

Liverpool, Manchester and Lancaster Doctoral Programmes in Clinical Psychology

TRAINEE LOG BOOK

Name of Trainee:

Date of Entry on to Programme:

SUMMARY OF PLACEMENTS

|  |  |  |  |
| --- | --- | --- | --- |
|  | YEAR 1 | **YEAR 2** | **YEAR 3** |
| 1 | 2 | **3** | **4** | **5** | **6** |
| DATE OF MEETING INITIAL/NEW SUPERVISOR |  |  |  |  |  |  |
| PLACEMENT |  |  |  |  |  |  |
| LOCATION |  |  |  |  |  |  |
| **SUPERVISOR(S)** |  |  |  |  |  |  |
| DATES OF PLACEMENT**FROM/TO** |  |  |  |  |  |  |
| DATE OF MID PLACEMENT MEETING |  |  |  |  |  |  |
| VISITED BY |  |  |  |  |  |  |
| **DATE OF END OF PLACEMENT MEETING**  |  |  |  |  |  |  |

*A record of all placements completed and the assessment of those placements is kept by the Programme Secretary and reviewed by Programme staff.*

**SELF MONITORING USING A LOG BOOK**

**Introduction**

A clinical log serves several purposes. As a cumulative record of trainees’ clinical experiences it helps staff plan teaching and placements; it makes it easier to identify gaps in trainees’ experiences and helps them to think about and reflect upon their work. A log also makes it easier for external assessors to evaluate the experience which we provide on the Programme. It is the trainees’ responsibility to ensure that their log book is updated regularly and to ensure that it is referred to when planning placements, setting placement contracts and in their own individual annual reviews.

This log contains more than a simple record of clinical experiences. It provides an opportunity for trainees to record what they are doing (part A) as well as how they are doing (part B).

**Instructions for completing part A**

The first part of the log is concerned with the range of clinical work trainees have done on placement. A chart for recording work involving clients is attached followed by two pages for recording other activities and noting your reflections on inclusive practise on this placement. Please add additional blank sheets if more space is required.

**Trainees are advised to fill it in at least monthly** – this way the task won’t be too burdensome. Some examples are given below, and illustrated in the example sheet following.

**Example 1**

Imagine you are seeing **Case A**, a **30** year old **Man** with **agoraphobia** referred by his **psychiatrist.** You assess him by **interview** and with the help of some **questionnaires**. He is a **practising Christian**. The major focus of your intervention is **cognitive behavioural**, but you also do basic **consultation with ward staff**; you have seen him once a week for **ten sessions,** and the consultation is just **1 meeting.** He is judged by you and your supervisor to have **improved**.

**Example 2**

**Case B** is a little boy aged **10** referred by the **local special school** with a **behaviour problem**. You see his parents with a community nurse; you see him with his parents, who are both of **Chinese origin**, for an **assessment interview** and you spend some time in the classroom **observing** him **directly**. After discussion you and your supervisor decide to work through the teacher, supervising a behavioural problem. You write **‘indirect’** in the mode of work column. You see the teacher **three** times, but then the family moves out of the area and does not return.

**Example 3**

**Case C** is a couple (**M and F**) aged **32 and 35** referred with a **sexual problem** by a **GP**. Your **supervisor** offers **psychosexual** counselling and because you are observing rather than acting as co-therapist you write **Observer** in the ‘role’ column. You see the couple for **12** sessions but they do not improve; they seem to have developed new problems.

**CLINICAL LOG PART A: Example Sheet**

**LOG OF CLIENTS WORKED WITH DURING PLACEMENT AT:**

**FROM:**

**TO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case****Initial****No** | **Sex** | **Age** | **Referral Source** | **Assessments** | **Main Problems** | **Setting** | **Intervention** | **Role** | **Co-workers** | **Mode of Work** | **No of contacts** | **Outcome** |
| **A** | M | 30 | Psychiatrist | IQBDI Questionnaire | Phobia | Ward | CBT | Individual |  | Direct & consultation | 10 / 1 sessions | Improved |
|  **B** | M | 10 | Special School | IQ QuestionnaireObservation | Behaviour Problem | MDT | BT  | Joint | Community Nurse | Indirect | 3 | Left |
| **C** | M & F | 3235 | GP | Marital Work | Sexual Problem | Health Centre | BT | Observer | Supervisor | Couples | 12 | Uncertain |

