

**PG Diploma in Psychological  
Therapies Practice (Children,  
Young People & Families) –  
Systemic Family Practice**

**Programme Handbook**

**CYP IAPT 12**

**2024 - 2025**

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## Welcome

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

## Welcome to the SFP strand

The Family/ Systemic Psychotherapy team at University of Exeter are pleased to welcome you to our Diploma in Evidence Based Psychological Therapies Systemic Strand. We are proud of the success of this programme over the past 11 years. We have not only trained upwards of 100 systemic family practitioners but the programme has had a significant influence (along with our CBT and Parenting colleagues) in changing the local landscape of services to children and young people. Specifically within eating disorder services and interventions for young people with depression or self-harm, the programme has helped establish family systemic practice at the heart of treatment.

The purpose of systemic practice is to alleviate psychological distress by addressing relational patterns. With a strong focus on the evidence based models of family practice and a firm belief in the practical, 'real world' implementation of them, the programme, with your involvement, will continue to make a difference to young peoples' lives in the South West. Family/Systemic Psychotherapy training at University of Exeter has always had an integrative and reflective emphasis. You will see that we outline our commitment to quality supervision and personal reflection in this Handbook (see the supervisory Process section). This entails the creative and flexible interpretation of the evidence base which is balanced by practice based evidence.

We know that the coming year will be intense, challenging and rewarding in equal measure for you. We know that you will be a more competent family practitioner by the end of the year but there will always be more to learn. We would also therefore see this as the start of a new relationship that may take you onto our MSc in Psychological Therapies Practice and Research (Qualifying Family/ Systemic Psychotherapy training), our Systemic Supervisor course or even, in time, onto our Clinical Doctorate.



**Mark Rivett - Co-Director of Systemic Psychotherapy**

**Programmes.**

## Meet the Team

### **Professor Catherine Gallop**

Director of CEDAR PGT Programmes

Email: [c.a.gallop@exeter.ac.uk](mailto:c.a.gallop@exeter.ac.uk)



### **Dr Alex Boyd**

Director of CYP-IAPT Training Programmes

Email: [A.Boyd@exeter.ac.uk](mailto:A.Boyd@exeter.ac.uk)



### **Mark Rivett**

Co-Director of Systemic Programmes

Email: [M.J.Rivett@exeter.ac.uk](mailto:M.J.Rivett@exeter.ac.uk)



### **Hannah Sherbersky**

Co-Director of Systemic Programmes

Email: [H.Sherbersky@exeter.ac.uk](mailto:H.Sherbersky@exeter.ac.uk)



### **Rachel Coles**

SFP Programme and Academic Lead

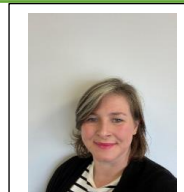
Email: [R.Coles3@exeter.ac.uk](mailto:R.Coles3@exeter.ac.uk)



### **Rachel Jones**

SFP Supervisor & Tutor

Email: [R.Jones16@exeter.ac.uk](mailto:R.Jones16@exeter.ac.uk)



# Introduction and Aims

## Main Aims of the Programme

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

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

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

The Programme aims to ensure that all across the CYP IAPT programme graduates meet recognised minimum clinical competence in working using CBT with young people with affective disorders, Parenting Training for conduct disorders with parents and young people and SFP with eating disorders or depression / self-harm and conduct disorder.

## Specific Programme Aims

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

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

It is our intention that trainees from all diverse backgrounds and perspectives be well served by this course, that trainee's learning needs be addressed both in and out of teaching sessions, and that the diversity that trainees bring to this cohort be viewed as a resource, strength and benefit. It is our intention to present materials and activities that are respectful of diversity: gender and gender identify, sexuality, disability, age, socioeconomic status, ethnicity, race, and culture. Your suggestions are invited, encouraged and appreciated. Please let us know ways to improve the effectiveness of the course for you personally or for other trainees or student groups. In addition, if any of our training sessions conflict with your

religious events, or if you have a disability or other condition necessitating accommodation, please let us know so that we can make the necessary arrangements for you.

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

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

## SFP Programme Structure

All students across the CYP IAPT strands complete module PYCM030: Core Skills for Working with Young People with Mental Health Problems and Their Families, and then will complete a further pathway (SFP, CBT, and so on)

### SFP Programme Modules

PYCM030: Systemic Family Practice in Child and Adolescent Mental Health Services

plus PYCM031: Systemic Family Practice for Adolescent Eating Disorders  
 or PYCM032: Systemic Family Practice for Adolescent Conduct Disorders  
 and PYCM033: Systemic Family Practice for Adolescent Self Harm/Depression

Code	Title	Credits
PYCM027	<b>Core Skills for Working with Young People with Mental Health Problems and Their Families</b>	60
PYCM030	<b>Systemic Family Practice in Child and Adolescent Mental Health Services</b>	30
PYCM031	<b>Systemic Family Practice for Adolescent Eating Disorders</b>	30
PYCM032	<b>Systemic Family Practice for Adolescent Conduct Disorders</b>	15
PYCM033	<b>Systemic Family Practice for Adolescent Self Harm/ Depression</b>	15



