

**Teaching Strand Definitions**

**Assignment preparation strandAssignment Preparation (AP)**

The assignment suite is designed to assess every aspect of clinical psychology practice and as such is a central aspect of the assessment of competence leading to the award of DClinPsy. This strand has two central elements:

* 1. Developing competence in analysis and critical thinking. Analysis and critical thinking is a core competence in clinical practice and as such is assessed in all assignments. Trainees undertake a developmental programme in epistemology alongside practical sessions such as ‘making good arguments’.
  2. Learning the specific requirements for each of the different assignments which have to be submitted as part of the DClinPsy. In these sessions trainees are introduced to the processes and preparation required for each assignment and how they will be assessed. Each assignment will have its own associated teaching and development/support/feedback sessions which are scheduled and delivered in a timely manner where knowledge and support is required to prepare for submission.

**Therapy**

The integration of theory and practice is considered central to the curriculum. This strand will introduce trainees to a selected number of major therapeutic models and emerging therapeutic approaches. It aims to develop trainee understanding of theoretical aspects of therapeutic models and how they can be applied in clinical practice across a range of specialties.

The overarching models/approaches which the programme will be delivering are:

* Systemic Practice (TPY-SYS)
* Cognitive Behavioural Therapy (TPY-CBT)
* Cognitive Analytic Therapy (TPY-CAT)

**Systemic therapy strandTherapy - CBT strand**C A T therapy strand

* All CBT teaching is delivered by accredited CBT practitioners and as such meet all the requirements set out in the British Association for Behavioural and Cognitive Psychologists Core Curriculum Reference Document.
* The systemic practice curriculum has been designed to meet the requirements of the Foundation level training in systemic practice as accredited by the Association for Family Therapy.
* CAT teaching is delivered by the Association of Cognitive Analytic Therapy (ACAT) accredited senior trainers alongside DClinPsy staff member, who is a qualified CAT Practitioner. It comprises 10 days of teaching across three years and all trainees attend. The teaching complies with ACAT requirements for the first year of the CAT Practitioner training course and can be counted towards ACAT Foundation status, alongside the other requirements. Some of the other requirements can be completed during training e.g. CAT practice placements supervised by an accredited CAT supervisors and clinical appraisals. These can be difficult to arrange due to the shortage of ACAT accredited supervisors but the course supports trainees in making the appropriate arrangements where possible. An essay and case study are also required but these are not supported by the course and can be completed up to one year post DClinPsy training. Trainees apply independently to ACAT to have their portfolio of work accredited. Extra days of CAT teaching appear in the curriculum. They are specific to client groups and are additional to ACAT requirements.

The strand takes a developmental approach by initially considering the theoretical underpinnings of each model before moving on to consider the clinical application of each therapeutic model in a relevant and timely way (i.e. fitting with the speciality placement trainees are on). Over the three years of training the strand will develop the trainee's learning of each model and relevant aspects of its application such as assessment, formulation and intervention.

**Professional influencing strandProfessional Influencing (PI)**

The Professional Influencing strand focuses on how psychological thinking and theory can be communicated in an effective, professional and ethical way to the world. It includes communication and influencing at a number of levels including at a societal level (e.g. through media channels and activism), a community level, at the level of health and social care and education contexts, as well as at a group and individual level.

This strand also examines the assumptions which inform scientific activity in relation to clinical psychology, the problems in applying philosophies and methods from the natural sciences to human behaviour and the relationship between the philosophy of science and research activity. The strand provides trainees with conceptual frameworks to enable them to develop a scholarly and constructively critical approach to clinical psychology theory, research evidence and practice, and an awareness of issues of power and diversity as they apply to the role and profession of the clinical psychologist.

The strand aims to increase trainees’ awareness of the influencing role of clinical psychologists within this wide range of contexts, and help them learn skills in developing and shaping thinking, strategy and policy in relation to mental health and wellbeing. This includes broad awareness of mental health and wellbeing, the determinants of wellbeing, and the potential positive influence of psychological thinking in these contexts.

Within this strand, teaching aims to increase trainees’ understanding of the social, community, professional and organizational contexts within which clinical psychologists practice, and how clinical psychologists can influence thinking and practice though increasing awareness and understanding of mental health, improving services and setting the direction for the future.

Trainees will become more aware of NHS and other health and social care contexts, and the influence of clinical psychology on those contexts, and vice-versa. Trainees will become more aware of healthcare history, policy and strategy, and will learn a range of methods for how to influence the contexts in which clinical psychologists work.

 Key competencies that the strand will cover include:

* **Influencing and guiding policy, strategy and service delivery** via: service planning, management of resources and people, and management of performance.
* **Improving service delivery** via: critical reflection and evaluation of current delivery, encouraging improvement and innovations, and facilitating change.
* **Setting direction for policy, strategy and service delivery** via: identifying contexts and drivers for change, applying knowledge and evidence, deciding on and planning service improvements and transformations, and evaluating the impact of change.

This strand links to the Leadership curriculum strand in the sense that Professional Influencing involves operationalising trainees’ personal leadership competencies within the contexts that clinical psychologists are able to influence.

