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**Doctorate in Clinical Psychology**

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| **PPAP Supplementary Forms** (v1.0) | | | |
| **Trainee** |  | | |
| **Personal Tutor** |  | | |
| **Clinical Tutor** |  | | |
| **Buddy** |  | | |
| **Roles & Responsibilities** | **Year 4** | **Year 5** | **Year 6** |
|  |  |  |

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| --- | --- |
| **Appraisal** | **Date** |
| **Year 4** |  |
| **Year 5** |  |
| **Year 6** |  |

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5. **Self-Evaluation of Therapy Competencies**

In addition to the nine core competencies, Trainee Clinical Psychologists are expected to demonstrate competence in **Cognitive Behaviour Therapy** (CBT) and **at least** **one other model** of psychological therapy (e.g. Systemic Therapy, Cognitive Analytic Therapy, Psychodynamic Therapy, etc.) by the end of training. There are a number of ways that Trainees can develop and demonstrate therapy competence, e.g. through teaching, personal study, exams, case studies and Clinical Practice Exams (CPE). However the most significant development of therapy competence will take place on placement, where trainees will apply knowledge in their work with service users. Supervisors take a lead role in nurturing and evaluating trainee therapy competence and the following pages allows trainees to keep track of evidence that can be used to support **discussions with supervisors** and tutors.

The Logbook provides part of the placement based evidence that trainees will collect to form these discussions. Another part of the evidence that trainees are required to collect is self-evaluation of therapy competency. Trainees will rate themselves on their competency in **CBT** and **at least one other therapy**/approach across the three years of training. Forms are available below that can be used by trainees to rate themselves in each of the or alternatively, trainees may use alternative published tools, e.g. the Cognitive Therapy Rating Scale (CTS-R). Trainees should rate themselves on Generic, CBT and Systemic competencies **at each stage listed in the table below** – even if a placement is focused on another model. You should use the same scale that is used when your development on the Core Competencies is rated. This will allow the Clinical Tutor Team to audit how therapy competency development is facilitated by various experiences. Table 1 below allows trainees to **record the date** that they complete the rating and their reflections can be noted in the relevant pages of the PPAP.

**Table 1. Self-Evaluation summary**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Placement 1** | **Placement 2** | | | **Placement 3** | | **Placement 4** | | **Placement 5** | | **Placement 6** | |
| **MPR** | **Contracting** | **MPR** | **EPR** | **MPR** | **EPR** | **MPR** | **EPR** | **MPR** | **EPR** | **MPR** | **EPR** |
| **1.1 Generic\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.2 ACT** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.3 CAT** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.4 CBT\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.5 CFT** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.6 DBT** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.7 Narrative** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.8 Neuropsychology** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.9 Play Therapy** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.10 Psychodynamic** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.11 Systemic\*** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

*\* = mandatory at each stage*

Please use the scale below to indicate your thoughts on your progress on the different therapy competencies.

You should note that the ratings are to be ***based on expectations for your stage of training*** (Norm Referenced) and not where you are expect to be at the end of training (Criterion Referenced).

Y/N = Indicate whether or not trainee has had the opportunity to demonstrate competence.

0 = Trainee has not shown any evidence of progress toward the defined goal/competence

1 = Trainee has shown very limited progress towards this goal/competence and continues to require heavy didactic instruction, prompting and joint work with the supervisor.

2 = Trainee has demonstrated some progress in working towards the goal/competence but continues to require didactic instruction, prompting or close joint working from the supervisor in doing so.

3 = Trainee has demonstrated on one clear occasion, significant progress toward the defined goal/competence. They are able to use supervision appropriately as a way of monitoring and facilitating the progress made but they still require some didactic instruction, prompting or close joint working.

4 = Trainee has, on more than one occasion, demonstrated significant progress toward the defined goal/competence. They are able to use supervision appropriately as a way of monitoring and facilitating progress but do not require didactic instruction, prompting or close joint working.

5 = Trainee has fully achieved the goal/competence, demonstrating achievement of the goal/competence on, at least, the number of occasions stipulated, using supervision appropriately as a way of monitoring and facilitating progress and reflecting on the process and outcome of the goal/competence.

