



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

School of Psychology

Doctorate in Clinical Psychology

(D.Psych.Sc.)

Programme Handbook

Version 1.11

October 2008

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National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

COURSE HANDBOOK

SECTION 1

INTRODUCTION

INTRODUCTION

We would like to acknowledge those authors who kindly granted us permission to incorporate material from the following sources:

Clinical Psychology Programme Handbooks - University of Wales (Bangor), University of Edinburgh, University of Leeds, University College Dublin, and Queens University Belfast.

The programme team would sincerely like to thank all the sponsoring agencies, academic contributors, and clinical supervisors for their continued support for the NUI Galway Doctorate in Clinical Psychology.

The handbook is also available for download in Adobe Acrobat (PDF) format at the School of Psychology website. Placement forms are also provided here in Microsoft Word format to allow trainees and supervisors to access important course documentation from any location equipped with internet access.

If you have noticed any inaccuracies and or omissions, or if you have any suggestions to improve the handbook, please fill out the correction slip (Section 11) and return to any member of the course team. We value your feedback.

We hope that you find this Handbook helpful.

Brian McGuire

Director – NUI Galway Clinical Psychology Training Programme

October 2008

Version 1.11

Intranet Q drive: Q:\Psychology_DPsychSc(Clinical)\Handbook\Current Handbook

WebPages: www.nuigalway.ie/psy/d_clin_psych.htm

& <http://tiny.cc/clinical>

School of Psychology – National University of Ireland, Galway

Founded in 1971, the School of Psychology (formerly the Department of Psychology) provides an accredited honours B.A. programme in psychology. In addition, the School offers a programme in Psychological Studies, where Psychology may be taken in combination with another Arts subject to honours degree level. The School also provides teaching input to the Faculties of Arts, Medicine and Health Sciences, Engineering and the Information Technology Centre. Supervision and facilities are provided for postgraduate students registered for the research degrees of MA, MLitt and PhD.

Location and Research Facilities

The main School of Psychology is located in St. Anthony's College on the north campus. Further School offices, seminar rooms and laboratories are located in temporary accommodation at Cois Abhann on the main campus. The DPsychSc (Clinical) professional training programme is located off campus in Galway city at Woodquay. The School of Psychology is well resourced with modern psychological laboratories and advanced technical equipment. Of particular relevance to the DPsychSc course are the video studio (e.g. counselling and therapy skills training) and the Test Reference Library. The Test Reference Library is located in Cois Abhann. A catalogue of the contents of the library can be viewed online by accessing the Q drive on the University network.

The Woodquay site has three large air-conditioned teaching rooms equipped with a full range of AV equipment and dedicated laptops. Trainees have access to a photocopier and a well equipped kitchen. Parking is restricted in the area and visitors are advised to park in the nearby Dyke Road car park where a very favourable daily parking rate of €3.50 available. On street pay and display parking costs €3.60 for a two hour period. Parking information and advice in Galway is available at: <http://tinyurl.com/pltwg>

Students will be registered with Computer Services, which entitles them to use the computer systems and services in the University. These systems comprise the University's various file servers which are linked to the PC clusters scattered at various locations on the campus. Clinical Psychology trainees have their own PC suite at the Woodquay site. The suite consists of 13 networked Fujitsu-Siemens PCs running Windows XP and a variety of commonly used software applications including Word, Access, Excel, PowerPoint, EndNote and SPSS. The PCs offer full access to the internet, library catalogue, electronic databases and journals to the main campus network. A high capacity HP 4200n LaserJet printer is provided for the exclusive free use of the DPsychSc trainees. Further networked PCs are provided at various sites on the NUI Galway campus. Further information detailing computing facilities available on and off campus are available from Computer Services: www.nuigalway.ie/cse



Aims and Objectives of the School of Psychology

1. ***To achieve excellence in the teaching of undergraduate and postgraduate courses in psychology.*** The School aims to deliver programmes of learning that meet the highest academic standards, satisfy the requirements of relevant professional bodies, are well-received by students, are attractive to prospective students and are relevant to the needs of the community.
2. ***To achieve excellence in research and scholarship, including postgraduate research.*** Staff and students of the School of Psychology participate actively in research with the aim of making original and significant contributions to the science of psychology and of contributing to the well-being of individuals and groups in the community.
3. ***To participate in community service activities.*** The School is committed to working collaboratively with individuals and groups to facilitate the employment of psychological knowledge and practice for the maximum benefit of the community, especially in the region in which the University is located.

School of Psychology Staff

ACADEMIC STAFF

Head of School	Professor Jack James BSc (Hons), MPsych, PhD
Professor & Personal Chair	Professor Ruth Curtis BA, MA, HDipEd, PhD, APsSI, AFBPsS, CPsychol
Senior Lecturer	Dr Mark Elliott BA (Hons), MSc, PhD Dr AnnMarie Groarke BA, MA, HDipEd, PhD, AFPsSI Dr Brian McGuire BA, MCLinPsych, DipCrim, DipHealthSc, PhD, AFPsSI, AFBPsS, Reg.Psychol, C.Psychol
Lecturer (Above the Bar)	Dr John Bogue BA (Hons), MSc, DCLinPsy, AFBPsS, C.Psychol, AFPsSI, CSci, RegPsychol (PsSI) Dr Michael Hogan BA, PhD Dr Brian Hughes BA, PhD, Reg Psychol (PsSI), AFPsSI Ms Anne Marie Keane BA, MLitt Dr Todd Morrison BSc, MSc, PhD Dr Meena O'Neill BSc, MA, PhD, AFPsSI, AFBPsS Reg.Psychol, C.Psychol Dr Jane Walsh BA, Dip.HRMgt, PhD Dr Ian Stewart BA, HDipPsych, PhD Dr Molly Byrne BA, MPsychSc, PhD
Lecturer (Below the Bar)	Dr Caroline Heary BA, MPsychSc, PhD Dr Geraldine Leader BA, PhD Dr Pdraig MacNeela BA, PhD Dr. Denis O'Hora BA, PhD, BCBA, C.Psychol Dr Kiran Sarma BA, PhD, C.Psychol
Professor Emeritus	Professor Martin McHugh BA, BA (Psych), CPsychol, Reg Psychol (PsSI), AFBPsS, FPsSI

TECHNICAL AND SECRETARIAL STAFF

Senior Technician Technician	Mr Declan Coogan BA, DipSysAn Mr Joseph Mee
School Secretaries	Ms Alma Grealley (Clinical Programme) Ms Miriam Caplice Ms Jackie Stanley

HONORARY FELLOWS & ACADEMIC STAFF – CLINICAL PROGRAMME

Lecturer in Clinical

Neuropsychology

Jill Harding-Clark BA, (PG DipPsych), MClinPsych (Neuro),
MAPS

Jill Harding-Clark completed a Masters of Clinical and Neuropsychology in 1995 after which she was appointed Clinical Neuropsychologist in the Brain Injury Rehabilitation Unit at the Princess Alexandra Hospital, Brisbane, Australia. Her appointment serviced the acute neurosciences, geriatric, and psychiatric units. In 1998, she took up an appointment as Clinical Neuropsychologist in the Department of Neurology (Division of Medicine) at the Royal Brisbane Hospital, Queensland, Australia. In August 2000, she was appointed Assistant Professor (Psychology) at Bond University, Gold Coast, Australia, where she taught neuropsychology, applied clinical neuropsychology, psychometric assessment, and counselling in the Master of Clinical Psychology programme. Jill recently joined the RehabGroup as Senior Clinical Neuropsychologist with Quest and RehabCare brain injury services in the West of Ireland. She is currently completing her PhD titled "Neuropsychological, Neurological, and Quality of Life Outcomes in Parkinson's Disease Patients undergoing Basal Ganglia Surgery".

Brief Biographies of School of Psychology Academic Staff

Professor Jack James graduated from the University of New South Wales with First Class Honours in the BSc (Applied Psychology) degree, after which he completed a Masters degree in clinical psychology at the same University. He subsequently attended the University of Western Australia, where he completed a PhD on the clinical management of chronic stuttering. He worked in clinical and community settings as a clinical psychologist before pursuing an academic career. Over time, his teaching and research activities broadened to include health psychology and behavioural medicine. In 1991, he was appointed Foundation Professor of Behavioural Health Sciences at La Trobe University, Melbourne. Subsequently, he was elected to the position of Founding National Chair of the College of Health Psychologists (a College of the Australian Psychological Society). He moved to Ireland in 1998 to take up the position of Professor and Head of School at NUI, Galway.

Professor Ruth Curtis is a graduate of University College Cork and University College Galway (now NUI, Galway). She carried out research in educational and clinical topics at National University of Ireland, Galway and was awarded MA and PhD degrees by The National University of Ireland. She held a Visiting Scholar appointment in Health Psychology at the University of California, Riverside. She was the first Director of the MPsychSc in Health Psychology programme. Her current research interests lie in psychophysiological explanations of stress and coping; personal dispositions and health. She has presented papers at international conferences and published papers on these topics. She is a member of the Council of State appointed by President McAleese, a member of the Irish Research Council for Science, Engineering & Technology, appointed by the Minister for Education, elected member of the Senate of the National University of

Ireland and of the Governing Authority of NUI, Galway. She is a member of the Governing Body of St. Angelas College, Sligo. A founder member of Business & Professional Women in Galway, she is also a member of the International Womens Forum. From 1996-2002, Prof. Curtis served as Vice-President of NUI, Galway with responsibility for Development and External Affairs. She has recently held a Visiting Scholar appointment at the Dept. of Psychology, University of California, Los Angeles.

Dr Mark Elliott was awarded a first- class honours degree in psychology from the Open University (UK, 1988-1994), studied Cognitive Science between 1993 - 1994 at the University of Birmingham and graduated with a Masters and Doctorate in Philosophy from the University of London in 1998. After several years as a social worker, Mark returned to education and, following completion of his Ph.D at the University of London, took up a research fellow's position at the Universität Leipzig. Immediately prior to his appointment as senior lecturer at NUI Galway Mark was employed as an assistant professor at the Ludwig-Maximilians Universität in Munich. He is an Honorary Research Fellow of Birkbeck College, University of London, UK.

Dr John Bogue is a Chartered Forensic Clinical Psychologist with the British Psychological Society (BPS) and a Registered Psychologist with the Psychological Society of Ireland (PSI). In 1997 he completed the University of Glasgow/ NHS Scotland professional training scheme in clinical psychology. He subsequently took up a lectureship in Forensic Clinical Psychology at the University of Edinburgh/The State Hospital. He was employed as a Senior Clinical Psychologist with the Irish Prison Service prior to joining the NUI Galway DPsychSc (Clinical) Programme in 2004. He is currently Honorary Secretary of the Division of Forensic Psychology and is a member of the Board of Professional Conduct of the PSI. He is an Associate Fellow and full member of the Clinical and Forensic Divisions of both the PSI and the BPS. He was awarded Chartered Scientist status from the British Science Council in 2007. In his professional practice he specialises in criminal casework and risk assessment of violent or sexually violent behaviour. He also provides a clinical and forensic consultancy service to various criminal justice agencies. His research interests lie within the area of forensic clinical psychology and include such topics as psychopathy, familicide, behavioural profiling and clinical risk assessment.