## SFP Module Aims

Code	Title and Aims
PYCM027	<p><b>Core Skills for Working with Young People with Mental Health Problems and Their Families</b></p> <p>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</p>
PYCM030	<p><b>Systemic Family Practice in Child and Adolescent Mental Health Services</b></p> <p>In this module you will develop your knowledge, skills and competency in systemic family practice (SFP) for children, young people and families. You will develop the knowledge and core competencies required to be an effective SFP practitioner, as determined by the relevant national curriculum for the CYP IAPT Programme (Systemic Work with Families – Basic Module).</p>
PYCM031	<p><b>Systemic Family Practice for Adolescent Eating Disorders</b></p> <p>In this module you will develop your knowledge, skills and competency in systemic family practice (SFP) for adolescents with eating disorders and their families. You will develop the knowledge and core competencies required to be an effective SFP practitioner, as determined by the relevant national curriculum for the CYP IAPT Programme (Specialist Systemic Module for Eating Disorders).</p>
PYCM032	<p><b>Systemic Family Practice for Adolescent Conduct Disorders</b></p> <p>In this module you will develop your knowledge, skills and competency in systemic family practice (SFP) for adolescents with conduct disorders and their families. You will develop the knowledge and core competencies required to be an effective SFP practitioner, as determined by the relevant national curriculum for the CYP IAPT Programme (Specialist Systemic Module for Conduct Disorder).</p>
PYCM033	<p><b>Systemic Family Practice for Adolescent Self Harm/ Depression</b></p>

In this module you will develop your knowledge, skills and competency in systemic family practice (SFP) for adolescents with self harm/depression and their families. You will develop the knowledge and core competencies required to be an effective SFP practitioner, as determined by the relevant national curriculum for the CYP IAPT Programme (Specialist Systemic Module for Self Harm and Depression).

## General Administrative Information

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

## University of Exeter Services

### The University Campus

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

Key buildings you may wish to access include:

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

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

### Student Information Desk

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

### Library Facilities

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

### Access to External Libraries

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

It is available to:

- Academic staff on open or fixed term contracts
- Postgraduate research students registered for a PhD, MPhil or similar qualification

- Part-time, distance learning and placement students
- Full-time postgraduates

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

### **Study Skills Service**

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

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

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

### **The Wellbeing Service**

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

### **Students with Disabilities**

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

### **Education Enhancement**

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

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

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

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

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

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

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

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

### **Sexual Harassment**

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

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

## **CEDAR General Information**

### **Access to Buildings**

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

Washington Singer Laboratories:

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

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

### **Contact Details**

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

### **IT Facilities**

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

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

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

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

## **Programme Governance**

### **Staff Student Liaison Committee Meetings**

Programme members are able to participate in the running of the programme through participation in Staff-Student Liaison Committee meetings. These will be held once per term where the programme team will meet with the trainee representatives and for some SSLC committee meetings, Lived Experience Group members to discuss general issues in programme delivery.

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

### **Attendance and Absences**

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

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

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

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

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

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

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

## **Marking, Assessment and Progression**

### **Notched Marking Guidelines**

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

### **Submitting Your Work**

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

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

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

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

### **Citing and Referencing**

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

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

### **Word Count Guidance**

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

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

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

The following content IS included in a final word count:

- Main body of text
- In text quotations



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

### **Re-assessment Procedures**

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

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

### **Marking and Appeals Procedure**

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

### **Student Complaints Procedure**

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

### **Academic Probity**

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

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

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

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

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

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

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

## Teaching

### **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:

<https://www.ppn.nhs.uk/resources/ppn-publications/462-ppn-equity-diversity-and-inclusion-position-statement-v1-0-october-2023/file>.

