



Programme Specification

A statement of the knowledge, understanding and skills that underpin a taught programme of study leading to an award from
The University of Sheffield

1	Programme Title	Postgraduate Diploma in High Intensity Psychological Interventions
2	Programme Code	PSYT16
3	JACS Code	C800
4	Level of Study	Postgraduate
5a	Final Qualification	Postgraduate Diploma
5b	QAA FHEQ Level	M level
6a	Intermediate Qualification(s)	None
6b	QAA FHEQ Level	None
7	Teaching Institution (if not Sheffield)	Not applicable
8	Faculty	Science
9	Department	Psychology
10	Other Departments involved in teaching the programme	None
11	Mode(s) of Attendance	Two weeks intensive training and then two days per week in the University for the remainder of the first and the whole of the second semester (plus a minimum of 3 days supervised practice experience in the workplace)
12	Duration of the Programme	1 year
13	Accrediting Professional or Statutory Body	British Association of Behaviour and Cognitive Psychotherapy – accredited at Level II.
14	Date of production/revision	February 2014, Revised January 2018

15. Background to the programme and subject area

The National Institute of Clinical Excellence guidelines for anxiety and depression recommends Cognitive Behaviour Therapy (CBT) for the treatment of anxiety and depressive disorders. The Improving Access to Psychological Therapies (IAPT) services delivery model defined in the IAPT business plan agreed by the UK Treasury Comprehensive Spending Review settlement in 2007 will provide high intensity CBT. The Review specified that an additional 3,600 new workers would be needed and 60% of these workers would be trained in high intensity (CBT) interventions. Alongside funding for these new IAPT services would be funding for the training in high intensity psychological interventions. National curricula for these training programmes are available (Department of Health, 2008). This delivery model requires workers to collect routine, sessional clinical, social and employment outcomes as part of a national outcome system. The performance of IAPT workers will, therefore, be measured through their clinical, social and employment outcomes. Likewise, the performance of courses implementing this curriculum will be judged on the ability of their graduates to achieve these outcomes in practice and to competently and consistently apply the treatment protocols defined in the Roth and Pilling (2007) CBT competencies. Trainees need to join the BABCP in order to complete the Programme. If Fitness to Practice concerns are raised, then these will be dealt with via the appropriate mechanisms.

16. Programme aims

The overall aim of the programme is to train mental healthcare staff to be able to deliver high intensity CBT competently and safely. In keeping with the mission and aims of the University (Our Shared Vision; <http://www.shef.ac.uk/strategicplan/mvi/vision>) the programme aims to provide this training within a national centre of excellence for both professional training and clinical research. Students will normally be expected to have a professional qualification in the field of mental health, such as mental health nursing, clinical psychology, counselling psychology, psychiatry, social work. If a trainee has a background as a PWP then they will be

required to be in a fulltime PWP post-qualification for 2 years prior to being accepted onto the course. Those trainees that are required to fulfil the BABCP KSA route (i.e. those trainees that do not have a background in a core profession as defined by the BABCP) will be required to submit a KSA portfolio prior to acceptance onto the course. KSA trainees need to have their KSA portfolio graded as a pass by the KSA assessors on the course (by the end of the training year), in order that they pass the Diploma overall.

The aims of the programme are therefore for students to have:

1. Developed critical knowledge of the theoretical and research literature relating to CBT;
2. Developed critical knowledge of the theoretical and research literature relating to CBT for anxiety and depression;
3. Knowledge of the disorder-specific high intensity treatment protocols;
4. Developed competency in the delivery of CBT for common psychological problems such as anxiety and depression;
5. The skills, knowledge and values to work effectively with patients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives;
6. The skills, knowledge and values to work within a social, work and healthcare context;
7. The skills in managing personal learning agenda and self-care.

17. Programme learning outcomes

Knowledge and understanding:	
K1	Principles of CBT and the evidence base for the application of CBT techniques for depression and anxiety (Aim 1);
K2	Theoretical and research evidence for cognitive behaviour models and an ability to evaluate the evidence (Aim 1);
K3	Competent CBT for depression and anxiety disorders (Aim 2);
K4	A non- discriminatory, recovery oriented values base to mental health care (Aim 4);
K5	The impact of diversity and difference on people's lives and its implications for working practices (Aim 4);
K6	Supervisory methods and processes (Aim 6).

