breaks the vicious cycle.	Doesn't use diagram to support CYP understanding of the vicious cycle. Gives a practitioner led explanation without checking the clients understanding beforehand.	Checks CYP understanding of the role specific thoughts/behaviours play in maintaining their difficulties e.g. avoidance, worry, reassurance seeking etc. fills in any gaps in their knowledge age appropriately.

Revisits key intervention rationale.	Does not check CYPs understanding of key intervention rationale e.g. NATS in CR, or the four conditions of Exposure.	Practitioner informs the CYP of key intervention rationale but does not check the CYP's understanding/is didactic in nature.	Explores how much the CYP can remember before filling in gaps in their knowledge. Ideally this should be collaborative and interactive with use of appropriate worksheets.
New intervention content introduced/skills practiced.	Does not introduce new intervention content. Does not follow evidenced based intervention materials.	Most areas are covered but superficially. Practitioner led and the clients understanding not checked.	Shows good understanding of evidenced based intervention materials and content. Information giving is collaborative and interactive. Examples are completed together in session before setting for homework e.g. planning a BE.

Shared Decision Making and Ending

A collaborative homework task is set in line with the evidenced based intervention materials.	No task is set for homework.	The practitioner sets a homework task on behalf of the CYP.	A collaborative homework task is set in line with the evidenced based intervention materials. A discussion is had around when this will be completed and whether they require any extra support.
Asks COM-B questions related to homework completion: **•Capability** **•Opportunity** **Motivation to engage in self-help process.**	No COM-B questions are asked.	Some very brief exploration regarding any potential barriers to the client's homework completion.	A thorough discussion is had regarding any barriers to homework completion. Discrete COM-B questions are used to assess the CYP's internal motivation/capability and external opportunity to complete the task set e.g. *do they need to be taken into town by a caregiver, need money to get a bus etc.*
Discusses delivery options with the CYP moving forward in future sessions (face to face, telephone, cCBT)	Does not check the CYP's preference.	Practitioner decides on behalf of the client, based on personal preference.	Clearly outlines delivery options and acknowledges the CYP preferences.

Rechecks CYP's wishes for caregiver involvement	Does not check out CYPs wishes.	Asks vaguely.	Clearly checks whether the CYP would like caregivers present.
Summarises session and Checks CYP understanding of the homework task and the plan for next session.	Does not summarise or check CYP understanding.	Only does one or the other.	Full session summary offered, the CYP's understanding of the homework task set is checked. The practitioner explains how this task will inform the next session.
Books an appointment to see the CYP again at a convenient time/location. **Session Feedback Questionnaire completed.**	Does not book another appointment	Books a follow up appointment but without checking the CYP wants to be seen again and/or does not offer a choice of time/location.	Books a follow up appointment, checking that the CYP wishes to and offers a choice of time/location.

CRITERIA FOR COMPETENCY TAPE INTERVENTION SESSION (MARKSHEET)

Module 3

☐ Formative

☐ Summative

Programme Member:

☐ PGCert / Dip

☐ GradCert / Dip

Mark:

Distinction ☐

Merit ☐

Pass ☐

Fail ☐

This is a competency assessment in undertaking a low intensity CBT intervention. The purpose of the assessment is to ensure that a *minimum* level of clinical competency is demonstrated that would enable safe and effective clinical practice. It is vitally important that practitioners can treat competently. To pass the competency assessment a minimum percentage of 50% must be achieved overall across the sections.

Weighting	Section	Distinction 70% +	Merit 60 – 69%	Pass 50 – 59%	Fail 49% or below
5%	Introduction to the session	☐	☐	☐	☐
15%	Interpersonal Skills	☐	☐	☐	☐
15%	Information gathering and feedback	☐	☐	☐	☐
10%	Shared decision making and collaboration	☐	☐	☐	☐
40%	Intervention	☐	☐	☐	☐
10%	Ending	☐	☐	☐	☐
5%	Assessment of Safety	☐	☐	☐	☐

Introduction to the session
Consent to record seen on the recording YES ☐ NO ☐ (if no autofail submission) **General Comments:** **To Improve Further:** •
Interpersonal skills
General Comments: **To Improve Further:** -
Information gathering and feedback
General Comments: **To Improve Further:** •
Shared decision making and collaboration
General Comments: **To Improve Further:**
Intervention
General Comments: **To Improve Further:** -

Ending
General Comments: **To Improve Further:** •
Assessment of safety
General Comments: **To Improve Further:**

If you are unclear on any feedback received, please do make an appointment to meet with your personal tutor to discuss this.

Module 2 & 3– Reflective Commentaries

Assignment Brief - Module 2 Reflective Commentary

Module code and title:	PYCM080/ PYC3023 Engagement and assessment	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M2: Reflective Commentary (1000 words)	**Assessment weighting:**	Formative: N/A Summative: 40%
Submission time and date:	Formative: 28/06/2024 Summative: 28/10/2024	**Target feedback time and date:**	Formative: 26/07/2024 Summative: 25/11/2024

Assignment task
The aim of this 1000 word, written reflective commentary is to support trainees in reflecting upon the strengths and weaknesses of their clinical work. Reflective practice is an essential skill that supports continued professional and clinical development. In total trainees will be required to submit four reflective commentaries of 1000 words (N.B marking will stop at 1000 words). ➢ Engagement and Assessment Module (Module 2) – with your formative and summative tapes ➢ Intervention Module (Module 3) – with your formative and summative tapes *Please note that each reflective commentary must be based on the tape that you submit*. *You cannot resubmit a formative assignment as a summative assignment as this is self-plagiarism*

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	Demonstrate an ability to reflect upon the strengths and weakness of your clinical practice to support ongoing learning and development.

2	Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with people with common mental health disorders.

How your work will be assessed
Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against other key criteria, as defined in the reflective commentary guidance document and mark scheme. • If you are on the **PostGraduate Diploma (Level 7)** an overall average grade of **50%** is required to pass this submission If you are on the **Graduate Diploma (Level 6)**, an overall average grade of **40%** is required to pass this submission.

For Postgraduate Diploma students this assignment will be marked according to the grading descriptors for Level 7:

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Very Poor Fail			Extremely Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

For Graduate Diploma students this assignment will be marked according to the grading descriptors for Level 6:

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Links to further guidance

ELE:

- Reflective Commentary writing guidance
- x2 example reflective commentaries plus marking feedback
- Mark sheet
- Cover sheet

Padlet:

- Reflective Commentary guidance padlet (recap videos): CWP09 Module 2&3 - Reflective Commentary support (padlet.com)

Handbook:

- Assignment guidance
- Cover sheet
- Mark sheet

Trouble shooting/ key reminders

- **Marking stops at exactly 1000 words**, anything beyond this cannot be awarded credit.
- Your reflective commentary must be based on the clinical tape that you submit.
- It is essential that no identifiable information in relation to the client or service is included. Please use a pseudonym backed up with a reference to relevant ethical practice guidance.
- Try to keep your chosen reflective focus as specific as possible, so you can reach the level of detail required (small focus, deep dive).
- Structure your commentary with use of a reflective model (e.g. Rolfe, Kolb, Gibbs) supported with a figure in text.
- Text located within the title, figures/tables, end of text reference list and any appendices **do not** contribute towards the overall word count.
- Word count guidance: Word Count Guidance - Generic IAPT handbooks and resources - Clinical Education Development and Research - University of Exeter
- Please ensure that all figures/tables are referred to within the main body of text e.g. (See figure 1).
- Please follow APA referencing and formatting guidance (see below).

Referencing requirements

Please reference your work according to the APA 7th edition referencing guidance.
You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library.
In line with APA formatting guidance, please ensure that your text is double spaced, pages numbered and paragraphs indented.

Assignment Brief - Module 3 Reflective Commentary

Module code and title:	PYCM081/ PYC3024 Evidence based intervention	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M3: Reflective Commentary (1000 words)	**Assessment weighting:**	Formative: N/A Summative: 40%
Submission date:	Formative: 30/09/2024 Summative: 18/11/2024	**Target feedback date:**	Formative: 28/10/2024 Summative: 16/12/2024

Assignment task
The aim of this 1000 word, written reflective commentary is to support trainees in reflecting upon the strengths and weaknesses of their clinical work. Reflective practice is an essential skill that supports continued professional and clinical development. In total trainees will be required to submit four reflective commentaries of 1000 words (N.B marking will stop at 1000 words). ➢ Engagement and Assessment Module (Module 2) – with your formative and summative tapes ➢ Intervention Module (Module 3) – with your formative and summative tapes *Please note that each reflective commentary must be based on the tape that you submit.* *You cannot resubmit a formative assignment as a summative assignment as this is self-plagiarism*

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	Demonstrate an ability to reflect upon the strengths and weakness of your clinical practice to support ongoing learning and development.

2	Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with people with common mental health disorders.

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against other key criteria, as defined in the reflective commentary guidance document and mark scheme.

- If you are on the **PostGraduate Diploma (Level 7)** an overall average grade of **50%** is required to pass this submission

If you are on the **Graduate Diploma (Level 6)**, an overall average grade of **40%** is required to pass this submission.

For Postgraduate Diploma students this assignment will be marked according to the grading descriptors for Level 7:

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Very Poor Fail			Extremely Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

For Graduate Diploma students this assignment will be marked according to the grading descriptors for Level 6:

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Links to further guidance

ELE: Reflective Commentary writing guidance

- Mark sheet

Reflective Commentary guidance padlet (recap videos): CWP09 Module 2&3 - Reflective Commentary support (padlet.com)

Handbook:

- Assignment guidance
- Mark sheet

Trouble shooting/ key reminders

- **Marking stops at exactly 1000 words**, anything beyond this cannot be awarded credit.
- Your reflective commentary must be based on the clinical tape that you submit.
- It is essential that no identifiable information in relation to the client or service is included. Please use a pseudonym backed up with a reference to relevant ethical practice guidance.
- Try to keep your chosen reflective focus as specific as possible, so you can reach the level of detail required (small focus, deep dive).
- Structure your commentary with use of a reflective model (e.g. Rolfe, Kolb, Gibbs) supported with a figure in text.
- Text located within the title, figures/tables, end of text reference list and any appendices **do not** contribute towards the overall word count.
- Word count guidance: Generic Programme Handbook | Improving Access to Psychological Therapies | University of Exeter
- Please ensure that all figures/tables are referred to within the main body of text e.g. (See figure 1).

Please follow APA referencing and formatting guidance (see below).

Referencing requirements

Please reference your work according to the APA 7th edition referencing guidance.

You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library.

In line with APA formatting guidance, please ensure that your text is double spaced, pages numbered and paragraphs indented.

Reflective Commentary Guidance

You will be required to submit four reflective summaries of 1000 words (N.B. marking will stop at 1000 words):

- Engagement and Assessment Module (Module 2) – with your formative and summative clinical competency tapes
- Intervention Module (Module 3) – with your formative and summative clinical competency tapes

Please note that the reflective commentary must be based on the tape that you submit.

The following guidance provides some suggestions in writing your Module 2 and Module 3 reflective commentaries, based on the marking criteria.

Introduction

- Identify a single, clear and specific reflective focus relevant to LI-CBT.
- How does this topic relate to the CYP mental health principles (Participation, Accessibility, Evidence based, Awareness or Accountability?)
- Consideration of your reflective process – how did you go about this? (Watch back the recording, wider reading, reflective log, and/or take any questions to supervision?)
- Consideration of ethical issues– use of a pseudonym to maintain client confidentiality (supported by a reference to relevant ethical practise guidance).
- Introduce your chosen reflective model (e.g. Rolfe, Kolb, Gibbs) supported with a figure in text.
- Consideration of why you have chosen this reflective model above others.
- Brief consideration as to the importance of regular reflective practice within your role.

Experience and Observation

- A description of a **specific** moment from the session, which links to the identified reflective focus. Supported by a brief transcript, located as a figure in text.
- Consideration of the client and practitioner's reaction to this moment.

- Inclusion of the practitioners descriptive formulation diagram (ABCE cycle) as a figure in text. What was the practitioner thinking, feeling, doing, notice in their body, during the interaction just described.
- Consideration of the client's hypothetical descriptive formulation diagram (ABCE cycle). How do you think the client was thinking, feeling, doing, notice in their body during the interaction just described?
- Use of Schon's (1983) 'in and on action' reflection to help consider different perspectives – Compare how they felt in the moment, to what they noticed when watching this interaction back. Was it more/less impactful that they initially thought? Why is that?
- Consideration of the *impact* of this moment upon the rest of the session.

Understanding and use of theory and critical analysis

- Inclusion of a breadth and range of literature from different sources.
- Literature used to explore importance of reflective topic within LI-CBT working.
- Literature used to explore/help to make sense of the interaction described – why did you respond the way you did?
- Clear theory to practice links.
- Literature used to explore understanding held or explore new understanding in relation to the reflective focus.
- Evidence of personal reflection upon experience. How do you understand yourself to have responded in this way? What was underpinning your feelings in the moment described?
- Critical evaluation of literature used – how strong was the methodology used?
- Exploration of debate within the literature to add depth and balance to critical analysis.
- Platform for personal and professional development.

