

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

Programme Handbook

CYP IAPT 12

2024 - 2025

Table of Contents

Welcome	3
Module Content and Aims	4
Module Aims.....	4
Core Skills Domains	5
Competencies	6
Confidentiality and Anonymisation in Assessments	7
Assessment Overview	9
Formative and Summative Assessments Guidance and Marking Criteria.....	9
Essay	10
Core Reflective Summary	13
During your training you will complete:.....	Error! Bookmark not defined.
Supervisor and Self rating of Core Therapeutic Competencies (CAPS)	14
Criteria for CAPS	16
Child and Adolescent Practice Scale (CAPS).....	Error! Bookmark not defined.
References and Resources	17
Reading List:.....	Error! Bookmark not defined.
Module Descriptor:	Error! Bookmark not defined.

Welcome

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

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

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

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

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

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

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



Dr Alex Boyd, Co-Director of CYP Programmes

Module Content and Aims

Your training on the PG/Grad Diploma has two parts; a core module which all trainees must complete and then a module or modules relating to training in modality specific psychological therapies or practice.

Working alongside children, young people and their families and applying evidence-based psychological therapies requires fundamental academic knowledge and clinical skills together with a reflective approach to practice. This module therefore delivers the Department of Health's Improving Access to Psychological Therapies for Children and Young People Programme (CYP-IAPT) national curriculum of core knowledge and skills you will need in order to practice effectively as an evidence-based psychological therapist. You will explore how session-by-session measurement and routine outcome monitoring are fundamental components of effective practice. You will have the opportunity to reflect on the importance of user involvement in all aspects of CYP IAPT. The core module covers the aims of CYP IAPT and a number of topics relevant to working successfully with children, young people and their families.

Code	Title	Credits
PYCM027	Core Skills for Working with Young People with Mental Health Problems and Their Families	60

Module Aims

Code	Title and Aims
PYCM027	In this module you will develop your practice in evidence-based psychological therapies for children, young people and families. You will develop the knowledge and core competencies required to be an effective practitioner, as determined by the national curriculum for the CYP IAPT Programme

Core Skills Domains

The core skills component domain that will be covered in your training includes:

- The Collaborative Care Model
- Young people's and parents' participation
- The CYP IAPT active outcomes framework
- Evidence-based practice/practice-based evidence
- The process of organisational change
- Supporting access, diversity, and minimising disadvantage and discrimination
- Fundamentals of therapy adapted to CYP IAPT principles
- Sharing evidence-based practice with children
- Fundamental CBT skills with children
- Fundamental parent training & 0-5s skills
- Fundamental principles of working with ASD/LD
- Fundamental principles of IPT-A
- Fundamental methods of working systemically with families
- Use of supervision

Some of these domains will be taught as distinct 'core' sessions in your timetable with your colleagues on the other modality pathways, others will be integrated and interwoven throughout your modality specific workshops and tutorials. We may also make use of some of the e-learning sessions on the MindED sessions to supplement your teaching with respect to the underpinning knowledge.

Please see: <https://www.minded.org.uk/Component/Details/445301>

Location of Teaching:

Teaching will be delivered in person, remotely, over Zoom/Teams, and through guided self-study. All necessary links to online teaching will be embedded in your timetable. In person teaching, will usually take place in the Washington Singer Building, University of Exeter. Teaching sessions will occur on different days throughout the term.

The structure and timings of the Core teaching days:

Full day sessions:

09.30 – 16.30

Half day sessions:

09.30 – 12.30

12.30 – 16.30

Competencies

The core module will draw on the generic CAMHS competency Framework (Roth & Pilling, 2011) and the CYP IAPT national curriculum (core module section). Trainees will be encouraged to embed these core skills within their modality. This will be achieved through both distinct core taught sessions with peers on different pathways of the PG/Grad Dip but also interwoven through their modality specific training.

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

[CYP IAPT Curriculum for ERG](#)

For further Information on CAMHS Competencies, please visit:

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/competence-frameworks>

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

Confidentiality and Anonymisation in Assessments

Maintaining confidentiality is a vital aspect of maintaining professional standards. In general terms, no details that could be used to identify any client or part of their family should be included within any essay or assignment. As far as assignments for the Core Module are concerned, this should be easier to ensure as we do not ask for work that discusses individual client details.

