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| **PsycUniversity of East London**  **Professional Doctorate in Clinical Psychology** | **Seen by** | **Initial:** | **Date:** |
| Administrator |  |  |
| Individual Tutor |  |  |

**Assessment Pro forma - EPA**

Please complete the cover sheet below in full, and tick the adjacent boxes to confirm that you have complied with each statement. Failing to do either will result in your assessment being delayed and/or returned to you for resubmission. Raise any queries regarding this submission with your year tutor well in advance of submission.

|  |  |
| --- | --- |
| UEL STUDENT NAME: |  |
| UEL STUDENT NUMBER: |  |
| MODULE SUBMISSION:  (e.g. PYD201) |  |
| COMPONENT SUBMISSION:  (e.g. Placement 2) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tick (with an ‘X’) the appropriate boxes below to indicate which forms/evidence you are submitting to the EPA portfolio. Mark with nil ( ‘O’ ) any boxes to indicate the forms/evidence you are not submitting.  **For any non-submitted elements, please provide the plan for delayed submission and the date that this was discussed and agreed with year clinical tutor.**   |  |  | | --- | --- | | Section A (signed by trainee and placement supervisor) |  | |  |  | | Placement experience feedback form (signed by trainee and placement supervisor) |  | |  |  | | Competencies Log |  | |  |  | | Caseload Log |  | |  |  | | At Least 5 Record of Observation Forms |  | |

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| *If your submission is incomplete (there are any documents missing or unsigned), please give the* ***date*** *that this was discussed and agreed with your year tutor here along with details of the proposed plan to submit missing documents:* |

**END OF PLACEMENT ASSESSMENT**

This form must be completed at the end of each placement component: i.e., at the end of a 6-month or 12-month placement, or at the mid-point of a 12-month placement. Refer to the *Placement Modules Handbook* for advice on preparing for the EPA meeting(s). Trainees must submit forms to the placement officer no more than two weeks after the end of placement.

|  |  |
| --- | --- |
| Name of trainee: |  |
| Name of supervisor(s) |  |
| Type of placement (e.g., Older Adult) |  |
| Location of placement |  |
| Start date |  |
| Completion date |  |
| Number of days on this placement |  |
| Total days on ALL placements so far |  |

**A. Supervisor’s Overall Evaluation of Placement Component**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have the MPR targets been met? | | | | | | **YES / NO\*** | |
| For the end of a 6 or 12 month placement: Has the placement contract been fulfilled? | | | | | | **YES / NO\*** | |
| Or for the mid-point of a 12 month placement: Is the contract on target to be fulfilled? | | | | | |
| Have the caseload and competencies logs been attached and reviewed by supervisor? | | | | | | **YES / NO\*** | |
| *\*If no please comment in the space(s) provided overleaf.* | | | | | | | |
| Number of direct observations of trainee by supervisor | | | | | |  | |
| Number of direct observations of supervisor by trainee | | | | | |  | |
| Result Recommendation: *(tick one):* | Pass: |  | Fail: |  | Refer to tutor: | |  |
| Signature of supervisor(s) |  | | | | | | |
| Signature of trainee |  | | | | | | |
| Date |  | | | | | | |

**B. Individual/Clinical Tutor’s Evaluation of Placement Component**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have the MPR targets been addressed? | | | | **YES / NO** | |
| For the end of a 6 or 12 month placement: Has the placement contract been addressed? | | | | **YES / NO** | |
| **Or**: for the mid-point of a 12 month placement: Is the contract on target to be fulfilled? | | | |
| Are the caseload and competencies logs, and observation records, attached and complete? | | | | **YES / NO** | |
| Result Recommendation: *(tick one):* | Pass (>60%): |  | Fail (<60%): | |  |
| Signature of tutor |  | | | | |
| Date |  | | | | |

**C. Qualitative Summary & Recommendations**

**General comments of supervisor(s)**

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**General comments of trainee**

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**To be completed by supervisor(s) and trainee together:**

* For end of a 6- or 12- month placement component: ***recommended goals for future placements***
* For mid-point of a 12-month placement module: ***key targets for next 6 months of placement***
* derived from ‘Areas for Development’ sections of EPA

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**D. Summary of Range of Experiences**