Summary and implications

- Consideration of what you have learnt from this reflective process, about yourself and your chosen reflective topic.
- Consideration of how what you have learnt will impact upon your future work / role.
- Consideration of how this learning links to the identified CYP mental health principle.
- The inclusion of a SMART action plan, detailing how you plan to continue your personal and professional development in this area of focus.

Structure, style, spelling, grammar and typos

- *Remains formative if ILP related to this.
- Use of model to structure commentary.
- Maintained discrete defined focus (small focus, deep dive).
- Analytical use of literature applied to reflective topic as a common thread running throughout.
- Minimal errors in spelling and grammar.
- Figures and tables used to supplement the commentary, (clearly labelled and referred to within the main body of text) not as a word count strategy.
- Balance of word count supports development of depth.
- Double spacing and indenting paragraphs in line with APA formatting.
- CEDAR word count: https://cedar.exeter.ac.uk/iapt/iapt/marking/wordcount/

Referencing

- *ILP may mean feedback in this area is formative only
- APA referencing in text and in the reference list (7th edition).
- Reference list should start on a new page, be ordered alphabetically and presented in a hanging format.
- Range of references including research studies, as well as books.
- https://libguides.exeter.ac.uk/c.php?g=654150&p=4795413#s-lg-box-wrapper-17725280
- https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

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CRITERIA FOR REFLECTIVE COMMENTARY (POSTGRAD.)

Module:

☐ 2

☐ 3

☐ formative

☐ summative

Programme Member:

Mark:

Distinction ☐

Merit ☐

Pass ☐

Fail ☐

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Very Poor Fail			Extremely Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Weighting	Section	Distinction 70%+	Merit 60 – 69%	Pass 50 – 59%	Fail 49% or below
5%	Introduction of topic of reflection	☐	☐	☐	☐
20%	Experience and observation	☐	☐	☐	☐
35%	Understanding and use of theory, critical analysis	☐	☐	☐	☐
30%	Summary and implications	☐	☐	☐	☐
5%	Structure, style, spelling,	☐	☐	☐	☐

	grammar, typos				
5%	Referencing	☐	☐	☐	☐

Adheres to word limit?

Introduction of topic of reflection:
General Comments: **To Improve Further:** •
Experience and observation:
General Comments: **To Improve Further:** •
Understanding and use of theory, critical analysis:
General Comments: **To Improve Further:**
Summary and implications:
General Comments: **To Improve Further:** •

Structure, style, spelling, grammar, typos:
General Comments: **To Improve Further:** •
Referencing:

If you are unclear on any feedback received, please do make an appointment to meet with your personal tutor to discuss this.

University of Exeter

Criteria for Reflective Commentary (Grad.

Module:

☐ 2

☐ 3

☐ formative

☐ summative

Programme Member:

Mark:

Merit ☐

Pass ☐

Fail ☐

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Adheres to word limit?

Weighting	Section	Distinction 70%+	Merit 60 – 69%	Pass 40 – 59%	Fail 39% or below
5%	Introduction of topic of reflection	☐	☐	☐	☐
20%	Experience and observation	☐	☐	☐	☐
35%	Understanding and use of theory, critical analysis	☐	☐	☐	☐
30%	Summary and implications	☐	☐	☐	☐
5%	Structure, style, spelling, grammar, typos	☐	☐	☐	☐

5%	Referencing	☐	☐	☐	☐

Introduction of topic of reflection:
General Comments: **To Improve Further:** •
Experience and observation:
General Comments: **To Improve Further:**
Understanding and use of theory, critical analysis:
General Comments: **To Improve Further:**
Summary and implications:
General Comments: **To Improve Further:**
Structure, style, spelling, grammar, typos:
General Comments: **To Improve Further:**
Referencing:

If you are unclear on any feedback received, please do make an appointment to meet with your personal tutor to discuss this.

Process around Confidentiality breaches

Process around Client / Service Confidentiality Breaches Across CEDAR PGT Training Programmes

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:

Clinical recordings:

Please note that whilst routine CYP personal information can be included within the clinical recordings e.g. full name, age, school details. To avoid breaching confidentiality in line with GDPR guidance, the inclusion of the CYP's full home address, NHS number or GP details, without explicit additional consent will result in a confidentiality breach auto fail (0%). The recording would then be deleted from all University systems.

Reflective Commentaries:

1. In Reflective Commentaries there should be no identifiable information in relation to the client or service.
2. A minor breach in Reflective Commentaries, where confidentiality / anonymization has occurred and been acknowledged by the author, but then a minor mistake(s) gets pick 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 anonymization 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 any other resubmission criteria).

Clinical Portfolios:

1. In the clinical portfolio, the trainee, supervisor and the service can be identified but no identifiable information on clients should be included.
2. In Clinical Portfolios, if confidentiality breaches occur in relations 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.

Module 4

MODULE 4

For your Module 4 assignments, there is one formative and one summative assessment:

- Formative assessment (500 word brief)
- Summative Community Engagement planning, Narrated PowerPoint– 15mins

Formative assessment

Submit a 500 word brief on:

Why is equal access to LICBT support in community and primary care settings important? Explore which Children and Young People (CYP) are accessing LICBT support in your locality, and which groups may be currently underserved.

The feedback form you will receive from the course team is below, so you may wish to ensure these areas are addressed within your brief.

Formative 500 Word brief feedback form

Area for feedback	**Comments**	**Satisfactory/ Has Learning Edges**
Importance of equal access Consideration of the importance of reaching underserved CYP, within community and primary care settings.		
Use of literature and psychological knowledge		

Reference to relevant literature and theory to support discussion. Suggested link to the CYP mental Health principles.		
Identification of gaps Successful identification of which CYP are accessing LICBT support, and which groups may be currently underserved. Likely to vary by area.		
Reflection Consideration of how the trainee feels about bridging gaps to access, including any potential challenges.		
OVERALL If you are unclear on any feedback received, please do make an appointment to meet with your personal tutor to discuss this.		

Assignment Brief - Module 4: Formative 500 word brief (CWP09)

Module code and title:	PYCM136/ PYC3136	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M4: Formative brief (500 words)	**Assessment weighting:**	Formative: N/A
Submission time and date:	Formative: 22/04/2024	**Target feedback time and date:**	Formative: 20/05/2024

Assignment task
The aim of this 500 word, formative brief is to encourage reflection upon the importance of equal access to LICBT support within community and primary care settings. It provides trainees an opportunity to research which Children and Young People are accessing LICBT support in their locality, and to identify any underserved groups. Feedback from this submission aims to inform the summative 15min narrated PowerPoint presentation, where trainees will plan a piece of engagement work with an underserved community group.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	To equip the CWP with the necessary knowledge, attitude, and competence to operate effectively in an inclusive value driven CYP mental health and community context.
2	To possess the relevant knowledge and ability to assesses and engage mental health difficulties in the context of community MH and primary care environments in collaboration with CYP, their families and voluntary sector, primary care and social care staff.

3	Awareness of the range of voluntary sector organizations and civic institutions that communities use, especially those that access populations that access CAMHS (and possibly education) less
4	To acquire the skills to acquire knowledge to better understand the nature of the priorities of community groups, (e.g., networks, faith groups, self-help organisations)
5	Knowledge and awareness of associations between ethnicity, socio-economic factors, and health disparities
	Knowledge and awareness of patterns of access to CAMHS by populations with diverse heritage

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against the mark sheet.

This is a satisfactory/has learning edges **formative** submission, all four elements of the mark scheme need to be deemed satisfactory in order in pass the assignment. There is no requirement to re-sit as marks for this submission do not contribute towards your overall grade for this module.

Links to further guidance

ELE:

- Mark sheet
- Cover sheet

Padlet:

- 500 word brief guidance padlet: CWP09 Module 4 - Formative Assignment support (padlet.com)

Handbook:

- Assignment guidance
- Cover sheet
- Mark sheet

Trouble shooting/ key reminders

- **Marking stops at exactly 500 words**, anything beyond this cannot be awarded credit.
- Ideally, you should write this submission with support from your service data reports. If this is not possible, it is ok to use the anonymised regional reports created by the research and evaluation team.
- Text located within tittles/heading, figures/tables, end of text reference list and any appendices **do not** contribute towards the overall word count.
- Please ensure that any figures/tables are referred to within the main body of text e.g. (See figure 1).
- Please follow APA referencing and formatting guidance (see below).

Referencing requirements

Please reference your work according to the APA 7th edition referencing guidance.

You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library.

In line with APA formatting guidance, please ensure that your text is double spaced, pages numbered and paragraphs indented.

Summative Module 4 assessment

Submit a 15min narrated PowerPoint on:

Plan a piece of engagement work with an underserved group of CYP within a community/primary care setting. Consider the rational for identifying this group, how you plan to measure barriers to accessing LICBT support, reflection upon potential challenges and future action planning.

The feedback form you will receive from the course team is below, so you may wish to ensure these areas are addressed within your brief.

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Criteria for Module 4 (Postgrad.)

Module 4 – Summative

Programme Member:

Mark:

Distinction	☐
Merit	☐
Pass	☐
Fail	☐

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Very Poor Fail			Extremely Poor fail		Complete fail
PG Cert / Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Weighting	**Section**	**Distinction 70% +**	**Merit 60 – 69%**	**Pass 50 – 59%**	**Fail 49% or below**
25%	Rationale for planned engagement work with a community/primary care group or organisation	☐	☐	☐	☐
20%	Use of literature and psychological knowledge	☐	☐	☐	☐
20%	Measuring barriers to access	☐	☐	☐	☐
25%	Reflective considerations and action planning	☐	☐	☐	☐
10%	Delivery	☐	☐	☐	☐

Adheres to word limit? Yes/No

Rationale for planned engagement work with a community group
General comments: **To improve further:** •
Use of literature and psychological knowledge
General comments: **To improve further:** •
Measuring barriers to access
General comments: **To improve further:** • .
Reflective Considerations and action planning
General comments: **To improve further:** •
Delivery
General comments: **To improve further:** •

If you are unclear on any feedback received, please do make an appointment to meet with your personal tutor to discuss this.

University of Exeter

Criteria for Module 4 (Grad.)

Module 4 – Summative Programme Member: Mark:

Distinction	☐
Merit	☐
Pass	☐
Fail	☐

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Weighting	**Section**	**Distinction** **70% +**	**Merit** **60 – 69%**	**Pass** **40 – 59%**	**Fail** **39% or below**
25%	Rationale for planned engagement work with a community/primary care group or organisation	☐	☐	☐	☐
20%	Use of literature and psychological knowledge	☐	☐	☐	☐
20%	Measuring barriers to access	☐	☐	☐	☐
25%	Reflective considerations and action planning	☐	☐	☐	☐
10%	Delivery	☐	☐	☐	☐

Adheres to word limit? Yes/No

Rationale for planned engagement work with a community group
General comments: **To improve further:** •
Use of literature and psychological knowledge
General comments: **To improve further:**
Measuring barriers to access
General comments: **To improve further:** • .
Reflective Considerations and action planning
General comments: **To improve further:** •
Delivery
General comments: **To improve further:** •

University of Exeter

Assignment Brief - Module 4: Summative 15min Narrated PowerPoint (CWP09)

Module code and title:	PYCM136/ PYC3136	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M4: Summative 15min narrated PowerPoint	**Assessment weighting:**	Summative: 100%
Submission time and date:	09/12/2024	**Target feedback time and date:**	06/01/2025

Assignment task
The aim of this 15min narrated PowerPoint presentation is to plan a piece of engagement work with an underserved group of CYP within a community/primary care setting. Trainees are encouraged to consider the rational for identifying this group, how they plan to measure barriers to accessing LICBT support, reflect upon potential challenges/how they feel and discuss future action planning. Feedback from this submission aims to support the completion of this engagement work, post CWP qualification.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	To equip the CWP with the necessary knowledge, attitude, and competence to operate effectively in an inclusive value driven CYP mental health and community context.
2	To possess the relevant knowledge and ability to assesses and engage mental health difficulties in the context of community MH and primary care environments in collaboration with CYP, their families and voluntary sector, primary care and social care staff.
3	Awareness of the range of voluntary sector organizations and civic institutions that communities use, especially those that access populations that access CAMHS (and possibly education) less
4	To acquire the skills to acquire knowledge to better understand the nature of the priorities of community groups, (e.g., networks, faith groups, self-help organisations)
5	Knowledge and awareness of associations between ethnicity, socio-economic factors, and health disparities

6	Knowledge and awareness of patterns of access to CAMHS by populations with diverse heritage

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against the mark sheet.

- If you are on the **PostGraduate Diploma (Level 7)** an overall average grade of **50%** is required to pass this submission
- If you are on the **Graduate Diploma (Level 6)**, an overall average grade of **40%** is required to pass this submission.