**1.1 Generic Therapy Competencies**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Assessment/Formulation** | | | | | | | | | | | | |
| Case note review |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessment interview with parent or carer |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessment interview with key worker |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessment of risk to self |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessment of risk to others |  |  |  |  |  |  |  |  |  |  |  |  |
| Client self-monitoring |  |  |  |  |  |  |  |  |  |  |  |  |
| Carer/worker monitoring (indirect working) |  |  |  |  |  |  |  |  |  |  |  |  |
| Formal Carer Assessment |  |  |  |  |  |  |  |  |  |  |  |  |
| **Intervention/Evaluation** | | | | | | | | | | | | |
| Managing a therapeutic relationship that is difficult at the point of engagement |  |  |  |  |  |  |  |  |  |  |  |  |
| Initial formulation |  |  |  |  |  |  |  |  |  |  |  |  |
| Communicating formulation OR collaborative development of structured ideas in vivo |  |  |  |  |  |  |  |  |  |  |  |  |
| Planning intervention/future work together |  |  |  |  |  |  |  |  |  |  |  |  |
| Re-formulation OR collaborative redevelopment of structured ideas previously shared |  |  |  |  |  |  |  |  |  |  |  |  |
| Recognising when intervention may not be appropriate |  |  |  |  |  |  |  |  |  |  |  |  |
| Use of therapeutic letters during therapy |  |  |  |  |  |  |  |  |  |  |  |  |
| Use of therapeutic letters at the end of therapy |  |  |  |  |  |  |  |  |  |  |  |  |
| Ending therapy |  |  |  |  |  |  |  |  |  |  |  |  |

**1.2 ACT Competencies**

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| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **General Therapy Skills** | | | | | | | | | | | | |
| Helps the client get into contact with direct experience and does not attempt to rescue the client from painful psychological content. |  |  |  |  |  |  |  |  |  |  |  |  |
| Introduces experiential exercises, paradoxes and/or metaphors as appropriate and de-emphasises literal “sense-making”. |  |  |  |  |  |  |  |  |  |  |  |  |
| Avoids the use of “canned” ACT interventions, instead fitting interventions to the particular needs of particular clients. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Be Present** | | | | | | | | | | | | |
| Therapist can defuse from client content and direct attention to the moment. |  |  |  |  |  |  |  |  |  |  |  |  |
| Helps clients to make contact with the life that is happening now, whether it be filled with sorrow or happiness, using mindfulness and exercises where appropriate. |  |  |  |  |  |  |  |  |  |  |  |  |
| Can detect when the client is drifting into the past or future and teaches the client how to come back to now. |  |  |  |  |  |  |  |  |  |  |  |  |
| Help clients to make contact with a sense of self that is continuous, safe and consistent; and from which they can observe and accept all changing experience. |  |  |  |  |  |  |  |  |  |  |  |  |
| **Open Up** | | | | | | | | | | | | |
| Helps client make direct contact with paradoxical effect of emotional control strategies: helping them become aware of ways in which they attempt to avoid and control. |  |  |  |  |  |  |  |  |  |  |  |  |
| Helps clients see experiential willingness as alternative to experiential control. |  |  |  |  |  |  |  |  |  |  |  |  |
| Helps clients make experiential contact with the cost of being unwilling relative to valued life ends |  |  |  |  |  |  |  |  |  |  |  |  |
| Can use exercises, metaphors to demonstrate willingness and action in the presence of difficult internal experiences. |  |  |  |  |  |  |  |  |  |  |  |  |
| Helps clients to understand willingness as an active process, not an outcome. |  |  |  |  |  |  |  |  |  |  |  |  |
| Helps clients see thoughts as what they are – thoughts – so those thoughts can be responded to in terms of their workability given the client’s values. |  |  |  |  |  |  |  |  |  |  |  |  |
| Therapist uses language, metaphors and experiential exercises to create a separation between the client’s direct experience and his/her conceptualisation of this. |  |  |  |  |  |  |  |  |  |  |  |  | |
| Therapist detects “mindiness” (fusion) in session and teaches the client to detect it as well. |  |  |  |  |  |  |  |  |  |  |  |  |