Dr AnnMarie Groarke is a graduate of University College Galway. She carried out research in concept formation for the MA degree at University College Galway. While working as a Research Officer with the Brothers of Charity Services, Galway, her publications focused on community integration of persons with mental handicap and the public's perception of disability. She has completed a three year investigation of the role of psychological and clinical disease factors in adjustment to rheumatoid arthritis. Other research interests concern the impact of psychological stress and social support on disease status. She is also a consultant in vocational assessment.

Dr Brian M. Hughes completed a PhD in social support and cardiovascular stress reactivity at NUI Galway having been awarded a College Prize and University Fellowship after his honours BA in psychology. After teaching at NUI Galway and at the

Galway-Mayo Institute of Technology he went on to serve as founding Head of the Psychology Department at Dublin Business School, during which time it became the first ever non-university department in Ireland to receive professional accreditation for a psychology degree programme. He was appointed to the staff of NUI Galway in 2001 and served as Acting Head of Department in 2005. He has served as President of the Psychological Society of Ireland (2004-2005) and was the Founding Chair of its Division of Health Psychology (2003). He is a current member of its Council (since 2000).

Ms Anne Marie Keane is a graduate in psychology of NUI Galway. Anne Marie Keane is completing her PhD thesis on interictal learning and memory in persons with epilepsy. She carried out research in the Neurology Department, University College Hospital Galway while holding a research fellowship. She has presented several papers on this and related topics to conferences and professional groups.

Dr Brian McGuire is a graduate of NUI, Galway and has also completed a Masters Degree in Clinical Psychology (Sydney), a Diploma in Criminology (Sydney), a Diploma in Health Science (Clinical Teaching – NUI Galway) and a PhD in clinical psychology (Sydney). He worked initially as a research psychologist in brain injury rehabilitation in London. He then moved to Sydney where he spent the next 10 years lecturing in psychology at several universities and working as a clinical psychologist. His clinical work was initially in the area of learning disability and challenging behaviour, before he moved into private practice where his work focused on medicolegal assessment and the rehabilitation of persons with chronic pain, acquired brain impairment, and those recovering from work and motor accidents. It was in that context that his interest in symptom magnification and malingering developed and he completed his PhD in that area. After leaving Australia, Brian was Consultant Clinical Psychologist in brain injury rehabilitation where he co-ordinated the clinical services of several in-patient rehabilitation units in the north of England. After returning to Ireland, Brian worked with the Galway Association learning disability service. He joined NUI, Galway in 2003 and is currently Director of the Doctor of Psychological Science programme in Clinical Psychology. His research interests lie in clinical health psychology and behavioural medicine, especially pain management, diabetes and psychological treatment in chronic health problems.

Dr Meena O'Neill is a graduate of the University of Ulster (Coleraine). She obtained an MA from the University of Nottingham and a PhD from the University of Wales, Bangor. She is a qualified Clinical Psychologist and has worked in Child, Learning Disability, and Autism Services in Ireland and the UK. Her current clinical and research interests are in the area of Autism Spectrum Disorders and she is a founder member of the PSI ASD Special Interest Group. She was appointed in 2003 to the Psychology Department at NUI Galway, as Assistant Course Director on the new DPsychSc Clinical Psychology Training Programme.

Dr Jane Walsh is a graduate of NUI Galway. Having completed her PhD she worked as a research psychologist in the Educational Research Centre, Dublin, and went from there to lecture in Carlow Institute of Technology for a year. She joined the Psychology

Department in NUI Galway in 1997. Dr. Walsh is the Research Methods Co-ordinator in the School and lectures to students at undergraduate and postgraduate level on Research Methods and in Health Psychology. Her research has focused on preventative health behaviour and the use of theory-based interventions in both community and hospital settings. She is a committee member of the Health Division of the PSI and the current Director of the MPsychSc in Health Psychology in NUI Galway. To date, she has obtained funding for her research from the Western Health Board, the Health Research Board, the Millennium Fund and the Mid-Western Health Board.

Dr Molly Byrne obtained an honours degree in Psychology from Trinity College Dublin (1994) and both a Masters degree in Health Psychology (1998) and a PhD (2003) from NUI, Galway. After completing her Masters degree, Molly worked as a Research Officer in the Health Services Research Centre, Royal College of Surgeons in Ireland, Dublin. During this time she was awarded a three-year Health Research Board (HRB) Health Services Research Fellowship which she held in the Department of General Practice, NUI, Galway. On completion of the fellowship, Molly obtained, as co-applicant, a HRB Programme grant for a 5 year research project called the SPHERE study: a large, national randomised controlled trial of a behavioural intervention to improve secondary prevention of coronary heart disease among patients attending general practice on the island of Ireland. Molly managed this project for a year and a half, before moving to the Department of Psychology. During this time, Molly taught health psychology to a number of student groups including nurses, medical students, dentists and psychologists. Molly joined the Department of Psychology in NUI, Galway in July 2004, as lecturer with responsibility for managing the teaching and research interface between the school of Psychology and the Departments of Speech and Language Therapy and Occupational Therapy. She is coordinating the School of Psychology Research Seminar series and has taken a lead role in organising a dynamic research group in the School of Speech and Language Therapy. Molly is the present Chair of the PSI Division of Health Psychology. She has been an active member and treasurer of the Division over the past few years, and has chaired the organisation of its two national conferences.

Dr Caroline Heary graduated with a BA from the University College Dublin (UCD), after which she completed a Masters of Psychological Science in Health Psychology in NUI, Galway. She subsequently returned to UCD, where she completed her PhD on developing an instrument to assess children's satisfaction with hospital services. Having worked as a researcher in the Children's Research Centre, Trinity College Dublin, she then obtained a post-doctoral research fellowship from the National Children's Office. She was appointed to her post in NUI, Galway in November 2003. With regard to her professional activities, Caroline is a member of the Council of the Psychological Society of Ireland and has served on the committee of the Division of Health Psychology for a number of years. In addition, she was secretary of the local organising committee of the 19th Annual Conference of the European Health Psychology Society, which was hosted by the Department of Psychology, National University of Ireland, Galway in August 2005, as well as a member of the Scientific Committee.

Dr Michael Hogan graduated with First Class Honours from NUI, Galway. In his undergraduate years he was the PSI's Young Irish Psychologist of the year 1994, while winning the Gold Medal Award in 1st, 2nd and 3rd Arts. His PhD topic was 'A critical analysis of Generalized Slowing and Common Cause Models of Aging' (NUI, Galway, 2000). He continued his research at the University of Toronto and Trinity College Dublin. He was appointed to the staff in NUI, Galway in 2001. Michael is currently under contract by Edwin Mellen Press to write a book entitled 'Aging and Adaptation'.

Dr Geraldine Leader graduated from University College Cork in 1998. Her first lecturing post was in the University of Ulster where she spent four years. She was appointed to NUI Galway in November 2003. She is currently serving as the Treasurer of the European Association of Behaviour Analysis and is the co-ordinator of the Behaviour Analysis Group in Ireland. She is also a member of PSI (Psychological Society of Ireland) and ABA (American Association of Behaviour Analysis).

Dr Pádraig MacNeela conducted his PhD research in social cognition at NUI Galway. He is currently senior researcher on the Health Research Board Research Programme in Nursing Decision Making, working with colleagues at DCU and UCD to devise a minimum data for nursing and to study clinical judgement and decision making. His on-going research into volunteering has been supported by funders such as the Royal Irish Academy and the Atlantic Philanthropies. Pádraig joined NUIG in 2004. While working at DCU he developed MSc programmes in counselling, psychotherapy, clinical nursing and health promotion, and worked on research projects funded by the National Advisory Committee on Drugs (dual diagnosis services, harm reduction approaches) and the Department of Health and Children (a national study of empowerment among nurses). His innovation in regard to continuous professional development and e-learning has been supported by funding from groups such as the National Council for the Professional Development of Nursing and Midwifery and the Irish Cancer Society.

Dr Denis O'Hora graduated from University College Cork in 1998. He began his postgraduate work at UCC before moving to the National University of Ireland Maynooth in 1999 to complete his studies with the support of a Government of Ireland Scholarship. In 2002, he took up a lecturing post in London Metropolitan University where he worked for a year before being appointed as a lecturer in behaviour analysis at the University of Ulster. During his time at UU, he was part of the course team that developed the first Masters in Applied Behaviour Analysis on the island of Ireland, which was supported by an International Development grant from the Society for the Advancement of Behaviour Analysis (SABA). He was also awarded a Crucible fellowship by NESTA, the National Endowment for Science, Technology and the Arts for his work promoting psychology. He was appointed to his post in the National University of Ireland, Galway in January, 2007. He is a Board Certified Behavior Analyst (BCBA), a member of the international Association for Behaviour Analysis (ABA) a member of the Division of Behaviour Analysis in the Psychological Society of Ireland (PsSI) and a Chartered Psychologist with the British Psychological Society (BPS). Dr O'Hora's primary research interest is in the role that relational responding plays in complex cognitive processes. To date, he has employed Relational Frame Theory to examine a variety of cognitive faculties including

instructional control, intelligence and goal setting in organizations. He is currently involved in research that is analysing relational responding in the brain. He is also interested in the applied utility of his research in organizational, educational and care settings.

Dr. Todd G. Morrison joined NUI Galway in 2004. He graduated with a first class honours Bachelor of Science degree from the University of Victoria; a Master of Science degree in applied social psychology from Memorial University of Newfoundland; and a Doctorate of Philosophy (PhD) in experimental social psychology from Queen's University in Ontario, Canada.

Dr Kiran Sarma is a graduate (BA, PhD) of the Department of Applied Psychology, University College Cork. He worked for the Irish Police, An Garda Síochána, as a lecturer in forensic psychology and crime and policy analyst (2000-2004) and more recently held a teaching post at Mary Immaculate College, University of Limerick (2004-2007). He joined the team at NUIG in September 2007 and is responsible for clinical research coordination and training on the Doctor of Psychological Science programme in Clinical Psychology. Kiran is also a member of the Mental Health Tribunals that review involuntary detentions of psychiatric patients in psychiatric units in Ireland (as administered by the Mental Health Commission). Kiran's research interests lie broadly in the areas of forensic social and abnormal psychology. His recent publications and conference papers deal with psychological aspects of support for terrorism, involuntary committals in Ireland, firearms suicide, police policy and practice, victimisation and repeat victimisation, hate crimes against the gay and lesbian community, juvenile crime and restorative justice, and drug, alcohol and tobacco misuse. His research activities since 2004 have been funded by the Department of Justice, Equality and Law Reform, Pobal, the Department of Health and Children, BeLonG To, the Dublin North Inner City Drug Task Force and the MIC Seed Funding Scheme.