**CLINICAL LOG PART A(i)**

***(Please photocopy additional sheets when required)***

**LOG OF CLIENTS WORKED WITH DURING PLACEMENT AT:**

**FROM:**

**TO:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case Initial No** | **Sex** | **Age** | **Referral Source** | **Assessments** | **Main Problems** | **Setting** | **Intervention** | **Role** | **Co-workers** | **Mode of Work** | **No of contacts**  | **Outcome** |
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**CLINICAL LOG PART A(ii)**

***(Please photocopy additional sheets when required)***

**LOG OF OTHER PLACEMENT ACTIVITIES**

**DURING PLACEMENT AT:………………………………………**

**FROM:……………… TO:………………………**

**Please list those other activities that might have contributed towards the achievement of your intended learning outcomes** (for example teaching staff, research, consultation, attendance at Special Interest Groups, conferences, etc.)**:**

**Inclusive Practise**

**The following questions are intended to help prompt your thinking around inclusivity issues. Please also use supervision to develop your ideas. This section of the log book will be reviewed at the end of each placement by a clinical tutor.**

1. **Inclusive practise noted on this placement - how does the service ensure it meets the needs of all those in the general local population? Barriers to inclusive services noted on this placement.**
2. **Focusing on one or two themes/issues that have emerged from questions 1 and 2, how could the service overcome barriers and become more inclusive?**
3. **In what way do service-users contribute to and influence the service?** (For example, organising/participating in service-user led groups, routinely being asked for feedback on their experiences of the service, any other way). How could service-user involvement be improved in this service?
4. **What are your personal experiences of inclusivity within this service?** For example, have you felt that the service valued and welcomed diversity amongst staff members? If so, what made this possible? If not, what would help to improve this?
5. **How has your thinking about inclusivity issues changed over the course of this placement and what were the mechanisms that enabled this change?**

**LOG OF CLINICAL EXPERIENCE**

**INSTRUCTIONS FOR COMPLETING PART B**

The log is designed to help you use your experience to aid your development through training. It is primarily intended to assist in self–monitoring although we suggest that you complete it in liaison with your supervisor; this is intended to help you in your judgements.

**How is the log structured?**

The log is divided into two broad areas:

1. **Core skills** – such as how to engage clients or how to formulate cases
2. **Specific skills** – ranging from relaxation training through to areas which will require a broad range of skills, such as consultation.

The log consists of a list of clinical competencies which, ideally, you will acquire by the end of the Programme. However, it is important to recognise that **you should not expect to be an expert in everything**, and that some areas will be better developed than others.

The list is not exhaustive and there are many other competencies you will acquire.

**How is the log filled in?**

1. At the end of each placement scan the totality of your experience on the placement. Much of this will have been recorded on the ‘A’ sheets.
2. Go through the list of clinical competencies. There are six columns available to fill in. One column should be filled in at the end of each placement.
3. Give yourself a rating for each item. The key for the ratings is given below.
4. At the end of each placement share your ratings with your supervisor and ask for their objective feedback. Modify your self-ratings accordingly.
5. You might also like to follow the procedures above, though less formally, in preparation for the mid-placement review.
6. Take the log with you to meetings with your tutor/ co-ordinator when discussing your future placements. You should also take it with you when you meet a new supervisor, as it will help you to plan the placement contract.
7. **Rating Definitions**

X- No opportunity

1. Haven’t got it yet
2. Limited competence
3. Almost there

4. Feeling competent.

***Please note that you may not, by definition, be able to reach ‘level-4’ in all of the areas outlined subsequently. For the purposes of this competency based logbook, ‘4’ is an appropriate level to be reached by the end of clinical training. Clinical expertise is cumulative and is something that will continue for the rest of your careers.***

**CLINICAL LOG – PART B**

1. **CORE SKILLS**
2. **Psychological Assessment**

**Ability to choose, use and interpret a broad range of assessment methods appropriate to the client and service delivery system in which the assessment takes place and the type of intervention which is likely to be required**