For Postgraduate Diploma students this assignment will be marked according to the grading descriptors for Level 7:

100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	25	15	5	0
Outstanding		Exceptional			Excellent			Very Good	Good	Fairly Good	Competent	Fairly Competent	Adequate	Weak			Fail			Very Poor Fail	Extremely Poor Fail	Incompetent Fail	Complete Fail

For Graduate Diploma students this assignment will be marked according to the grading descriptors for Level 6:

100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	25	15	5	0
Outstanding		Exceptional			Excellent			Very Good	Good	Fairly Good	Competent	Fairly Competent	Adequate	Weak			Fail			Very Poor Fail	Extremely Poor Fail	Incompetent Fail	Complete Fail

Links to further guidance

ELE:

- Mark sheet

Padlet:

- 15min Narrated PowerPoint guidance padlet: CWP09 Module 4 - Summative Assignment support (padlet.com)

Handbook:

- Assignment guidance
- Mark sheet

Trouble shooting/ key reminders

- **Marking stops at exactly 15mins**, anything beyond this cannot be awarded credit.
- Please ensure your PowerPoint is voice narrated only to keep marking anonymous.
- Ensure to support your narrated PowerPoint with in text and end of text references.
- Consider the accessibility of your slides to support delivery.
- Try to talk around discussion points, avoiding too much text on each slide.
- Please follow APA referencing and formatting guidance (see below).

Referencing requirements

Please reference your work according to the APA 7th edition referencing guidance.

You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library.

In line with APA formatting guidance, please ensure that your text is double spaced, pages numbered and paragraphs indented.

Module 5:

MODULE 5

For your Module 5 assignments, there is one formative and one summative assessment:

- Formative assessment (500 word brief)
- Summative Narrated PowerPoint – 15mins

Formative assessment

Submit a 500 word brief:

CYP participation in mental health services is considered a legal right (Article 12, UN convention). Identify one model of participation and evaluate its strengths and limitations.

The feedback form you will receive from the course team is below, so it is recommended to ensure these areas are addressed within your brief.

Mod 5 formative feedback form:

Area for feedback	Comments	Satisfactory/ Has Learning Edges
Identification of participation model The brief should identify **one** model of participation to evaluate. Consider who created this model and how it may have been adapted overtime.		
Use of literature and psychological knowledge Reference to relevant participation literature and theory to support discussion.		
Evaluation of strengths and limitations Evidence-based evaluation of the strengths and limitations of your chosen participation model.		
Application to the CWP role Give one example of how this model could be used to support meaningful participation within your work as a CWP in community settings.		
OVERALL If you are unclear on any feedback received, please do make an appointment to meet with your personal tutor to discuss this.		

Assignment Brief - Module 5: Formative 500 word brief (CWP09)

Module code and title:	PYCM137/ PYC3137	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M4: Formative brief (500 words)	**Assessment weighting:**	Formative: N/A
Submission time and date:	Formative: 24/05/2024	**Target feedback time and date:**	Formative: 14/06/2024

Assignment task
The aim of this 500 word, formative brief is to encourage evaluation of one model of participation. It provides trainees an opportunity to consider the strengths and limitations, as well as how this model could be applied to support CYP participation in their role as a CWP. Feedback from this submission aims to inform the summative 15min narrated PowerPoint presentation, where trainees will evaluate the level of meaningful participation linked to the teaching teams 'service' role-play.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	To review, understand and support the development of participation of CYP and their families in community settings.
2	To critically evaluate the evidence for the effectiveness of participation as a vehicle to improve access and effectiveness of mental health support.
3	Summarise basic and essential factual and conceptual knowledge of the subject, and demonstrate a critical understanding of this knowledge

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against the mark sheet.

This is a satisfactory/has learning edges **formative** submission, all four elements of the mark scheme need to be deemed satisfactory in order in pass the assignment. There is no requirement to re-sit as marks for this submission do not contribute towards your overall grade for this module.

Links to further guidance

ELE:

- Mark sheet

Padlet:

- 500 word brief guidance padlet: CWP09 Module 5 - Formative Assignment support (padlet.com)

Handbook:

- Assignment guidance
- Mark sheet

Trouble shooting/ key reminders

- **Marking stops at exactly 500 words**, anything beyond this cannot be awarded credit.
- You only need to evaluate **one** model of participation.
- Text located within tittles/heading, figures/tables, end of text reference list and any appendices **do not** contribute towards the overall word count.
- Please ensure that any figures/tables are referred to within the main body of text e.g. (See figure 1).
- Please follow APA referencing and formatting guidance (see below).

Referencing requirements

Please reference your work according to the APA 7th edition referencing guidance.

You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library.

In line with APA formatting guidance, please ensure that your text is double spaced, pages numbered and paragraphs indented.

Module 5 Summative assessment

Submit a 15min narrated PowerPoint on:

Evaluate the extent of CYP participation at 'Midtown service'. Consider the current level, quality and impact of CYP participation, as well as making suggestions for further participation development.

The feedback form you will receive from the course team is below, so you may wish to ensure these areas are addressed within your brief.

University of Exeter

CRITERIA FOR MODULE 5 SUMMATIVE (POSTGRAD.)

Module 5 – Summative
Programme Member:
Mark:

Distinction	☐
Merit	☐
Pass	☐
Fail	☐

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Very Poor Fail			Extremely Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Weighting	**Section**	**Distinction** **70% +**	**Merit** **60 – 69%**	**Pass** **50 – 59%**	**Fail** **49% or below**
10%	Context of participation	☐	☐	☐	☐
20%	Use of literature and key theory	☐	☐	☐	☐
30%	Evaluation of 'service' participation approach	☐	☐	☐	☐
30%	Future considerations and action planning	☐	☐	☐	☐
10%	Delivery	☐	☐	☐	☐

Context of participation

General comments: **To improve further:** •
Use of literature and key theory
General comments: **To improve further:** •
Evaluation of 'service' participation approach
General comments: **To improve further:** • .
Further considerations and action planning
General comments: **To improve further:** •
Delivery
General comments: **To improve further:** •

University of Exeter

CRITERIA FOR MODULE 5 (GRAD.)

Module 5 – Summative Programme Member: Mark:

Distinction	☐
Merit	☐
Pass	☐
Fail	☐

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Weighting	**Section**	**Distinction** **70% +**	**Merit** **60 – 69%**	**Pass** **49 – 59%**	**Fail** **39% or below**
10%	Context of participation	☐	☐	☐	☐
20%	Use of literature and key theory	☐	☐	☐	☐
30%	Evaluation of 'service' participation approach	☐	☐	☐	☐
30%	Future considerations and action planning	☐	☐	☐	☐
10%	Delivery	☐	☐	☐	☐

Context of participation
General comments: **To improve further:** •
Use of literature and key theory
General comments: **To improve further:** •
Evaluation of 'service' participation approach
General comments: **To improve further:**
Further considerations and action planning
General comments: **To improve further:** •
Delivery
General comments: **To improve further:** •

Assignment Brief - Module 5: Summative Narrated PowerPoint (CWP09)

Module code and title:	PYCM137/ PYC3137	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M5: Summative Narrated PowerPoint	**Assessment weighting:**	Summative: 100%
Submission time and date:	Summative: 02/09/2024	**Target feedback time and date:**	Summative: 23/09/2024

Assignment task
The aim of this 15min narrated PowerPoint presentation is to evaluate the extent of CYP participation at 'Midtown service' (staff role-play 24/06/24). Trainees are encouraged to consider the current level, quality and impact of CYP participation, as well as making suggestions for further participation development. Feedback from this submission aims to support the completion of participation work, post CWP qualification.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	To review, understand and support the development of participation of CYP and their families in community settings.
2	To critically evaluate the evidence for the effectiveness of participation as a vehicle to improve access and effectiveness of mental health support.
3	Summarise basic and essential factual and conceptual knowledge of the subject, and demonstrate a critical understanding of this knowledge

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against the mark sheet.

- If you are on the **Post Graduate Diploma (Level 7)** an overall average grade of **50%** is required to pass this submission

  If you are on the **Graduate Diploma (Level 6)**, an overall average grade of **40%** is required to pass this submission.

For Postgraduate Diploma students this assignment will be marked according to the grading descriptors for Level 7:

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Poor Fail			Very Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

For Graduate Diploma students this assignment will be marked according to the grading descriptors for Level 6:

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Links to further guidance

ELE:

- Mark sheet
- Example submission

Padlet:

- Summative guidance padlet: CWP09 Module 5 - Summative Assignment support (padlet.com)

Handbook:

- Assignment guidance
- Mark sheet

Trouble shooting/ key reminders
- **Marking stops at exactly 15mins**, anything beyond this cannot be awarded credit. - Please ensure your PowerPoint is voice narrated only to keep marking anonymous. - Ensure to support your narrated PowerPoint with in text and end of text references. - Consider the accessibility of your slides to support delivery. - Try to talk around discussion points, avoiding too much text on each slide. - Please follow APA referencing and formatting guidance (see below).

Referencing requirements
Please reference your work according to the APA 7th edition referencing guidance. You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library. In line with APA formatting guidance, please ensure that your text is double spaced, pages numbered and paragraphs indented.

Module 6:

MODULE 6 ASSIGNMENTS

For your Module 6 assignments, there is one formative and one summative assessment:

- Formative assessment (500 word audit brief)
- Summative Intervention Narrated PowerPoint – 15mins

Formative assessment

Submit a 500 word brief on:

Plan a proposed piece of LICBT group work. Consider the topic, alignment with the evidence base, ways to support active engagement and the creation of a SMART action plan.

Area for feedback	Comments	Satisfactory/ Has Learning Edges
Planning of relevant group work The planed group work should be LICBT in focus, suitable for mild to moderate presentations and evidence-based. Brief consideration of the rationale behind the chosen group work should be outlined.	Module 6 group work should be based on ONE of the following four options: - Coping Cat group - Mind and Mood - Parenting group - PEG (Universal or targeted must be CYP focused) A brief rationale for chosen group work should be outlined. Try to move beyond '*my service asked me to deliver it'* and consider the benefits for CYP or parents.	
Use of literature and psychological knowledge Reference to relevant literature and theory to support discussion. Practical factors such as group size, number of sessions and location should be highlighted in line with the evidence base in this area.	Markers are looking to see links to key literature to support the planning of a proposed LICBT group. For example, DeLucia-Waack (2006) when considering group size, length and location. It would be good to see application of the literature to your role in service to support clear theory to practice links. Please note the focus is not around group content but planning for key factors such as, size, number of sessions and location.	
Supporting active engagement Consideration of age appropriate methods of engaging CYP or parents in a group setting. The brief should include one specific example of how you plan to achieve this.	It is important to include some considerations as to how you hope to support active engagement of all group members. The markers are looking to see one specific example outlined e.g. an activity that promotes inclusion.	
Action planning	In order to pass this section, it is important to see some	

The section should include some form of SMART goal/action plan to support ongoing development in this area. It would be beneficial to include practical suggestions as well as steps to support clinical development.	evidence of action planning/SMART goals to bring your brief to a close. It would be beneficial to include practical suggestions as well as steps to support clinical development. Consider including your action planning in a figure/table.	
OVERALL If you are unclear on any feedback received, please do make an appointment to meet with your personal tutor to discuss this.		

Assignment Brief - Module 6: Formative 500 word brief (CWP09)

Module code and title:	PYCM138/ PYC3138	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M6: Formative brief (500 words)	**Assessment weighting:**	Formative: N/A
Submission date:	Formative: 22/07/2024	**Target feedback date:**	Formative: 12/08/2024

Assignment task
The aim of this 500 word, formative brief is to encourage trainees to plan a piece of LICBT group work. The focus should be around practical considerations such as, topic, size, length, location and ways to support active engagement. The markers are looking to see evidence of a SMART goal or action plan to support ongoing group planning and clinical development. Module 6 group work should be based on ONE of the following four options: - Coping Cat group - Mind and Mood - Parenting group - PEG (Universal or targeted must be CYP focused) Feedback from this submission aims to inform the summative 15min narrated PowerPoint presentation, where trainees will evaluate a completed piece of group work and consider ways to develop their clinical skills further.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	To develop skills and knowledge to help parents / carers and children and young people anticipate and manage common problems and support those who are experiencing them.
2	Provide interventions to support and manage common problems in community and primary health care settings with a particular focus on how equality, diversity and inclusion and community considerations/adaptations apply to workshops and group work.

3	Summarise basic and essential factual and conceptual knowledge of the subject, and demonstrate a critical understanding of this knowledge

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against the mark sheet.

This is a satisfactory/has learning edges **formative** submission, all four elements of the mark scheme need to be deemed satisfactory in order in pass the assignment. There is no requirement to re-sit as marks for this submission do not contribute towards your overall grade for this module.

Links to further guidance

ELE:

- Mark sheet
- Example submission

Padlet:

- 500 word brief guidance padlet:

Handbook:

- Assignment guidance
- Mark sheet

Trouble shooting/ key reminders

- **Marking stops at exactly 500 words**, anything beyond this cannot be awarded credit.
- Please ensure that your proposed group is based on ONE of the following four options: Coping Cat group, Mind and Mood group, Parenting group, Psychoeducation group (PEG) (Universal or targeted but must be CYP in focus).
- Ideally, your planed LICBT group should link to the summative submission. However, this is not a requirement as the team understand that things can change linked to service and local need.
- Text located within tittles/heading, figures/tables, end of text reference list and any appendices **do not** contribute towards the overall word count.
- Please ensure that any figures/tables are referred to within the main body of text e.g. (See figure 1).
- Please follow APA referencing and formatting guidance (see below).