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|  | **Tick** |
| **Setting**  Inpatient/Residential |  |
| Outpatient |  |
| Community |  |
| Primary Care |  |
| Secondary Care |  |
| Non NHS |  |
| Other (specify): |  |
| **Delivery Mode** |  |
| Individual direct |  |
| Individual indirect |  |
| Couple and/or relationship |  |
| Family or small system |  |
| Group or team |  |
| Large group or organisation |  |
| Teaching, training |  |
| Supervision or consultation |  |
| Service development or policy |  |
| Service-user or carer led |  |
| Other (specify): |  |
| **Presentation type** |  |
| Severity: mild |  |
| Severity: moderate |  |
| Severity: severe |  |
| Chronicity: short-term |  |
| Chronicity: medium term |  |
| Chronicity: enduring |  |
| Causality: biological and/or medical |  |
| Causality: psychological and/or interpersonal |  |
| Causality: social and/or multi-systemic |  |
| Ability: severe cognitive and/or communication impairments |  |
| Ability: cognitive and/or communication impairments |  |
| Ability: cognitively unimpaired and/or high-functioning |  |
| Coping/adaptation (e.g. physical disability/illness) |  |
| Behaviour that challenges |  |

**E. Competency Ratings**

This section sets out the areas of competency that trainees should acquire over training, as laid out in the BPS standards for doctoral training programmes in Clinical Psychology. Please rate the trainee’s current level of competence in each of these areas using the rating scale below.

Key:

**0 = NOT EVIDENT:** no evidence or understanding of this competency – please note this may be an expected rating for many skills in the first year of training

**1 = EMERGING:** trainee is starting to demonstrate this competency, however their understanding and/or practice are clearly in the early stages of development

**2 = CONSOLIDATING:** trainee demonstrates competency with some degree of proficiency but further work is required in either understanding or practice

**3 = ESTABLISHED:** competency is consistently demonstrated in a proficient manner and trainee has an appropriate level of understanding

**NA = NON APPLICABLE:** no opportunity to develop and evaluate this aspect during this placement.

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| **1. Core, personal and professional skills**  *The core skills, knowledge and values to work effectively with clients, carers and other professionals* | **Rating** |
| Demonstrates an understanding of ethical issues and applies these in complex clinical contexts, ensuring that informed consent underpins all contact with clients. |  |
| Considers the inherent power imbalance between practitioners and clients and how abuse of this can be minimised. |  |
| Understands the impact of differences, diversity and social inequalities on people’s lives, and their implications for working practices. |  |
| Understands the impact of one’s own value base upon clinical practice. |  |
| Works effectively at an appropriate level of autonomy, with awareness of the limits of own competence and accepting accountability to relevant professional and service managers. |  |
| Able to adapt to and comply with organisation policies and practices of with respect to time-keeping, record keeping, deadlines, managing leave, health & safety and working relations. |  |
| Develops resilience but also the capacity to recognize when own fitness to  practice is compromised and take steps to manage this risk as appropriate |  |
| Works collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints. |  |
| Able to conduct service evaluation, small N, pilot and feasibility studies and other research which is consistent with the values of both evidence based practice and practice based evidence. |  |
| Able to critically consume, interpret and disseminate research evidence relevant to clinical psychology practice and that of psychological services and interventions more widely, utilising such research to influence and inform the practice of self and others. |  |

**Supervisor’s comments**

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| Strengths  Areas for development |

**Trainee’s comments**

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| Strengths  Areas for development |