Dr Ian Stewart received a BA from NUI, Galway, a first class honours Higher Diploma in Psychology from NUI, Cork and a PhD from NUI, Maynooth. Having completed his PhD, he spent one further year at NUI, Maynooth doing postdoctoral work and he was appointed to the staff at NUI, Galway in August, 2002. He is a member of the [Psychological Society of Ireland](#) (PSI), Behaviour Analysis in Ireland (BAI), Experimental Analysis of Behaviour Group (EABG) and the [Association for Behaviour Analysis](#) (ABA). He has been a member of the executive council of the PSI since 2004 and was appointed Honorary Secretary in 2005. His doctoral and postdoctoral research for which the Irish Research Council for the Humanities and Social Sciences (IRCHSS) awarded him funding focused on the provision of behaviour analytic models of analogical and metaphorical language.



***The Doctor of Psychological Science
In Clinical Psychology***

Programme Team

Dr Brian McGuire	Programme Director	Woodquay Court – Ext 2954
Dr John Bogue	Assistant Director	Woodquay Court – Ext 5124
Dr Michael Guilfoyle	Clinical Training Coordinator	Woodquay Court – Ext 2956 (Starting January 2009)
Dr Kiran Sarma	Research Coordinator	Woodquay Court – Ext 5715
Dr Jill Harding-Clark	Honorary Lecturer in Clinical Neuropsychology	Woodquay Court – Ext 5754
Ms. Alma Greally	Programme Secretary	Woodquay Court – Ext 3266

Aims and Objectives of the Programme

The programme provides basic professional training in many areas of work, including adult clinical psychology, child and adolescent clinical psychology, intellectual disabilities and other selected areas of practice such as older adults, neuropsychology, health psychology and forensic psychology. The programme is designed to train psychologists to be eligible for appointment to the post of Basic Grade Clinical Psychologist as per the Department of Health and Children guidelines, in any of the core areas of adult clinical psychology, child clinical psychology, and intellectual disability services. In addition, the programme aims to provide trainees with the requisite knowledge and skills to commence work as a Basic Grade Clinical Psychologist in more specialised services such as older adults, neuropsychology and forensic psychology services.

The overall objective of the programme is to produce competent and capable clinical psychologists for the Irish health service, through the provision of high quality training in the clinical, academic and research elements of clinical psychology.

Specific aims are as follows:

A. Clinical

1. To train Clinical Psychologists to work in an applied clinical setting and an appropriate theoretical context, in a variety of roles and settings and with a variety of client groups in the Irish health service at a Basic Grade level in the profession.
2. To be responsive to the needs of the Health Service in terms of clinical psychology training.
3. To be responsive to the needs of the profession of clinical psychology and to developments in the profession of clinical psychology in terms of the content and structure of the training programme.

B. Academic

1. To provide a broad theoretical and academic knowledge base across a range of core competencies and clinical specialist areas.
2. To provide opportunities to explore and increase trainees' understanding of theory-practice links.
3. To develop good oral and written communication skills as required for the practice of clinical psychology.

C. Research

1. To provide research and evaluation training to enable the clinical psychologist to practice within the evidence based environment of the health service.
2. To promote an appreciation of the importance of ongoing service-based research and to provide the requisite skills and confidence to enable trainees to conduct research in the clinical setting.

D. Professional

1. To promote the personal and professional development of trainees.
2. To promote the development and adherence to a high level of ethical and professional responsibility in trainees. Trainees are required to conduct themselves at all times within the Professional Code of Ethics of the *Psychological Society of Ireland*.

E. Organisational

1. To develop in trainees an understanding of the broad social, cultural, political and organisational context in which clinical psychologists and the health service operates.

Philosophy and Orientation of the Programme

The Scientist-Practitioner

The programme strongly subscribes to the *Scientist-Practitioner* model of training. An evidence-based approach to practice is highlighted whilst also encouraging trainees to evaluate and appraise information openly and with an enquiring mind. This commitment to the scientist-practitioner model is demonstrated through a continuing programme of training in applied research, the emphasis placed in the academic programme on the theory-practice interface, and the emphasis on the scientist-practitioner in assessment and evaluation of trainee performance.

Theoretical Models

The training programme provides a sound theoretical knowledge base in a variety of core areas of clinical psychology and offers practical skills training in each of these areas. The programme particularly emphasises the *Cognitive-Behavioural* and *Systemic* models, but also provides academic and practical skills training in other approaches such as:

- Psychodynamic
- Cognitive Analytical
- Humanistic
- Integrative
-

The theoretical models are taught across the academic blocks. Opportunities for application of the models in clinical practice occur throughout training in the core placements and in some specialist placements.

Selection Process for Admission to the Course

Admission to the DPsychSc programme is via an advertised, competitive, application process. Candidates must be eligible for graduate membership of the Psychological Society of Ireland. Candidates are short-listed on the basis of a written application reflecting their experience and qualifications and also on the basis of reports from referees. Candidates then participate in two rounds of interviews with members of the course team and senior clinicians from the HSE and other appropriate agencies as may be deemed necessary.

Programme Board

The programme board consists of members of the academic staff at NUI, Galway who contribute to the programme and a number of external experts representing clinicians, managers and academics. The role of the Board is to review the progress of the course and advise on developments in content, structure and organisation of the course.

Internal Members:

Dr. Brian McGuire (Course Director), Dr. John Bogue (Assistant Director), Dr. Kiran Sarma (Research Coordinator), Dr. Michael Guilfoyle (Clinical Training Coordinator)

School Members:

Prof. Jack James, Head of Psychology, NUI, Galway
Dr. Geraldine Leader, Lecturer in Psychology, NUI, Galway

External Members:

Mr. Pat Brosnan, Director of Mental Health Services, HSE West
LHO Manager Representative from HSE West (TBA)
Ms. Sheena Burke, Senior Clinical Psychologist, HSE Dublin / Mid-Leinster
Dr. Mary Davis, Principal Clinical Psychologist, Brothers of Charity, Galway
Dr. Terri Gallagher, Senior Clinical Psychologist, HSE West, Sligo
Ms Clare Gormley, Senior Clinical Psychologist, HSE West, Galway
Dr. Geraldine Leader, Director ABA Programme, Dept. of Psychology, NUI, Galway
Dr. Eddie O’Dea, Principal Psychologist, HSE West, Limerick
Dr. Margaret O’Rourke, School of Medicine, University College, Cork
Dr. Maura O’Sullivan, Senior Clinical Psychologist, Irish Prison Service
Dr. Niall Pender, Principal Clinical Psychologist, Beaumont Hospital, Dublin
Ms. Frances Smyth, Principal Clinical Psychologist, Ability West
Dr. Simon Wale, Senior Clinical Psychologist, HSE, West, Limerick
Dr. Kieran Woods, Principal Clinical Psychologist, HSE Donegal
Dr. Michael Byrne, Principal Psychology Manager, Roscommon PCCC, HSE West
One trainee Representative from each cohort
Basic Grade Clinical Psychologist recently graduated from the programme

External Examiner:

Professor Andrew Gumley, University of Glasgow



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PROGRAMME HANDBOOK

SECTION 2

PROGRAMME OVERVIEW

Overview of NUI Galway Doctorate in Clinical Psychology Programme

Programme Component	First Year	Second Year	Third Year
Autumn six week academic block <ul style="list-style-type: none"> •Last Monday in September to 1st Friday in November •Mon, Tue, Wed & Thur in class •Fri independent study •140-150 hours tuition over 48 three hour sessions 	Child & adolescent clinical psychology academic programme Quantitative service based research skills training	Disability clinical psychology academic programme Thesis proposal preparation seminars	Professional & Service Issues Forensic psychology academic programme. Health psychology academic programme. Advanced topics academic programme. Research and data analysis seminars.
Late autumn assessment Assignments due by 2 nd Friday in December	1 Essay on topic in child & adolescent clinical psychology (<4,000 words)	1 Essay on topic in learning disability clinical psychology (<4,000 words) Proposal for thesis (<3,000 words) to be finalised by 3 rd Monday in October	Introduction section of thesis (10,000-12,000 words)
Winter 4.5 month clinical placement <ul style="list-style-type: none"> •1st Monday in November to 4th Friday in March. Four days per week, 1 day for independent study/research. Xmas & Easter leave to be agreed with Supervisor & Training Coordinator.. • Minimum 60 placement days 	Child & adolescent clinical psychology placement (TBA-University day(s) end January – presentations & case discussions)	Disability placement (TBA-University day (s) end January – presentations & case discussions)	Advanced clinical placement Method section of thesis (5,000 words) (TBA-University day(s) end January – presentations & case discussions)
Early spring assessment Assignments due by last Friday in March	1 Case study on child & adolescent clinical psychology (<4,000 words)	1 Case study in disability clinical psychology (<4,000 words)	Soft bound thesis due on last Friday in February (<30,000 words)
Spring six week academic block <ul style="list-style-type: none"> •Last Monday in March to 1st Friday in May •Mon, Tue, Wed & Thur in class •Mon & Fri independent study •140-150 hours tuition over 48 three hour sessions 	Adult clinical psychology academic programme Qualitative service based research skills training Thesis proposal preparation seminars including methodology and design	Neuropsychology. Clinical psychology of the older adult. Advanced topics.	Thesis and portfolio preparation. Advanced topics. Case presentations
Late spring assessment Due by 2 nd Friday in June	1 Essay on topic in adult clinical psychology (<4,000 words)		
Summer 4.5 month clinical placement <ul style="list-style-type: none"> •1st Monday in May to 4th Friday in September. Four days per week. Leave arrangements to be agreed with Supervisor & Training Coordinator. • Minimum 60 placement days 	Adult clinical psychology placement. Quantitative service based research project (last Friday in May) (TBA-University day(s) end June – presentations & case discussions)	Older adult clinical psychology placement or advanced placement Quantitative or qualitative service based research project (Last Friday in May). (TBA-University day(s) end June – presentations & case discussions)	Advanced clinical placement (TBA-University day(s) end June – presentations & case discussions)
Early autumn assessment Assignments due by last Friday in September in 1st and 2nd years and on the 1 st Friday of September in 3rd year	1 Case study adult clinical psychology (<4,000 words)	1 Case study in older adults or advanced clinical psychology (<4,000 words)	1 Case study with self-reflective theme (<4,000 words)

Please note: This overview is for guidance only and may be subject to ongoing revision.



Examination of the NUI Galway DPsychSc (Clinical)

1. The six placements of supervised clinical practice must be passed.
2. Candidates must submit a 70,000-75,000 word portfolio comprising these elements:
 - i. **Four Reports of Clinical Activity:** One from **each** of the following core areas: Child, Adult, Intellectual Disabilities and (in Year 3) **one** account of their ethical and professional development over the period of their clinical training in the form of a reflective RCA. RCAs should not exceed 4,000 words excluding references and appendices.
 - ii. **Three Essays:** Three core placement essays (Child, Adult, and Intellectual Disabilities). Essays should not exceed 4,000 words excluding references and appendices.
 - iii. **One quantitative service based research project.** Not to exceed 3,000 words excluding references and appendices.
 - iv. **One qualitative service based research project.** Not to exceed 4,000 words excluding references and appendices.
 - v. **Research Thesis.** Not to exceed 30,000 words excluding references and appendices.