Skills and other attributes:	
Patient Relevant Skills	
S1	Competence in constructing IAPT approved maintenance and developmental CBT conceptualisations for depression and anxiety disorders (Aim 3);
S2	Competence in developing CBT specific treatment plans (Aim 3);
S3	Competence delivery of CBT for depression and anxiety consistent with the established IAPT treatment protocols (Aim 3);
S4	Competence in dealing with complex issues arising in CBT practice (Aim 3);
S5	Competence in clinical decision making in straightforward and more complex situations such as comorbid clients (Aim 5);
S6	Competence in practising as a scientist-practitioner (Aim 6).
Generic Practice Skills	
S8	To manage effectively issues of difference, diversity and the inherent power imbalance in clinical practice (Aim 4);
S9	Competence in managing a caseload of patients and liaising where appropriate with other agencies (Aim 5);
S10	Competence in using clinical supervision (Aim 6);
S11	To work within a team and be aware of own level of competency (Aim 6).

18. Teaching, learning and assessment

The primary method of teaching is through skills based workshops and supervised work experience to ensure competence in the skills S1 to S11. Students receive clinical supervision on a one-to-one basis in the workplace and in a group setting (N=3 per group under normal conditions) in the University. A minimum of 70 hours of supervision is required for the year. Trainees need to demonstrate effective engagement in both individual and group clinical supervision and also the self-reflection/self-practice component of the course. Learning will also be accrued from theoretical lectures and skills based workshops (S1 to S6).

Lectures and seminars will provide the knowledge and understanding of the evidence base for the competencies and skills required (K1 to K7). Guided reading and self directed learning will enable students to read the literature in greater depth and provide time for preparation of their clinical work and for their assignments. Tutorials and workshops will provide further space for critical discussion of the literature.

Opportunities to demonstrate achievement of the learning outcomes are provided through the following assessment methods:

Students' knowledge and understanding of the fundamental principles of CBT will be assessed through a competency based assessment (OSCE) of a screening session for CBT and a case-based literature review (K1 to K7).

Assessment of required clinical competencies (S1 to S11) will be assessed through four case studies (one as a case-based literature review, one on clinical formulation, one anxiety treatment case and one depression treatment case), formative and summative assessment of clinical competency via the CTS-R of CBT treatment sessions using IAPT treatment protocols, and a Practice Portfolio which will include a record of achievement of the following:

- Delivered at least 200 hours of CBT assessment and treatment across their caseload;
- Have a case flow chart of all clinical activity for the year and a summary of the clinical outcomes achieved;
- Completed treatment with eight individual cases and provide patient outcome summaries for these 8 cases;
- Completed assessment reports, formulations, treatment plans and termination reports for the 8 cases;
- Have signed supervision contracts for service and University (group) supervision;
- Documented and timed clinical supervision in the service and University clinical supervisor;
- Evidenced a minimum of 70 hours' clinical supervision across their caseload;
- That the 8 key cases have received a minimum of 5 hours supervision;
- 3 hours of close supervision (i.e. session tape analysis) on 3 of the 8 key cases;
- Clinical supervision will include close supervision, that is the observation of recorded sessions or live supervision. The minimum requirement is at least 3 hours of close supervision on at least 3 of the 8 cases using the CTS-R;
- Kept a reflective journal of personal learning and professional challenges;
- Self-rated 4 CBT sessions using the CTS-R and included a brief reflective analysis (1,000 words) of these sessions;
- Been rated by their service supervisor on 2 therapy session tapes (one for a depressed client and one for an anxious client) using the CTS-R; – but with qualitative comments only (at least one has to be marked as a pass on the CST-R). Includes a brief reflective analysis; 1,000 words;
- Completed two 2,000-word Case Summaries of CBT treatment focussing on the use of disorder specific outcome measurement;
- Completed all necessary teaching 'catch-up' forms;
- Mid-term and final competency report from both the service and group supervisor, with a final recommendation to the course on whether the trainee has achieved the competencies;

- Self-practice/Self-reflection group contracts;
- Self-practice/Self-reflection engagement summary signed off by group tutor and included their SP/SR records.