Referencing requirements
Please reference your work according to the APA 7th edition referencing guidance. You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library. In line with APA formatting guidance, please ensure that your text is double spaced, pages numbered and paragraphs indented.

Criteria for Module 6 (Postgrad.)

Module 6 – Summative Programme Member: Mark:

Distinction	☐
Merit	☐
Pass	☐
Fail	☐

Weighting	**Section**	**Distinction** **70% +**	**Merit** **60 – 69%**	**Pass** **50 – 59%**	**Fail** **49% or below**
20%	Overview of LICBT group work	☐	☐	☐	☐
20%	Awareness of professional issues	☐	☐	☐	☐
30%	Critical evaluation of own practice	☐	☐	☐	☐
20%	Reflection and action planning	☐	☐	☐	☐
10%	Delivery	☐	☐	☐	☐

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Poor Fail			Very Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Overview of LIBCT group work
General comments: **To improve further:** •
Awareness of professional issues
General comments: **To improve further:**
Critical evaluation of own practice
General comments: **To improve further:** .
Reflection and action planning
General comments: **To improve further:** •
Delivery
General comments: **To improve further:**

Criteria for Module 6 (Grad.)

Module 6 – Summative Programme Member: Mark:

Distinction	☐
Merit	☐
Pass	☐
Fail	☐

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Weighting	**Section**	**Distinction** **70% +**	**Merit** **60 – 69%**	**Pass** **40 – 59%**	**Fail** **39% or below**
20%	Overview of LICBT group work	☐	☐	☐	☐
20%	Awareness of professional issues	☐	☐	☐	☐
30%	Critical evaluation of own practice	☐	☐	☐	☐

20%	Reflection and action planning	☐	☐	☐	☐
10%	Delivery	☐	☐	☐	☐

Overview of LIBCT group work
General comments: At the start of your presentation, consider highlighting the rationale behind your chosen LICBT group work, as well as describing the key details .e.g. what was the topic, content, location, group size. It would be beneficial to include some example content/an example session plan to help orientate the marker. **To improve further:** •
Awareness of professional issues
General comments: Trainees should review how they managed professional issues within community setting such as, maintaining confidentiality between group members, managing any risk disclosures and any communication with parents/carers if relevant. CYP, service and other trainee names should be redacted from the narrated PowerPoint or clear pseudonyms used to maintain confidentiality throughout this assignment. **To improve further:** •
Critical evaluation of own practice
General comments: It is important to see an evidence based evaluation of trainee strengths and areas to improve further, when reflecting upon the piece of completed group work. Trainees may wish to consider some of the following areas:

- Promoting accessibility/diversity of group members
- Remaining within the LICBT evidence base
- Managing group dynamics
- Supporting active engagement
- Supporting additional learning needs
- Collaboration with other trainees/community staff

Reference to key literature related to group work should be present throughout. It would be good to see trainees acknowledging where they have had to deviate from the evidence base to fit service/local need to support critical analysis of the group work undertaken.

To improve further:

- .

Reflection and action planning

General comments:

It is important to include a descriptive formulation diagram linked to an area for further improvement e.g., what was the trainees ABCE in the specific moment described? This can support meaningful reflection and support ongoing professional development.

The marker is looking to see a SMART action plan based upon development of clinical group work skills.

To improve further:

-

Delivery

General comments:

Clear and accessible slides with well-paced delivery. Try to avoid too much text and overreliance on reading from the slides. Please include student number on first slide and not your name, or the name/location of your service.

To improve further:

-

Assignment Brief - Module 6: Summative Narrated PowerPoint (CWP09)

Module code and title:	PYCM138/ PYC3138	**Module leader:**	Dr Rob Kidney
Assignment No. and type:	M6: Summative narrated PowerPoint (15mins)	**Assessment weighting:**	Summative: 100%
Submission time and date:	Summative: 13/01/2025	**Target feedback time and date:**	Summative: 03/02/2025

Assignment task
The aim of this summative 15min narrated PowerPoint is for trainees to review a piece of completed LICBT group work within the community. Trainees should evaluate their strengths and areas for improvement in line with the evidence base. It is important that trainees incorporate some reflection upon their practice and action planning to support ongoing clinical development linked to the delivery of group work interventions within community and primary care settings.

This assignment has been designed to provide you with an opportunity to demonstrate your achievement of the following module learning outcomes:	
1	To develop skills and knowledge to help parents / carers and children and young people anticipate and manage common problems and support those who are experiencing them.
2	Provide interventions to support and manage common problems in community and primary health care settings with a particular focus on how equality, diversity and inclusion and community considerations/adaptations apply to workshops and group work.

3	Summarise basic and essential factual and conceptual knowledge of the subject, and demonstrate a critical understanding of this knowledge

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment (see above) and against the mark sheet.

- If you are on the **Post Graduate Diploma (Level 7)** an overall average grade of **50%** is required to pass this submission
- If you are on the **Graduate Diploma (Level 6)**, an overall average grade of **40%** is required to pass this submission.

For Postgraduate Diploma students this assignment will be marked according to the grading descriptors for Level 7:

	Outstanding		Exceptional			Excellent			Good			Competent			Fail			Poor Fail			Very Poor fail		Complete fail
PG Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

For Graduate Diploma students this assignment will be marked according to the grading descriptors for Level 6:

	Outstanding		Exceptional			Excellent			Good			Competent			Pass			Fail			Poor fail		Complete fail
Grad Dip	100	95	88	85	82	78	75	72	68	65	62	58	55	52	48	45	42	38	35	32	15	5	0

Links to further guidance

ELE:

- Mark sheet
- Example submission

Padlet:

- 500 word brief guidance padlet CWP09 Module 6 - Summative Assignment support (padlet.com):

Handbook:

- Assignment guidance
- Mark sheet

Trouble shooting/ key reminders

- **Marking stops at exactly 15mins**, anything beyond this cannot be awarded credit.
- Please ensure your PowerPoint is voice narrated only to keep marking anonymous.
- Ensure to support your narrated PowerPoint with in text and end of text references.
- Consider the accessibility of your slides to support delivery.
- Try to talk around discussion points, avoiding too much text on each slide.
- Please follow APA referencing and formatting guidance (see below).

Referencing requirements

Please reference your work according to the APA 7th edition referencing guidance.

You may wish to use the Owl Purdue website https://owl.purdue.edu/ or in *Cite Them Right Online* (http://www.citethemrightonline.com) to help you. Further information is also available via the University online library.

In line with APA formatting guidance, please ensure that your text is double spaced, pages numbered and paragraphs indented.

Practice Outcomes Document (POD)

A fundamental aspect of the course assessment is the successful completion of competence based practice outcomes supported by your supervisor in practice. To enable you to gain competence in these outcomes, those assigned for each module will all be assessed together at the end of the programme using the *Practice Outcomes Document (POD)*.

Your work-based clinical supervisor will have undertaken a training course detailing the requirements of this aspect of the assessment. In addition, they will have gained an understanding of the content and structure of the programme. This will enable them to provide supervision that provides a bridge between your training and your clinical practice.

Role of the Clinical Supervisor

As well as providing general support, the role of the Clinical Supervisor involves monitoring and assessing the developing clinical skills of the student through a variety of methods. These could include direct observation, the use of video tapes of clinical interviews undertaken by the student and reflections by the student on their developing practice. The taught practice time and Clinical Supervision are essential to the achievement of the clinical practice outcomes in the programme. These are assessed by the supervisor and recorded in the clinical practice outcomes assessment document. The Clinical Supervisor will therefore act to guide and assess the student's developing knowledge and skills, and the achievement of the clinical practice outcomes in relation to clinical, patient based aspects of the student's role.

Completion of Practice Outcomes

Whilst your work-based clinical supervisor will support you during the programme and has responsibility for assessing your practice based outcomes ***it is your responsibility*** to ensure that you successfully complete the *Practice Outcomes Document* by the completion date. Failure to do this by the completion date will result in a fail.

There is no set word count for each outcome and we would encourage you to prioritise quality over quantity. For each outcome you should be seeking evidence that enables your supervisor to sign the outcome off. Although we do not have a minimum or maximum cap, holding 800 words in mind can be helpful. That said, many students write more and some write less than this. Two key things to bear in mind are that it is your supervisor who will sign this off and that it is vital that confidentiality is upheld in all the evidence you present.

Clinical Portfolio

At the end of the programme each student is required to submit a clinical portfolio. This clinical portfolio, (attached to the POD) forms one of the required assessments for all three modules. It also meets the CWP curriculum requirements. We encourage you to complete the paperwork on an ongoing basis in your portfolio.

POD Checklist

Please ensure that you have completed all elements of the POD prior to submission. All elements listed below must be included in the portfolio in order for this to pass. This checklist will help you ensure that all essential material is included.

Item	Confirm included
POD **front sheet** signed by trainee and supervisor	
POD **evidence log** completed and signed by trainee and supervisor for all 12 outcomes	
POD **final statement of achievement** for all elements signed by supervisor	

CLINICAL PRACTICE OUTCOMES DOCUMENT

FRONT SHEET

Trainee name…….

Location for practice skills development……

Service-based Clinical Supervisor name…….

Contact details for Clinical Supervisor: Tel……

Email……

University Personal (Academic) Tutor name……

Email……

Signature of Trainee…….

Signature of Clinical Supervisor……

GUIDELINES FOR THE CLINICAL PRACTICE OUTCOMES DOCUMENT (POD)

The clinical practice outcomes are an essential component of this programme and must be passed in order to achieve the award of Grad Dip / PG Diploma in Children's Wellbeing Practitioners for Children and Young People (CWP). Completion of the POD is an important part of evidencing your learning and competencies through your training. It sits across assessment and intervention module skills and is submitted at the end of the course.

You will be required to submit this Clinical Practice Outcomes Document to the Programme Administrator.

It is good practice to discuss the POD your supervisor at the end of supervision to consider which areas of the POD you have addressed and which areas you will need to focus upon to develop. Further advice on the content of each outcome and how to gather evidence is contained within this document.

Upon submission of the POD, the following must be completed:-

- Front sheet signed by you and your clinical supervisor.
- A summary sheet for each of the clinical practice outcomes showing how you achieved each of the clinical practice outcomes, signed by you and your clinical supervisor.
- The 'Final Statement of Achievement' signed by your clinical supervisor.
- Portfolio logs will need to be signed by both you and your supervisor

You will need to submit an electronic signed copy to the University by emailing it to the admin team on cwp-emhp@exeter.ac.uk.

Failure to submit all of the above by the due date will result in a Fail.

ROLE OF THE CLINICAL SUPERVISOR

As well as providing general support, the role of the clinical supervisor involves monitoring and assessing the developing clinical skills/competencies of the trainee through a variety of methods. These could include direct observation, the use of

video recordings of clinical encounters undertaken by the trainee and reflections by the student on their developing practice.

The taught practice time (both in the HEI and student's service) and clinical supervision are essential to the achievement of the practice outcomes for each of the clinical practice outcomes in the programme which are summatively assessed by the supervisor and recorded in this clinical practice outcomes assessment document. The clinical supervisor will therefore act to guide and assess the student's developing knowledge, skills and competence and the achievement of the clinical practice outcomes in relation to clinical aspects of the student's role.

SPECIFIC ROLES OF THE CLINICAL SUPERVISOR

- Negotiate, sign and date a supervision contract (either 'Case Management' or Clinical Skills' or both), clarifying boundaries and responsibilities of the supervisor and supervisee
- Use a range of strategies to engage in the supervision process, including regular focused face to face contact within supervision groups, and as necessary allocated telephone and email contact
- Facilitate ongoing practice teaching and experience for the trainee in order to ensure she/he/they has the opportunity to develop appropriate competence in clinical skills
- Use the supervision preparation form for caseload supervision to support training in developing their case load supervision skills
- Carry out observation of the student's work, directly and indirectly – for example, through live observation/review of video recordings of clinical encounters, the trainee's reflection on cases - to develop and assess the trainee's developing level of competence
- Identify the student's strengths and any shortfalls in development, identifying objectives with the trainee and how these may be achieved going forwards, and prompt liaison with academic staff where difficulty is envisaged or encountered
- Ensure that summative assessment of the clinical practice outcomes is completed within the stated period of the assessment document, and that appropriate records are made
- Where necessary, to raise concerns and issues regarding the trainee's clinical skills with appropriate members of staff, both within the clinical service and in the HEI
- Ensure with the student that supervision records are completed (utilising the recording sheets available in the Clinical Practice Outcomes Assessment document)
- Make a final decision on the progress of the student in achieving the clinical practice outcomes for the module

- Monitor student's accumulation of clinical contact hours and supervision hours (both clinical skills and case management).
- Sign off at the end of the course to state that your student has achieved:

    - A minimum of **80 clinical contact hours**
    - A minimum of **20 hours of clinical skills supervision**
    - A minimum of **20 hours of case management supervision**

SOURCES OF EVIDENCE FOR THE ACHIEVEMENT OF CLINICAL PRACTICE OUTCOMES

You can provide evidence of the achievement of your clinical practice outcomes in a number of ways. It is for your clinical supervisor to make a judgement as to whether they are satisfied that you have provided sufficient evidence of achievement.