However, we do ask you to write about your own work in the context of your individual work-place and employing service. A secondary but still very important aspect of confidentiality is our ability as a course to ensure work is marked blind. This means that whoever is marking an assignment should not be able to identify the author of that work from what is written. This requires more care than may be apparent at first glance, since we generally run small cohorts with only one or two trainees from individual services, and markers include academic staff running these courses on a day to day basis.

To this end therefore, you are required in your assignments **NOT** to name your workplace or employing organisations. You can describe them in general terms as follows: a local-authority run children's centre in the rural South West of England rather than saying I work in the children's centre in X-town; or a city-based counselling service/ rather than naming the service.

Please also anonymise extracts from documents included as appendices – for example, statements from project reports that include a service name as a header or footer. Such details should be physically blanked out using this facility in Word, or using a felt-tip pen. Making references to key documentation in your assignments often inadvertently identifies a service – so you are **NOT** required to include details of such documents in the reference list for core assignments. Refer to any such documents in the text along the following lines: “My employing organisation has published a report that includes relevant statistics for the participation of local young people with mental health problems. This report states ...”. You may include copies of the relevant page from such reports as appendices, or an extract as a figure within the text if you so wish, as long as any identifying details are suitably blanked out – such as the locality and/or the organisation/service name.

If you have any questions regarding issues of confidentiality and anonymisation, please do discuss these as soon as possible with a member of your academic team.

Any breaches in confidentiality in any assessment will result in the assessment automatically being returned to the trainee who will have 48 hours to reply and correct the errors, otherwise the assignment will be failed.

Should any breach of confidentiality be regarded as serious enough (identifying names and addresses of clients, for example or excessive repeated naming of a workplace or service), this would result in an automatic fail and the trainee would need to resubmit a second submission correcting the error (and making any other changes if there are other resubmission criteria).

Please refer to your individual strand handbooks for further information about confidentiality in strand-specific assessments.

Assessment Overview

Formative and Summative Assessments Guidance and Marking Criteria

There are three main assessments in the core module. These include:

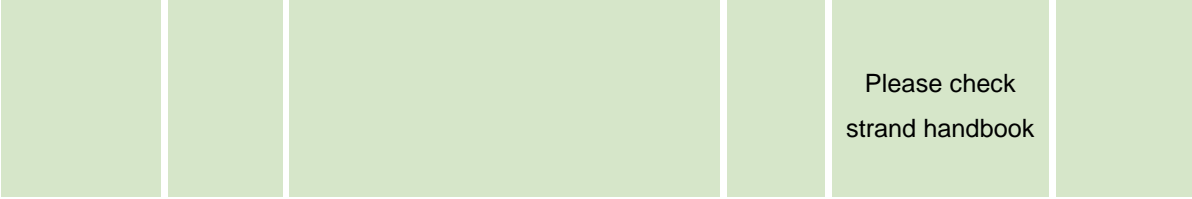
- Essay (summative)
- Core Reflective Summary (summative)
- Core therapy competencies (self-rating and supervisor rating CAPS) (formative and summative)

If you have difficulties with written assessments please use the

[Online Submission student handbook](#)

CYP IAPT practitioners core assessment summary

Module Code	Module Name	Assessment Element	% of Marks	Deadline	Consent required?
PYCM027	Core Skills	Evidence-based theory essay (3000 words)	30%	March 2024 Please check strand handbook	No
PYCM027	Core Skills	FORMATIVE - Supervisor rating of Core Therapy Competencies A (CAPS)	N/A	May-June 2024 Please check strand handbook	No
PYCM027	Core Skills	Supervisor Rating of Core Therapy Competencies B (CAPS)	20%	July-October 2024 Please check strand handbook	No
PYCM027	Core Skills	Core Reflective Practice Log (2000 words)	30%	October 2024 Please check strand handbook	Yes unless composite
PYCM027	Core Skills	Supervisor Rating of Core Therapy Competencies C (CAPS)	20%	November-December 2024	No



Please check
strand handbook

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

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

Essay

You will submit one essay as part of the core module.

Word limit: 3,000 words (*NB marking will stop at this word limit and work exceeding this limit will therefore not receive credit*)

As time has passed since the introduction of CYP-IAPT, some variations in the core principles envisioned to inform the programme have occurred. CYP-IAPT was conceived as a whole service transformation project for the delivery of improved mental health services to children, young people and families.