**1.3 CAT Competencies**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| Collaboratively identifies Target Problems. |  |  |  |  |  |  |  |  |  |  |  |  |
| Facilitates client awareness of their thoughts, feelings and behaviour by collaboratively formulating reciprocal role and target problem procedures. |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessment ensures the client's goals have been addressed and suggests the possibility of change. |  |  |  |  |  |  |  |  |  |  |  |  |
| Uses a range of tools (e.g. Rep Grid, Self-States Procedure, etc.) to contribute to the assessment, but must include the Psychotherapy File. |  |  |  |  |  |  |  |  |  |  |  |  |
| Collaboratively draws a diagrammatic reformulation of difficulties. |  |  |  |  |  |  |  |  |  |  |  |  |
| Writes a prose reformulation that that conveys an understanding of the links between early experiences, current experience and the therapy experience. |  |  |  |  |  |  |  |  |  |  |  |  |
| Sensitively shares the CAT tools (e.g. reformulation letter), demonstrating the capacity to alter understanding where they are inaccurate, and identifies where further work is needed |  |  |  |  |  |  |  |  |  |  |  |  |
| The therapist explores and expands the initial formulation collaboratively with the client by reflecting on all the material the client brings to the session. |  |  |  |  |  |  |  |  |  |  |  |  |
| The therapist encourages/facilitates the client's capacity to use the jointly created tools both within and outside sessions (so promoting self-observation and reflective capacities). |  |  |  |  |  |  |  |  |  |  |  |  |
| The therapist helps the client to explore alternatives or exits to current TPPs and RRPs, and suggests and describes relevant work between sessions in recognising and revising TPPs. |  |  |  |  |  |  |  |  |  |  |  |  |
| The therapist shows that they have an awareness of the possibility of invitations by the client to enact their anticipated reciprocal role, and the desirability of avoiding this. |  |  |  |  |  |  |  |  |  |  |  |  |
| Threats to and breaches in the therapeutic alliance are named as TPP and RRP enactments within the session, are identified and responded to in a non-collusive manner and are linked to/located on the SDR/SSSD. |  |  |  |  |  |  |  |  |  |  |  |  |
| Progress, change and maintenance is assessed against statements of change within the CAT model (for example, using rating sheets, TP/TPP lists, exits on SDR/SSSD). |  |  |  |  |  |  |  |  |  |  |  |  |

**1.4 CBT Competencies**

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| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Basic CBT competencies** | | | | | | | | | | | | |
| Knowledge of basic principles of CBT and capacity to implement it in a manner consistent with philosophy |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of common cognitive biases relevant to CBT |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of the role of safety seeking behaviours |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to explain and demonstrate rationale for CBT to client |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to agree goals for the intervention |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to structure sessions (agenda setting, homework, summaries, pacing) |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to use measures & self-monitoring to guide therapy |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to devise a maintenance cycle and use this to set targets |  |  |  |  |  |  |  |  |  |  |  |  |
| **Specific behavioural and cognitive therapy techniques** | | | | | | | | | | | | |
| Specific techniques (exposure, relaxation/tension, activity monitoring/scheduling) |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to use thought records |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to identify and work with safety behaviours |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to detect, examine and help client reality test automatic thoughts/images |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to elicit key cognitions/images |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to identify and help client modify core beliefs |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to employ imagery techniques |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to plan and conduct behavioural experiments |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to develop formulation and use this to develop treatment plan/case |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other** | | | | | | | | | | | | |
| Problem specific competencies (Depression, OCD, GAD, Panic, Phobias, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
| Capacity to formulate and apply CBT models to the individual client |  |  |  |  |  |  |  |  |  |  |  |  |

**1.5 CFT Competencies**

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| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Basic CFT competencies** | | | | | | | | | | | | |
| Collaboratively develops understanding of client's key early emotional experiences |  |  |  |  |  |  |  |  |  |  |  |  |
| Explores self to self, self to other and other to self-relationships |  |  |  |  |  |  |  |  |  |  |  |  |
| Links to core motives, self-identities and goals |  |  |  |  |  |  |  |  |  |  |  |  |
| Exploration of threat system activation |  |  |  |  |  |  |  |  |  |  |  |  |
| Help client to understand development of protective strategies, their function & unintended consequences |  |  |  |  |  |  |  |  |  |  |  |  |
| Help client to reflect on concept of 'not your fault' |  |  |  |  |  |  |  |  |  |  |  |  |
| Explains evolutionary model & three systems |  |  |  |  |  |  |  |  |  |  |  |  |
| Clarification of definitions of compassion |  |  |  |  |  |  |  |  |  |  |  |  |
| Exploration of client's & common blocks to compassion |  |  |  |  |  |  |  |  |  |  |  |  |
| Discussion of development, forms and functions of self-criticism |  |  |  |  |  |  |  |  |  |  |  |  |
| Collaborating on goal setting and contracting for therapy |  |  |  |  |  |  |  |  |  |  |  |  |
| **Specific CFT techniques** | | | | | | | | | | | | |
| Attention training, Mindfulness, Soothing Rhythm Breathing |  |  |  |  |  |  |  |  |  |  |  |  |
| Compassionate Imagery (safe place, self, other) |  |  |  |  |  |  |  |  |  |  |  |  |
| Reliability of Self-critic (self-attacking vs compassionate self-correction) |  |  |  |  |  |  |  |  |  |  |  |  |
| Compassionate letter writing |  |  |  |  |  |  |  |  |  |  |  |  |
| Chair work |  |  |  |  |  |  |  |  |  |  |  |  |
| Compassionate engagement to re-evaluate experiences |  |  |  |  |  |  |  |  |  |  |  |  |
| Working with safety beliefs, behaviours & emotions |  |  |  |  |  |  |  |  |  |  |  |  | |
| Assertiveness and courage |  |  |  |  |  |  |  |  |  |  |  |  |
| Distinction between shame and guilt |  |  |  |  |  |  |  |  |  |  |  |  |
| Understanding conditioning in relation to fear of warmth & compassion |  |  |  |  |  |  |  |  |  |  |  |  |
| Rescripting |  |  |  |  |  |  |  |  |  |  |  |  |