* Formal procedures
* Systematic interviewing procedures
* Other structured methods of assessment
* Note taking / clinical records / case file organisation
* History taking – knowledge of what to ask and how to ask it
* Client self monitoring (keeping diaries etc) knowledge of what to collect and how to use it
* Direct observation techniques – collection and use of data
* Psychometric assessment
* Networking (data from other sources/agencies – who to ask and how to use it)
* Conducting appropriate risk assessment and using this to guide practice

1. **Psychological Formulation**

Generate and test hypotheses

* Develop formulations of presenting problems or situations which:
* Provide coherent rationale for procedures and interventions
* Utilise and apply relevant academic knowledge to understand problems
* Incorporates interpersonal, societal, cultural and biological factors as appropriate
* Select appropriate therapeutic approach or method of intervention
* Using formulations with clients to facilitate their understanding of their experience
* Using formulations to plan appropriate interventions that take the client’s perspective

into account

* Using formulations to assist multi-professional communication and the understanding of clients and their care
* Revising formulations in the light of ongoing intervention and, where necessary, reformulating the problem
* Agreeing goals and negotiating appropriate intervention plans
1. **Psychological Intervention**

On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s) and to do this in a collaborative manner with:

* Individuals
* Couples, families or groups
* Services/organisations
* Implementing interventions through and with other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements
* Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers
1. **Evaluation**
* Selecting and implementing appropriate methods to evaluate interventions and their:
* Effectiveness
* Acceptability
* Broader impact (both individuals and organisational)
	+ Using the evaluation information to inform and shape practice
	+ Devising innovative procedures
	+ Auditing clinical effectiveness
1. **Research**
* Identifying and critically appraising research evidence relevant to practice
* Use of literature in relation to clinical work
* Using repeated measurement
* Conducting service evaluation
* Conducting service evaluation and small N research
* Conducting collaborative research
* Planning and conducting independent research, including:
* Identifying research questions
* Demonstrating an understanding of ethical issues
* Choosing appropriate research methods and analysis
* Reporting outcomes and identifying appropriate pathways for dissemination
1. Personal and Professional Skills
* Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants
* Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimised
* Understanding the impact of difference and diversity on people’s lives, and its implications for working practices
* Demonstrating the ability to reflect on how ones own beliefs and experiences can shape the development of the therapeutic alliance.
* Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers
* Managing own personal learning needs and developing strategies for meeting these
* Using supervision to reflect on practice, and making appropriate use of feedback received
* Developing strategies to handle the emotional and physical impact of own practice and seeking appropriate support when necessary, with good awareness of boundary issues
* Working collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints
* Managing workload
1. **Communication and Teaching**
* Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (e.g. to professional colleagues, and to users and their carers) by:
* Producing clear written and oral communication and reports
* Expressing clearly the aims and nature of treatment
* Detailing adequate and careful assessment of outcomes
* Making available reports within expected time frame
* Working effectively in multidisciplinary teams
* Ease of relation to colleagues in other disciplines
* Contributions to multidisciplinary team and / or case conferences
	+ Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication
	+ Preparing and delivering teaching and training which takes into account the needs and goals of the participants
* Appropriate adaptations to methods and content
* Adequate planning and preparation
* Accessible presentation skills
* Effectiveness is monitored
* Understanding of the supervision process for both supervisee and supervisor roles
1. **Service Delivery**
* Adapting practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues. This includes:
* Understands the organisation of the clinical unit, including points of decision making formal and informal channels of communication
* Understanding of the role and function of key staff and committees
* The ability to take effective action within organisational framework of unit
* Involvement in co-ordinated activities in relation to patients and problems
* Ability to tolerate frustration when not able to secure staff agreement
* Understanding of consultancy models and the contribution of consultancy to practice
* Understanding of change processes in service delivery systems

(Opportunity for observation and discussion of consultancy and service development)