To support this improved access and engagement with services, five underpinning core principles were identified as follows:



In the essay title given below, we have identified four principles which vary from those given above. In order for the principles to be delivered well, attention must necessarily be paid to a further principle, which can link with awareness and accessibility. For the purposes of creating a meaningful essay title therefore, and to reduce the potential for duplication when writing critically about the principles, we have given the principles below, including a further principle of “Reflective Practice”. Whilst this does not appear in the published information supporting CYP-IAPT as a core principle, the CYP-IAPT team at Exeter University believe strongly that this is a fundamental aspect of improving access to and reducing stigma around mental health services for children and young people – and essential in understanding and implementing the other principles. Those staff members originally involved in the conceptualisation and creation of the CYP-IAPT programme, remain aware that Reflective Practice was always very much on its agenda.

This is the reasoning behind including Reflective Practice as a further principle within the essay title as set out below. Please do approach a member of the academic team if you have any questions about this, but we hope that the above explanation will make it clear why Reflective Practice does not get identified as such as a core CYP-IAPT principle in the supporting publications. You can of course refer to supporting theories and cite evidence in support of collaborative practice and shared decision-making when writing about the two other principles you select for the essay title, should you wish to.

Essay Title

With reference to the CYP-IAPT Principles below, critically discuss ONE of the principles, the challenges in applying them in your modality, and when working with children, young people and/or families.

1. Evidence Based Practice/Interventions
2. Routine Outcome Monitoring (Accountable)
3. Participation
4. Reflective Practice

Clear consideration, adaptations and reflections should be made around diversity and inclusion.

General Guidelines

To critically discuss the principle, information should be analysed to understand the problem or topic from more than one perspective, and logical connections between ideas should be made. The author should offer their own perspective on the topic based on the evaluation of the available evidence.

When writing your essays, please do maintain a focus on the core principle chosen and how these principles relate to working with children, young people, parents and families within your modality. Modality refers to the strand you are studying, for example, CBT, Parenting, 0-5s, ASD/LD, Systemic Family Practice. Your core essay should therefore relate to the core principle in the context of your training strand. Essays that meet the assessment criteria well tend to focus on broader issues, rather than being localised or personal accounts of what happens in services. It is helpful to maintain a sense of professional detachment and provide a balanced critical account of the topic. It can sometimes be tempting to allow strong personal feelings and experiences within your professional role to undermine the academic nature of writing the essay. However, do remember to maintain a focus on the essay title, which is to **critically discuss** the issues identified.

To critically discuss, consider various different aspects of the topic and demonstrate your skills in reasoning by comparing evidence for/against the arguments you are making. Use the published views of scholars and researchers/recognised experts in the field to support the arguments you are making and to voice criticisms of these views. Sometimes you will have strong personal views to include. If these cannot be supported by others' published work, be circumspect in how you express them and make it clear the views expressed are your own, explaining how the experience has shaped and formed them. Do not feel these views cannot be included or that they are invalid. Be prepared to include counter arguments to such views as part of "critically discussing" them. Your essay response to the title can be assertive, as long as you provide a clear argument about the view being given and you draw some balanced conclusion at the end of the essay. Answers that include mostly strong personal views which criticise services for example, are likely to fail as these tend not to appropriately answer the question in terms of balance and argued debate.

One final tip concerns the use of "voice" in writing your essay. Academic writing allows for the use of the first person "I"; "me"; "us", as well as the more traditional third person voice "they"; "she"; "it". Sentences that are constructed using a passive tense and in the third person – "It can be argued

that IAPT has encouraged a reductive and pathologising approach to framing an individual's problems with mental health" – can give distance and a detachment from the immediacy of the topic under review when one holds strong views about it. For example, compare the statement "In my service I have found IAPT just gives people labels and makes them feel like they are not a person anymore". The latter statement has a very different feel and historically essays that have achieved better marks are less inclined to include more personal information written in the first voice. Once started, it can carry one away on a wave of intense personal feeling and the overall effect can be to lose the academic nature of the writing.