## SFP Missed Session Learning Plan

### Core Teaching Days 2023

#### **Term 1**

Week 1 – 8<sup>th</sup> January - 12<sup>th</sup> January inclusive

Week 2 – 16<sup>th</sup> January – 18<sup>th</sup> January inclusive

### SFP Teaching Days 2024

#### **Term 1**

Week 3 – 25<sup>th</sup> & 26<sup>th</sup> January

Week 4 – 1<sup>st</sup> & 2<sup>nd</sup> February

Week 5 – 8<sup>th</sup> & 9<sup>th</sup> February

**Half Term**

Week 6 – 22<sup>nd</sup> & 23<sup>rd</sup> February

Week 7 – 29<sup>th</sup> February & 1<sup>st</sup> March

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

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

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

**Term 2**

Week 1 – 11<sup>th</sup> & 12<sup>th</sup> April

Week 2 – 18<sup>th</sup> & 19<sup>th</sup> April

Week 3 – 25<sup>th</sup> & 26<sup>th</sup> April

Week 4 – 2<sup>nd</sup> & 3<sup>rd</sup> May

Week 5 – 9<sup>th</sup> & 10<sup>th</sup> May

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

**Half Term**

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

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

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

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

Week 11 – 4<sup>th</sup> July

**Term 3**

Week 1 – 5<sup>th</sup> & 6<sup>th</sup> September

Week 2 – 12<sup>th</sup> & 13<sup>th</sup> September

Week 3 – 19<sup>th</sup> & 20<sup>th</sup> September

Week 4 – 26<sup>th</sup> & 27<sup>th</sup> September

Week 5 – 3<sup>rd</sup> & 4<sup>th</sup> October

Week 6 – 10<sup>th</sup> & 11<sup>th</sup> October

Week 7 – 16<sup>th</sup> 17<sup>th</sup> & 18<sup>th</sup> October

**Half Term**

Week 8 – no teaching

Week 9 – 7<sup>th</sup> & 8<sup>th</sup> November

Week 10 – 14<sup>th</sup> & 15<sup>th</sup> November

Week 11 – 21<sup>st</sup> & 22<sup>th</sup> November

Week 12 – 28<sup>th</sup> & 29<sup>th</sup> November

Week 13 – 5<sup>th</sup> & 6<sup>th</sup> December

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

## **Feedback**

Students must complete electronic feedback via the mid module feedback process that takes place during teaching days halfway through each term. There are also opportunities to provide feedback to the SSLC representatives for your course, these meetings are held once a term.

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

## **Location of Teaching**

Most teaching and supervision will take place at the Washington Singer Building, University of Exeter unless it is provided online. Occasionally due to room availability you may have teaching sessions in other locations on campus and this will be listed on your timetable.

## **The Structure and Timings of the days: Systemic Programme**

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

**In person teaching** - 09.45 – 16.00

**Online Teaching** - 09.30 – 16.00

Lunch breaks take place between 12.30 - 13.00pm, with mid morning and mid afternoon breaks incorporated each day.

## **Study Time**

Trainees are required by National Guidance to **have a minimum of 28 days study time** in addition to taught hours. We have timetabled in 6 days study time during half terms. It is recommended that the remaining 22 days are spread throughout the year, either as a half day each week or an arrangement that works best for the Programme member and their employer. If you are not attending the university for teaching, and are not taking a study day, you are expected to attend your work place unless you are on annual leave.

## Accreditation

This postgraduate diploma is accredited at Intermediate level by AFT. The curriculum authors have written this Basic Module (30 credits) plus 2 x 15 credit specialist modules (or 1 x 30 credit specialist module) so that they also meet the requirements for both the Foundation and Intermediate level training in Family Therapy (with AFT). Successful students will be eligible to apply for the final two years of the current accredited training in Systemic Family Therapy (Psychotherapy) which is 2 years part time.

[AFT Code of Ethics and Practice](#)

**Competencies:**

The University of Exeter CYP IAPT SFP Programme has been designed in line with the generic CAMHS competency Framework (Roth and Pilling, 2011 see page 15) and the CYP IAPT national curriculum, and systemic competencies (Roth & Pilling, 2011).

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

[CYP IAPT Curriculum for ERG](#)

For further information on CAMHS Competencies, and IAPT disorder-specific models, please visit the [UCL CORE page](#).

## Framework

- [CAMHS Competency Framework \(.pdf\)](#)
- [Roth, Pilling, & Stratton - Systemic Competencies](#)

## Tutorials

There are three types of tutorials in the programme:

### **1. Whole group academic tutorials/teaching:**

#### **Purpose**

- Opportunity to reflect on any HW set
- Opportunity to review literature
- Opportunity to ask questions, give and receive feedback
- Opportunity to address any queries around assessments



## **2. Whole group clinical skills based tutorials/teaching**

### **Purpose**

- To consolidate learning from workshops
- To provide opportunity for further skills practice
- Opportunity to reflect on any HW set
- Opportunity to ask questions, give and receive feedback

## **3. Individual tutorials**

1 x half hour tutorial per term

### **Purpose**

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

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

### **Preparation**

Trainees are required to bring up to date forms each term for their individual tutorials, to include where appropriate:

- Reflective Practice Summary
- Clinical Log
- Supervision Log
- Teaching Log
- Supervisors Reports

### **Forms**

[1:1 Tutorial Termly Review](#)

### **Supervision**

Throughout the course trainees receive group supervision from course supervisors within the university and from their workplace based supervisors.

**Please see separate Supervision Guide and Clinical Portfolio for details of supervision.**

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 1:1 tutor or the Programme Lead.

## Supervision

Throughout the course trainees receive supervision from course supervisors within the university and from their workplace-based supervisors. **Please see separate Supervision Guide and Clinical Portfolio for details of supervision.**

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 1:1 tutor or the Programme Lead.

In the spirit of 'multiple perspectives' (a key element of systemic practice), this course offers you the opportunity to experience two different approaches to clinical supervision. In assessment, these supervisors have an equal role in marking your clinical competency using the SCS (see Supervision Handbook) and the Review Form. You must reach a pass in both supervision contexts. Ideally, your supervisors will be in contact with each other (and you) and negotiate any differences in their assessment. If this is not possible, the supervisors must refer the difference to the Academic Lead, who with your agreement, will make a final decision about the mark. University rules about Appeals and Complaints procedures apply.