OVERVIEW OF PROGRAMME STRUCTURE

The course runs over three calendar years (approx. 4,800 hours - five 7-hour days per week for 46 weeks per year) and includes three interrelated elements:

- 1,000 hours academic coursework (approx.).
Comprised of 145-150 hours of teaching in each of six academic blocks (870–900 hours), plus 12-18 hours of teaching which takes place as part of each of six mid-placement blocks during the clinical placements (72–108 hours). Proportion of course time 21% (PSI specifies 20-30%)
- 2,600 hours of supervised clinical practice (approx.).
Comprised of six placements, each of 60-65 days duration – total 360-390 days x 7 hours = 2,520-2,730 hours. Proportion of course time 52%-57% (PSI specifies 50-60%).
- 1000 hours of research (approx.)
Comprised of study leave and personal research time for one day per week throughout training – approximately 140 days or 990 hours over three years. Proportion of course time 21% (PSI specifies 10-30%).

Academic Coursework

Academic coursework is covered in six academic blocks, each of six weeks duration. There are also 2-3 University days during each placement. Thus, overall there are approximately 1,000 hours of coursework in the programme.

Courses will be presented in the form of lectures, seminars, workshops and supervised research training. Guest lecturers from other Departments in NUI, Galway and visiting health experts will contribute to the course. Trainees will be expected to attend all lectures, seminars and workshops and make use of the library and computer facilities to develop the required skills.

Academic courses are grouped into the following conceptual areas:

Module Name	Module Coordinator
Adult Clinical Psychology	Dr. John Bogue
Child, Adolescent and Family Clinical Psychology	TBC
Research, Statistics and Computing	Dr Kiran Sarma
Intellectual Disability	Dr Brian McGuire
Working with Older Adults	Dr John Bogue
Clinical Neuropsychology	Dr. Brian McGuire / Jill Harding-Clark
Forensic Psychology	Dr John Bogue
Clinical Health Psychology	Dr Brian McGuire
Advanced Topics	Programme Team

Supervised Clinical Practice

Each trainee completes six 4.5 month placements. All placements contain a minimum of 60 days direct clinical work and on average trainees spend 65 days or more on placement, yielding a total of 2,520-2,730 hours of supervised practice overall. While on placement, trainees have one day per week for study and preparation - study days are not included in the 60 day minimum requirement. Annual leave is not included in the minimum requirement. The final placement may be completed over the course of a full year to allow for longer-term clinical work to be carried out. These placements afford each trainee experience in the following areas and the minimum experience requirements for the first three areas are set out in the course handbook:

- Adult clinical psychology
- Child and adolescent clinical psychology
- Learning disability
- Working with older adults
- Advanced placements

Research

A day per week over 3 years is set aside for independent study and research and a substantial block of time is scheduled in third year during the final academic block for writing the final draft of the major thesis and finalising the portfolio. Trainees receive individual supervision for their theses during their second and third years. Altogether about 140 days or 1,000 hours are available for research. The following projects are completed:

- Two service based research projects, one in each of the first and second years to demonstrate competence in both quantitative and qualitative research methods.
- A major research project in the second and third year which is written up as a thesis which makes a contribution to knowledge in the field.



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PROGRAMME HANDBOOK

SECTION 3

GENERAL INFORMATION FOR TRAINEES

Orientation Checklist for NUI Galway Doctorate in Clinical Psychology (DPsychSc) Trainees

This checklist contains a list of necessary tasks for new entrants to the programme.

- Read the ***Programme Handbook*** thoroughly.
- You are required to comply with the terms and conditions of your contract of sponsorship. You must familiarise yourself with the ***Documentation & Procedural Guidelines*** pertaining to that contract.
- Contact the Human Resources Department in your sponsoring agency and arrange to sign your contract as a Trainee Clinical Psychologist.
 - HSE West Region - North Western Area, Manorhamilton, Co Leitrim. Phone. ☎ 071-9820400
 - HSE West Region - Western Area, Merlin Park Regional Hospital, Galway. ☎ 091-751131
 - HSE Dublin/Mid-Leinster Region - Midland Area, Arden Road, Tullamore, Co. Offaly. ☎ 05793-21868
 - HSE Southern Region – Southern Area, Wilton Road, Cork. ☎ 021-4545011
 - Brothers of Charity Services - Woodlands, Renmore, Co. Galway. ☎ 091-755241
- Procedures for trainees funded directly by the HSE (Central) will be advised prior to induction.
- Fill in Contact Details Sheet (Section 11) and return to the Course Secretary, Ms Alma Greally. It is very important that you promptly notify the Course Secretary of any changes of address, phone numbers and email. **It is vital that the Course can contact trainees by the above means at all times.**
- You can contact Alma Greally by the following means:
 - **Postal address:** NUI Galway Clinical Psychology Training Programme, 2nd Floor, Woodquay Court, Woodquay, Galway.
 - **Telephone:** 091 493266
 - **Facsimile:** 091 534930
 - **E-mail:** alma.greally@nuigalway.ie
- Ask the human resources officer in your sponsoring agency to confirm in writing that a Garda clearance procedure has been initiated for you. Please be aware that a letter confirming Garda or Police clearance may be required by your supervisor or by the placement provider **prior** to you commencing your supervised placement.
- Ask the human resources officer in your sponsoring agency to make arrangements for you to meet with a member of the Occupational Health Service. This is an opportunity for you to communicate any relevant health information such as vaccination status and any special provisions or guidance you may require in relation to your health status.

- You are advised to get **professional indemnity** insurance. Information on obtaining professional indemnity insurance is provided on the Psychological Society of Ireland website (www.psihq.ie). Click on the FAQs section for details on the insurance schemes currently available.
- You are advised to join the **Psychological Society of Ireland**. The address is PSI, CX House, 2A Corn Exchange Place, Poolbeg Street. Phone. 01-474-9160. Membership of the Psychological Society of Ireland benefits trainees by enabling them to keep abreast of developments in psychology in Ireland through reading its publications and attending its meetings (application forms provided). As part of the DPsychSc training programme you are encouraged to attend the Annual Conference of the PSI held each year in November. This is an important networking activity and it keeps you informed of current professional trends and research activities. It also increases your familiarity with conference settings which will be helpful when you are preparing to present at a conference.
- You are encouraged to join the **British Psychological Society**. The address for BPS is St Andrews House, 48 Princess Road East, Leicester LE1 7DR, www.bps.org.uk , telephone 00-44-116-254-9568. It is also advisable to become an affiliate member of the **Division of Clinical Psychology** (DCP) of the British Psychological Society and keep abreast of developments in clinical psychology in the UK. Members of DCP receive a very informative publication called *Clinical Psychology* on a monthly basis.
- Arrange regular meetings with your Training Coordinator.
- Find out who your **Sponsoring Agency Training Coordinator** is and arrange to meet with them individually. Not all sponsoring agencies will have a specifically nominated training coordinator. In such cases, it would be advisable to seek a meeting with the appropriate Principal Psychologist / Director of Psychological Services.
- When you register with NUI Galway you will get a student card so you can use the Library. You will already have been notified of the date of registration. At registration, your registration statement will contain your computer username, password and e-mail address. Your username is your student ID number. You will be able to login to the computers on campus on completion of registration. More details on Computer Services at NUI Galway are available from the following website address: www.nuigalway.ie/cs
- E-mail is an important means of maintaining contact between the DPsychSc course staff and trainees. We recommend that you avail of the e-mail account provided to all registered students at NUI Galway. University maintained e-mail accounts have good anti-spam and anti-virus protection. Remember that you do not have to be on campus to use your NUI Galway e-mail account. Webmail is a web-based e-mail service that enables you to access your e-mail from any PC or MAC equipped with a standard

web browser. Once you have your username and password you can activate the Webmail service by going to the following website address: <http://webmail.nuigalway.ie> . Increasingly, *Blackboard*, will be used to present lecture notes and resources in electronic format to reduce paper usage. See here for more information: <http://blackboard.nuigalway.ie/>

- Trainees have found personal laptops to have been useful when working on assignments between placements. Advice can be given on the purchase of a suitable machine by Dr John Bogue. Remember: **Never store any client information on your laptop!** USB memory sticks are useful for file transfer and storage. They often come with pre-installed encryption software which offers a very high degree of data security and should be used routinely. Alternatively, you can download this free software from the internet which allows you to easily encrypt you data: <http://tinyurl.com/qp9t>

- You are advised to buy the following textbooks which have been chosen as particularly useful reference books, particularly for the first three academic blocks and for the duration of your training thereafter:

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders – Text Revision (DSM-IV-TR)*. Washington DC: American Psychiatric Association. (Main Library & Medical Library)

Carr, A. (2006). *The Handbook of Child and Adolescent Clinical Psychology*. London: Routledge. (Main Library)

Carr, A. & McNulty (2006). *The Handbook of Adult Clinical Psychology*. London : Routledge. (Main Library)

Carr, A., O'Reilly, G., Noonan Walsh, P. & McEvoy, J. (2007). *The Handbook of Intellectual Disability and Clinical Psychology Practice*. London : Routledge. (Main Library)

Hawton, K., Salkovskis, P.M., Kirk, J. & Clark, D.M. (1989). *Cognitive Behaviour Therapy for Psychiatric Problems. A Practical Guide*. Oxford: Oxford Medical Publications. (Main Library)

- Check the **placement plan** when it becomes available and phone your supervisor for the first placement to make preliminary placement arrangements. Please send a copy of your curriculum vitae to your first and subsequent supervisors.
- Check the Handbook to see when **assignments** are due (essays, verbal presentation of case studies, written case studies, service based research, and thesis-related activities) and put these in your diary.
- With your colleagues in your class elect a **class representative**. Your class representative will sit on the Staff/Student Liaison Committee for Dept. of Psychology.

Library Locations

James Hardiman Main Library

Location: Campus
Librarian: Ms. Kathleen Burke, 091 492544

Medical Library

Location: Clinical Science Institute
Librarian: Mr. Timothy Collins, 091 492791

NURSING LIBRARY

Location: University College Hospital, Galway
Librarian: Ms. Máire Ó hAodha, 091 495229

James Hardiman Main Library – Floor Plan

Ground Floor

Content: Archives Collection, Fiction Collection, General Reference Collection, Health and Safety Collection, Law Reference Collection, Newspaper Collection, Official Publications, Self-Help Collection, Special Collections

Services: Bibliographic Services, Browsing Room, Circulation Desk, Copy Card Dispenser, Desk Reserve, European Documentation Centre, Infomedia Centre, Inter Library Loans, Catalogue, Photocopiers, Reader Services, Special Collections, Archives

First Floor

Content: Accountancy, American Literature, Anglo Irish Literature, Annual Reports, Archaeology, Economics, Education, English Language and Literature, French Language and Literature, Geography, German Language and Literature, Greek Language and Literature, History, Humanities Reference, Irish Language and Literature, Italian Language and Literature, Journalism and Publishing, Latin Language and Literature, Linguistics, Management, Marketing, Philosophy, Psychology, Public Administration, Religion, Sociology, Spanish and Portuguese Language and Literature, Women's Studies

Services: Copy Card Dispenser, Examination Papers, Information Office (Arts and Commerce), Journal Catalogue, Catalogue, Photocopiers, Post Graduate Reading Room, Toilets

Second Floor

Content: Anatomy, Applied Physics, Astronomy, Biochemistry, Botany, Chemistry, Computer Science, Engineering, Geology, Health and Safety Resource Information, Technology, Mathematics, Medicine (pre-clinical), Microbiology, Oceanography, Physics, Physiology, Science and Engineering Reference, Zoology

Services: Copy Card Dispenser, Examination Papers, Information Office (Engineering and Science), Journal Catalogue, Catalogue, Photocopiers, Post Graduate Reading Room, Toilets

Personal Security Guidelines

ALWAYS FIND OUT THE EMERGENCY TELEPHONE NUMBER AND SECURITY PROCEDURE FOR THE HOSPITAL OR CLINIC YOU ARE WORKING IN.