* Awareness of the legislative and national planning context of service delivery and clinical practice
* NHS
* Local Authority
* Relevant legislation
* Contracts
* Needs assessment
* Care planning
* Working with users and carers to facilitate their involvement in service planning and delivery
* Individual, group or project work on user and/or carer involvement
* Working effectively in multidisciplinary teams
* Understanding of change processes in service delivery systems
1. Transferable competencies
* Generalising and synthesising prior knowledge and experience in order to apply them in different settings and novel situations
* Demonstrating self awareness and working as a reflective practitioner
* Explicit identification of existing knowledge and its application to novel problems
* Ability to think critically and reflectively
* Developing effective working alliances with clients, carers and staff
* Demonstrating sensitivity to clients’ communications
1. **SPECIFIC SKILLS**

The BPS Accreditation Criteria stipulate B.2.6.3 “working in more than one recognised model of formal psychological therapy”.

The examples below are not meant to be an exhaustive list of the respective skills associated with these models, styles and schools of therapy. However, it is meant to offer a detailed framework to record and monitor your development in these areas.

1. **Behaviour Therapy**

*For Example:-*

Relaxation training

 Systematic desensitisation

 Exposure techniques

 Response prevention

 Functional Analysis

 Operant techniques

 Activity Scheduling

 Other

1. **Cognitive therapy skills**

*For Example:-*

Elicit and challenge assumptions

 Cognitive restructuring

 Client self-monitoring

Use of behavioural tasks and client self monitoring to modify cognitions

Ability to formulate using CBT model

 Developmental and other adaptations

Other

**3. Specific behavioural/cognitive behavioural packages**

 *For Example:-*

Anxiety management

 Social skills

 Assertion training

 Bereavement counselling

 Anger Management

 Parenting Programmes

 Other

1. **Cognitive Analytic Therapy**

*For Example:-*

Understand and use transference

Understand and use the formulation and reformulation letters

Understand and use the ideas of reciprocal roles

Understand and use the psychotherapeutic process

Other

**5. Dynamic Psychotherapy**

*For Example:-*

Understand and use transference

Understand and use countertransference

Use an interpretative therapeutic style

Timing of interpretations

Understand use of unconscious communication

Ability to formulate using psychodynamic model

Other

**6. Systemic (Family) Therapy**

*For Example:-*

Manage a family or joint interview from within a particular (i.e. any) theoretical framework

Enabling / facilitating communication between family / couples

Circular questioning

Formulate and deliver a message

Work with a team

Live supervision using a screen

Other

**7. Group work**

*For Example:-*

Logistic considerations/setting up a group

Manage group (e.g. setting boundaries, ground rules)

Address anxiety, rivalry and conflict within a group in a manner consistent with a theoretical approach

Use all members of the group to achieve therapeutic aims

Other

**8. Neuropsychology**

*For Example*:-

Able to formulate hypotheses about cognitive impairment

Knowledge and selection of appropriate tests

Experience in administering and interpreting tests

Able to give appropriate feedback to relevant parties, including client

Able to relate findings to intervention

Other

**9. Inter Professional Skills**

*For Example:-*

Able to work in a consultancy role

 Able to work across different agencies

Able to influence and motivate direct care staff

Other:

**CLINICAL LOG PART B** *(****Use rating scale from Page 8)***

|  |  |  |
| --- | --- | --- |
| **A** | **CORE SKILLS**  | **PLACEMENT** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **1.** | **Psychological Assessment****Ability to choose, use and interpret a broad range of assessment methods appropriate to the client and service delivery system in which the assessment takes place and the type of intervention which is likely to be required** |
| * Formal procedures
 |  |  |  |  |  |  |
| * Systematic interviewing procedures
 |  |  |  |  |  |  |
| * Other structured methods of assessment:
 |
|  | * Note taking / clinical records / case file organisation
 |  |  |  |  |  |  |
|  | * History taking – knowledge of what to ask and how to ask it
 |  |  |  |  |  |  |
|  | * Client self-monitoring (keeping diaries etc); knowledge of what to collect and how to use it
 |  |  |  |  |  |  |
|  | * Direct observation techniques – collection and use of data
 |  |  |  |  |  |  |
|  | * Psychometric assessment
 |  |  |  |  |  |  |
|  | * Networking (data from other sources/agencies – who to ask and how to use it)
 |  |  |  |  |  |  |
| * Conducting appropriate risk assessment and using this to guide practice
 |  |  |  |  |  |  |
| **2.** | **Psychological Formulation** |
| * Generate and test hypotheses
 |  |  |  |  |  |  |
| * Develop formulations of presenting problems or situations which:
 |  |  |  |  |  |  |
| * Provide coherent rationale for procedures and