Sources of evidence could include:

- Direct observation by your clinical supervisor
- Discussion and questioning by the clinical supervisor in supervision
- Testimony from other colleagues
- Written case records
- Use of video recordings of clinical encounters and feedback from your clinical supervisor on these
- Reflective accounts of how you have achieved the outcome(s), drawing upon the research evidence base
- Feedback volunteered by your clients (the child/young person/their family).

EVIDENCE LOG

For each of the practice outcomes you should provide a summary, on the sheets provided, of the evidence for your achievement of the outcomes. This must be signed by both you and your clinical supervisor. When all outcomes have been signed off by your supervisor they must sign the 'Final Statement of Achievement'.

Failure to meet clinical practice outcomes:

Where a student fails to meet the clinical practice outcomes for the programme, an action plan will be developed, with an agreed deadline to redeem any unsuccessful outcomes. The action plan must be agreed with the student's personal supervisor and clinical supervisor and recorded in writing.

Graduate/PG Diploma in Psychological Therapies Practice

(Low Intensity Cognitive Behavioural Therapy- Children, Young People and Families)

Clinical Practice Outcomes Portfolio

Module 1

2024/25

CLINICAL PRACTICE OUTCOMES DOCUMENT (MODULE 1)

You are required to demonstrate competence in the following clinical practice outcomes. Your supervisor will sign off this document once they are satisfied you have demonstrated competence in all areas. These are the specific outcomes with suggestions provided for how to demonstrate evidence of completing them Different sources of evidence can be used to demonstrate completion of each POD competency. Examples provided here do not constitute an exhaustive list.

1) **Demonstrates the ability to engage and work collaboratively with young people and parents from diverse demographic, social and cultural backgrounds in assessment and low-intensity interventions in a partnership of care.**

   This could include adaptations to practice working with different age ranges, appropriate engagement with parents, use of interpretation services/self-help materials for people whose first language is not English, and/or adapting self-help materials for work with a range of cognitive abilities and different cases. It is important that you demonstrate how, within the context of your service and the schools in which you are based, you are working collaboratively with young people from a diverse range of backgrounds and promoting inclusive practices in your work. In this outcome, you can demonstrate your understanding around inequity of access to mental health services and how you have sought to address this.

   Competence could be demonstrated to your supervisor for example by providing written case records of the successful collaborative use of evidence based treatments, or through feedback volunteered by children and young people. This could be demonstrated to your supervisor by providing examples of when you have given a child-informed choice and/or purposely adapted your practice and involved family members in a young person's care and this has been documented. This could also be identified through bringing video evidence to supervision and through considered discussion in supervision demonstrating your ability to consider engagement issues and adapt your practice accordingly.

2) **Demonstrates the meaningful use of routine outcome measurements (ROMs) in assessment and intervention sessions with the child/young person/their family, adapting care on the basis of this systematic evaluation of outcome.**

   This could be demonstrated, for example, through your supervisor directly observing you using ROMs in-session with the child/young person/their family, and/or discussion of the meaning of the outcome measure scores in supervision. Discussions in supervision could evidence that you are able to use such information to make effective and efficient case management decisions. This could support

consideration of where to focus intervention and the use of measures to manage collaborative stepped care.

Clinical Practice Outcome 1: Collaborative partnership of care

Demonstrates the ability to engage and work collaboratively with young people and parents from diverse demographic, social and cultural backgrounds in assessment and low-intensity interventions in a partnership of care.

EVIDENCE:

Student's signature ……..…….. Date…….

Clinical Supervisor's signature…….. Date…….

Clinical Practice Outcome 2: Meaningful use of Outcome Measurement (ROMs)

Demonstrates the meaningful use of routine outcome measurements (ROMs) in assessment and intervention sessions with the child/young person/their family, adapting care on the basis of this systematic evaluation of outcome.

EVIDENCE:

Student's signature…….. Date…….

Clinical Supervisor's signature…….. Date…….

Graduate/PG Diploma in Psychological Therapies Practice

(Low Intensity Cognitive Behavioural Therapy- Children, Young People and Families)

Clinical Practice Outcomes Document (POD)

Module 2

2024/25

CLINICAL PRACTICE OUTCOMES DOCCUMENT (MODULE 2)

You are required to demonstrate competence in the following clinical practice outcomes. Your supervisor will sign off this document once they are satisfied you have demonstrated competence in all areas. These are the specific outcomes with suggestions provided for how to demonstrate evidence of completing them Different sources of evidence can be used to demonstrate completion of each POD competency. Examples provided here do not constitute an exhaustive list.

3) **Demonstrates the ability to gather competently CYP-centred information and liaise with and signpost to other agencies.**
Competence could be demonstrated to your supervisor, for example, by providing written case records of CYP-centred information gathered. Consideration of appropriate interventions identified and other appropriate agencies that could be accessed could be illustrated in notes. Discussion in supervision could illustrate how information gathered was used to support social inclusion and signposting in adapting contact to meet client needs and supporting the client through that process. This may also be demonstrated through the use of CYP goal-driven interventions that led to effective engagement in other services or education providers. Use of the 'current view' form to collect information and inform decision-making could also be used as evidence for this outcome.

4) **Uses a range of methods to conduct comprehensive, structured assessments with children, young people and parents/carers. Undertakes informed assessment concerning risk in relation to children and young people.**

To demonstrate you have met this outcome, your supervisor could, for example, directly observe you carrying out and recording an assessment. These skills could then be discussed in supervision and incorporated into your practice. This could be evidenced to your supervisor, for example, through conversations and written records relating to specific cases and recordings of assessment. Your supervisor may wish to see that you are able to detect and manage risk appropriately through live or recorded observation, as well as through discussion of clinical practice. The observation of funnelling and questioning styles to support assessment may also form part of your evidence.

Clinical Practice Outcome 3: Gathering CYP-centred information for signposting

Demonstrates the ability to gather competently CYP-centred information and liaise with and signpost to other agencies.

EVIDENCE:

Student's signature: …….. Date: …….

Clinical Supervisor's signature: …… Date: …….

Clinical Practice Outcome 4: structured assessment of safety

Uses a range of methods to conduct comprehensive, structured assessment of safety with children, young people and parents/carers. Undertakes informed assessment concerning assessment of safety in relation to children and young people.

EVIDENCE:

Student's signature …….. Date…….

Clinical Supervisor's signature …… Date…….

Graduate/PG Diploma in Psychological Therapies Practice

(Low Intensity Cognitive Behavioural Therapy- Children, Young People and Families)

(POD)

Module 3

2024/25

CLINICAL PRACTICE OUTCOMES DOCUMENT (MODULE 3)

You are required to demonstrate competence in the following clinical practice outcomes. Your supervisor will sign off this document once they are satisfied you have demonstrated competence in all areas. These are the specific outcomes with suggestions provided for how to demonstrate evidence of completing them Different sources of evidence can be used to demonstrate completion of each POD competency. Examples provided here do not constitute an exhaustive list.

5) **Working with Parents: Understands and demonstrates how to successfully engage parents in developing shared understandings of CYP difficulties. Enabling parents to support interventions with young people that are informed by social learning perspectives and parent-led CBT.**
Competence could be demonstrated to your supervisor, for example, by them directly observing you working with the child's/young person's parents, or through obtaining feedback volunteered by the parents. This could also be evidenced to your supervisor through conversations and written records relating to specific work with parents, or by giving examples of when you have purposely engaged parents in a young person's care and this has been documented. This outcome should include evidence gathered from the use of parent-led CBT and working with parents on behavioural difficulties. The use of both case management and clinical skills supervision to support your work and understanding can provide further evidence.

6) **Working with Anxiety: Demonstrates a critical understanding of the risk factors and development linked to anxiety difficulties, as well as diagnostic classifications and characteristics of anxiety disorders in children and young people; a critical understanding of clinical research literature linked to low intensity interventions for anxiety disorders in children and young people (clinical trials and outcome studies); understands how to sensitively adapt Behaviour Therapy for anxiety disorders to ensure equitable access, taking into account the age of the child/young person, and cultural and social differences and values among the children, young people and their parents/guardians.**

To demonstrate you have met this outcome to your supervisor, they could, for example, directly observe you treating a child/young person experiencing anxiety. This could also be evidenced to your supervisor through conversations and written records relating to specific cases. Discussions in both case management and clinical skills supervision could evidence that you are able to critically appraise literature on anxiety disorders and make effective decisions as to the adaptation of interventions to meet the developmental level of the child/young person. This outcome will relate to a range of anxiety disorder presentations. Consider accounting for different

interventions that you have utilised under supervision to demonstrate your competence.

7) **Working with Depression: Demonstrates a critical understanding of the, risk factors and development linked to depression, along with diagnostic classifications and characteristics of depression. Demonstrates a working knowledge of the behavioural activation model, behavioural theory and the role of behaviour in the development and maintenance of depression**.

Competence could be demonstrated to your supervisor, for example, by them directly observing you working with a child/young person experiencing depression. This could also be evidenced to your supervisor through conversations and written records relating to specific cases. Discussions in supervision could evidence that you are able to critically appraise the literature on depression and apply this knowledge to a specific case. Use of work sheets and client feedback, along with extracts from sessions and practice within clinical skills supervision can support providing evidence for this competency.

8) **Demonstrates the ability to use supervision to the benefit of effective**

a) case management and

b) clinical skills development.

The evidence provided can be varied, providing it clearly demonstrates how you achieved this outcome in practice, i.e.: discussion and/or observation of practice with the Clinical Supervisor and via application of new evidence/research to current practice. There could be a demonstrable inclusion of skills in practice previously discussed and rehearsed, or through acting on specific clinical advice on the management of a case given by a supervisor. Evidence for this competency can also form discussion to support reflective practice / self-reflection and reflective logs that you may keep for your own development.

Trainees should include:

a) An account of their experience of case management supervision sessions demonstrating their ability to review their caseload, bring CYP at agreed pre-determined thresholds to supervision and provide comprehensive and succinct case material;

b) A report on their use of clinical skills supervision including details of clinical skills questions brought, along with learning and implementation arising from use of this supervision method.

Clinical Practice Outcome 5: Working with parents – behavioural difficulties and parent led CBT

Working with Parents: Understands and demonstrates how to successfully engage parents in developing shared understandings of CYP difficulties. Enabling parents to support interventions with young people that are informed by social learning perspectives and parent-led CBT.

EVIDENCE:

Student's signature…….. Date…….

Clinical Supervisor's signature…… Date …….

Clinical Practice Outcome 6: Working with anxiety

Working with Anxiety: Demonstrates a critical understanding of the risk factors and development linked to anxiety difficulties, as well as diagnostic classifications and characteristics of anxiety disorders in children and young people; a critical understanding of clinical research literature linked to low intensity interventions for anxiety disorders in children and young people (clinical trials and outcome studies); understands how to sensitively adapt Behaviour Therapy for anxiety disorders to ensure equitable access, taking into account the age of the child/young person, and cultural and social differences and values among the children, young people and their parents/guardians.

EVIDENCE:

Student's signature: …….. Date: …….

Clinical Supervisor's signature: …… Date: …….

Clinical Practice Outcomes 7: Working with Low mood and Depression

Working with Depression: Demonstrates a critical understanding of the, risk factors and development linked to depression, along with diagnostic classifications and characteristics of depression. Demonstrates a working knowledge of the behavioural activation model, behavioural theory and the role of behaviour in the development and maintenance of depression.

EVIDENCE:

Student's signature: …….. Date: …….

Clinical Supervisor's signature: …… Date: …….

Clinical Practice Outcome 8: Effective use of LI supervision approaches (Case management and Clinical Skills supervision

Demonstrates the ability to use supervision to the benefit of effective

a) case management and

b) clinical skills development.

EVIDENCE:

Student's signature: …….. Date: …….

Clinical Supervisor's signature: …… Date: …….

Graduate/PG Diploma in Psychological Therapies Practice

(Low Intensity Cognitive Behavioural Therapy- Children, Young People and Families)

(POD)

Module 4

2024/25

CLINICAL PRACTICE OUTCOMES DOCUMENT (MODULE 4)

You are required to demonstrate competence in the following clinical practice outcomes. Your supervisor will sign off this document once they are satisfied you have demonstrated competence in all areas. These are the specific outcomes with suggestions provided for how to demonstrate evidence of completing them Different sources of evidence can be used to demonstrate completion of each POD competency. Examples provided here do not constitute an exhaustive list.