### **SFP Clinical Hours Calculation**

The curriculum requires 60 'clinical hours' but does not stipulate what this means. We have therefore made a few changes to make calculating your hours easier, clearer and in line with our qualifying course.

- You must complete a minimum of 60 clinical hours - of which **40 must be as the 'lead clinician'** with the remaining **20 hours can be as part of a reflective team or co-therapy** team. You may still have your colleagues and or supervisor in the room or behind the screen when you are lead clinician.

One full family therapy session can be noted as 1.5 hours if it includes a pre and post session discussion. It is worth noting therefore, that the requirement based on this calculation means you need to do a minimum of about 28 sessions as lead clinician over the course.

- The curriculum requires 60 hours of supervision. This should all be covered by the university supervision groups (which can be calculated by the usual formula) and all other workplace supervision can just be listed with the hours as either 'live supervision', 'individual retrospective supervision' or 'group retrospective supervision'.

## **Confidentiality and Anonymisation**

Maintaining confidentiality is a vital aspect of maintaining professional standards. Common over-sights by trainees are the inclusion of identifying information in an appendix (e.g. name of service; identifying information of client or professionals involved), providing excessive information about client and family or geographic location. When writing, always ask yourself if you need to include that bit of information, and if so, is it possible to anonymise it more – for example: X lived in a rural county rather than saying Somerset; a counselling service in the South West of England, rather than saying Checkpoint or Off the Record.

A brief statement in the introduction to case reports and other client-related assessments should make it clear that any names being used have been changed to protect the confidentiality of children and young people and their families/parents/carers. Care should be exercised in anonymising documents included as appendices to reports and other written assessments, especially documents included in the clinical portfolio.

Any details that identify a child or young person or a parent/carer should be deleted or blanked out. If using a felt-tip pen to blank out these details **DO** make sure that the details cannot still be read when the paper is held up to the light, for example. Other names and addresses (apart from the trainee's own name and employing service for the clinical portfolio) should also be blanked out – e.g. names and addresses of GP surgeries.

Service details should **NOT** be identified at all for case presentations and case reports. It is also good practice not to include information that might identify the author of assignments, such as details of their profession, for example.

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

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

### **Consent Forms**

It is not enough to take action around confidentiality without having consent from the family to use their case material in academic assignments. It is therefore essential that consent forms are signed and dated by all responsible family members and submitted with your assignments. If this is not provided, the assignment will be returned and will not be marked until a valid consent form is provided.

### Case Studies:

1. In Case Studies there should be no identifiable information in relation to the client or service.
2. A minor breach in Case Studies, where confidentiality/anonymisation has occurred and been acknowledged by the author, but then a minor mistake(s) gets picked up will be returned to the author for correction. The Trainee will have 48 hours to reply and correct the errors, otherwise it will be marked as a fail.

3. When major breaches are present or anonymisation has not occurred and/or been made explicit, this will be an automatic fail and the trainee would need to resubmit a second submission correcting the error (and making any other changes if there are other resubmission criteria).

Clinical Portfolios:

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

## Assessment

[Essay Assessment Guidance](#)

[Case Study Assessment Guidance](#)

[Competency Tapes Assessment Guidance](#)

[CEDAR Mitigation Request Form 23.4](#)

[CEDAR Supplementary Evidence Form](#)

[Front cover sheet for all written work](#)

**COHORT 2024 – CYP-IAPT SFP PRACTITIONERS SUMMATIVE ASSESSMENT  
SUMMARY**

**ED Module Codes: PYCM030 & PYCM031**

**CD Module Codes: PYCM030, PYCM032, PYCM033**

**Core Module Code: PYCM027**

<b>Module Code</b>	<b>Module Name</b>	<b>Assessment Element</b>	<b>% of Marks</b>	<b>Deadline</b>	<b>eBART/OneDrive/Email</b>	<b>Consent Forms</b>
PYCM027	Core Skills	Essay	30%	08/03/2024	ELE 2	X
PYCM027	Core Skills	FORMATIVE CAPS Report A, Term 1 University Supervisor Report, & Term 1 Workplace Supervisor Report	0%	03/05/2024	ELE 2	X
PYCM030	Systemic Family Practice in CAMHS	SFP Basic Essay	50%	26/04//2024	ELE 2	X
PYCM030	Systemic Family Practice in CAMHS	FORMATIVE Competency Assessment A	0%	24/05/2024	ELE 2 and OneDrive	Y
PYCM030	Systemic Family Practice in CAMHS	Case Study A	50%	05/07/2024	ELE 2	Y
PYCM027	Core Skills	CAPS Report B, Term 2 University Supervisor Report, & Term Workplace Supervisor Report	20%	05/07/2024	ELE 2	X
PYCM031	Systemic Family Practice for	Competency Assessment B	20%	19/07/2024	ELE 2 and OneDrive	Y