Download the [Core Essay Marksheet](#)

Download the [Core Essay Guidelines](#)

Core Reflective Summary

You will be required to submit a reflective summary of 2000 words on the application of the core CYP IAPT aims and principles to your clinical Practice. You may choose to reflect on one or more of the principles:

- 1. Evidence Based Practice/Interventions**
- 2. Routine Outcome Monitoring (Accountable)**
- 3. Participation**
- 4. Reflective Practice**

Identify the area that you are going to reflect on and then provide a reflective analysis of this area followed by a plan. Your analysis should demonstrate your ability to reflect on your practice in relation to the CYP IAPT Principle(s).

The analysis should provide a critical evaluation of the therapy skills that you demonstrate within the applying these principles, drawing on relevant theory, research and literature and identify areas for improvement. The following model may be help with this. You could make reference to your self-rating/session rating forms within the summary.

The four stage experiential learning model (Kolb 1984 and Lewin 1946) in Bennett-Levy et al (2004 p. 19) is the most widely used model in adult education (see fig. 1).

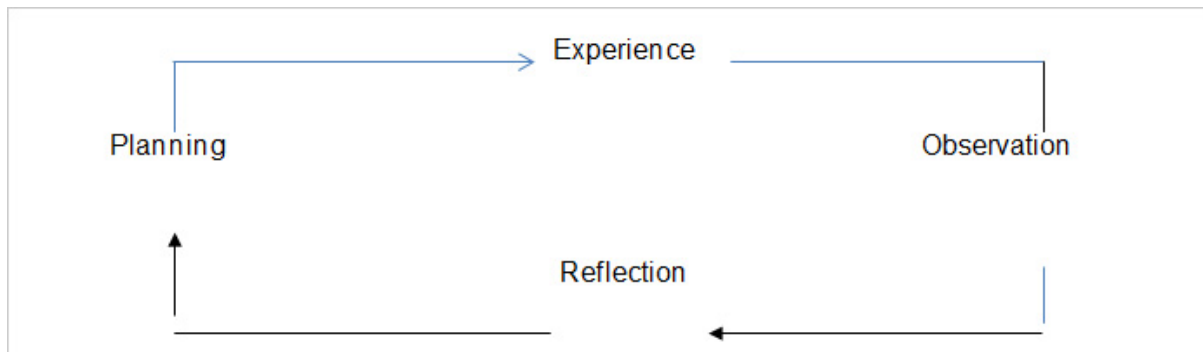


Figure 1. Experiential learning cycle (Bennett-Levy et al. 2004)

Different terms have been used by different authors to reflect the same four stages: *Plan, Experience, Observe, and Reflect*. Effective learning is said to proceed through a series of these cycles.

EXPERIENCE: The experience, describing the context and what happened.

OBSERVE: The thoughts and feelings of the practitioner/young person/parent/family.

REFLECT: Making sense of what happened by:

- Relating it to previous experience and knowledge, both personal and professional
- Searching for understanding/meaning making
- Generalising, abstracting principles
- Fit with the formulation