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| **2. Psychological assessment and formulation** | **Rating** |
| Able to choose, use and interpret a broad range of assessment methods appropriate to:   1. The client and service delivery system in which the assessment takes place 2. The type of intervention which is likely to be required |  |
| Able to use performance based psychometric measures (e.g. of cognition and development). |  |
| Able to use self and other informant reported psychometrics (e.g. of symptoms, thoughts, feelings, beliefs, behaviours) and understand key elements of psychometric theory |  |
| Able to use systematic interviewing procedures. |  |
| Able to use other structured methods of assessment (e.g. observation, or gathering information from others). |  |
| Able to assess social context and organisations. |  |
| Able to conduct appropriate risk assessments and use to guide practice. |  |
| -------------------------------------------------------------------------------------------------------------------- |  |
| Able to use assessment to develop formulations which are informed by theory and evidence about relevant individual, systemic, cultural and biological factors. |  |
| Able to construct formulations of presentations which may be informed by, but which are not premised on, formal diagnostic classification systems. |  |
| Able to construct formulations utilising theoretical frameworks with an integrative, multi-model, perspective as appropriate and adapted to circumstance and context. |  |
| Able to develop a formulation through a shared understanding of its personal meaning with the client(s) and/or team in a way which helps the client better understand their experience, taking account of feedback about its accuracy and helpfulness. |  |
| Able to:  1. Make justifiable choices about the format and complexity of the formulation that is presented or utilised as appropriate to a given situation  2. Ensure that formulations are expressed in language that is accessible, culturally sensitive and non-discriminatory. |  |
| Able to use formulations to guide appropriate interventions if appropriate. |  |
| Able to reflect on and revise formulations in the light of on-going feedback and intervention. |  |
| Able to lead on the implementation of formulation in services and utilise formulation to enhance teamwork, multi-professional communication and psychological mindedness in services. |  |

**Supervisor’s comments**

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| Strengths  Areas for development |

**Trainee’s comments**

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| Strengths  Areas for development |

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| **3. Psychological intervention and evaluation** | **Rating** |
| Able to implement psychological therapy on the basis of a formulation, 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. |  |
| Understands therapeutic techniques and processes as applied when working  with a range of different individuals in distress. |  |
| Able to utilise multi-model interventions, as appropriate to the complexity and / or co-morbidity of the presentation, the clinical and social context and service user opinions, values and goals. |  |
| Knowledge of, and capacity to conduct interventions related to, secondary prevention and the promotion of health and well-being. |  |
| Able to conduct interventions in a way which promotes recovery of personal and social functioning as informed by service user values and goals. |  |
| Demonstrates an awareness of the impact and relevance of psychopharmacological and other multidisciplinary interventions. |  |
| Understands social approaches to intervention; for example, those informed by community, critical, and social constructionist perspectives. |  |
| Able to implement interventions and care plans through, and with, other professions and/or with individuals who are professional or informal carers for a client. |  |
| Able to recognise when (further) intervention is inappropriate, or unlikely to be helpful, and communicate this sensitively to clients and carers. |  |
| -------------------------------------------------------------------------------------- |  |
| Able to evaluate practice through the monitoring of processes and outcomes, across multiple dimensions of functioning, in relation to recovery, values and goals and as informed by service user experiences as well as clinical indicators. |  |
| Able to devise innovate evaluative procedures where appropriate. |  |
| Able to utilise supervision and information offered by outcomes monitoring to reflect upon personal effectiveness, in order to shape and change personal and organisational practice. |  |
| Able to critically appreciate the strengths and limitations of different evaluative strategies, including psychometric theory and knowledge related to indices of change. |  |
| Able to evaluate processes and outcomes at the organisational and systemic levels as well as the individual level. |  |

**Supervisor’s comments**

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| Strengths  Areas for development |

**Trainee’s comments**

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| Strengths  Areas for development |

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| **4. Communication, teaching & service delivery** | **Rating** |
| Communicates effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (for example, to professional colleagues, and to users and their carers). |  |
| Able to adapt style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication. |  |
| Able to prepare and deliver teaching and training which takes into account the needs and goals of the participants (for example, by appropriate adaptations to methods and content). |  |
| Understands the process of providing expert psychological opinion and advice, including the preparation and presentation of evidence in formal settings. |  |
| Understands the process of communicating effectively through interpreters and having an awareness of the limitations thereof. |  |
| Supports others’ learning in the application of psychological skills, knowledge, practices and procedures. |  |
| ------------------------------------------------------------------------------------------------- |  |
| Demonstrates awareness of the legislative and national planning contexts for service delivery and clinical practice. |  |
| Able to indirectly influence service delivery through consultancy, training and working effectively in multidisciplinary and cross-professional teams. Bringing psychological influence to bear in the service delivery of others. |  |
| Understands leadership theories and models, and their application to service development and delivery. |  |
| Demonstrates leadership qualities such as being aware of and working with interpersonal processes, proactivity, influencing the psychological mindedness of teams and organisations, contributing to and fostering collaborative working practices within teams. |  |
| Works with users and carers to facilitate their involvement in service planning and delivery. |  |
| Understands change processes in service delivery systems. |  |
| Understands and works with quality assurance principles and processes including informatics systems which may determine the relevance of clinical psychology work within healthcare systems. |  |
| Able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this, and is familiar with ‘whistleblowing’ policies and issues. |  |