**1.6 DBT Competencies**

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| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Basic DBT competencies** | | | | | | | | | | | | |
| Knowledge of core theories and concepts |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of the structure and key assumptions of DBT |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of the use of agreements in DBT |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of the principles underpinning the structure of DBT interventions |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of "target hierarchies" within each modality of DBT |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of the stages of treatment in DBT |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of the goals of skills training in DBT |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to convey didactic information about the DBT approach |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to develop and maintain a DBT-congruent relationship with the client |  |  |  |  |  |  |  |  |  |  |  |  |
| Establishing a target hierarchy |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to maintain a dialectical focus |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to validate the client's experience |  |  |  |  |  |  |  |  |  |  |  |  |
| **Specific DBT competencies** | | | | | | | | | | | | |
| Ability to conduct a behavioural analysis |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to conduct a solution analysis |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to utilise contingency management procedures |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to conduct exposure procedures |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to conduct cognitive modification procedures |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to help the client to acquire, strengthen and generalise their skills |  |  |  |  |  |  |  |  |  |  |  |  |
| Shaping and strengthening commitment |  |  |  |  |  |  |  |  |  |  |  |  |
| Selecting communication styles |  |  |  |  |  |  |  |  |  |  |  |  |
| Competencies for consulting to the client and for intervening in the client's environment |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to terminate the intervention |  |  |  |  |  |  |  |  |  |  |  |  |
| Crisis-handling competencies |  |  |  |  |  |  |  |  |  |  |  |  |

**1.7 Narrative Therapy Competencies**

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| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| Naming the problem. |  |  |  |  |  |  |  |  |  |  |  |  |
| Separating the person from the problem (e.g. use of externalisation). |  |  |  |  |  |  |  |  |  |  |  |  |
| Tracing the history of the problem and its effects upon the person and others. |  |  |  |  |  |  |  |  |  |  |  |  |
| Storying the impact of the person and others on the problem. |  |  |  |  |  |  |  |  |  |  |  |  |
| Naming Unique Outcomes (exceptions – examples of when the person is not visited by the problem). |  |  |  |  |  |  |  |  |  |  |  |  |
| Use of landscape of action questions. |  |  |  |  |  |  |  |  |  |  |  |  |
| Use of landscape of consciousness questions. |  |  |  |  |  |  |  |  |  |  |  |  |
| Thickening subjugated stories (e.g. via re-membering, rituals or outsider witness use). |  |  |  |  |  |  |  |  |  |  |  |  |
| Use of therapeutic documents e.g. letters, artwork, certificates. |  |  |  |  |  |  |  |  |  |  |  |  |