	Adolescent Eating Disorders					
PYCM033	Systemic Family Practice for Conduct Disorders	Competency Assessment B	40%	19/07/2024	ELE 2 and OneDrive	Y
PYCM031	Systemic Family Practice for Adolescent Eating Disorders	Case Report B	30%	30/08/2024	ELE 2	Y
PYCM033	Systemic Family Practice for Conduct Disorders	Case Report B	30%	30/08/2024	ELE 2	Y
PYCM027	Core Skills	Core Reflective Summary	30%	04/10/2024	ELE 2	X
PYCM031	Systemic Family Practice for Adolescent Eating Disorders	Competency Assessment C	20%	08/11/2024	ELE 2 and OneDrive	Y
PYCM032	Systemic Family Practice for Adolescent Self-Harm/Depression	Competency Assessment C	40%	08/11/2024	ELE 2 and OneDrive	Y
PYCM031	Systemic Family Practice for Adolescent Eating Disorders	Case Study C	30%	06/12/2024	ELE 2	Y
PYCM032	Systemic Family Practice for Conduct Disorders	Case Study C	60%	06/12/2024	ELE 2	Y
ED: PYCM030/ PYCM031	All SFP-specific modules	Clinical Portfolio	0% Pass/ Fail	13/12/2023	OneDrive	X

CD: PYCM030/ PYCM032/ PYCM033						
PYCM027	Core Skills	CAPS Report C, Term 3 University Supervisor Report, Term 3 Workplace Supervisor Report	20%	06/12/2023	ELE 2	X

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

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

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

## Formative and Summative Assessment Guidance and Marking Criteria



Students must take care to ensure confidentiality of families is protected within their written work. All activities on the course should conform to AFT Ethical Guidelines (see Appendix). Clearly, film material is more difficult to protect. Such material should be password protected and encrypted. It should not be downloaded unless to a safe site. The University undertakes to guard clinical material of this kind appropriately and within its own Governance Guidelines.

- Essay
- Case Studies (each on a different case):
- Case Studies A and B
- Case Study C (Extended Case Study)
- Practice Competency Tapes and associated SCS self rating and learning points
- Clinical Portfolio and Supervisors' Reports - including summary logs of clinical activity, case summaries, taught hours log, ELE feedback, self ratings and reflective summaries, supervision log and supervised practice summary sheet.
- Workplace Service Leads and workplace Supervisors will be routinely informed of trainees' marks on their academic assignments (e.g. essays, case reports) and clinical assignments (e.g. competency tapes). Workplace Service Leads and Supervisors are invited to make contact with the Programme Lead and Academic Lead should any concerns about a trainee's development arise throughout the year.

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

## Essay

[SFP Essay Mark sheet](#)

[SFP Essay marking guidelines](#)

## Case Studies

SFP trainees will submit three case studies over the year on three different cases.

### **Case Study A - 4000 words (note different word count)**

#### **Aims**

The purpose of this case study is to demonstrate your grasp of basic systemic theory and the application of theory to clinical practice. This study will be of a family from your current caseload of either ED or SH/D and CD. You will demonstrate your overall understanding of basic systemic concepts and ideas and your competency in evidence based methods of systemic practice addressing common mental health problems. You will provide a critical discussion of relevant research and must include your self reflection and learning.

#### **Learning outcomes**

- Systematic knowledge of the theoretical and research evidence for SFT for children, young people and their families and an ability to evaluate a broad range of clinical and research evidence.
- Systematic knowledge of the principles of SFT and the evidence base for the application of SFT techniques.
- Systematic knowledge of SFT for work with children and young people, their families and the wider systems of which they are part.
- Understanding of the application of systemic and related theories to the emotional and behavioural problems, resilience and change in childhood, adolescence and family life in general.
- Ability to formulate presenting problems with children, adolescents and families from a systemic perspective.
- Ability to develop SFT specific therapeutic plans
- Ability to Practicing SFT in a way that achieves good clinical outcomes.
- Ability to Manage complex issues ( including ethical issues) arising in SFT practice
- Ability to develop appropriate responsibility for clinical decision making, awareness of the limitations of knowledge, experience and skills and ability to use supervision appropriately
- Capacity to develop collaborative therapeutic relationships and to be aware of one's position in the therapeutic system, taking account of personal resonances and actual and perceived power differences

### **Case Studies B and C - 5000 words**

## **Aims**

The purpose of these case studies is to demonstrate your understanding and application of the systemic theory, research and evidence base in relation to your chosen module and client group. The study will be of a family from your caseload and will be determined by your module - either 2 case studies about a family with a young person experiencing an eating disorder or 1 case study about a family with a young person experiencing self-harm and depression and one study about a family with a young person experiencing conduct disorder.

NB In all case studies material presented must reflect accurately the assessment and interventions carried out with the relevant client.

|

[SFP Case Study marking criteria 2024](#)

[SFP Case Study mark sheet](#)

[CYP IAPT Consent Form Parents Carer](#)

[CYP IAPT SFP Consent for Recording, Supervision & Case Report Child](#)

## **Practice Competency Tapes**

You will have to submit **three** therapy video recordings over the year (one formative and two summative).