9) **Clinical Practice Outcome: Demonstrates the knowledge, attitude and competence to operate effectively in a community or primary care context.**

This outcome relates to your knowledge and understanding of working within a community and primary care contexts. Demonstrate how you have engaged with a community or primary care organization for example, discussion of any barriers to CYP/families accessing your service, how you have collaborated with members of staff, signposted, made adjustments to support inclusion etc. This outcome could be demonstrated to your supervisor by giving examples of how you have maintained multi-disciplinary relationships with community groups to support CYP. This may also be demonstrated through an awareness of challenges specific to community contexts, e.g. maintaining confidentiality, knowing which members of staff need to be involved, and how you have sought to overcome and address these. Evidence could also include how you have developed your understanding of community policies, protocols and ethos, and the impact of these on your practice, as well as any specific feedback you have received from members of staff and CYP.

Clinical Practice Outcome 9: Demonstrates the knowledge, attitude and competence to operate effectively in a community or primary care context.

EVIDENCE:

Student's signature: …….. Date: …….

Clinical Supervisor's signature: …… Date: ……

Graduate/PG Diploma in Psychological Therapies Practice

(Low Intensity Cognitive Behavioural Therapy- Children, Young People and Families)

(POD)

Module 5

2024/25

CLINICAL PRACTICE OUTCOMES DOCUMENT (MODULE 5)

You are required to demonstrate competence in the following clinical practice outcomes. Your supervisor will sign off this document once they are satisfied you have demonstrated competence in all areas. These are the specific outcomes with suggestions provided for how to demonstrate evidence of completing them Different sources of evidence can be used to demonstrate completion of each POD competency. Examples provided here do not constitute an exhaustive list.

10- Demonstrates the knowledge, attitude and competence to operate effectively in a community or primary care context.

To demonstrate you have met this outcome to your supervisor consider illustrating knowledge and awareness of the importance of prevention of common mental health difficulties in community settings. This could involve details of staff training or participation exercise with a CYP, including any planning, delivery and evaluation as well as any feedback from staff, CYP and their families. The inclusion of discussions in supervision related to your practice in these areas could also support you in meeting this outcome.

Clinical Practice Outcome 10: Prevention of common problems via staff training or participation exercise

Demonstrates the knowledge, attitude and competence to operate effectively in a community or primary care context.

EVIDENCE:

Student's signature: …….. Date: …….

Clinical Supervisor's signature: …… Date: ……

Graduate/PG Diploma in Psychological Therapies Practice

(Low Intensity Cognitive Behavioural Therapy- Children, Young People and Families)

(POD)

Module 6

2024/25

CLINICAL PRACTICE OUTCOMES DOCUMENT (MODULE 6)

You are required to demonstrate competence in the following clinical practice outcomes. Your supervisor will sign off this document once they are satisfied you have demonstrated competence in all areas. These are the specific outcomes with suggestions provided for how to demonstrate evidence of completing them Different sources of evidence can be used to demonstrate completion of each POD competency. Examples provided here do not constitute an exhaustive list.

11- Demonstrate your developing competency in planning and delivering group work (this may be with children/young people or parenting groups)

This outcome relates to your ability to manage group processes and apply your clinical skills to a group setting. Evidence could include supervisor observation of skills to support group work (with children/young people and/or parenting groups), in person, through roleplay or taped practice for clinical skills supervision to form part of your evidence. Other sources of evidence may be obtained through feedback volunteered by CYP or parents. This could also be evidenced to your supervisor through conversations and written records relating to specific group working.

12- Demonstrate how you have worked in line with ethical practice guidance and shown awareness of important professional issues such as, maintaining confidentiality within your role.

This outcome relates to your ability to work in line with ethical practice guidance such as the BSP code of ethics and conduct. You may wish to consider how you have maintained confidentiality, managed risk disclosures, navigated ethical challenges within your group working or individual LICBT sessions. Evidence could include supervisor observation, discussions within supervision, observation from colleagues, role-play or feedback from CYP/Parents.

Clinical Practice Outcome 11: Use of group work

Develop competency in group work (this may be with children/young people or parenting groups)

EVIDENCE:

Student's signature: …….. Date: …….

Clinical Supervisor's signature: …… Date: …….

Clinical Practice Outcome 12: Ethical Practice

Demonstrate how you have worked in line with ethical practice guidance and shown awareness of important professional issues such as, maintaining confidentiality within your role.

This outcome relates to your ability to work in line with ethical practice guidance such as the BSP code of ethics and conduct. You may wish to consider how you have maintained confidentiality, managed risk disclosures, navigated ethical challenges within your group working or individual LICBT sessions. Evidence could include supervisor observation, discussions within supervision, observation from colleagues, role-play or feedback from CYP/Parents.

EVIDENCE:

Student's signature: …….. Date: …….

Clinical Supervisor's signature: …… Date: …….

FINAL STATEMENT OF ACHIEVEMENT

Grad Dip / PG Diploma in Children's Wellbeing Practitioners for Children and Young People (CWP)

		CLINICAL SUPERVISOR ***SIGNATURE***	**DATE**
SUCCESSFUL	The student has achieved of the POD competencies		
UNSUCCESSFUL	The student has NOT achieved all of the POD competencies		
SUCCESSFUL	The student has achieved: - 80 clinical contact hours		
UNSUCCESSFUL	The student has NOT achieved the practice requirements		
SUCCESSFUL	The student has achieved: 40 hours of supervision, consisting of at least - 20 hours of clinical skills supervision - 20 hours of case management supervision		
UNSUCCESSFUL	The student has NOT achieved the practice requirements		

*** Where this is the case, the Clinical Supervisor should, after consultation with the module lead, include a short report on the next page, including proposed actions that need to be taken by the student to remedy the situation.**

Reasons why the student has been unsuccessful in achieving the clinical practice requirements for the Grad Dip / PG Diploma in Children's Wellbeing Practitioners for Children and Young People (CWP)

Clinical Portfolio

Portfolio submission checklist

Please ensure that you have completed all elements of the portfolio prior to submission. All elements listed below must be included in the portfolio in order for this to pass. This checklist will help you ensure that all essential material is included.

Item	Confirm included
Record of all clinical contact hours signed by trainee and supervisor	
Record of all clinical skills supervision signed by trainee and supervisor	
Record of all case management supervision signed by trainee and supervisor	
Copy of **Supervision Contracts (both case management and clinical skills)** signed by trainee and supervisor(s)	
Summary of 8 completed cases signed by trainee and supervisor	
Four copies of the **Detailed client summary sheet signed by trainee and supervisor** (one per case)	
Teaching hours log completed and signed	
Self-reflection logs included (Including flipped/individual learning self-reflection logs and missed attendance self-reflection logs)	
ELE feedback and signed	
Mind ed certificates (please see MindEd checklist in 'Assignment Information' > 'POD/Portfolio' > 'Portfolio' on ELE)	

Record of all clinical contact hours:

DATE	**Number of Contacts**	**Total Length of Time** (mins)	**Student Signature**	**Supervisor Signature**

Total contact hours for page: _____

Record of all clinical hours:

Record of all clinical skills supervision hours:

DATE	**Number of trainees in supervision group**	**Length of Time** (mins)	**Student Signature**	**Supervisor Signature**

Total hours for page: _____

Record of all clinical skills supervision hours:

Record of all case management supervision hours:

DATE	**Nature of Supervision** Face-face (FF) Online (O) Telephone (T)	**Length of Time** (mins)	**Student Signature**	**Supervisor Signature**

Total hours for page: _____

Record of all case management supervision hours:

CASE MANAGEMENT SUPERVISION CONTRACT

Supervision Agreement between:

…… & ……

(Supervisor) (Supervisee)

Practicalities of University Supervision

- One session per week (up to 1 hour as needed) as per BABCP guidelines (Lean Forward Manual, 2018).
- The person responsible for booking the room is
- Cancellation arrangements –…….. or Supervisee to contact via email ASAP and rearrange if possible

Aims of Case Management Supervision

Ensuring all patients are reviewed according to specific clinical and organisational criteria in order to make effective and efficient clinical decisions, often relating to the stepping-up of treatment intensity or offering alternative low-intensity treatments (Richards et al, 2010).

Professional Guidelines / Code of Standards and Ethics to which I will adhere:

- BABCP – Standards of Conduct, Performance and Ethics (2017), Lean Forward Manual (2018).
- BPS – Practice Guidelines – 3rd Edition (2017)
- Reach out Manual Supervisors Edition – adults (Richards et al, 2010) roleplay
- My workplace……. policies relating to supervision and ethical practice

I confirm I have received printed copies of the relevant documentation listed above

……

(Supervisee)

Expectations from the Supervisor

For the Supervisee to bring the case management sheet for every client that meet the following categories in the following order;

i. Any cases which the CWP deems necessary to discuss due to presenting risk
ii. All patients whose scores on clinical measures are high or remain high.
iii. Any new cases (following assessment)
iv. All cases on the worker's at four-weekly intervals (1) assessment (2) session 1 (3) session 2 (4) session 3
v. All cases who DNA
vi. Any cases for whom the worker requires further support

1) If there are cases not meeting this order then to continue to follow the order numerically (for example 1,4,6).
2) For the supervisee to print a copy for the supervisor to both read in supervision – or an alternative telephone arrangement to standardise this weekly
3) For the CWP to practice Case Management Supervision roleplays where necessary, using the Reach out Manual Supervisors Edition (Richards et al 2010) competency guidelines for presenting cases, or to take to clinical skills if there is an identified skills deficit. With the limited time it is the Supervisees responsibility to reflect and work on these skills.

Steps in the event of these steps not being adhered to by the supervisee

In the event that 2 consecutive case management supervision sessions are inadequately prepared for by the supervisee or if this is of regular occurrence –

- ……. to flag to supervisee
- Supervisee to roleplay and practice the skills and utilise clinical skills supervision
- Any other action agreed

1) Upon the third consecutive case management supervision session inadequately prepared for by the supervisee, or following the previous step taking place and a continued lack of preparation by the supervisee
   - …… to flag to mutual line manager – ……..

- Supervisee to provide line manager and ……. with an action plan provided to them by the agreed deadline

Steps in the event of a breakdown in the arrangements of the supervisory relationship

In the unlikely event that the relationship between the supervisee and supervisor deteriorates, each person is responsible for attempting to work together to resolve the problem. If a resolution cannot be found in the first instance, then it would be mutually beneficial to resolve this with an identified mediator – ……..

Changes to this agreement and timescale:

Changes to this agreement can be negotiated at any time.

This agreement covers the period ……

Signed …… Supervisor …… Date ……..

Signed …… Supervisee …… Date ……..

CLINICAL SKILLS SUPERVISION CONTRACT

Supervision Agreement between:

…….

(Trainee)

and

……

(Workplace Supervisor)

Practicalities Workplace supervision

- Clinical skills supervision should be offered at least fortnightly for half an hour per trainee in the group, (and for not less than two hours per fortnight for groups of less than 4 trainees). For this supervision group we will meet fortnightly for _____ hours every _____ Week(s).
- The venue the session(s) will take place at is …….
- The person responsible for booking the venue is …….
- Cancellation arrangements for either person who cannot attend are …….

Workplace supervision –

At least 8 different completed cases (minimum of 5 intervention sessions) should be supervised to completion over the year (these must include one anxiety, one depression, one behavioural difficulties and one parent led CBT case)

Cases supervised for treatment should be within the remit of the role, with a mild to moderate presentation.

Live supervision -

Observed clinical practice (in vivo, tape, video) must be viewed in supervision periodically throughout the program. The supervisor must address with the trainee any non-completion

of observed clinical practice and create a shared plan to support this with the trainee.

Aims of Supervision

The primary focus of supervision is the welfare of the client through the supervisee's learning process, in terms of knowledge attainment, attitude refinement, and skills development.

Professional Guidelines/BABCP Code of Standards and Ethics to which I will adhere:

.....

In addition I agree to adhere to my workplace policies relating to supervision and ethical practice.

Feedback from any clinical competency assessments should be shared with the supervisor to support the focus for clinical skills practice. All trainees must engage in skills practice within the clinical skills supervision session.

Goals for Workplace supervision:

1.

2.

3.

Steps in the event of a breakdown in the arrangements for clinical supervision:

In the event of inappropriate behaviour by the supervisor/supervisee this should be discussed together initially. If this cannot be resolved successfully or the behaviour is of a serious and immediate nature then..... (named workplace member of staff) should be informed IMMEDIATELY.

In the unlikely event that the relationship between the supervisee and supervisor deteriorates, each person is responsible for attempting to work together to resolve the problem.

Changes to this agreement and timescale:

Changes to this agreement can be negotiated at any time.

This agreement covers the period from

…… to …….

Name of trainee _____ Date _____

Trainee signature _____

Name of supervisor _____ Date _____

Supervisor signature _____

Summary of 8 Completed Cases:

8 completed cases required. This must include at least; one anxiety presentation, one depression presentation, one presentation working with parents using parent led CBT, and one presentation working with parents for behavioural difficulties.