**1.8 Neuropsychology Competencies**

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| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| Working knowledge of impact of neurological conditions on symptoms including, hypoxia, encephalitis, CVA, metabolic disorders, etc. |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of issues associated with neurobehavioural rehabilitation, e.g. procedural learning, implicit memory, recovery of function, behavioural theory, and social learning theory. |  |  |  |  |  |  |  |  |  |  |  |  |
| General knowledge of frontal and executive systems commonly compromised in those receiving rehab following ABI and ability to effectively communicate these issue to others. |  |  |  |  |  |  |  |  |  |  |  |  |
| Demonstrates knowledge of the roles, demands and conflicts of stakeholders including: commissioners, solicitors, social workers, GP’s, referring professional, parents, spouses, etc. |  |  |  |  |  |  |  |  |  |  |  |  |
| Up to date basic knowledge legislative issues (Mental Capacity Act and Bournewood). |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to direct treatment efforts to work within Professional Guidelines. |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of neuropsychology and its neurochemical, neurophysiological and neuroanatomical bases. |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of approaches to, and theoretical and empirical bases of, brain injury rehabilitation. |  |  |  |  |  |  |  |  |  |  |  |  |
| Aiding a service user to contribute to his/her own rehabilitation plan. |  |  |  |  |  |  |  |  |  |  |  |  |
| The administration, scoring and basic interpretation of psychometric tests. |  |  |  |  |  |  |  |  |  |  |  |  |
| Oversee and coordinate all behavioural measures and intervention. |  |  |  |  |  |  |  |  |  |  |  |  |
| Integrate complex multi-factorial clinical information into a formulation, utilising a variety of psychological perspectives. |  |  |  |  |  |  |  |  |  |  |  |  |
| Coordinates the delivery of care plans, and feeds back relevant information to support the strategic efforts of the service. |  |  |  |  |  |  |  |  |  |  |  |  |

**1.9 Play Therapies Competencies**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Knowledge & Understanding** | | | | | | | | | | | | |
| Understand the theory and practice of play therapy, including the humanistic child-centred approach. Understand models of the change process in a play therapy intervention |  |  |  |  |  |  |  |  |  |  |  |  |
| Understand and integrate different models of play therapy including directive, non-directive and developmental approaches. |  |  |  |  |  |  |  |  |  |  |  |  |
| Understand theories of normal and abnormal play development, the role of play and the use of play as a therapeutic metaphor |  |  |  |  |  |  |  |  |  |  |  |  |
| To have the ability to articulate /translate Play Therapy practice /process and if appropriate to engage with the child’s parents /carers in the therapeutic process. |  |  |  |  |  |  |  |  |  |  |  |  |
| Demonstrate knowledge and understanding of contemporary practice and research in play therapy. Understand evidence-based practice principles |  |  |  |  |  |  |  |  |  |  |  |  |
| **Practice Skills** | | | | | | | | | | | | |
| Formulate clear, meaningful and appropriate therapeutic contracts, including therapeutic aims, objectives, boundaries and rules. |  |  |  |  |  |  |  |  |  |  |  |  |
| Intervene and provide play therapy to achieve identified therapeutic objectives; monitor and evaluate the effectiveness of play therapy interventions and adapt skills and techniques to a diverse range of children, young people and families |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide planned and coherent opportunities to enable work with clients to end in a therapeutic manner |  |  |  |  |  |  |  |  |  |  |  |  |
| Maintenance of rules and boundaries within play therapy practice |  |  |  |  |  |  |  |  |  |  |  |  |
| Accurately record play therapy interventions, working within the requirements of Data Protection legislation; |  |  |  |  |  |  |  |  |  |  |  |  |
| Work in an effective anti-discriminatory way with a diverse range of children, young people and families, considering the individual’s identity and cultural needs |  |  |  |  |  |  |  |  |  |  |  |  |
| Communicate effectively, through non-verbal and verbal expression, with clients and significant others. |  |  |  |  |  |  |  |  |  |  |  |  |

**1.10 Psychodynamic Therapy Competencies**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Basic analytic/dynamic competencies** | | | | | | | | | | | | |
| Knowledge of basic principles and rationale of analytic/dynamic approaches |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to assess likely suitability of an analytic/dynamic approach |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to engage the client in analytic/dynamic therapy |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to derive an analytic/dynamic formulation |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to establish and manage the therapeutic frame and boundaries |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to facilitate exploration of influence of unconscious dynamics on relationships |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to help client become aware of unexpressed emotions/feelings |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to maintain an analytic/dynamic focus |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to identify and respond to difficulties in the therapeutic relationship |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to work with both the client’s internal and external reality |  |  |  |  |  |  |  |  |  |  |  |  |
| **Specific analytic/dynamic techniques** | | | | | | | | | | | | |
| Ability to make dynamic interpretations |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to work in the transference |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to work in the counter-transference |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to recognise and work with defences |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to work through the termination phase of therapy |  |  |  |  |  |  |  |  |  |  |  |  |
| **Metacompetencies** | | | | | | | | | | | | |
| Ability to make use of the therapeutic relationship as a vehicle for change |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to apply the model flexibly in response to the client’s individual need and context |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to establish appropriate balance between interpretive and supportive work |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to identify and skilfully apply the most appropriate analytic/dynamic approach |  |  |  |  |  |  |  |  |  |  |  |  |
| **Problem-specific competencies (BPD, Panic, bereavement, etc.)** |  |  |  |  |  |  |  |  |  |  |  |  |