interventions |  |  |  |  |  |  |
| * Utilise and apply relevant academic

knowledge to understand problems |  |  |  |  |  |  |
| * Incorporates interpersonal, societal, cultural

and biological factors as appropriate |  |  |  |  |  |  |
| * Select appropriate therapeutic approach or method of intervention
 |  |  |  |  |  |  |
| * Using formulations with clients to facilitate

their understanding of their experience |  |  |  |  |  |  |
| * Using formulations to plan appropriate

interventions that take the client’s perspectiveinto account |  |  |  |  |  |  |
| **A** | **CORE SKILLS (cont.)** | **PLACEMENT** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| * Using formulations to assist multi-professional communication and the understanding of clients and their care
 |  |  |  |  |  |  |
| * Revising formulations in the light of ongoing

intervention and, where necessary, reformulating the problem |   |  |  |  |  |  |
| * Agreeing goals and negotiating appropriate

intervention plans |  |  |  |  |  |  |
|  |
| **3.** | **Psychological Intervention** |
| * On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s) and to do this in a collaborative manner with:
 |
|  | * Individuals
 |  |  |  |  |  |  |
|  | * Couples, families or groups
 |  |  |  |  |  |  |
|  | * Services/organisations
 |  |  |  |  |  |  |
| * Implementing interventions through and with other professions and/or with individuals who are formal (professional) carers for a client or who care for a client by virtue of family /partnership arrangements
 |  |  |  |  |  |  |
| * Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers
 |  |  |  |  |  |  |
|  |
| **4.** | **Evaluation** |
| * Selecting and implementing appropriate methods to evaluate interventions and their:
 |
|  | * Effectiveness
 |  |  |  |  |  |  |
|  | * Acceptability
 |  |  |  |  |  |  |
|  | * Broader impact (both individual and organisational)
 |  |  |  |  |  |  |
| * Using the evaluation information to inform and shape practice
 |  |  |  |  |  |  |
| * Devising innovative procedures
 |  |  |  |  |  |  |
| * Auditing clinical effectiveness
 |  |  |  |  |  |  |
|  |
| **5.** | **Research** |
| * Identifying and critically appraising research evidence relevant to practice:
 |
|  | * Use of literature in relation to clinical work
 |  |  |  |  |  |  |
|  | * Using repeated measurement
 |  |  |  |  |  |  |
|  | * Conducting service evaluation
 |  |  |  |  |  |  |