Completed cases are defined as:

Client seen from assessment to achieving goals set in as few sessions as needed (no set number), or;

Termination of treatment (according to agreed ending or withdrawal DNA) seen for a minimum of 5 sessions**.**

8 supervised cases (8 essential, 9/10 optional)

Case ID	Problem type (diagnosis or presenting issue, e.g. panic, depression, behavioural problems)	Intervention completed (e.g. BA, cognitive restructuring, exposure response prevention, parent led CBT)	Number of treatment sessions
1			
2			
3			

4			
5			
6			
7			
8			
9 (optional)			
10 (optional)			

Please indicate how goals were met if less than 5 sessions for any of the above:

……

……

……

……

Signed Trainee _____ Date: _____

Signed Supervisor_____ Date: _____

Detailed Client Summary Sheet **1 2 3 4** (please circle)

This sheet is to provide detail on 4 completed cases to demonstrate completion of the 4 compulsory areas of work (one anxiety presentation, one depression presentation, one presentation working with parents using parent led CBT, and one presentation working with parents for behavioural difficulties)

Case ID: …… Age……..… Gender: Male/Female/Non-binary

Presenting issue/diagnosis: ……..…….

Goals of therapy

……

……

Main Intervention carried out ……..…..

Work with Parents/caregivers?.....

Date	Client Contact (C) , Did not attend (DNA)		Duration of session
Total	N° of sessions:	N° of Supervision sessions:	hrs

Outcome ratings:

Tool	Start	mid	end	(follow-up)
SDQ				
RCADS				
ORS/CORS				
Goal based score				
Disorder specific/ *(questionnaire used):*				

Signed Trainee _____ Date: _____

Signed Supervisor_____ Date: _____

INDIVIDUAL/FLIPPED LEARNING - SELF-REFLECTION LOGS

Programme Member:

Date:

Module:

Title:

1. **From the session today, what made me stop and think? What are my personal learning points from the session?**

2. **What specifically can I take forward from the session into my role today?**

3. **What specifically do I want to take away and learn more about? Are there any tasks which arise from the session?**

4. **What action plan do I have regarding this?**

5. **Following completion of these tasks/action points, what am I taking away? (e.g. new learning, personal insights, impact on personal goals, practice etc.**

Teaching hour's log

Log of online/face to face teaching - includes individual and flipped learning days.

Please input the date this teaching was received to account for absences (content caught up) or timetable changes.

1 days attendance at University = 5½ hours.

Name: **Tutor:**

Date	Topic	Hours attended
22/01/24	Service context and role of CWP	
23/01/24	AM: Overview of Assessment PM: Differential diagnosis	
24/01/24	Legal Ethical and Professional Issues	
25/01/24	AM: Individual Learning – Reflection in LICBT PM: Individual Learning – Using creativity with therapeutic skill	
29/01/24	AM: The Deaf Academy PM: Mod 1 assignment support	
30/01/24	AM: Cultural diversity and core concepts PM: Working inclusively with CYP and families	
31/01/24	Understanding Autism	
01/02/24	AM: Individual learning: Evidence based practice	

	PM: Individual learning: Working with CYP and families	
05/02/24	Information gathering	
06/02/24	Information giving	
07/02/24	AM: Gender and sexuality PM: Diversity (LGBTQ+)	
08/02/24	AM: Flipped Learning – Assessment of safety PM: Individual Learning – Remote working with	
19/02/24	Assessment of safety and management	
20/02/24	Routine Outcome Measures	
21/02/24	AM: Case management supervision PM: Clinical skills supervision	
22/02/24	AM: ROMs data talk PM: Individual Learning – Interviewing and questioning skills	
26/02/24	AM: Safety planning PM: Individual Learning: Pharmacology	
27/02/24	AM: Assessment Tape Examples PM: Full assessment role-plays	
28/02/24	AM: Introduction to interventions PM: Flipped learning – BA	
29/02/24	Behavioural Activation	
04/03/24	Cognitive Restructuring	
05/03/24	Exposure and ERP	
06/03/24	Worry management	
07/03/24	AM: Individual Learning: Developing and maintaining the TA and therapeutic endings PM: Individual Learning: Self-help and Bibliotherapy	
11/03/24	Behavioural Experiments	

12/03/24	Pesky gNATs	
13/03/24	Functional analysis and understanding behaviour	
14/03/24	Low intensity working with parents intervention	
18/03/24	Parent led CBT	
19/03/24	AM: Parent led role plays PM: BA role-plays	
20/03/24	Coping Cat – day 1	
16/03/24	Coping Cat – day 2	
26/03/24	Community MH and primary care context	
27/03/24	Barriers to MH access within community and primary care settings.	
28/03/24	AM: Who is underserved in your locality PM: Mod 4 assignment support	
15/04/24	Culturally competent CBT training	
16/04/24	Introduction to Community psychology	
17/04/24	Multiagency working, building relationships and protecting professional boundaries.	
18/04/24	Clinical considerations when assessing within a community and primary care context	
22/04/24	AM: Intervention example tapes PM: Intervention role-plays	
23/04/24	Regulatory problems in young children	
24/04/24	AM: Engagement and creative methods when working with CYP and families PM: Individual Learning: Relapse prevention and lifestyle management	
29/04/24	AM: Introduction to participation PM: Participation in action	
30/04/24	Models of participation	
01/05/24	AM: Individual learning: participation case study	

	PM: Mod 5 assignment support	
07/05/24	Staff training 1	
08/05/24	Staff training 2	
13/05/24	Evaluating participation	
14/05/24	AM: Meaningful activities PM: Creative Youth Network	
15/05/24	AM: The wave project PM: Mod 2 and 3 assignment support	
20/05/24	AM: Staff training 3 PM: Ethics in mod 5	
21/05/24	Early indicators of MH difficulties and risk factors	
22/05/24	Managing group processes	
03/06/24	AM: Individual Learning: Common problems in group settings PM: Individual Learning: Critical evaluation of own performance	
04/06/24	Working with Parenting Groups 1	
05/06/24	Working with Parenting Groups 2	
10/06/24	AM: Flipped learning: Mind and Mood PM: Flipped Learning: Psychoeducation 1	
11/06/24	Psychoeducation groups 2	
12/06/24	Psychoeducation groups 3	
17/06/24	Mind and Mood	
18/06/24	Coping Cat group	
19/06/24	AM: Individual learning: Delivering group work remotely PM: Mod 6 assignment support and POD/portfolio	
24/06/24	Mod 5 Participation staff role-play	
13/01/24	Endings day	

Total Hours		/352

Where sessions have been missed how has this been made up:

Signed (trainee) .....

ELE Feedback

Please tick to confirm that you have completed feedback on ELE for the following modules.

Module	Feedback completed
1: Context and Values	
2: Engagement and assessment	
3: Evidence based intervention	
4: Working, assessing & engaging in community and primary care settings	
5: Mental Health prevention in community and primary care settings	
6: Interventions for MH difficulties in community and primary care settings	

Signed (trainee) .....

Mind Ed checklist for portfolio

Essential

- ☐ Module 1 Introduction to CYP IAPT https://www.minded.org.uk/course/view.php?id=64
- ☐ Module 2 – risk – safeguarding https://www.minded.org.uk/Component/Details/447055

Suggested further reading (not essential)

- ☐ Intro to EBP

  https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/447838
- ☐ Hard to reach families -

  https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/447112
- ☐ collaborative care

  https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/447850
- ☐ Confidentiality, Consent, Capacity and Ethics -

  https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/446907
- ☐ Therapeutic alliance –

  https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/447794
- ☐ Accessing and managing risk/safety

  https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/447770
- ☐ the active outcomes framework

  https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/447846

Overview of Supervision:

Throughout the course trainees will receive supervision from workplace based supervisors. Should there be any difficulties that arise within your supervisory relationship, in the first instance please try to work with your supervisor to address these. If difficulties continue, please discuss this with your manager, 1:1 tutor or the Programme Lead.

1. Supervision and cases:

The role of the Children's Wellbeing Practitioner (CWP) is to provide low intensity interventions to young people with 'mild to moderate' presenting mental health issues. While not intended to form a new service, CWP's should be targeting those young people who do not currently receive a service.

The young people they will support can have low level, common mental health issues, and should not pose a high risk to themselves or others. Ideally, practitioners will work with mild to moderate levels of complexity (and associated impact on daily living) however, it is possible to make gains in a more complex situations (as long as this does not equate to high risk).

CWPs work with children, young people and parents to support management of a range of difficulties. This can be delivered individually with children, with parents, and working with children and parents together. Support may also be delivered using traditional face to face support, as well as supporting other modalities, such as telephone and online working.

What mild/moderate difficulties can CWPs help with?

- Low Mood
- Worry/generalised anxiety
- Panic
- Agoraphobia
- Simple phobias
- OCD
- Social anxiety
- Health anxiety
- Separation anxiety
- Behavioural and emotional regulatory difficulties
- Sleep problems

What LICBT approaches do CWPs use?

- Behavioural activation
- Cognitive restructuring
- Exposure and Habituation
- Exposure and Response Prevention
- Worry management
- Parent led CBT
- Low intensity working with parents
- Psychoeducation
- Lifestyle management

Supervision

As part of the programme you will receive weekly individual case management supervision (one hour) and fortnightly group clinical skills supervision with your service supervisor (the equivalent of 30 mins per trainee, and not less than 2 hours in total when in groups of less than 4). ***You need to receive a minimum of 40 hours of supervision over the course, 20 case management and 20 clinical skills.***

Clinical Practice Requirements:

- **You need to complete 80 hours of clinical practice over the course of the programme. These 80 hours include your 1:1 direct work only (not group work, i.e. psychoeducational groups, staff training, consultation etc.).**
- **You will need to see at least eight completed cases (seen for at least 5 treatment sessions to completion – or if goals achieved in less sessions)**
- **Of these eight completed cases, a minimum of one will need to be working with anxiety, one with low mood, one with behavioural difficulties and one working with parents where the young person has anxiety (parent led CBT).**

We have provided two supervision contracts (one for Case Management and one for Clinical Skills) for you and your supervisor 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 and your Workplace Supervisor(s).

2. Supervision Feedback

A useful tool to consider using at the end of each supervision session is the Helpful Aspects of Supervision Questionnaire (HASQ). Your supervisor may also ask you to complete this.

3. Your Supervisors

Your supervisor(s) will provide you with intensive case management and clinical skills-based supervision, helping to develop your CWP competencies and theory-practice links.

They will supervise a minimum of 8 cases to completion over the course. Your Workplace based supervision will also involve caseload supervision. They will hold an overview of all your clinical cases for the course. In some services different individuals may offer the two different types of supervision.

4. 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 (see supervision preparation form), keeping notes on discussions in supervision, 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). You will also be expected to bring weekly video clips of your sessions with your clients. If you have any concerns about your cases or supervision please do raise these with your supervisors in the first instance.

5. Guidance on the use of Supervision

Content of supervision

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

Associated issues will also be discussed when it is relevant to do so e.g. medication, hospitalisation, case management.

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
- Rehearsal of therapeutic techniques e.g. simulation, role-play.
- Discussion about therapeutic strategies.
- Case Presentations.
- Homework.
- Review of videotapes
- Direct observation of practice
- 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.

6. Liaison between Supervisor and University – Progress Reviews

There will be regular liaison between the work-based supervisor and the University to ensure your ongoing progress is monitored. Should there be any concerns, the work-based supervisor is encouraged to contact the University so that a plan can be put in place, if necessary. A mid-programme progress review meeting will also take place to discuss how you are progressing and to review the Practice Outcomes document (POD). The structure for the review meetings (progress review form) is set out below with the supervision contracts.

CWP MID-PROGRAMME REVIEW FORM

Trainee:

Work-based Supervisor:

University Tutor:

Date of Meeting:

In your opinion, how is the Trainee's development regarding their overall competence since the start of the course? Do you perceive the Trainee to be on track?

What do you perceive to be the Trainee's strengths in how they are developing?

Are there any concerns that you have? Do you perceive them to be struggling in any of areas? Please give details.

If yes, are you concerned that they will be unable to meet any of the specified Practice Outcomes outlined in the Practice Outcomes document? Please give details.

What needs to be achieved for the Trainee to meet the specified Practice Outcomes?

Do you believe it is achievable for the Trainee to meet all of the Practice Outcomes by the end of the course?

What Action Plan needs to be put in place for the Trainee to meet all of the Practice Outcomes by the end of the course?

(i) Workplace –
(ii) Supervision –
(iii) University -

If concerns are present/an action plan has been set, what is the plan for a further review?

Next meeting (date and time) set (if applicable)

Intervention summary	

HELPFUL ASPECTS OF SUPERVISION QUESTIONNAIRE (H.A.S.Q.)

Your Name (optional) :

Date of supervision :

1. Please rate how helpful this supervision was overall :

Very unhelpful	Fairly unhelpful	Neither helpful nor unhelpful	Fairly helpful	Very helpful
1	2	3	4	5

2. Of the events which occurred in this supervision, which one do you feel was the most helpful for you personally? It might be something you said or did, or something the supervisor said or did. Can you say why it was helpful?

3. How helpful was this particular event? Rate this on the scale :

Very unhelpful	Fairly unhelpful	Neither helpful nor unhelpful	Fairly helpful	Very helpful
1	2	3	4	5

4. Did anything else of particular importance happen during this supervision? Include anything else which may have been helpful, or anything which might have been unhelpful.