**1.11 Systemic Competencies**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Basic Systemic competencies** | | | | | | | | | | | | |
| Knowledge of systemic principles that inform the therapeutic approach |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of systemic theories of psychological problems, resilience and change |  |  |  |  |  |  |  |  |  |  |  |  |
| Knowledge of systemic approaches that enable therapeutic change |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to initiate contact and undertake a systemic assessment |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to develop and maintain engagement |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to develop systemic formulations and help clients to identify appropriate goals |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to establish the context for a systemic intervention |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to work in a reflective manner |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to use monitoring to promote change |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to facilitate communication across the system |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to manage endings |  |  |  |  |  |  |  |  |  |  |  |  |
| **Specific Systemic techniques** | | | | | | | | | | | | |
| Ability to use systemic hypotheses |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to use circular interviewing |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to use systemic techniques to promote change |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to work towards resolving problems |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to map systems |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to make use of enactments |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to work with a systemic team |  |  |  |  |  |  |  |  |  |  |  |  |
| **Systemic Metacompetencies** | | | | | | | | | | | | |
| Ability to make use of the interpersonal perspective |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to hold an non-pathologising view of the system |  |  |  |  |  |  |  |  |  |  |  |  |
| Ability to maintain a relational approach |  |  |  |  |  |  |  |  |  |  |  |  |

**1.12 ‘Other’ Therapy Competencies**

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**2. Psychometric Test Proficiency Record**

(Please use the log below to record observed use of the WAIS and WISC)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Test** | **Version of Test** | **Observed to be Proficient in Administering** | | | **Observed to be proficient in scoring:** | | |
| **Date** | **Supervisor signature** | **Supervisor Name** | **Date** | **Supervisor signature** | **Supervisor Name** |
| **Wechsler Adult Intelligence Scale** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Wechsler Intelligence Scale for Children** |  |  |  |  |  |  |  |

1. **Multidisciplinary Work Rating Interview**

**Name of Trainee: Name of supervisor: Placement base:**

**Guidance for Supervisors**

This multidisciplinary work rating form should be given to ***two*** members of staff by the trainee’s supervisor, prior to the trainee’s end of placement review in either March or September of their **5th year**.

The form should be completed jointly by both staff members to produce **one set of ratings** if possible, if not two single sets of ratings can be submitted. Ratings should be returned to the supervisor in time for the review meeting.

**Supervisors** should use the feedback from the form to contribute to their evaluation of the trainee’s ability to work with other disciplines and work indirectly with clients. Although in itself it provides formative feedback only, this feedback will contribute to the overall passing and failing of the placement by providing additional evidence to the supervisor about the trainee’s ability to work with systems.

Supervisors should consider the following when selecting the most appropriate staff members to ask to complete the form:

* Qualified clinical staff from any discipline including psychology may complete the form (this excludes the trainee’s supervisor).
* Non clinical staff should not be asked to complete the form.
* In order of preference the staff members approached should have had:

1. direct experience of working with or observing the trainee working in a clinical setting or
2. Indirect experience of the trainee’s clinical work gained through discussion of joint cases, sharing an office, or having worked closely with other team members who have had joint involvement with the trainee’s work.
3. Indirect experience through substantial contact with the trainee via telephone or written communication.

**Name and profession of staff members completing the rating interview:**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions to Raters:**

This document is designed to contribute to the placement-based assessment of Clinical Psychology Trainees in their 5th year of training. It is designed to provide information about the development of competencies in multidisciplinary working.

The information provided will be used to inform the general assessment of the progress on placement which occurs at the end of placement review meeting between the trainee and their clinical supervisor.

This form should be completed jointly by two members of qualified clinical staff (Not the trainee’s supervisor) with whom the trainee has worked. One set of ratings should be agreed on the scale below by both parties. If this is not possible two single ratings can be submitted.

The ratings themselves are intended to help provide a framework for thought .The comments and examples which stem from the joint discussion about the trainee’s work are of more primary importance. Please document a summary of these in the space provided.