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| --- | --- | --- |
| **A** | **CORE SKILLS (cont.)** | **PLACEMENT** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| * Conducting service evaluation and small N research
 |  |  |  |  |  |  |
| * Conducting collaborative research
 |  |  |  |  |  |  |
| * Planning and conducting independent research, including:
 |
|  | * Identifying research questions
 |  |  |  |  |  |  |
|  | * Demonstrating an understanding of ethical issues
 |  |  |  |  |  |  |
|  | * Choosing appropriate research methods and analysis
 |  |  |  |  |  |  |
|  | * Reporting outcomes and identifying appropriate pathways for dissemination
 |  |  |  |  |  |  |
|  |
| **6** | **Personal and Professional skills** |
| * Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants
 |  |  |  |  |  |  |
| * Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimised
 |  |  |  |  |  |  |
| * Understanding the impact of difference and diversity on people’s lives, and its implications for working practices
 |  |  |  |  |  |  |
| * Aware of the person in their social/historical context
 |  |  |  |  |  |  |
| * Demonstrating the ability to reflect on how ones own beliefs and experiences can shape the development of the therapeutic alliance
 |  |  |  |  |  |  |
| * Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers
 |  |  |  |  |  |  |
| * Managing own personal learning needs and developing strategies for meeting these
 |  |  |  |  |  |  |
| * Using supervision to reflect on practice, and making appropriate use of feedback received
 |  |  |  |  |  |  |
| * Developing strategies to handle the emotional and physical impact of own practice and seeking appropriate support when necessary, with good awareness of boundary issues
 |  |  |  |  |  |  |
| * Working collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints
 |  |  |  |  |  |  |
| * Managing workload
 |  |  |  |  |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **A** | **CORE SKILLS (cont.)** | **PLACEMENT** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **7.** | **Communication and teaching***Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (e.g. to professional colleagues and to users and their carers) by:* |
| * Producing clear written and oral communication and reports
 |  |  |  |  |  |  |
| * Expressing clearly the aims and nature of treatment
 |  |  |  |  |  |  |
| * Detailing adequate and careful assessment of outcomes
 |  |  |  |  |  |  |
| * Making available reports within expected time frame
 |  |  |  |  |  |  |
| * Working effectively in multidisciplinary teams:
 |
|  | * Ease of relation to colleagues in other disciplines
 |  |  |  |  |  |  |
|  | * Contributions to multidisciplinary team and/or case conferences
 |  |  |  |  |  |  |
| * Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication
 |  |  |  |  |  |  |
| * Preparing and delivering teaching and training which takes into account the needs and goals of the participants:
 |
|  | * Appropriate adaptations to methods and content
 |  |  |  |  |  |  |
|  | * Adequate planning and preparation
 |  |  |  |  |  |  |
|  | * Accessible presentation skills
 |  |  |  |  |  |  |
|  | * Effectiveness is monitored
 |  |  |  |  |  |  |
| * Understanding of the supervision process for both supervisee and supervisor roles
 |  |  |  |  |  |  |
|  |
| **8.** | **Service delivery***Adapting practice to a range of organisational contexts on the basis of an understanding of pertinent organisational and cultural issues. This includes:* |
| * Understands the organisation of the clinical unit, including points of decision making, formal and informal channels of communication
 |  |  |  |  |  |  |
| * Understanding of the role and function of key staff and committees
 |  |  |  |  |  |  |
| * The ability to take effective action within organisational framework of unit
 |  |  |  |  |  |  |
| * Involvement in co-ordinated activities in relation to patients and problems
 |  |  |  |  |  |  |
| * Able to tolerate frustration when not able to secure staff agreement
 |  |  |  |  |  |  |
| * Understanding of consultancy models and the contribution of consultancy to practice.
 |  |  |  |  |  |  |
|  | * Understanding of change processes in service delivery systems (opportunity for observation and discussion of consultancy and service development)
 |  |  |  |  |  |  |
| * Awareness of the legislative and national planning context of service delivery and clinical practice:
 |
|  | * NHS
 |  |  |  |  |  |  |
|  | * Local Authority
 |  |  |  |  |  |  |
|  | * Relevant legislation
 |  |  |  |  |  |  |
|  | * Contracts
 |  |  |  |  |  |  |
|  | * Needs assessment
 |  |  |  |  |  |  |
|  | * Care planning
 |  |  |  |  |  |  |
| * Working with users and carers to facilitate their involvement in service planning and delivery
 |
|  | * Individual, group or project work on user and / or carer involvement
 |  |  |  |  |  |  |
| * Working effectively in multidisciplinary teams
 |  |  |  |  |  |  |
| * Working effectively across different agencies
 |  |  |  |  |  |  |
| * Understanding of change processes in service delivery systems
 |  |  |  |  |  |  |
|  |
| **9.** | **Transferable Competencies** |
|  |  | * Generalising and synthesising prior knowledge and experience in order to apply them in different settings and situations
 |  |  |  |  |  |  |
|  | * Demonstrating self awareness and working as a reflective practitioner
 |  |  |  |  |  |  |
|  | * Explicit identification of existing knowledge and its application to novel problems
 |  |  |  |  |  |  |
|  | * Ability to think critically and reflectively
 |  |  |  |  |  |  |
|  |  | * Developing effective working alliances with clients, carers and staff
 |  |  |  |  |  |  |
|  |  | * Demonstrating sensitivity to clients’ communications
 |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **B** | **SPECIFIC SKILLS** | **PLACEMENT** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **1.** | **Behaviour Therapy** |
| Relaxation training |  |  |  |  |  |  |
| Systematic desensitisation |  |  |  |  |  |  |
| Exposure techniques |  |  |  |  |  |  |
| Response prevention |  |  |  |  |  |  |
| Functional Analysis |  |  |  |  |  |  |
| Operant techniques |  |  |  |  |  |  |
| Activity Scheduling |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| **2.**  | **Cognitive Therapy Skills:** |
| Elicit and challenge assumptions |  |  |  |  |  |  |
| Cognitive restructuring |  |  |  |  |  |  |
| Client self-monitoring |  |  |  |  |  |  |
| Use of behavioural tasks and client self-monitoring to modify cognitions |  |  |  |  |  |  |
| Ability to formulate using CBT model |  |  |  |  |  |  |
| Developmental and other adaptations |  |  |  |  |  |  |
|  | Other: |  |  |  |  |  |  |
| **3.**  | **Specific Behavioural/Cognitive Behavioural packages** |
| Anxiety management |  |  |  |  |  |  |
| Social skills |  |  |  |  |  |  |
| Assertion training |  |  |  |  |  |  |
| Bereavement counselling |  |  |  |  |  |  |
| Anger Management |  |  |  |  |  |  |
| Parenting Programmes |  |  |  |  |  |  |
|  | Other: |  |  |  |  |  |  |
| **4.**  | **Cognitive Analytic Therapy** |
| Understand and use transference |  |  |  |  |  |  |
| Understand and use the formulation and reformulation letters |  |  |  |  |  |  |
| Understand and use the ideas of reciprocal roles |  |  |  |  |  |  |
| Understand and use the psychotherapeutic process |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| **5.** | **Dynamic Psychotherapy** |  |  |  |  |  |  |
| Understand and use transference |  |  |  |  |  |  |
| Understand and use countertransference |  |  |  |  |  |  |
| Use interpretative therapeutic style |  |  |  |  |  |  |