For SFP, tapes will be of recorded sessions in your family therapy/systemic practice clinic. Both the formative and summative tapes are expected to demonstrate you working with your chosen client group. For those on the ED module, an individual family therapy session. For those on the SH/D and CD module, you will be expected to submit a recording for each of these client groups.

### **Guidance on Recording Sessions**

It is standard practice to record therapy sessions these can be reviewed alongside your clinical supervision notes to support your on-going clinical development.

You will be expected to submit videos as part of the clinical assessment and bring these to university supervision each week.

It is essential that you obtain the consent of your client and parents for the recording to be used for supervision and/or assessment and submit this with your recording. The consent form also asks whether your client will be willing for the recording to be used in future training. You should consult your placement supervisor about your Trust's policies on storing the recordings and transporting the clips and submissions to the University.

## Recording Equipment

All Trusts should provide trainees with recording equipment to make and transport video recordings securely. You will need this in place from the start of the programme.

## Marking Criteria

For SFP tapes the Systemic Competency Scale will be used as a marking template. A pass mark of 50% on these measures will need to be achieved on the two summative tapes.

## Formative Guidance

Your formative recordings must be submitted by the deadlines. The videos must be clearly audible and be of a complete session.

You will also need to submit a self-rated assessment. You must submit your video along with a completed front cover sheet **which includes your own ratings and a reflective practice summary of the recording presented.**

## Summative Guidance

Your final summative recordings must be submitted by the deadline. The video must be clearly audible and be of a complete session. Trainees **MUST** achieve an overall mark of 50%.

Your Learning Points (which includes SCS self-rating sheets) must also be passed as satisfactory.

[Competency Recording submission form](#)

[Cover Sheet for submission of competency tapes](#)

[Systemic Competency Scale Assessment guidance](#)

[Systemic Competency Scale Mark sheet 2024](#)

[Systemic Competency Scale](#)

[Tape Reflective Log Feedback sheet](#)

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

[CYP IAPT SFP Consent for Recording, Supervision & Case Report Child](#)

## Mitigation Requests:

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

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

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

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

Please refer to this page for a list of commonly accepted reasons for mitigation and the appropriate additional evidence to provide: <http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/annex-f/>

Students must use the correct mitigation process and be explicit in detailing: the circumstances that have affected them and how these circumstances have affected their performance. Evidence to support their application will also need to be provided.

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

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

[CEDAR Mitigation Request Form 23\\_4](#)

[CEDAR Supplementary Evidence Form](#)

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

**Submit this to:** CEDAR-mitigations@exeter.ac.uk

### **Details of Mitigations procedure:**

Please find an outline of the revised process below:

- To request a FIRST mitigation **of up to 2 weeks**: please submit a request form outlining the impact your circumstances are having on your ability to meet a deadline. If the request is on **clinical grounds** you must also submit a supplementary information form from your workplace supervisor.
- To request a SECOND mitigation on the **deferred extension deadline**: please submit a request form (as above) with the relevant deferred extension deadline included. If the request is on **clinical grounds** you must also submit a supplementary information form from your workplace supervisor.
- To request a THIRD/further mitigation: please submit a request form (as above) with the relevant deferred extension deadline included. If the request is on **clinical grounds** you must also submit a supplementary information form from your workplace supervisor.

### **Deferred deadlines:**

SFP: 1st or 3rd Thursday of any month

## Reading List

Literature will also be put on ELE with teaching sessions specified.

### Key texts

- Rivett, M and Buchmuller, J. (with Oliver, K) (2018) Family therapy skills in action. London: Routledge.
- Day, R. (2010) Introduction to family processes. New York: Routledge
- Rivett, M. and Street, E. (2009) Family therapy: 100 key ideas and techniques. London: Routledge.
- Rivett, M and Street, E. (2003) Family therapy in focus. London: Sage.
- Smith-Acuna, S. (2011) Systemic theory in action. New Jersey: Wiley and Sons.
- Sprenkle, D. and Piercy, F. (2005) Research methods in family therapy. New York: Guilford.
- Gehart, D. (2010) Mastering competencies in family therapy. Belmont CA; Brooks/Cole, Cengage Learning.
- Patterson, J.; Williams, L.; Edwards, T.; Chamow, L and Grauf-Grounds, C. (2009) Essential skills in family therapy. New York: Guilford.
- Pilling, S.; Roth, A. and Stratton, P. (2010) The competencies required to deliver effective systemic therapies.
- [http://www.ucl.ac.uk/clinical-psychology/CORE/systemic\\_framework.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/systemic_framework.htm)
- Stanton, M. and Welsh, R. (2011) Speciality competencies in couple and family psychology. New York: Oxford University Press
- Dallos, R. and Draper, R. (2010) An introduction to family therapy and systemic practice. Buckingham: OUP.
- Williams, L.; Edwards, T.; Patterson, J. and Chamow, L. (2011) Essential assessment skills for couple and family therapy. New York; Guilford

### **Key texts - Conduct Disorder**

- Henggeler, S.; Schoenwald, S.; Borduin, C.; Rowland, M. and Cunningham, P. (2009)
- Multisystemic therapy for antisocial behaviour in children and adolescents. New York: Guilford.
- Sexton, T. (2011) Functional family therapy in clinical practice. New York: Routledge.