**Supervisor’s comments**

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| Strengths  Areas for development |

**Trainee’s comments**

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| Strengths  Areas for development |

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| **5. Supervision and feedback** | **Rating** |
| Manages own personal learning needs and develops strategies for meeting these. |  |
| Uses supervision to reflect on practice, and makes appropriate use of feedback received. |  |
| Develops strategies to handle the emotional and physical impact of practice and seeks appropriate support when necessary, with good awareness of boundary issues. |  |
| Able to provide supervision at an appropriate level within own sphere of competence. |  |
| Understands the supervision process for both supervisee and supervisor roles. |  |

**Supervisor’s comments**

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| Strengths  Areas for development |

**Trainee’s comments**

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| Strengths  Areas for development |

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| **6. Any further competencies specific to this placement** (this may include competencies specific to client group, service delivery etc.) | **Rating** |
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**Supervisor’s comments**

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| --- |
| Strengths  Areas for development |

**Trainee’s comments**

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| Strengths  Areas for development |

**F. Model Specific Competency Ratings**

Please find below five model specific competency rating scales covering the five psychological approaches emphasized in the UEL teaching curriculum (Behavioural and Cognitive Therapies, Systemic and Family Therapies, Psychodynamic and Psychoanalytic Therapies, Community Psychology and Cognitive & Neuropsychological Assessment). Where work has been undertaken using one of these approaches, please complete the relevant rating scale.

Where psychometric or neuropsychological testing has been conducted on placement, please use the relevant logs to list the tests or measures that have been used.

**Competencies in Behavioural & Cognitive Therapies**

This section sets out the broad areas of competence in the behavioural and cognitive approaches (B&CT) that the trainee should acquire over training. At the end of each placement where these orientations have been used, trainees and supervisors should jointly rate each area of competence. For further information please see the competence framework at:

https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/cognitive-and-behavioural-therapy

|  |  |
| --- | --- |
| **B&CT Domains & Competencies** | **Rating:** |
| ***Basic*** |  |
| Knowledge of:   * basic principles of CBT and rationale for treatment |  |
| * common cognitive biases relevant to CBT |  |
| * the role of safety-seeking behaviours |  |
| Ability to:   * implement CBT using a collaborative approach |  |
| * use explain & demonstrate the rationale for BT and/or CBT |  |
| * agree goals for the intervention |  |
| * share responsibility for session structure and content |  |
| * structure sessions and adhere to an agreed agenda |  |
| * plan and to review practice assignments (‘homework’) |  |
| * use summaries and feedback to structure the session |  |
| * use measures and self-monitoring to guide and monitor |  |
| * use the maintenance cycle to set targets for intervention |  |
| * use problem-solving approaches |  |
| * end therapy in a planned manner |  |
| * to plan for long-term maintenance of gains after treatment |  |
| ***Core*** |  |
| Ability to:   * use exposure techniques |  |
| * use applied relaxation & applied tension |  |
| * use activity monitoring & scheduling |  |
| * use thought records |  |
| * identify and work with safety behaviours |  |
| * detect, examine and help reality-test thoughts and images |  |
| * elicit key cognitions/images |  |
| * identify and help modify assumptions, attitudes and rules |  |
| * employ imagery techniques |  |
| * identify and help client modify core beliefs |  |
| * plan and conduct behavioural experiments |  |
| * develop formulation and use this to develop treatment plan |  |
| * understand client’s inner world and response to therapy |  |

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| --- | --- | --- |
| **Presentations that B&CT intervention has focused on** | |  |
| **Presentations** | **Additional notes** | **Number of people** |
| Anxiety  *(e.g. panic, phobia, generalised anxiety)* |  |  |
| Obsessions and compulsions |  |  |
| Trauma related difficulties |  |  |
| Low mood  *(e.g. depression)* |  |  |
| Fluctuating mood  *(e.g. bipolar disorder, dysregulation)* |  |  |
| Psychosis  *(e.g. hearing voices, unusual beliefs)* |  |  |
| Relationship difficulties  *(e.g. couple work, family functioning)* |  |  |
| Severe interpersonal difficulties  *(e.g. difficulties that attract a personality disorder diagnosis)* |  |  |
| Physical health presentations  *(e.g. sexual health, HIV, chronic conditions)* |  |  |
| Adjustment and coping  *(e.g. bereavement, retirement)* |  |  |
| Behaviour that challenges  *(e.g. school refusal, offending behaviour, anger difficulties)* |  |  |
| Addictive behaviours  *(e.g. drug use, gambling)* |  |  |
| Eating difficulties |  |  |
| Cognitive impairment  *(e.g. organic and functional in origin)* |  |  |
| Neurodevelopmental difficulties |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |

**Competencies in Systemic & Family Therapies**

This section sets out the broad areas of competence in the systemic and family approaches (S&FT) that the trainee should acquire over training. At the end of each placement where these approaches have been used, trainees and supervisors should jointly rate each area of competence. For further information please see the competence framework at:

https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Systemic\_Therapy

|  |  |
| --- | --- |
| **S&FT Domains & Competencies** | **Rating:** |
| ***Basic*** |  |
| Knowledge of:   * the rationale for the systemic approach |  |
| * systemic principles that inform the therapeutic approach |  |
| * systemic theories of problems, resilience and change |  |
| * systemic approaches that enable therapeutic change |  |
| Ability to:   * initiate a systemic piece of work |  |
| * initiate contact and undertake a systemic assessment |  |
| * develop and maintain engagement |  |
| * develop systemic hypotheses and identify client goals |  |
| * establish the context for a systemic intervention |  |
| * maintain and develop a systemic approach |  |
| * work in a reflective manner |  |
| * use monitoring to promote change |  |
| * facilitate communication across the system |  |
| * manage endings |  |
| ***Core*** |  |
| Ability to:   * use systemic hypotheses |  |
| * use circular interviewing |  |
| * use systemic techniques to promote change |  |
| * work towards resolving problems |  |
| * map systems |  |
| * make use of genograms |  |
| * make use of sculpting exercises |  |
| * make use of enactments |  |
| * work with a systemic team |  |
| * implement systemic interventions in an adaptive manner |  |
| * maintain a relational approach |  |
| * hold a non-pathologising view of the system |  |
| * make use of the interpersonal perspective |  |

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| **Presentations that S&FT intervention has focused on** | |  |
| **Presentations** | **Additional notes** | **Number of people** |
| Anxiety  *(e.g. panic, phobia, generalised anxiety)* |  |  |
| Obsessions and compulsions |  |  |
| Trauma related difficulties |  |  |
| Low mood  *(e.g. depression)* |  |  |
| Fluctuating mood  *(e.g. bipolar disorder, dysregulation)* |  |  |
| Psychosis  *(e.g. hearing voices, unusual beliefs)* |  |  |
| Relationship difficulties  *(e.g. couple work, family functioning)* |  |  |
| Severe interpersonal difficulties  *(e.g. difficulties that attract a personality disorder diagnosis)* |  |  |
| Physical health presentations  *(e.g. sexual health, HIV, chronic conditions)* |  |  |
| Adjustment and coping  *(e.g. bereavement, retirement)* |  |  |
| Behaviour that challenges  *(e.g. school refusal, offending behaviour, anger difficulties)* |  |  |
| Addictive behaviours  *(e.g. drug use, gambling)* |  |  |
| Eating difficulties |  |  |
| Cognitive impairment  *(e.g. organic and functional in origin)* |  |  |
| Neurodevelopmental difficulties |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |

**Competencies in Psychodynamic & Psychoanalytic Therapies**

This section sets out the broad areas of competence in the Psychodynamic & Psychoanalytic (PDAT) approaches that the trainee should acquire over training. At the end of each placement where these orientations have been used, trainees and supervisors should jointly rate each area of competence. For further information please see the competence framework at:

https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychoanalytic-Psychodynamic-Therapy