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| B | **ADVANCED AND SPECIFIC SKILLS (cont.)** | **PLACEMENT** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| Timing of interpretations |  |  |  |  |  |  |
| Understand use of unconscious communication |  |  |  |  |  |  |
| Ability to formulate using psychodynamic model |  |  |  |  |  |  |
|  | Other: |  |  |  |  |  |  |
| **6.**  | **Systemic (Family)Therapy** |
| Manage a family / joint interview from within a particular (i.e. any) theoretical framework |  |  |  |  |  |  |
| Enabling / facilitating communication between family /couples |  |  |  |  |  |  |
| Circular questioning |  |  |  |  |  |  |
| Formulate and deliver a message |  |  |  |  |  |  |
| Work with a team |  |  |  |  |  |  |
| Live supervision using a screen |  |  |  |  |  |  |
|  | Other: |  |  |  |  |  |  |
| **7.**  | **Group Work** |
| Logistic considerations setting up a group |  |  |  |  |  |  |
| Manage group (e.g. setting boundaries, ground rules) |  |  |  |  |  |  |
| Address anxiety, rivalry and conflict within a group in a manner consistent with a theoretical approach |  |  |  |  |  |  |
| Use all members of a group to achieve theoretical aims |  |  |  |  |  |  |
|  | Other: |  |  |  |  |  |  |
| **8.**  | **Neuropsychology** |
| Able to formulate hypotheses about cognitive impairment |  |  |  |  |  |  |
| Knowledge and selection of appropriate tests |  |  |  |  |  |  |
| Experience in administering and interpreting tests |  |  |  |  |  |  |
| Able to give appropriate feedback to relevant parties, including client |  |  |  |  |  |  |
| Able to relate findings to intervention |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| **9.** | **Inter Professional Skills** |  |  |  |  |  |  |
| Ability to work in a consultancy role |  |  |  |  |  |  |
| Ability to work across different agencies  |  |  |  |  |  |  |
|  | Ability to influence and motivate direct care staff |  |  |  |  |  |  |
|  | Other: |  |  |  |  |  |  |