**Leadership strandLeadership (LEA)**

The BPS’s Clinical Psychology Leadership Development Framework states that “Effective leadership for clinical psychologists at all career stages can be strengthened by an awareness of personal qualities and values, and by the application of our professional skills and knowledge.” The Leadership strand focuses on the awareness and development of the personal qualities and values which are necessary to make and take opportunities for influencing within professional contexts. Key elements of these personal qualities, as outlined in the Clinical Leadership Competency Framework from the NHS Leadership Academy are managing yourself; developing self-awareness and acting with integrity.

The majority of Leadership sessions over the first two years will take place in the same small (up to eight trainees) practice development groups which will retain the same facilitator, wherever this is feasible. The purpose of this is to set up intimate, safe training spaces where core skills in communication, personal development and reflection can be practised; anxiety, tension and even failure experienced and tolerated and there is opportunity for each member of the group to take turns in embodying both individual and shared leadership roles.

Key competencies that this strand aims to develop:

* Being aware of their own values, principles and assumptions, and being able to learn from experiences
* Organising and managing themselves while taking account of the needs and priorities of others
* Behaving in an open, honest and ethical manner
* Listening, supporting others, gaining trust and showing understanding
* Creating an environment where others have the opportunity to contribute

The Professional Influencing and Leadership strands have both been mapped against the Clinical Psychology Leadership Development Framework of the Division of Clinical Psychology.

**Physcial and cogntive development strandPhysical Health & Cognitive Development (PC)**

This strand covers health and medical related issues that may occur during a person's life. The strand takes a developmental lifespan approach in relation to both process and content. Teaching in this area begins with an exploration of some of the essential aspects of clinical psychology in health and neuropsychological settings, such as assessment, functional neuroanatomy, and the range of psychological models applicable to these areas. As the teaching develops to the more advanced stages, it considers specific physical health and neurological conditions such as stroke, cancer, and brain injury. There are also sessions on some of the associated broader themes that can influence a person's psychological such as pain, fatigue, body image, and subsequent emotional distress.

Whilst this strand inevitably has a focus on what may be termed 'organic' conditions such as neurological conditions and physical disabilities, there is an emphasis on considering those issues in context. This includes the context of the person / people accessing psychological support, as well as the context in which clinical psychology may be situated (e.g. medical settings / diagnostic-based services). Teaching encourages trainees to critique traditional and contemporary models of working in these areas, and take a developmental approach to positioning themselves and the profession, in relation to associated professions in physical health and medical settings.

Although there is no current accreditation of prior learning for Qualification in Clinical neuropsychology the physical health and cognitive development curriculum has been designed to meet the ‘underpinning knowledge and skills’ element of the Competency framework for the UK Clinical Neuropsychology profession.

**Quality assurance strandQuality Assurance (QA)**

The Quality Assurance curriculum strand covers matters to do with clinical governance, quality, continuous improvement and the standards required by our regulatory body, the Health and Care Professions Council (HCPC), and professional guidance and good practice identified by the British Psychological Society (BPS). The aim is to ensure that trainees are equipped to meet all mandatory requirements that apply to them on the programme: the mandatory training requirements of their employing NHS Trust and the requirements of the HCPC, BPS and NHS clinical governance legislation. It covers a range of learning activities as well as some formally delivered teaching sessions.

**Research strandResearch (RES)**

The programme adopts the position that research is integral to the role of clinical psychologists. The ability to draw upon research evidence is essential for good clinical practice, as is an understanding of how to conduct original research. Research and clinical practice also share several common aims and methods. With this in mind, the programme aims to produce research-minded practitioners who should be applying a critical, analytic stance to both clinical and research practice. In pursuit of this aim, the objectives of the research teaching are therefore to enable trainees to:

* Conduct research to a high standard which advances both psychological theory and service practice;
* Apply ethical principles to their research work;
* Understand the basic principles of a range of research strategies, methods and approaches to data analysis, and how they can be applied in NHS settings;
* Critically evaluate their own and others' research;
* Develop the skills and knowledge to disseminate their research work appropriately and to understand the importance of doing so.

The research strand consists of a series of separate but interlinked teaching sessions delivered over the course of the training programme, with the majority of teaching delivered in the first two years. These teaching sessions are designed to provide trainees with grounding in all aspects of the research process, from design to dissemination, and in the major research designs used in clinical psychology research. These include quantitative approaches to data collection and analysis, such as survey design and statistical analysis techniques; and qualitative approaches such as Interpretative Phenomenological Analysis, Grounded Theory and Narrative Analysis. The delivery of the sessions is planned in order to support trainees in the development, implementation and completion of their research assignments, in which trainees have the opportunity to consolidate the skills and knowledge developed through the teaching sessions.

**Theme of clinical practice strandThemes of Clinical Practice (TCP)**

This strand supports the development of the key skills required of a clinical psychologist. Teaching sessions across the three years cover core topics within the professional role, such as formulation; attachment; engaging with difference; managing risk; and working with families, staff and carers. The curriculum is planned to follow a developmental path, and aims to build upon trainees' existing interpersonal skills and life experiences to inform and develop their clinical practice.