The completed assessment form should be forwarded to the trainee’s clinical supervisor by:

Date………………………………

1. **Understanding of professional roles**

To what extent has the trainee demonstrated that they understand the roles played by different professionals that they are working with?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Don’t Know* | 0 | 1 | 2 | 3 | 4 |
| Not at all | *Little extent* | *Some extent* | *Large extent* | *At all times* |

Please comment on when you have observed this and give examples to illustrate (You may want to consider discussions in meetings, individual interactions with yourself or other staff members or written reports you have knowledge of for example):

1. **Working Alliances**

To what extent has the trainee shown that they can build helpful working relationships with other staff and carers when they are assessing a new client?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Don’t Know* | 0 | 1 | 2 | 3 | 4 |
| Not at all | *Little extent* | *Some extent* | *Large extent* | *At all times* |

To what extent has the trainee appeared to include information gained from other staff or carers involved with the client in their assessment?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Don’t Know* | 0 | 1 | 2 | 3 | 4 |
| Not at all | *Little extent* | *Some extent* | *Large extent* | *At all times* |

Please comment and give examples to illustrate (You may want to consider the trainee’s approach to meeting staff and carers directly as well as use of phone contact and letters aimed at making contact and gaining information):

1. **Risk Assessment**

To what extent has the trainee appeared to communicate appropriately with other professionals regarding risk?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Don’t Know* | 0 | 1 | 2 | 3 | 4 |
| Not at all | *Little extent* | *Some extent* | *Large extent* | *At all times* |

Please comment and give examples to illustrate (You may want to consider the trainee’s approach to communicating with staff directly as well as use of phone contact and letters):

1. **Implementing Psychological Interventions**

To what extent has the trainee demonstrated an ability to carry out group interventions in addition to working individually with clients?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Don’t Know* | 0 | 1 | 2 | 3 | 4 |
| Not at all | *Little extent* | *Some extent* | *Large extent* | *At all times* |

Please state what group work has been carried out and any comments on the trainees input to the group.

1. **Working with Carers and Colleagues**

To what extent has the trainee shown that they can help individual clients indirectly by creating changes in services around them or helping their carers?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Don’t Know* | 0 | 1 | 2 | 3 | 4 |
| Not at all | *Little extent* | *Some extent* | *Large extent* | *At all times* |

Please comment and give examples to illustrate (Consider specific clinical work the trainee has done together with other staff members, and carers. Also consider service development work):

1. **Understanding Organisations**

To what extent has the trainee shown that they are knowledgeable about the service in which they are working and its policies and procedures?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Don’t Know* | 0 | 1 | 2 | 3 | 4 |
| Not at all | *Little extent* | *Some extent* | *Large extent* | *At all times* |

Please comment and give examples to illustrate:

1. **Contributing to the Setting**

To what extent has the trainee shown that they can contribute formally and informally to staff meetings or other aspects of the general service environment?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Don’t Know* | 0 | 1 | 2 | 3 | 4 |
| Not at all | *Little extent* | *Some extent* | *Large extent* | *At all times* |

Please comment and give examples to illustrate:

1. **Client Feedback Questionnaire**

Information for Supervisors and Trainees:

The questions below are intended to help add to the information that supervisors get about how their trainee works clinically by asking for some direct feedback form clients.

The questionnaire has been produced in two versions: version one for adult client’s with normal range cognitive abilities; version two for children or adults with cognitive difficulties.

The aim of the questionnaire is to give clients the opportunity to provide some subjective feedback about their experience of seeing a Trainee Clinical Psychologist. It is hoped that the supervisor can use this in their formative assessment of the trainee. We also hope that it will help the trainee and the course find out more about the area of client experience over time.

The questionnaire should be given to **three** of the trainee’s clients selected randomly by their supervisor. The questionnaires are attached to an information sheet explaining to clients what is being asked. They should be returned to the service in an envelope addressed to the supervisor not the trainee.

The questionnaire should be circulated to clients in time to be returned for **either** of the end of placement reviews in the **6th year** (March or September). The trainee can choose which placement is the most appropriate to provide this information.

**4.1 Client Feedback Questionnaire**

Client Information Sheet

As a recent client of this service you have been seen by a Trainee Clinical Psychologist.

We would be grateful if you could provide some feedback about how you have found the service they have provided you with by answering the questions below and adding any comments of your own.

This information will be collected anonymously and will not negatively affect the service that you receive now or in the future.

The information you provide is valuable to us as a way of monitoring and improving the standards of training and supervision which trainees receive.

Thank you for your time.