19. Reference points

The learning outcomes have been developed to reflect the following points of reference:

Subject Benchmark Statements

<http://www.qaa.ac.uk/AssuringStandardsAndQuality/subject-guidance/Pages/Subject-benchmark-statements.aspx>

Framework for Higher Education Qualifications (2008)

<http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/The-framework-for-higher-education-qualifications-in-England-Wales-and-Northern-Ireland.aspx>

University Strategic Plan

<http://www.sheffield.ac.uk/strategicplan>

Learning and Teaching Strategy (2016-21)

http://www.shf.ac.uk/lets/strategy/lts11_16

Department of Health (2008). *Improving Access for Psychological Therapies: Curriculum for the Education of Low Intensity Psychological Therapies Workers*. Care Services Improvement Partnership and National Institute for Mental Health in England. (National descriptions of the curriculum for low-intensity psychological interventions)

Descriptions of the core competencies required for cognitive behavioural therapy are provided in Roth & Pilling (2007)

Learning outcomes have been mapped against the Capable Practitioner Framework (Sainsbury Centre for Mental Health, 2001) and the National Service Framework for Mental Health (Department of Health, 1999)

20. Programme structure and regulations

The structure of the 1-year Programme comprises a 2-week initial teaching block, 2-day per week day release teaching, supervised practice experience in the employing IAPT clinical service and private study time. This structure enables theory-practice links to be maintained throughout the Programme. This programme comprises three modules delivered over one year. The programme focuses on the development of clinical competence to provide high intensity CBT psychological interventions. Students will be employed full-time by the NHS and will attend the University for a 10-day intensive workshop at the beginning of semester 1, and then for two days per week for the remainder to semester 1 and for semester 2. For a minimum of 3 days per week they will be engaged in supervised clinical practice in the workplace. Private study days are provided throughout the Programme.

The curriculum is designed to develop students' knowledge and skills in CBT, specifically for anxiety and depression. These skills are developed throughout the programme and the integration of theory with practice is required. In their clinical work students are will be treating patients with anxiety and depression. It is necessary, therefore, to run the 3 modules together through both semesters to ensure that clinical work and the academic programme link with each other.

Detailed information about the structure of programmes, regulations concerning assessment and progression and descriptions of individual modules are published in the University Calendar available on-line at

<http://www.sheffield.ac.uk/calendar/regs>.

21. Student development over the course of study

There are assessed pieces of course work that must be submitted throughout the course and the end of the Programme. These include:

- An OSCE of the ability to conduct an effective CBT screening session in Module 1.
- One 4,000 word case-based literature review in Module 1.
- One 4,000 word formulation case study in Module 1.
- One 3,000 word case report in the CBT for depression module.
- One 3,000 word case report in the CBT for anxiety module.
- A treatment tape in the CBT for anxiety module of the delivery of a treatment session consistent with the IAPT approved treatment protocols. The session is rated by the course team using a standardised scoring system; the CTS-R and trainees are required to achieve a score of 36 to pass. The trainee includes a 1000 word reflective analysis of the therapy skills evident in the session. The reflection and the session are considered as joint aspects of this assessed piece of work. Trainees are also required to submit formative anxiety treatment session tapes before the summative assessment in order that they are well prepared for the summative assessment.
- A treatment tape in the CBT for depression module of the delivery of a treatment session consistent with the IAPT approved treatment protocols. These assessments are rated by the course team using a standardised scoring system; the CTS-R and trainees are required to achieve a score of 36 to pass. The trainee includes a 1000 word reflective analysis of the therapy skills evident in the session. The reflection and the session are considered as joint aspects of this assessed piece of work. Trainees are also required to submit formative depression treatment session tapes before the summative assessment in order that they are well prepared for the summative assessment.
- Practice Portfolio to be submitted at the end of the Programme which goes across all the three modules. The Practice Portfolio contains a record of clinical hours, case mix/description, records/hours of clinical supervision, a focussed account of the CBT delivered to 8 patients, a reflective log, two 2,000-word Case Summaries, self-rated and supervisor-rated CBT sessions using the CTS-R (including at least one that has been marked as a pass), Self-practice/Self-reflection engagement summary and records and an assessment of clinical competency by both the Clinical Supervisor and Group Supervisor at the mid-point and end of the Course.
- To be awarded the Diploma candidates have to pass all pieces of assessment.

22. Criteria for admission to the programme

Students will normally be expected to have a professional qualification in the field of mental health, such as mental health nursing, clinical psychology, counselling psychology, psychiatry, social work and will either be employed in a primary care setting or have managerial support for access to patients in primary care settings. Those students without the relevant professional background will be assessed and admitted under the BABCP KSA procedure. If a candidate has previously been employed as a PWP (with no prior professional qualification) then they will be required to follow KSA procedures and that they need to have been qualified as a PWP for at least two years (full-time).

23. Additional information

This specification represents a concise statement about the main features of the programme and should be considered alongside other sources of information provided by the teaching department(s) and the University. In addition to programme specific information, further information about studying at The University of Sheffield can be accessed via our Student Services web site at <http://www.shef.ac.uk/ssid>.