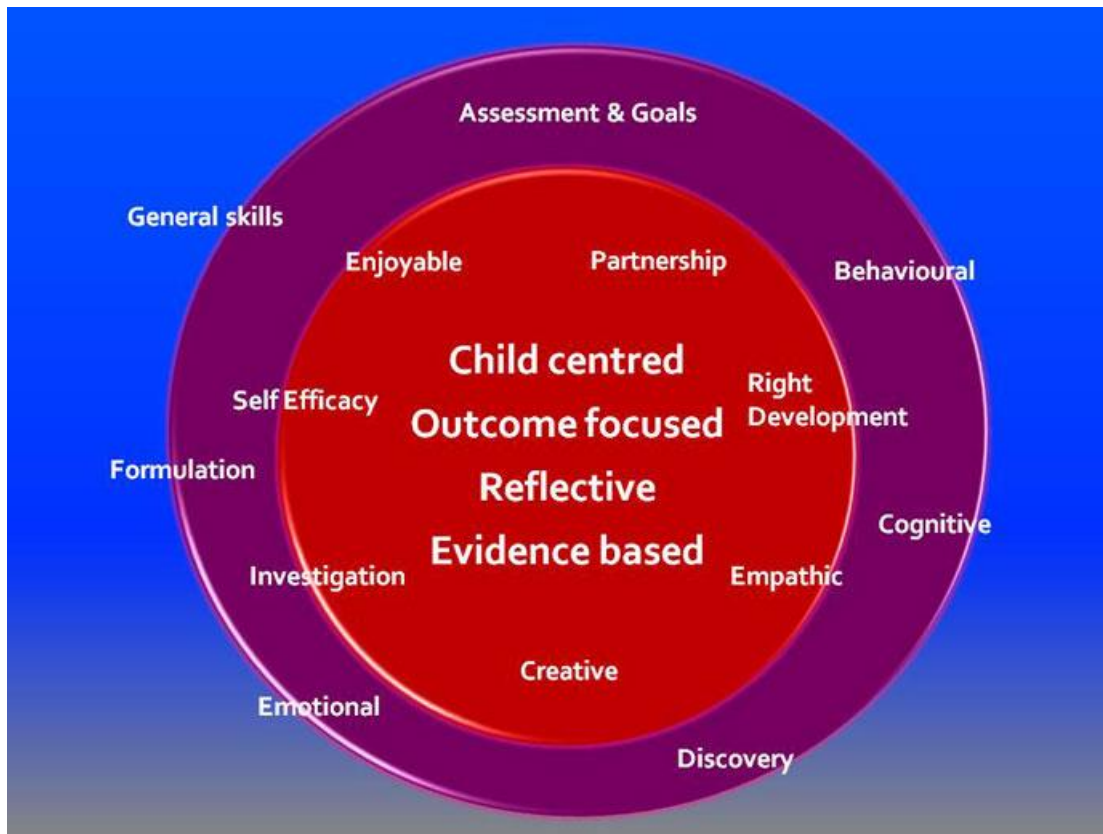
PLAN: With the new understanding, how to take this forward if it happens again or there are similar circumstances

Download the .doc) [Core Reflective Summary Criteria](#)

Download [Core Reflective Summary Mark sheet](#)

Supervisor and Self rating of Core Therapeutic Competencies (Child and Adolescent Practice Scale - CAPS)

Your core therapeutic competences will be assessed using the Child and Adolescent Practice Scale (CAPS) - [PRECISE Process document](#)



Process (PRECISE)

The middle segment defines the process of therapy/practice

P - Partnership working R - Right developmental level E – Empathic C – Creative I – Investigative S – Self efficacy E - Enjoyable

You will submit three CAPS assessments during the course:

1. A supervisor rated *formative* CAPS early in term 2. This will be completed by your workplace supervisor.
2. A supervisor rated *summative* CAPS during the summer. This will be completed by your workplace supervisor.
3. A supervisor rated *summative* CAPS towards the end of term 3. This will be completed by your workplace supervisor.

All Supervisor CAPS summaries will be submitted during the course alongside supervisor reports and all CAPS summaries will form part of the final clinical portfolio.

The Process section of the CAPS will be used and will focus on the following competencies known as PRECISE:

P - Partnership working

R - Right developmental level

E – Empathic

C – Creative

I – Investigative

S – Self efficacy

E – Enjoyable

Download the [CAPS Precise Scoring Sheet](#)

Criteria for CAPS

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

Rating the scale

The seven point scale (i.e. a 0-6 Likert scale) extends from (0) where the trainee does not believe they currently meet competence to (6) where they believe they are currently expert in that particular competence. A score of 6 (Expert) should only be used if the competence has been demonstrated in the face of significant difficulties. For example, partnership working may be rated as expert if the family/child are very hostile or critical and yet the clinician was able to maintain a collaborative relationship). It is expected that in most sessions significant difficulties will not be present and so maximum ratings of competence will be 5 (Proficient). Mark each competence using whole and half numbers to indicate the level to which each competence has been demonstrated.

References and Resources

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

Fonagy, P. & Target, M. (2005). *What works for whom: a critical review for children and adolescents*.
Routledge

NHS England. (2016, December 7). *Minded targeted & specialist CAMHS. MindEd*.
<https://www.minded.org.uk/Component/Details/445301>

NHS – IAPT (2014). *Children and Young People's Improving Access to Psychological Therapies Programme*. Health Education England. [CYP IAPT Curriculum for ERG](#)

Roth, A. D., & Pilling, S. (2008). *A competence framework for the supervision of psychological therapies*.
www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm

Websites

- www.camhsnetwork.co.uk
- www.ucl.ac.uk/clinical-psychology/CORE/core_homepage.htm?accesscheck=%2Findex.php
- <https://www.corc.uk.net/>