DO NOT SEE PEOPLE OUTWITH THE HOURS OF 9:00 AND 17:00, UNLESS OTHER PEOPLE ARE AROUND AND KNOW YOU ARE SEEING SOMEONE.

NEVER DO HOME VISITS WITHOUT BEING AWARE OF THE HEALTH BOARD / AGENCY POLICY AND ALWAYS LET PEOPLE KNOW WHERE AND WHEN YOU ARE VISITING.

If in any doubt about your safety, for example seeing an angry client, notify your supervisor or a senior member of the department, and ensure others know when and where you are seeing the client. Also be aware of other risks such as risk of self harm in clients and the risk of accusations of improper behaviour. If any of these issues arise, contact your supervisor or a senior colleague immediately for advice.

Guidelines for Personal Safety

1. If a situation arises where the therapist feels threatened, the primary aim should always be to **get away**.
2. If it is not possible to leave, stay calm; speak gently, slowly and clearly. **Never argue**. Meeting aggression with aggression is rarely helpful.
3. Never try to touch someone who is angry.
4. Encourage the person to move or offer a compromise such as talking through the problem.
5. Keep yourself between the potential aggressor and the door and if possible behind a barrier such as furniture. **Never remain alone with an actively violent person. Be prepared to move very quickly if required.**
6. If you manage to calm the situation down, gradually re-establish contact, adopt a cautious approach.
7. **All incidents or potential incidents must be reported to your Supervisor.** The Health Board / Agency policy for incident recording should be followed.

PERSONAL SUPPORT

Introduction

Training to be a Clinical Psychologist is a demanding experience. Clinical work is intellectually and emotionally taxing. The academic requirements of the course include case reports, concentrated blocks of study and a major thesis. All trainees are required to travel extensively and may have the additional pressure of split placements. Trainees will undertake six different placements in their course of 3 years requiring a process of adjustment on each occasion. Given these demands, it is not at all surprising that most trainees report that, at times during their training, they experience a significant degree of personal stress. Common sources of stress might include:

- frequent travel
- shortage of money
- strain on relationships
- problems with course organisation
- the impact of clinical material
- tensions and relationships with supervisors
- feelings of fatigue and demoralisation
- doubts concerning competency.

Self Awareness

A good clinical psychologist should be able to recognise when they are suffering from stress to the point that it is interfering with his or her mental and physical well being. The acknowledgement of the need for help and support should never be considered a weakness. No trainee should ever fear negative evaluation as a result of seeking out appropriate personal help and support.

The capacity to recognise and acknowledge difficulties and seek appropriate help should be considered a core competency for clinical psychologists at all levels of experience. Thus it is an ability to be encouraged and respected and not a weakness which trainees should attempt to hide.

Seeking Help

Your Coordinator of Training should normally be the first person you would contact in the event of any difficulties. They are available to help you with matters relating to placements and academic difficulties. In relation to more personal matters, your Coordinator of Training may recommend that you visit the University student counselling and support service. As a registered student you are entitled to avail of this service at any time and without prior referral.

A “Buddy System” is in place whereby trainees may gain support and advice informally from their fellow trainees. You should maintain some schedule of regular contact with your assigned buddy. The Buddy List is compiled annually by pairing new trainees with trainees from the year immediately above them.

From time to time during your training, the course arranges workshops and other activities that are intended to assist trainees in personal awareness and personal development. Some trainees also seek personal therapy and other forms of personal development. The course team can provide guidance to those who may wish to pursue this form of support.

If you have any suggestions for other forms of support for trainees, please let the course team know. We value your views on this important area.

Please see website for further student services: www.nuigalway.ie/student_services/health_unit/

International Students: www.nuigalway.ie/international/

Mature Age Students: www.nuigalway.ie/mature/

Professional and Ethical Standards

Trainees must maintain the highest professional and ethical standards. At all times they must operate within the parameters of the PSI Code of Professional Conduct. Serious unprofessional or unethical behaviour which breaches this Code will normally result in dismissal from the Programme, whether the breach occurred on placement or elsewhere. In consultation with supervisors and in keeping with relevant organisational or departmental policies, trainees must ensure while on placement that clients are fully informed of their trainee status prior to engaging in work with them. Clients must be aware of and consent to the following:

- a) being seen by the trainee
- b) that the trainee's work is supervised by appropriately qualified psychologists
- c) that anonymised discussion of the work undertaken with the client may, from to time, take place with members of the Programme Team
- d) that the trainee may make anonymised written accounts or case presentations of the clinical work as part of the requirements of the Programme.

CONFIDENTIALITY

In the course of your duties you will have access to confidential material about patients, members of staff or other health service business. On no account must information relating to patients be divulged to anyone other than authorised persons - for example medical, nursing or other professional staff, as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If you are in any doubt whatsoever as to the authority of the person or body asking for information of this nature you must seek advice from your Supervisor. Similarly, no information of a personal or confidential nature concerning individual members of staff or health service business should be divulged to anyone without the proper authority having been first given. Trainees are reminded that at all times they must operate within the parameters of the PSI Code of Professional Conduct.



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COURSE HANDBOOK

SECTION 4

ACADEMIC PROGRAMME

Doctoral Programme in Clinical Psychology

Programme Syllabus

6.1 Overview

The postgraduate academic curriculum has been designed to complement the experiences gained on clinical placements and so provide a comprehensive and rich professional training in clinical psychology that meets the demands of the HSE and the profession of clinical psychology. The overall academic objectives of the programme are:

1. To provide a broad theoretical and academic knowledge base across a range of core competencies and clinical specialist areas.
2. To provide opportunities to explore and increase trainees' understanding of theory-practice links.
3. To develop good oral and written communication skills as required for the practice of clinical psychology.

Specifically in terms of the academic curriculum, the programme aims to:

- Develop the ability to critically evaluate the literature, pertaining to a range of psychological models across the life-span and in varying contexts
- Provide opportunities to explore and increase trainees' understanding of theory-practice links with regard to psychological assessment, formulation and intervention
- Promote the importance of personal and professional development and the need for trainees to develop an ethical and professional practice in accordance with the PSI Code of Ethics.
- Provide a learning environment where trainee skills and competencies are acquired and further developed through the process of training
- Provide research and evaluation training to enable our future clinical psychologists to practice within the evidence based environment of the HSE.
- Develop critical and reflective skills with regard to practice and contexts within which health care is provided
- Develop an understanding of organisational issues and the socio-cultural and political contexts in which clinical psychology and health services operate

6.2 Structure of Academic Syllabus

Academic teaching occurs in six main teaching blocks and four short mid-placement teaching blocks. Autumn teaching blocks run from the beginning of October to mid-November. Spring teaching blocks run from the beginning of April to mid-May. Teaching typically occurs Monday to Thursday each week although Friday teaching sessions are occasionally scheduled as necessary. Approximately 21% of total Programme time is allocated to teaching the Academic Curriculum. Each day is divided into two three-hour sessions. The morning session runs from 10.00 am to 1.00 pm with a 15 minute break at a suitable mid-point. The afternoon session also contains a 15 minute mid-point break and runs from 2.15pm to 5.00pm.

The content of the academic Programme is arranged, as far as possible, to complement the trainees' placement work and developmental stages. For example, the syllabus emphasises core themes and skills in the first year of training with a progression to more advanced and specialist topics in second and third year. In practice, the main areas covered are as follows:

First Year:

Orientation & induction programme; basic clinical and counselling skills; assessment and formulation skills with children; adolescents and families; working with children; adolescents and families; cognitive behavioural, psychodynamic and systemic therapeutic approaches with children; adolescents and families; community psychology and child protection; computer skills; exploratory data analysis; assessment and formulation skills with adults; case presentations; cognitive behavioural, psychodynamic and systemic therapeutic approaches with adults; quantitative and qualitative service based research skills training; thesis proposal seminars; organisational issues; ethical issues; process issues; personal and professional development.

Second Year:

Assessment and formulation skills (preschoolers with disabilities and their families; school age children with disabilities and their families; adolescents with disabilities; adults and older adults with disabilities); contextual and service development issues in learning disabilities; service based research; exploratory data analysis; research design and statistics; thesis guidance seminars; thesis proposal preparation seminars; power analysis; assessment and formulation skills with older adults; therapeutic approaches with older adults; case presentations; lifespan issues; professional skills; psychological testing and assessment of older adults; conceptual approaches in neuropsychology (functional & anatomical); neurological disorders in children; adults and older adults; neuropsychological assessment; neuropsychological rehabilitation; organisational issues; process issues; ethical issues; personal and professional development.

Third Year

Theoretical and conceptual models in health psychology; psychological adjustment to chronic illness; pain assessment and pain management; health promotion interventions; communication in health settings; introduction to forensic psychology; offence focussed programmes; forensic services and settings; field trips (committal prison; circuit criminal court); psychopathy; actuarial and clinical risk assessment; case presentations; univariate and multivariate data analysis using SPSS; thesis guidance seminars; thesis writing seminars; professional practice issues; neuropsychiatry; mental health legislation; applying for jobs in the HSE; advanced psychological therapies (e.g. CAT; IPT; Narrative Therapy & Brief Solution Focussed Therapy); role transitions from trainee to qualified professional; organisational issues; self care; personal and professional development; professional ethics; cultural issues; thesis submission seminar; viva preparation and other topics by agreement.

Provisional academic timetables will be e-mailed to trainees in advance of each academic block. Any necessary amendments will be communicated to trainees as soon as possible by e-mail.

6.3 Contributors to the Academic Syllabus

1. Members of the programme team teach in several areas of the academic Programme throughout the three years. Members of the course team also facilitate current issues presentations, research seminars, case presentations and ethical and professional issues discussions. The programme team aims to increase its direct involvement in the delivery of teaching to approximately 50% of the academic programme.
2. Members of the Department of Psychology contribute to several elements of the academic programme.
3. Many contributors to the teaching Programme are clinical psychologists working for the HSE or voluntary services (e.g. Brother of Charity Services, The Galway Association) within Ireland. Teaching input also comes from colleagues of other disciplines (e.g. psychiatry), academic psychologists, and professionals from outside Ireland.

6.4 Attendance

Attendance at the academic Programme of scheduled lectures, seminars, workshops etc. is mandatory. Failure to attend components of the academic Programme without permission will be considered unacceptable professional conduct and as such, may be regarded as a serious breach of contractual terms between the trainee and his or her sponsoring agency. Except in most exceptional circumstances and with the prior permission of the Programme Director, trainees should not take leave during academic teaching blocks.