### **Key texts - Depression and Self Harm**

- NICE guidelines for childhood/adolescent depression
- Tavistock Clinic Childhood Depression Manual
- Diamond Manual for Attachment Based Family Therapy for Depressed Adolescents
- SHIFT (Self Harm Intervention Family Therapy) manual
- Systemic Competencies Framework

### **Key texts - Eating Disorders**

- NICE (2004) Eating Disorders: Core Interventions in the Treatment and Management of Anorexia Nervosa, Bulimia Nervosa and Related Eating Disorders. A National Clinical Practice Guideline. London: National Institute for Clinical Excellence.
- Eisler I, Lock J and Le Grange D (2010) Family-based treatments for adolescent anorexia nervosa. In Grilo C and Mitchell J (Eds) The Treatment of Eating Disorders New York, Guilford Press.
- Simic M and Eisler I (2012) Family and Multifamily Therapy. In Fox J & Goss K (eds) Eating and its Disorders. Oxford, Willey-Blackwell.
- Eisler, Simic & colleagues (2012) Maudsley Child and Adolescents Eating Disorders Service model and treatment manual for single and multi family therapy for adolescent anorexia nervosa.
- Unpublished treatment manual. South London and Maudsley NHS Foundation Trust



# SFP Supervision and Clinical Practice Handbook

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

Other SFP Supervision Documents can be downloaded from the SFP Resources and Documents section of the handbook.

## Overview of Supervision and Clinical Practice

### 1. Supervision and cases:

As part of the programme you will receive two and a half hours of university-based group supervision a week during term time. This will amount to over 60 hours of supervision over the course year.

You will also receive weekly individual supervision from your workplace supervisor over the year. In most cases this will include at least one session (or a day) of live supervision in a systemic training clinic. It is important that you do not miss supervision as this will be included in the Association of Family Therapy and Systemic Practice's (AFT) accreditation procedures.

You will need to see a number of families as specified by the SFP Curriculum, some to an agreed ending, and have received supervision from someone who is, or can be, accredited as a systemic supervisor during the course of the programme. The case requirements are as follows:

- Basic module: two cases (12 hours)
- Depression and self harm: three cases, one to conclusion (24 hours)
- Conduct Disorder: three cases, one to conclusion (24 hours)
- Eating Disorder: three cases, one to conclusion (48 hours)

**These are approximate hours and the Programme no longer holds rigidly to them. Please note that when calculating your supervision hours for your cases in the University, a total number of hours must be agreed between yourself and your supervisor.** This is because some of the university supervision will be in a group setting.

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

and Workplace Supervisor. Please do adapt this to your individual needs if helpful, it is only meant to be a suggested format.

## **2. Supervision Feedback**

We have adapted the BABCP's supervisee feedback form on supervision, which can be a useful tool to help you review supervision with your supervisor at the end of each term.

At the end of each supervision session (in agencies and at University) we will ask you to provide feedback to your supervisor by using the Helpful Aspects of Supervision Questionnaire (HASQ). This should be reviewed on an ongoing basis with your supervisor and we would encourage you to give accurate and constructive feedback using this tool so that you can gain the most from your supervision sessions over the course of the year. We also provide the SRS supervision version, which may also be used.

## **3. Your Supervisors**

Your University based supervisor will provide you with intensive skills-based supervision, helping to develop your SFP competencies. They will supervise up to 3 cases over the year. The aim is for your University supervision to focus on the non-live supervised cases where possible as the live supervised cases will be supervised by your workplace supervisor.

Both your Workplace and University based clinical supervisors will be offered training in the requirements of supervision and the clinical assessment associated with the programme. They will also be offered ongoing continued professional development (CPD) in and supervision of SFP 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 and carrying through jointly agreed action points (see record of supervision) and bringing a summary of your supervision to your 1:1 tutorials (see ongoing summary of supervision hours). If you have any concerns about your cases or supervision please do raise these with your supervisors in the first instance.

In order to develop a reflective approach to the work you carry out and link theory, practice and supervision, you will complete:

- One Core IAPT Reflective Summary
- 3 Self rating on the [Systemic Competency Scale](#) and [Learning Points](#)
- One self rated CAPS - the PRECISE (1-7) core competencies

## **SFP Clinical Hours Calculation**

The curriculum requires 60 'clinical hours' but does not stipulate what this means. We have therefore made a few changes to make calculating your hours easier, clearer and in line with our qualifying course.

You must complete a minimum of 60 clinical hours - of which 40 must be as the 'lead clinician' therefore 20 hours can be as part of a reflective team or co-therapy team. You may still have your colleagues and or supervisor in the room or behind the screen when you are lead clinician.