|  |  |
| --- | --- |
| **PDAT Domains & Competencies** | **Rating:** |
| ***Basic*** |  |
| Knowledge of:   * basic principles and rationale of psychodynamic/analytic approaches |  |
| Ability to:   * assess the likely suitability of an psychodynamic/analytic approach |  |
| * engage the client in psychodynamic/analytic therapy |  |
| * derive an psychodynamic/analytic formulation |  |
| * establish and manage the therapeutic frame and boundaries |  |
| * work with unconscious communication |  |
| * facilitate the exploration of unconscious dynamics |  |
| * help the client become aware of unconscious feelings |  |
| * maintain an psychodynamic/analytic focus |  |
| * respond to difficulties in the therapeutic relationship |  |
| * work with both the client’s internal and external reality |  |
| ***Core*** |  |
| Ability to:   * make dynamic interpretations |  |
| * maintain the primary focus of interpretations |  |
| * participate in the process of interpretation |  |
| * appreciate the client’s experience of interpretations |  |
| * work in the transference and counter transference |  |
| * facilitate the client’s exploration of the therapeutic relationship |  |
| * maintain the focus of exploration on the transference |  |
| * understand and help the client manage emotional impact |  |
| * respond non-defensively to the client’s experience |  |
| * use the therapist’s experience of the transference |  |
| * make use of the counter transference as the basis for interpretation |  |
| * reflect on involvement in the therapeutic process |  |
| * recognise and work with defences |  |
| * help the client understand defences |  |
| * manage the anxiety generated by their exploration |  |
| * work through the termination phase of therapy |  |
| * be attuned to direct and indirect references to endings |  |
| * prepare the client for the ending |  |

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| **Presentations that PDAT intervention has focused on** | |  |
| **Presentations** | **Additional notes** | **Number of people** |
| Anxiety  *(e.g. panic, phobia, generalised anxiety)* |  |  |
| Obsessions and compulsions |  |  |
| Trauma related difficulties |  |  |
| Low mood  *(e.g. depression)* |  |  |
| Fluctuating mood  *(e.g. bipolar disorder, dysregulation)* |  |  |
| Psychosis  *(e.g. hearing voices, unusual beliefs)* |  |  |
| Relationship difficulties  *(e.g. couple work, family functioning)* |  |  |
| Severe interpersonal difficulties  *(e.g. difficulties that attract a personality disorder diagnosis)* |  |  |
| Physical health presentations  *(e.g. sexual health, HIV, chronic conditions)* |  |  |
| Adjustment and coping  *(e.g. bereavement, retirement)* |  |  |
| Behaviour that challenges  *(e.g. school refusal, offending behaviour, anger difficulties)* |  |  |
| Addictive behaviours  *(e.g. drug use, gambling)* |  |  |
| Eating difficulties |  |  |
| Cognitive impairment  *(e.g. organic and functional in origin)* |  |  |
| Neurodevelopmental difficulties |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |

**Competencies in Community Psychology**

This section sets out the broad areas of competence in Community Psychology approaches that the trainee should acquire over training. At the end of each placement where this approach has been taken, trainees and supervisors should jointly rate each area of competence.

The following resources have been drawn on in developing these competencies:

* Competencies devised by Division 27 of the APA (the Society for Community Research & Action)
* Competencies devised by the University of Leicester’s clinical psychology programme
* Critical Community Psychology (Kagan, Burton, Duckett, Lawthom & Siddiquee, 2011)
* Competencies devised by the University of East London’s Masters in Clinical and Community Psychology, in consultation with UK community psychologists

|  |  |
| --- | --- |
| **Community Psychology Domains & Competencies** | **Rating:** |
| ***Basic*** |  |
| Ability to:   * apply an ecological perspective and levels of analysis in practice |  |
| * apply a perspective based on values of social justice |  |
| * apply liberatory and transformational models of learning, practice and social change |  |
| * value, integrate and bridge multiple worldviews, cultures and identities |  |
| * promote genuine representation and respect for all community members and their divergent perspectives |  |
| * identify professional and ethical dilemmas and reflect critically on one’s own values and power in a variety of contexts |  |
| ***Core*** |  |
| Ability to:   * Ability to engage with and work collaboratively with different community stakeholders to plan, develop and implement programmes of collective action in community settings |  |
| * Ability to identify community strengths and resources and possibilities for individual and collective action in response to a particular issue |  |
| * Ability to apply models of small and large group systems to facilitate the capacity of community groups to work together productively |  |
| * Ability to articulate and apply a preventative and health promotion approach |  |
| * Ability to analyse relevant health and social policies and collaborate with community partners to utilise advocacy skills for agreed objectives in a professionally appropriate manner |  |