**Dr Philip Molyneux**

**Clinical Practice Coordinator**

**Hull University Doctorate in Clinical Psychology Training Programme**

**4.2 Client Feedback Questionnaire (Version 1)**

1. Did you feel comfortable talking to the Trainee Clinical Psychologist? Yes/No

If not please say why?

1. What did he/she say or do that helped you feel comfortable?
2. Did he/she explain clearly about the work you were going to do?
3. Did he/she do what they said they were going to do?
4. Which problems did they help you with?
5. How did they help?
6. Were there any things that you thought they’d help you with but didn’t?
7. What would you have liked them to have done differently?
8. What other things would have been helpful to you as part of this service?
9. Would you recommend seeing the Trainee Clinical Psychologist to a friend in the same position? Yes/No

Please include any other comments or feedback here:

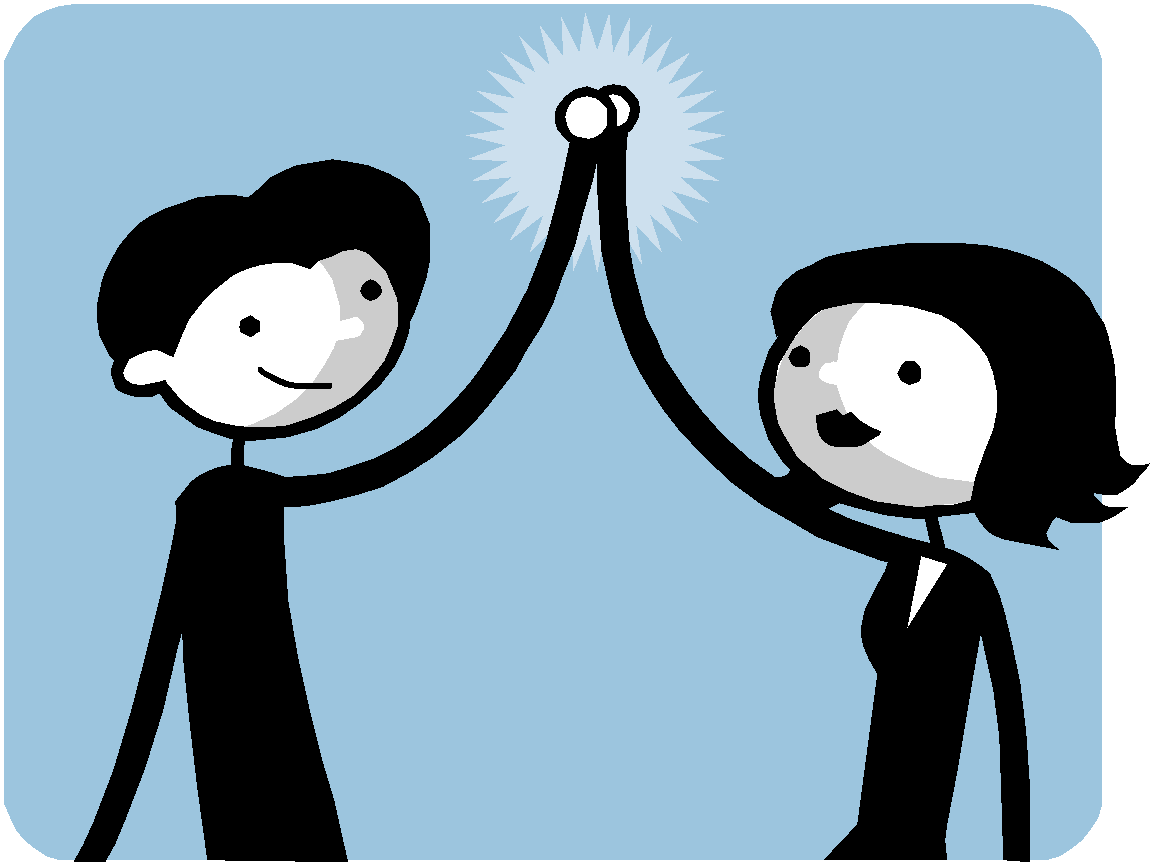


**4.3 Client Feedback Questionnaire (Version 2)**

(To be completed with guidance from a member of staff or carer)

1. Has the Trainee Clinical Psychologist helped you with your problems?



2. When you talked to him/her how did it make you feel?

3. If you had a friend with a problem like yours do you think they would like to see him/ her?

Is there anything else you want to say about what it was like talking to the Trainee Clinical Psychologist?