6.5 Knowledge Acquisition and Assessment of Academic Coursework

On the D Psych Sc Programme, academic coursework is examined by continuous assessment and not by a traditional end of year exam. Postgraduates in clinical psychology are expected to learn by completion of pre-class required reading and engaging in active learning exercises during the teaching sessions. Coursework is examined through completion of essays, case studies and research projects detailed in the section on assessment below.

6.6 Review of Academic Syllabus

Feedback from Trainees and from academic contributors is of considerable value when modifications to the academic Programme are being considered. The content of the academic Programme is under constant review. Each year, new elements are introduced into the curriculum and existing courses are modified in response to feedback from course contributors, clinical supervisors and trainees. Course content is also regularly updated in the light of new developments within the profession and new legislation. In addition, as part of its remit to review the programme, the Programme Board will conduct periodic reviews of the academic syllabus.

Trainees are expected to anonymously complete feedback sheets after every teaching session or workshop. These sheets are collated by the course coordinator for evaluation by the Programme Team.

6.7 Therapeutic Orientation of Academic Syllabus

In keeping with the overall aims of the Programme, it is considered very important that trainees have the opportunity to explore clinical problems from a range of therapeutic models. While the balance is somewhat in favour of cognitive-behavioural approaches which reflects the predominant theoretical orientation of clinical psychologists in Ireland, trainees are introduced to the general theory of a number of different models of therapy and are given the opportunity to learn and practice specific skills and techniques. The main models addressed are:

1. **Generic counselling skills.** The introductory teaching Programme provides an introduction to counselling skills. Further development of counselling skills is continued in subsequent teaching blocks.
2. **Cognitive behavioural therapy.** Cognitive behavioural therapy is introduced in the Child, Adolescent & Family teaching block and is continued into the Adult Mental Health and specialist teaching blocks.

3. **Psychodynamic psychotherapy.** Psychodynamic approaches are taught in the first year of the Programme and continue throughout the Programme.
4. **Systems approaches and family therapy.** Systemic approaches are taught in the first year of the Programme and continue throughout the Programme.
5. **Other models of therapy.** Teaching on Working with Groups is provided through several half-day workshop sessions throughout the Programme. Training in other therapies such as Cognitive Analytical Therapy, Dialectical Behaviour Therapy or Interpersonal Therapy is arranged through use of visiting lecturers or by including trainees in local training initiatives. Trainees, particularly third years, have an opportunity to identify areas they would like to have covered in the academic Programme. Every effort is made to facilitate these requests, especially with regards to the provision of training in additional therapeutic approaches.

6.8 Teaching Methods

With regard to the teaching input, a model that encourages active, participative and self-directed learning is encouraged and contributors are encouraged to present material with this in mind. Postgraduates in clinical psychology are expected to learn by completion of pre-class required reading and engaging in active learning exercises during the teaching sessions. Where appropriate, academic teaching addresses theoretical perspectives, related therapeutic applications and their empirical status.

Teaching methods include lectures, tutorials, skills and competency-based workshops, experiential learning in workshop format, use of technical media (video/audio presentations), role-play and practice discussions. Contributors regularly use their own clinical material or hypothetical scenarios to elucidate theory-practice links and trainees also present clinical material during practice discussions with a view to using theory to develop clinical formulations, interventions, reflective and evaluative skills. Attention is given to issues of consent and confidentiality in these situations. Similar methods are used when addressing professional issues when various ethical scenarios and dilemmas are presented.

These varied teaching methods are particularly suitable for postgraduate level educational contexts and many areas are covered in a series of half-day sessions to facilitate cohesion, integration and development. Although most academic teaching is directed at a single group of trainees, some specialised workshops, often run by contributors from outside Ireland, may take trainees from two or more years together. The possibility of sharing specialist workshops on a scheduled basis with other clinical psychology training Programmes is currently being investigated.

6.9 Description of the Academic Syllabus

It is an explicit aim of the course to promote the integration of theory and practice and to foster the development of critical and reflective skills with regard to practice. As stated above, blocks of academic teaching are scheduled to precede and orient trainees to each new placement in the earlier stages of training, whilst there is an emphasis on more generic and advanced competencies in the later stages.

The inclusion of overarching or core themes (such as a systematic and evidence-based approach to assessment and formulation) within the modules and units of the academic curriculum facilitates the trainee's deepening ability to integrate psychological models and consolidate psychological knowledge. Coursework submitted by a trainee is examined with particular attention to evidence of such consolidation and integration of psychological knowledge and skills as would be expected at the trainee's stage of training.

6.9.1 Induction Programme

This acts as a foundation course to provide trainees with the necessary knowledge and skills to begin their first placement. Trainees are introduced to the structure of the clinical psychology training Programme at NUI Galway and to the members of staff who are involved in the organization and delivery of the training. Additionally, trainees are introduced to the NUI Galway facilities available to them through their training. Trainees also gain an understanding of the context of clinical psychology within the HSE and voluntary services within Ireland. The central role of the Psychological Society of Ireland's Code of Professional Ethics is emphasised at the earliest opportunity to trainees.

In the first weeks of the course, trainees are introduced to:

- The organisational and administrative structure of the Programme
- The university and facilities available to trainees
- Examination appeals
- NUI Galway library skills training
- Health and safety procedures
- Clinical psychology in Ireland
- Introduction to clinical skills
- Basic counselling skills
- Facilitating a group
- The PSI Code of Ethics
- Professional practice guidelines and self care
- Class representation and use of the "buddy system"
- Support role of the Training Coordinator
- Clinical report writing
- Using supervision effectively

6.9.2 Personal & Professional Development

The programme aims to facilitate personal awareness and reflective practice as an essential component of good clinical practice. Teaching on personal and professional development takes many different forms on the course and is seen as an integral part of the training experience. The curriculum spans over the three years and is explored in the context of trainees' increasing experience. Its main aims are:

- To increase trainees' understanding of good ethical practice and how this is applied in complex clinical contexts
- To increase trainees understanding of the impact of difference and diversity on peoples' lives and how this is used in clinical work
- To help trainees develop the necessary skills to be able to work effectively with an appropriate level of autonomy and with an awareness of the limits of one's own competence
- To promote the importance of managing one's own personal learning needs and developing strategies for meeting these
- To encourage the use of supervision in reflecting on practice and to make appropriate use of the feedback received
- To help trainees develop strategies to address the emotional and physical impact of their own practice and to emphasise the importance of seeking appropriate support where necessary
- To develop skills in working collaboratively and constructively with other psychologists and professionals and users of services, respecting diverse viewpoints.

The PPD curriculum includes the following elements:

1. An emphasis on the centrality of the Psychological Society of Ireland's Code of Ethics to the professional practice of clinical psychology in Ireland.
2. Culture, race, gender, poverty, disability and other equal opportunity issues, including relevant legislation and interpersonal aspects.
3. Organisational and legislative framework for practice:
 - Current HSE structures and historical underpinnings
 - Current mental health legislation
 - The Mental Health Commission
 - Statutory Registration
 - Roles of the clinical psychologist

4. Personal and professional development:

- Health and safety at work
- Professional insurance
- Trade union membership
- Membership of PSI, BPS, APA and other professional associations
- CPD and post-qualification training
- Styles of learning and clinical training
- Applying for posts within the HSE

5. Workshops are provided at different stages to facilitate personal awareness and personal development, for example:

- Self-care in clinical practice (Dr. Jonathan Egan; Dr. Robert Jones)
- Using clinical supervision effectively (Dr. Declan Aherne)
- Stress management (Mr. Peter Dorai-Raj)
- Personal awareness groups (Dr. Declan Aherne)
- Reflective practice (Dr. Declan Aherne)
- Transition from trainee to practitioner (Ms Jacqueline Sherry).

In addition to academic teaching and personal development workshops, each trainee is assigned a “buddy” from the year ahead to provide support and advice, particularly in the early stages of the programme. Trainees are encouraged to undertake personal development work and have free access to the University Counselling Service and to the services of a private clinical and counselling psychology service, available at an arranged discounted rate.

6.9.3 Psychological Assessment and Formulation

The core competencies of assessment and formulation are developed over the course of the three years. In first year, trainees are introduced to different methods of assessment and how the information gathered at assessment is used to develop psychological formulations and interventions. Trainees are encouraged to develop a range of hypotheses to inform interventions. Assessment and formulation are taught from a number of different theoretical models and within the context of a range of client groups including adults, children and young people, people with learning disabilities and a range of other specialisms. Teaching areas include:

- Methods of assessment
- Formulation
- Early childhood assessment
- Middle childhood assessment
- Assessment of adolescents
- Assessment of adults
- Assessment of older adults
- Assessment of families
- Specialist assessments – forensic, substance misuse, neuropsychology assessment, assessment and diagnosis of autism

6.9.4 Psychological Interventions and Evaluation

On the basis of assessment and formulation, trainees develop skills in deciding on the most appropriate form of intervention. Trainees will become aware of the importance of considering the psychological and social context of the client when considering the appropriateness of a psychological intervention. The evaluation of interventions will be explored and trainees are strongly encouraged to select and implement appropriate methods to evaluate the effectiveness and impact of interventions. The emphasis is to create an evidence-based practice where information gathered is used to shape future clinical practice. At present, this teaching is largely organized around clinical placements so that psychological interventions are taught in relation to a specific client group. However, teaching in various therapeutic approaches span the three years of the programme (e.g. teaching in systemic and psychodynamic approaches occurs throughout the three years of the programme).

6.10 Detailed Module Descriptions:

6.10.1 Module: Child, Adolescent and Family Clinical Psychology

Aims:

To provide trainees with an understanding of the range of psychological problems faced by children and adolescents and to distinguish normal developmental difficulties from clinical problems; to equip trainees with the skills necessary to approach client work effectively within the organisational context of health service settings.

Learning Objectives:

By the end of the course trainees will:

1. Understand the role of the clinical psychologist in a variety of child, adolescent and family mental health settings.
2. Understand the current structure of, and the development of, child, adolescent and family mental health services in Ireland
3. Gain knowledge and skills to work with people with psychological difficulties ranging in severity and chronicity.
4. Gain knowledge and skills in clinical interviewing and psychological assessment.
5. Gain knowledge and skills in case formulation and hypothesis testing.
6. Gain knowledge and skills in psychological treatment using a range of approaches and techniques.
7. Gain knowledge and skills in evaluation of treatment within the scientist-practitioner and evidence-based frameworks.
8. Understand the relevant legal aspects of clinical work in child services and be familiar with relevant legislation.
9. Be aware of contemporary issues and debates in the area of child, adolescent and family clinical psychology.

Topics:

- **Normal Child Development**
 - theories of child development; infant temperament and individual differences; play; social and psychosexual development; cognitive and language skills; school and family influences upon development; friendship and peer relations; adolescent development.
- **Psychological Difficulties Arising in “normal” Development**
 - Specific developmental delays; language problems; socialisation problems; sleeping; eating elimination and temper problems; effects of trauma; facing death or bereavement; substance misuse.