One full family therapy session can be noted as 1.5 hours if it includes a pre and post session discussion. It is worth noting therefore, that the requirement based on this calculation means you need to do a minimum of about 28 sessions as lead clinician over the course.

The curriculum requires 60 hours of supervision. This should all be covered by the university supervision groups (which can be calculated by the usual formula) and all other workplace supervision can just be listed with the hours as either 'live supervision', 'individual retrospective supervision' or 'group retrospective supervision'.

## **Guidance on the use of Supervision**

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

### **Content of supervision**

- Content of supervision will focus on the acquisition of knowledge, conceptualisation and clinical skills within an SFP model.
- 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/formulation.

- Rehearsal of therapeutic techniques e.g. simulation, role-play.
- Discussion about therapeutic strategies.
- Case Presentations.
- Homework.
- Review of cases\*
- Direct observation of practice (in clinical base)
- 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 psycho-educational material.
- Experiential exercises.
- Other strategies as agreed.

**\* You will be expected to bring your cases to the University agreed between you and your University supervisor and regularly to your service supervision.**

## Assessment of Clinical Practice

At the end of the course each programme member is required to submit a clinical portfolio. This clinical portfolio forms one of the required assessments. It also meets the CYP IAPT curriculum requirements. We encourage you to complete the paperwork on an ongoing basis in your portfolio and you will need to bring these to your termly 1:1 tutorials.

### Supervision Reports

At the end of terms 1 both supervisors will complete formative supervisor's report. You will need to submit these to the course on the assessment dates and keep a copy for your records. If concerns are highlighted in these reports that indicate that the supervisors cannot sign you off as being satisfactory for that stage in your training, an action plan meeting will be arranged.

### Practice Competency Tapes

You will need to submit 3 therapy tapes over the year (one formative and two summative). An appropriate consent form should be used (see below) and the [Cover Sheet for Competency Tapes](#) should be included. You should also include the usual formula.

[CYP IAPT Consent Form Parent Carers](#)

[CYP IAPT Consent Forms Supervision Case Reports and Child](#)

## **Clinical Portfolio**

At the end of the course each programme member is required to submit a clinical portfolio. This clinical portfolio forms one of the required assessments. It also meets the CYP IAPT curriculum requirements. We encourage you to complete the paperwork on an ongoing basis in your portfolio and you will need to bring these to your termly 1:1 tutorials.

## **Participation**

Participation is a core component of CYP-IAPT and the SFP strand replicates this. Systemic strand students attend the Core Participation teaching days which include service and young people's representatives. However, the course also runs an annual teaching day specific to systemic practice and invites both young people and parent representatives to contribute. Please see training materials on ELE and feedback from students. Participation is also central in terms of course development, institutional structures and the use of feedback to improve the course. Termly Student/ Staff Liaison Committees are held (see minutes) and feedback is encouraged after every teaching day. Supervision is also subject to feedback via the HASQ the results of which are used in supervision sessions. This feedback is part of the University's internal quality assurance framework.

## **Reflective Practice**

AFT requirements are that students on an Intermediate level course provide evidence of reflection during the course of the training. This will be provided by making sure the Portfolio includes three learning points, and three self-rating SCS scales.

## **Supervision Reports**

You will need to submit three supervisors' reports during your training. At the start of term 2 and end of term 2 you will submit a "University Supervisor Report" and "Workplace Supervisor Report". These reports are reviewed with your university tutor. Where a trainee does not pass their supervisor's reports this will be addressed with the trainee and their tutor and supervisor. At the end of term three you will need to submit your final summative report. This will also go into your final clinical portfolio.

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

**Competence not yet demonstrated** - The therapist commits errors and displays poor and unacceptable behaviour, leading to negative therapeutic consequences.

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

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

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

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

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

Competence Level	Examples
Competence not yet demonstrated	0 Absence of feature, or highly inappropriate performance
Novice	1 Inappropriate performance, with major problems evident
Advanced Beginner	2 Evidence of competence, but numerous problems and lacking consistency
Competent	3 Competent, but some problems and/or inconsistencies
Competent	4 Good features, but minor problems and/or inconsistencies
Proficient	5 very good features, minimal problems and/or inconsistencies
Expert	6 Excellent performance, or very good even in the face of patient difficulties

**Files to download:**

[Formative Supervisors Report Term 1](#)

[Supervisors Report Term 2-3](#)

[PRECISE Process document](#)

[CAPS Precise Scoring Sheet](#)

## SFP Resources and Documents

### SFP Supervision Documents

[SFP Supervision Contract](#)

[SFP Termly Tutorial 1:1](#)

[HASQ Form](#)

[SFP Supervision Log](#)

[SFP Summary of supervision hours, supervised practice and cases](#)

[Formative Supervisors Report Term 1](#)

[Supervisors Report Term 2\\_3](#)

[SFP Child and Adolescent Practice Scale \(CAPS\)](#)

### SFP Clinical Portfolio Forms

[Template for Portfolio 2024](#)

### Other Useful Documents:

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