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| **Presentations that Community Psychology intervention has focused on** | |  |
| **Presentations** | **Additional notes** | **Number of people** |
| Anxiety  *(e.g. panic, phobia, generalised anxiety)* |  |  |
| Obsessions and compulsions |  |  |
| Trauma related difficulties |  |  |
| Low mood  *(e.g. depression)* |  |  |
| Fluctuating mood  *(e.g. bipolar disorder, dysregulation)* |  |  |
| Psychosis  *(e.g. hearing voices, unusual beliefs)* |  |  |
| Relationship difficulties  *(e.g. couple work, family functioning)* |  |  |
| Severe interpersonal difficulties  *(e.g. difficulties that attract a personality disorder diagnosis)* |  |  |
| Physical health presentations  *(e.g. sexual health, HIV, chronic conditions)* |  |  |
| Adjustment and coping  *(e.g. bereavement, retirement)* |  |  |
| Behaviour that challenges  *(e.g. school refusal, offending behaviour, anger difficulties)* |  |  |
| Addictive behaviours  *(e.g. drug use, gambling)* |  |  |
| Eating difficulties |  |  |
| Cognitive impairment  *(e.g. organic and functional in origin)* |  |  |
| Neurodevelopmental difficulties |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |

**Competencies in Cognitive & Neuropsychological Assessment**

This section identifies broad areas of competence and specific skills pertaining to cognitive / neuropsychological practice that trainees should acquire over training. At the end of each placement where these approaches have been used, trainees and supervisors should jointly rate each area of competence. For further information please see the competence framework at:

<http://www.bps.org.uk/system/files/Public%20files/required_competences_for_clinical_neuropsychology.pdf>

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| ***Basic*** | **Rating** |
| Knowledge of:   * clinical neuropsychology and it’s theoretical foundations |  |
| * brain development over the lifespan |  |
| * major structures of the brain |  |
| * brain and behaviour relationships |  |
| * contemporary models/frameworks of health, disability and participation |  |
| * personal and professional dimensions to ethical neuropsychological practice |  |
| ***Core*** |  |
| Ability to:   * provide a reasoned rationale for testing |  |
| * communicate a rationale for testing to clients |  |
| * address issues of consent and/or capacity for examination |  |
| * gain informed consent for testing from clients |  |
| * to consider wider contexts that affect presentation * e.g., social, emotional, cognitive and occupational, educational spheres |  |
| * plan, prepare and structure testing sessions |  |
| * address the psychological factors that may influence a client’s view of testing |  |
| * select relevant neuropsychological tests |  |
| * build and maintain rapport during testing |  |
| * consider the many factors that may affect and individual’s performance   e.g., psychological state, sensory/physical deficits, communication, fatigue, cognitive strategies |  |
| * explain convergence and notable discrepancies in results/observations |  |
| * construct a formulation integrates findings with psychological and neuropsychological theory |  |
| * construct a formulation that incorporates everyday difficulties reported by individual/relative/others/school with test results |  |
| * use formulation to facilitate an individual/family’s understanding and adjustment to plan interventions |  |
| * use formulation to facilitate systemic/family adjustment to plan interventions |  |
| * integrate neuropsychological practice within a framework of therapeutic involvement |  |
| * use results of testing to compile individually tailored biopsychosocial formulations |  |
| * communicate/feedback the results of testing clearly |  |
| * make appropriate recommendations for future management |  |
| * feedback to clients/families in an accessible way |  |
| * engage with relevant organisational or professional system/ processes (e.g. EHCP) |  |

All performance and paper and pencil psychometric assessments should be logged in the following tables. Tests should only be logged where the trainee has utilized the test as principal or joint lead in a piece of work.

Supervisors should record that they are satisfied that a test has been correctly administered and interpreted by ticking the relevant boxes below and signing the front of the EPA paperwork.

Where a test has been used but correct administration and or interpretation cannot be assured, please leave the relevant box unticked.

A cumulative log should be kept across placements.

**Neuropsychological Test Log:**

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| --- | --- | --- | --- | --- | --- |
| **Clinical use/Reason for assessment?** | **Age** | **Tests used** | **Administration (please tick)** | **Observed**  **(please tick)** | **Interpretation (please tick)** |
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**Psychometric Test Log:**

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| **Clinical use/Reason for assessment?** | **Age** | **Tests used** | **Administration (please tick)** | **Interpretation (please tick)** |
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