- **Difficulties in Childhood and Adolescence- General Issues of Classification**
 - classification of child and adolescent psychological difficulties; psychological and biological models of abnormality in models of child development; epidemiology.
- **Difficulties in Childhood - Description and Explanation**
 - autism; non-organic failure to thrive; conduct disorder; attention deficit hyperactivity disorder; post-traumatic stress disorder; childhood depression; habit disorders; anxiety disorders; psychosomatic disorders; emotional and behavioural difficulties and school; learning difficulties and school; chronic illness; self-injurious and suicidal children; school refusal and truancy; brain injury.
- **Difficulties in Adolescence- Description and Explanation**
 - tics and obsessions; mood disorders; anxiety disorders; attention deficit hyperactivity disorder; substance misuse; conduct disorder and delinquency; school refusal and truancy; self injurious and suicidal adolescents; disorders of eating.
- **Child Abuse**
 - physical abuse and neglect; emotional abuse and neglect; sexual abuse; legal issues; psychological assessment and interventions.
- **Family Issues**
 - inter-generational processes and family life cycle; adoption; fostering and alternative models of parenthood; separation and divorce; reconstituted families; racial and cultural issues in relation to families.
- **Psychological Assessment of Children and Adolescents**
 - communicating with children and adolescents; interviewing skills; psychometric assessment of abilities and achievement (e.g. WPPSI-III and WISC-IV); observational methods; questionnaire and self-report measures; symptom and behaviour checklists; projective and play assessment; family assessment; formulation of problems.
- **Treatment Strategies**
 - models of service in child clinical psychology; special considerations in clinical child work; clinical decision-making; working with other professions and agencies (child psychiatrists, educational psychologists, social workers, care staff); direct and indirect behavioural work; social skills training; working with families; cognitive therapy; individual psychotherapy; group psychotherapy; group work with children.

- **Service, Ethical and Related Issues**
 - models of care; assessing need; organisation of services; service development; role of research in service issues; ethical issues; children's rights; child protection; confidentiality; duty of disclosure; forensic issues; family court work; Mental Health Act and other relevant legislation.

Teaching Format:

Where time permits, the lecture format will include some opportunity for discussion and/or small group work. In some cases, lecturers will include video material, clinical case examples, and vignettes to facilitate discussion and familiarisation with concepts. Practical exercises and role plays are used to enhance skill development. Training in the use of various psychometric instruments is facilitated by an experienced clinical psychologist and trainees are given time to administer the tests between themselves to enhance familiarity. Trainees also engage in self-directed learning by way of presentation of a clinical case to their peers.

140-150 hrs approx.

Reading:

Books

Carr, A. (2006). The Handbook of Child and Adolescent Clinical Psychology: A Contextual Approach (2nd Edition). London: Routledge. (*Main Library*)

Carr, A. (2002). What Works with Children and Adolescents? Hove: Brunner-Routledge. (*Main Library*)

Kaufman, A. & Lichtenberger, E. (2000). Essentials of WISC-III and WPPSI-R. New York; Wiley. (*Main Library*)

Martin, G. & Pear, J. (1993). Behaviour Modification: What It Is and How To Do It. New Jersey: Prentice Hall. (*Main Library*)

Sattler, J. (2001). Assessment of Children: Cognitive Applications (Vol. 1) and Behavioural and Clinical Applications (Vol. 2). Jerome Sattler Publishers. (*Main Library*)

Wilkinson, I. (1998). Child and Family Assessment: Clinical guidelines for Practitioners. London: Routledge.

Journals

- Journal of Child Psychology and Psychiatry
- Child Development
- Journal of Developmental & Behavioral Pediatrics
- Journal of Clinical Child Psychology
- Adolescence
- Developmental Psychopathology
- Journal of Pediatric Psychology

Assessment: An essay which addresses a conceptual issue within Child and Adolescent Clinical Psychology forms the major element of assessment for this teaching block.

6.10.2 Module: Adult Clinical Psychology

Aims:

To introduce trainees to the diverse roles and contributions of the clinical psychologist in adult mental health settings, to familiarise trainees with the core components of professional practice within adult mental health and to provide trainees with the knowledge and skills for everyday clinical practice.

Learning Objectives:

By the end of the course trainees should be able to:

1. Understand the role of the clinical psychologist in a variety of adult clinical psychology settings.
2. Understand the current structure of, and the development of, adult mental health services in Ireland
3. Gain knowledge and skills to work with people with psychological difficulties ranging in severity and chronicity.
4. Gain knowledge and skills in clinical interviewing and psychological assessment.
5. Gain knowledge and skills in case formulation and hypothesis testing.
6. Gain knowledge and skills in psychological treatment using a range of approaches and techniques.
7. Gain knowledge and skills in evaluation of treatment within the scientist-practitioner and evidence-based frameworks.
8. Be aware of contemporary issues and debates in the area of adult clinical psychology.

Topics:

- **General Issues of Classification**
 - methods and models of classification; psychological and psychiatric classification; International Classification of Diseases (ICD-10), Diagnostic and Statistical Manual of Mental Disorders (DSM IV).
- **Models of Functioning**
 - describing and comparing models; assessing the adequacy of models; the process of formulation; therapeutic relationships within models.

- **Anxiety**
 - normal and abnormal anxiety; subtypes; epidemiology; relevant models; critical evaluation of models, applications and interventions.
- **Depression and Affective Disorders**
 - normal and abnormal depression; subtypes; epidemiology; relevant models; critical evaluation of models, applications and interventions.
- **Psychotic Disorders**
 - description; subtypes; epidemiology; relevant models; critical evaluation of models, application and interventions.
- **Organic Disorders**
 - description; subtypes; epidemiology; relevant models; critical evaluation of models, application and interventions.
- **Eating Disorders**
 - description; subtypes; epidemiology; relevant models; critical evaluation of models, applications and interventions.
- **Obsessive-Compulsive Disorders**
 - description; subtypes; epidemiology; relevant models; critical evaluation of models, applications and interventions.
- **Sleep Disorders**
 - description; subtypes; epidemiology; relevant models; critical evaluation of models, applications and interventions.
- **Sexual and Marital Problems**
 - description; subtypes; epidemiology; relevant models; critical evaluation of models, applications and interventions.
- **Anger**
 - description; epidemiology; relevant models; critical evaluation of models; applications and interventions.
- **Suicide and Parasuicide**
 - description; epidemiology; relevant models; critical evaluation of models; applications and interventions.
- **Personality and Personality Disorders**
 - description; subtypes; epidemiology; relevant models; critical evaluation of models; applications and interventions.

- **Impact of Life Events**
 - appraisal; coping and adjustment; stress; stress reactions post-traumatic stress disorder; role transitions; job and organisational stress; unemployment; psychological sequelae of major illness; adjustment to chronic illness; pregnancy and childbirth; parenthood; divorce and separation.
- **Substance Misuse**
 - subtypes including alcohol, smoking and prescription drugs; relevant models.
- **Interventions and their Evaluation**
 - specifying an intervention; defining outcome; psychometric skills (administration, interpretation and reporting of Wechsler Adult Intelligence Scale III); symptom and behaviour checklists (e.g. Beck Depression Inventory, Beck Anxiety Inventory, General Health Questionnaire, Symptom Checklist-90, Mini Mental State); measuring outcome; meta-analysis; client variables; therapist variables; common factors in therapy; process analysis; process - outcome relationships; concepts of efficiency; report writing.
- **Behaviour Therapies**
 - behavioural theory, models and concepts; classical and operant conditioning strategies; observational learning; modern learning theory strategies; exposure therapy; systematic desensitisation; relaxation; response prevention; token economy approaches; covert sensitisation; environmental contingencies; contingencies within relationships; social skills training.
- **Cognitive Therapies**
 - cognitive theories, models and concepts; cognitive processes; knowledge representation; self concept; cognitive therapy; rational-emotive therapy; cognitive-psychodynamic overlap; personal construct theory and therapy; problem-solving; cognitive control therapies.
- **Dynamic Psychotherapies**
 - psychodynamic theories, models and concepts; dynamic unconscious; defence mechanisms; transference; counter transference; object relations theory; brief focal therapies; attachment theory.
- **Systemic Family and Marital Therapies**
 - structural approach; systemic approach; narrative approach.
- **Group Therapy**
 - types of group, theories of groups; group processes.

- **Biological Approaches**
 - Genetic; physiological; organic and neuropsychological models; application to problems; implications for intervention; basic clinical psychopharmacology.
- **Service, Organisational and Related Issues**
 - Models of care including primary, secondary and tertiary; organisation of services; working with other disciplines (eg. psychiatrists, occupational therapists, social workers); multidisciplinary team work; history and context of adult clinical psychology services in Ireland; service development; role of research in service issues, self care.
- **Ethical and Legal Issues**
 - PSI Code of Ethics; client/patient's rights; confidentiality; duty of disclosure; forensic issues; Mental Health Act and other relevant legislation; self care.

Teaching Format:

Where time permits, the lecture format will include some opportunity for discussion and/or small group work. In some cases, lecturers will include video material, clinical case examples, and vignettes to facilitate discussion and familiarisation with concepts. Practical exercises and role plays are used to enhance skill development. Training in the use of various psychometric instruments is facilitated by an experienced clinical psychologist and trainees are given time to administer the tests between themselves to enhance familiarity. Trainees also engage in self-directed learning by way of presentation of a clinical case to their peers.

140-150 hrs approx.

Recommended Reading:

Books

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders – Text Revision (DSM-IV-TR)*. Washington DC: American Psychiatric Association. (*Main Library & Medical Library*)

Carr, A. & McNulty (2006). *The handbook of adult clinical psychology*. London : Routledge. (*Main Library*)

Davis, M., Eshelma, E. & McKay, M. (2000). *The relaxation and stress workbook.5th Ed.* Oaklands, CA: New Harbinger. (*Clinical Psychology Library*).

Dryden, W. (2003). *Handbook of individual therapy 4th Ed.* London:Sage. (*Clinical Psychology Library*).

Gelder, M., Mayou, R. & Geddes, J. (2005). *Psychiatry*, 3rd Edition. Oxford: Oxford University Press. (*Medical Library*)

Groth-Marnat, G. (2003). *Handbook of psychological assessment 4th Ed.* New York: Wiley. (*Clinical Psychology Library*).

Halgin, R. (2006). *Taking sides: Clashing views in abnormal psychology 4th Ed.* Iowa: McGraw Hill.

Hawton, K., Salkovskis, P.M., Kirk, J. & Clark, D.M. (1989). *Cognitive behaviour therapy for psychiatric problems. A practical guide.* Oxford: Oxford Medical Publications. (*Main Library*)

Kaufman, A. & Lichtenberger, E. (1999). *Essentials of WAIS-III assessment.* New York: Wiley. (*Clinical Psychology Library*).

Psychological Society of Ireland. *Code of ethics.* Dublin: PSI.

Journals

- American Journal of Psychiatry
- Annual Review of Clinical Psychology
- British Journal of Clinical Psychology
- British Journal of Health Psychology
- British Journal of Psychiatry
- Consulting and Clinical Psychology
- Clinical Psychology
- Clinical Psychology Review
- Evidence Based Mental Health
- Journal of Abnormal Psychology
- Journal of Clinical Psychology
- Professional Psychology: Research and Practice

Assessment: An essay which addresses a conceptual issue within Adult Clinical Psychology forms the major element of assessment for this teaching block.