Case management supervision proforma

Please cover the following for <u>all cases</u>

Initials:		**Age:**		**Gender:**		**Pronouns:**	
Main problem summary:							

Risk: ALL AREAS MUST BE COVERED

*****please present all risk areas and clearly state if risk is not present in any specific area.
For primary school age clients, if current risk is not present, there is no need to explore past risk, but this needs to also be clearly stated – e.g. "previous risk not asked as no current risk and primary school age". If there is <u>any</u> risk, then all previous risk should have been gathered by practitioner.

Note: The 5 core areas (present and past thoughts, plans and actions pertaining to suicide, present and past thoughts, plans and actions pertaining to self-harm, risk from others, risk to others and self-care), as well as protective factors, *must be present to avoid practitioner auto-fail.* Other areas are highly recommended and considered best practice.

Risk of suicide:		
Current:	**Thoughts:**	
	Plans:	
	Actions:	
Past:	**Thoughts:**	
	Plans:	
	Actions:	
Risk of self-harm:		
Current:	**Thoughts:**	
	Plans:	

	Actions:	
Past:	**Thoughts:**	
	Plans:	
	Actions:	
Contextual safety factors:		
Risk to others:		
Risk from others:		
Self-care (sleep, appetite, hygiene):		
Neglect from others (warmth, shelter, food):		
Online safety/social media use:		
Caring responsibilities:		
Substance/alcohol use/medication:		
Protective factors:		
Vulnerability factors:		
Safety plan:		
Summary of safety and resulting action plan:		
Contextual information:	**Previous episodes/ past treatment:**	

	Current life situation:	
	Trauma/abuse:	
	Developmental factors:	
	Cultural/language/disability considerations:	
Impact:	**Family:**	
	School:	
	Wider social environment:	
Routine Outcome Measures (ROMs): *ensure you discuss what the scores mean (e.g. clinical significance)	**RCADS:** *only use for clients aged 8 and over, include significant scores only for all clients	
	CORS/ORS:	
	GBO:	1. 2. 3.
	SRS/SFQ:	
	Additional measures: *SDQ/BPSES/ODDp/ESQ/ Current view	
COM-B and suitability for LI CBT:		
Any questions identified for CSS:		
Intervention plan: *after a summary of the case discussion		

Additional information for returning clients:

*risk/four-weekly review/high scores/DNA/further support

Please replicate the table below as many times as necessary (when client is brought back to CMS) in chronological order, previous boxes can be briefly overviewed of key information, but all previous sessions do not need reading. Most recent session box should be read out.

<table>
<tr><td>Category:</td><td colspan="2"></td><td>Date:</td><td></td></tr>
<tr><td>Main presenting difficulty identified:</td><td colspan="2"></td><td>Chosen intervention:</td><td></td></tr>
<tr><td rowspan="12">Any changes to risk since assessment:</td><td rowspan="3">Suicide:</td><td>Thoughts:</td><td colspan="2"></td></tr>
<tr><td>Plans:</td><td colspan="2"></td></tr>
<tr><td>Actions:</td><td colspan="2"></td></tr>
<tr><td rowspan="3">Self-harm:</td><td>Thoughts:</td><td colspan="2"></td></tr>
<tr><td>Plans:</td><td colspan="2"></td></tr>
<tr><td>Actions:</td><td colspan="2"></td></tr>
<tr><td colspan="2">Risk to others:</td><td colspan="2"></td></tr>
<tr><td colspan="2">Risk from others:</td><td colspan="2"></td></tr>
<tr><td colspan="2">Self-care:</td><td colspan="2"></td></tr>
<tr><td colspan="2">Neglect:</td><td colspan="2"></td></tr>
<tr><td colspan="2">Caring responsibilities:</td><td colspan="2"></td></tr>
<tr><td colspan="2">Substance misuse:</td><td colspan="2"></td></tr>
<tr><td colspan="2">Online safety:</td><td colspan="2"></td></tr>
<tr><td>Summary of vulnerability factors:</td><td colspan="4"></td></tr>
<tr><td>Summary of protective factors:</td><td colspan="4"></td></tr>
<tr><td>Safety plan and other actions arising:</td><td colspan="4"></td></tr>
<tr><td>Summary of ROM changes:</td><td colspan="4"></td></tr>
<tr><td colspan="5">Reason for supervision:</td></tr>
<tr><td>If risk:
*clearly outline what changes in risk have occurred, what actions have been taken so far, and what other measures need to be put in place</td><td colspan="4"></td></tr>
</table>

If four-weekly review: *outline engagement with the intervention so far, any barriers identified (use COM-B), and how many more sessions will be offered	
If high scores: *consider bringing more detailed (session-by-session) summary of ROMs and discuss the factors that might have contributed in worsening of scores	
If DNA: *Please summarise how many attempts have been made to contact the client and their family, and discuss the next steps based on the policies of your service	
If further support: *Clearly formulate a supervision question relating to a specific topic that has arisen in sessions with a client	
Action plan: *after a summary of the case discussion	

Clinical skills supervision pro forma

Student Name		
Clinical Supervisor Name		
Date		
Nature of Supervision (Please tick)	Face-face (FF)	
	Telephone (T)	
	E-mail (E)	
Feedback on any actions from previous session		

SUPERVISION QUESTION(S)

SUMMARY OF KEY ISSUES DISCUSSED

Actions arising from this session:	**By whom**

Date of next supervision session/contact	

Student signature:…… Date: ……

Clinical Supervisor signature: …….. Date:……

One copy should be completed and given to the clinical supervisor. Original to be retained by the student.

Flipped Learning and Individual Learning guidance:

A blended learning approach to training is provided with a mix of synchronous teaching (everyone taught at the same time at the same pace) and asynchronous learning (learning completed independently at your own pace and with greater flexibility on time).

Asynchronous methods on the program include: Individual learning days and Flipped learning days.

Individual learning days:

These days are focussed upon acquisition of knowledge to support understanding of a module. This type of learning is best paced to the individual's needs. A range of different presentations, materials and tasks will support this delivery. Some remote interaction may be facilitated through Padlets, but there is no expectation of everyone doing this at the same time. Timings for the session are suggested, and individuals can pace according to their own needs and external demands. This may be particularly helpful on digital platforms where breaks are needed, or other elements of individual learning needs can be attended to. An optional live discussion space or Padlet may be used to support any questions arising as a result of working though materials.

Flipped Learning Days:

These days are focussed upon learning of knowledge or procedures that can then be put into practice at subsequent live taught days (these may be on zoom or in person). For example, understanding the importance of safety assessments and the factors that increase risk for young people can be covered in advance to allow practice of clinical safety assessments in taught sessions.

The individual learning and taught days for your training are as follows:

Module	Date	Session	Flipped or Individual Learning
Two	25/01/24	AM: Reflection in LICBT PM: Using creativity with therapeutic skill	Individual Learning Individual Learning

One	01/02/24	AM: Evidence Based Practice PM: Working with CYP and families	Individual Learning Individual Learning
Two	08/02/24	AM: Assessment of safety PM: Remote Working with CYP	Flipped Learning Individual Learning
Two	22/02/24	PM: Interviewing and questioning skills	Individual learning
Two	26/02/24	PM: Pharmacology	Individual learning
Three	28/02/24	PM: Behavioural Activation	Flipped learning
Three	07/03/24	AM: Developing and maintaining the TA and therapeutic endings PM: Self-help and bibliotherapy	Individual learning Individual learning
Four	28/03/24	AM: Community groups in your locality	Individual learning
Three	24/04/24	PM: Relapse Prevention and lifestyle management	Individual learning
Five	01/05/24	AM: Young Minds Case study	Individual learning
Six	03/06/24	AM: Common problems in group settings PM: Critical evaluation of own performance	Individual learning Individual learning
Six	10/06/24	AM: Mind and Mood PM: Psychoeducation 1	Flipped Learning Flipped Learning

For each individual and Flipped Learning day you will be required to complete a 'Individual/Flipped self-reflection log' **(see appendix 1)**. This will need to be added to your Portfolio submission at the end of the course.

Fostering a reflective approach to learning and practice is an important element of training. Research suggests that reflective learners and practitioners will develop more form training and practice than those who do not engage in reflective practice. Reflective practitioners have been seen to achieve better outcomes for the people they work with, to reach these outcomes sooner and suffer less from burnout and stress. This is one element of reflection within the program alongside reflective commentaries and regular use of supervision.

The reflective logs are not marked or graded, and your personal response to this element does not directly form a part of the overall award achieved at the end of training. This is a personal reflection, and different trainees will respond differently to each session depending on what elements of the session they consider. There is no 'correct' response to any of the reflective logs used for these teaching sessions; and no expectation on the amount of content needed for each section. This is not intended to be burdensome, and is hoped to support a brief reflection following completion of the session.

Illustrations of completed reflective logs can be seen in the example completed Portfolio submission on ELE. Where there are two topics within a day of reflective and/or flipped learning, we are happy to receive either two reflections (one per topic) or a combined single response for the days learning.

If you require any further information or support on the use of these self-reflective logs, please contact your personal tutor for support.

Individual/Flipped Self-Reflection Log

Programme Member:

Date:

Module:

Title:

1 **From the session today, what made me stop and think? What are my personal learning points from the session?**

2 **What specifically can I take forward from the session into my role today?**

3 **What specifically do I want to take away and learn more about? Are there any tasks which arise from the session?**

4 **What action plan do I have regarding this?**

5 **Following completion of these tasks/action points, what am I taking away? (e.g. new learning, personal insights, impact on personal goals, practice etc.)**

Missed Attendance self-reflection log

Programme Member:

Date:

Module / session:

Title:

1. **From the learning in the session I reviewed, what made me stop and think? What are my personal learning points from the session?**

2. **What specifically can I take forward from the session into my role today?**

3. **What specifically do I want to take away and learn more about? Are there any tasks which arise from the session?**

4. **What action plan do I have regarding this?**

5. **Following completion of these tasks/action points, what am I taking away? (e.g. new learning, personal insights, impact on personal goals, practice etc)**

Please send a copy of your completed 'Missed Attendance Self-reflection log' to your personal tutor and keep one for your records.

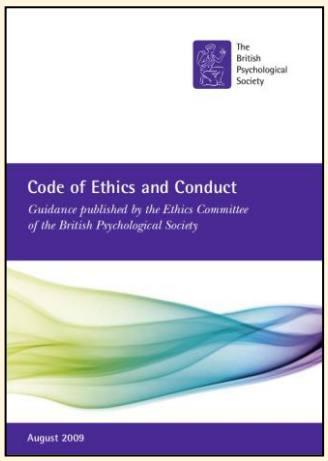
Professional Practice and Fitness to Practice Guidelines:

Code of Ethics and Conduct

Guidance published by the Ethics Committee

of the British Psychological Society

Code of Ethics and Conduct | BPS



Students agree to adhere to these guidelines.

Psychologists/practitioners should:

- (i) Recognise that ethical dilemmas will inevitably arise in the course of professional practice.
- (ii) Accept their responsibility to attempt to resolve such dilemmas with the combination of reflection (reflective practice), supervision, and consultation.

Please familiarize yourself with the Universities fitness to practice procedures, this is particularly important within clinical training

http://www.exeter.ac.uk/staff/policies/calendar/part1/otherregs/fitness/

Taught Student Attendance and Engagement Policy:

Registration of attendance

For online teaching it is required that you log into the padlet on ELE and write your name in the comments to mark your attendance. For in person teaching please register your attendance in person and sign out when you leave (fire safety).

Absence Reporting

The reasons for short term absence which are eligible for consideration are:

l. Disability (in accordance with ILP and HWSS recommendations
m. Illness
n. Illness of a dependant or other immediate relative for whom they have caring responsibilities
o. Self-isolation for Covid-19 in accordance with Government guidance
p. Medical appointments
q. Bereavement or other compassionate grounds
r. Police incident
s. Jury service
t. Unforeseen emergencies
u. Interview/career related appointments
v. Approved University visits, courses, exchanges

In the instance of needing to miss a lecture for reasons listed above, please email admin (CWP-EMHP@exeter.ac.uk), your tutor and service.

100% attendance is required on this clinical training programme. Any missed content (full or partial days) must be caught up on the lecture recording and a Missed Attendance self-reflection log should be completed, sent to your tutor and retained for your portfolio.

It is expected that you arrive on time and do not leave the teaching sessions early (09:45-16:30), so that you are able to benefit from the full teaching provision.

For further information regarding attendance please see: 12 - Student absence - Teaching Quality Assurance Manual - University of Exeter and

CEDAR A&E Video edited (panopto.eu)

Useful links:

CEDAR PGT Handbook

Please see link for up to date version.

Course: CEDAR PGT Handbook, Forms, Policies and Procedures (exeter.ac.uk)

Safety Community Charter: Online learning

Online_Charter.pdf (exeter.ac.uk)

University Wellbeing Service

Wellbeing Services | Student Wellbeing | University of Exeter

University Academic Support

Academic | Widening participation student support | University of Exeter