6.10.3 Module: Intellectual Disability

Aims:

To provide trainees with an understanding of intellectual disability and to provide an introduction to other common disabilities such as physical disability and autistic spectrum disorders. The block aims to equip trainees with the skills necessary to effectively work with individuals with an intellectual disability, their families and staff groups who support them.

Learning Objective:

By the end of the course trainees will:

1. Have a clear understanding of the nature of intellectual disability, and accepted classification systems
2. Have knowledge of the historical development of services for people with an intellectual disability and of the values that underpin current service provision
3. Be aware of the impact of intellectual disability on the individual and on the family
4. Be able to approach assessment of a range of problems and difficulties in an appropriate manner, including challenging behaviours, and provide a psychological formulation of presenting difficulties
5. Have knowledge of commonly used measures of adaptive behaviour, and an early years intelligence test
6. Be aware of a broad range of possible interventions and their evidence base, and be competent to evaluate psychological treatment as applied to individual clients
7. Have an understanding of the issues involved in working via carers

Topics:

- **General Topics**
 - historical aspects; service development in Ireland; philosophy of service provision; models of disability; individual planning approaches.
- **Causes and Characteristics of Learning Disability**
 - causes and characteristics of intellectual disabilities; basic genetics; syndromes and their origins (eg. autism, Down's syndrome, foetal alcohol syndrome); issues of classification; incidence and prevalence; common associated conditions (eg. epilepsy, cerebral palsy); special problem areas (eg. challenging behaviour, profound and multiple disability, language and communication disorders).

- **Human Lifespan Development in Relation to Intellectual Disability**
 - cognitive development; problem solving and decision making; adolescence; ageing; life events and transitions; relationships and sexuality; gender issues.
- **Assessment using Psychological Models and Methods**
 - ecological aspects of assessment (history, current situation, family); communication issues; interviewing methods; functional analysis; psychometric assessment; assessment of social competence and behaviour; assessment of specific skills (eg. communication and language).
- **Intervention Based on Psychological Models and Methods**
 - behavioural approaches; cognitive behavioural approaches; other psychotherapeutic approaches; systemic approaches; critical appraisal of interventions and models; considerations of efficiency; effectiveness and cost benefit; ethical and legal issues.
- **Social Networks and their Functioning**
 - family relationships; friendship formation; sexual relationships; advocacy and self advocacy.
- **Staff Support**
 - formal training approaches; consultancy and informal skills transmission; supervision; needs of care staff.
- **Work with Families**
 - the needs of families and their problems; working in people's homes; application of various therapeutic models with families; parent workshops; early intervention systems.
- **Work as the System, Organisation and Policy Level**
 - National and Local Policy
 - health, education and voluntary services and their respective roles; national policy documents; legislation.
 - Service Philosophies and the Impact on Service Design
 - history of service models; theories of the person; social role valorisation.
 - Individual Planning Systems
 - models of individual life and service planning; assessment and intervention packages.

Teaching Format:

Where time permits, the lecture format will include some opportunity for discussion and/or small group work. In some cases, lecturers will include video material, clinical case examples, and vignettes to facilitate discussion and familiarisation with concepts. Practical exercises and role plays are used to enhance skill development. Training in the use of various psychometric instruments is facilitated by an experienced clinical psychologist and trainees are given time to administer the tests between themselves to enhance familiarity. Trainees also engage in self-directed learning by way of presentation of a clinical case to their peers.

140-150 hrs approx.

Reading:Books

Carr, A., O'Reilly, G., Noonan Walsh, P. & McEvoy, J. (2007). *The Handbook of Intellectual Disability and Clinical Psychology Practice*. London : Routledge.
(Main Library)

Emersen, E., Hatten, C., Bromley, J. & Caine, A. (1998). *Clinical psychology and people with intellectual disabilities*. Chichester; Wiley. (Main Library)

Emerson, E., Thompson, T., Parmenter, T. & Hatton, C. (2004). *The International Handbook of Applied Research in Intellectual Disabilities* . Chichester: Wiley.
(Main Library)

Hogg, J. & Raynes, N. V. (1987). *Assessment in Mental Handicap*. Chapman and Hall, London. (Main Library)

Jones, R. S. & Eayers, C.B. (1997). *Challenging Behaviour and Intellectual Disabilities: A Psychological Perspective*. Avon: England: B.I.L.D. Publications.

Kroese, B., Dagnan, D. & Loumidis, K. (Eds.). (1997). *Cognitive-Behaviour Therapy for People with Learning Disabilities*. London: Routledge. (Main Library)

Sattler, J. (2001). *Assessment of Children: Cognitive Applications*. San Diego: J.M. Sattler. (Main Library)

Sattler, J. (2002). *Assessment of Children: Behavioural and Clinical Applications*. San Diego: J.M. Sattler. (Main Library)

Journals

- American Journal of Mental Retardation
- British Journal of Learning Disabilities
- Journal of Intellectual Disabilities
- Journal of Intellectual Disability Research
- Journal of Autism and Developmental Disabilities

Assessment: An essay which addresses a conceptual issue within Intellectual Disability forms the major element of assessment for this teaching block.

6.10.4 Module: Working with Older Adults & Neuropsychology

140-150 hrs approx.

Unit 1A: Working with Older Adults

Aims:

To prepare trainees to approach client work and service-related problems using skills and concepts from the main body of Clinical Psychology, along with consideration of issues relevant to ageing which will inform both the choice of techniques and the content of treatment.

Learning Objectives:

By the end of this half course trainees should be able to:

- 1 Describe the social psychology of ageing and the concept of development through the lifespan.
- 2 Recognise the special features and issues related to normal ageing.
- 3 Outline the clinical problems of ageing and psychological adaptation.
- 4 Assess, make psychological formulations and design appropriate psychological interventions tailored to the needs of older adults.

Overview of Content:

- Personality and cognitive changes in normal and abnormal ageing
- Assessment, formulation, intervention and evaluation in older adult clients
- Psychiatry of old age
- Sensory and biological aspects of ageing
- Dementia and other neurodegenerative disorders
- Critical evaluation of the range of therapies commonly offered to older clients (counselling strategies, behavioural approaches, milieu therapy, grief therapy, reminiscence and reality therapy)

- The relevance of critical life stages (e.g. life satisfaction, retirement and bereavement)
- Carer, advocacy and service issues
- Elder abuse
- Legal issues

Teaching Format: Where time permits, the lecture format will include some opportunity for discussion and/or some small group work. In some cases, lecturers will include video material and written clinical case vignettes to facilitate discussion and familiarisation with concepts. Practical exercises may be used to help trainees gain an appreciation of the sensory impairments as they apply to the practice of psychological interventions commonly encountered within this client population.

Reading:

Books

Knight, B.G. (1996) *Psychotherapy with the Older Adult* CA: Sage.

Hendry, L.B., and Kloep, M. (2002) *Lifespan Development: Resources, Challenges and Risks*. London: Thomson Learning.

Holden, U. & Woods, R.T. (1995). *Positive Approaches to Dementia Care 3rd edition*. Edinburgh: Churchill Livingstone. (*Nursing Library*)

Jacoby, R. & Oppenheimer, C. (2002). *Psychiatry in the elderly 3rd Ed*. Oxford University Press. (*Nursing Library*)

Woods, R.T. (Eds.). (1996). *Handbook of the Clinical Psychology of Ageing*. Chichester: Wiley. (*Main Library*)

Woods, R.T. (1999) (editor) *Psychological Problems of Ageing: Assessment, Treatment and Care*. London: Wiley. (*Main Library & Nursing Library*)

Woodruff-Pak, D.S. (1997). *The Neuropsychology of Ageing*. Oxford: Blackwell Publishers. (*Main Library*)

Journals

- Age and Ageing
- Journal of Gerontology
- The Gerontologist
- Ageing and Society
- The International Journal of Geriatric Psychiatry
- PSIGE Newsletter

Assessment: An essay which addresses a conceptual issue within Older Adults clinical psychology or neuropsychology forms the major element of assessment for this teaching block.

6.10.5 Module: Working with Older Adults & Neuropsychology

Unit 1B: Neuropsychology

Aims:

To introduce trainees to the diverse roles and contributions of clinical psychologists in neuropsychology settings; to familiarise trainees with the core components of professional practice within neuropsychology including neuropsychological assessment and neurorehabilitation.

Learning Objectives:

By the end of this half course trainees should:

1. Be familiar with basic neuroanatomy
2. Be familiar with functional neuroanatomy as it applies in clinical practice
3. Be familiar with a range of neuropsychological tests and be aware of their potential use in everyday clinical settings
4. Be aware of the issues affecting those who have neurological conditions such as acquired brain injury, CVA or dementia and the impact on families and carers.
5. Be aware of approaches to neuropsychological rehabilitation

Overview of Content:

- Theoretical and conceptual approaches in neuropsychology (functional & anatomical)
- Neurological disorders in children, adults and older adults
- Neuropsychological assessment (intelligence, memory, attention, executive functioning)
- Rehabilitation (cognitive, behavioural, vocational)
- Issues for families and carers
- Adjustment to neuropsychological illness or injury
- Approaches to psychotherapy for people with neurological impairment

Teaching Format: The lecture format will include face to face teaching as well as opportunity for discussion and/or small group work. In some cases, lecturers will utilise video clips and case vignettes. Skills workshops will place an emphasis on role plays and practice of clinical skills. Some neuroanatomy teaching will utilise web-based resources.

Recommended Reading:

Books

Lezak, M.D. (1995). *Neuropsychological assessment*. 3rd Ed. New York: Oxford. (Main Library)

Halligan, P.W., Kischka, U. & Marsgall, J.C. (Eds.). (2003). *Handbook of clinical neuropsychology*. Oxford: Oxford University Press. (Main Library)

Woodruff-Pak, D.S. (1997). *The neuropsychology of ageing*. Oxford: Blackwell Publishers. (Main Library)

Journals

- Archives of Clinical & Experimental Neuropsychology
- Archives of Physical Medicine and Rehabilitation
- Brain Injury
- Clinical Neuropsychologist
- Dementia
- Journal of the International Neuropsychological Society
- Journal of Neurology, Neurosurgery & Psychiatry
- Neuropsychological Rehabilitation
- Journal of Neuropsychology

Assessment: An essay which addresses a conceptual issue within clinical neuropsychology or older adult clinical psychology forms the major element of assessment for this teaching block.

6.10.6 Module: Health Psychology & Forensic Psychology

140-150 hrs approx.

Unit 2A: Clinical Health Psychology

Aims:

To introduce trainees to the diverse roles and contributions of health psychology in clinical settings, to familiarise trainees with important theoretical models relevant to health behaviour, to familiarise trainees with the role of clinical psychology in health promotion and prevention of illness.

Learning Objectives:

By the end of this half course trainees should:

1. Be familiar with major theoretical and conceptual models from health psychology with relevance to clinical psychology practice
2. Be familiar with applications of health psychology to health interventions e.g. cardiac rehabilitation, pain management, adjustment to chronic illness.
3. Be aware of approaches to health promotion and prevention of ill-health

Overview of Content:

- Theoretical and conceptual models in health psychology
- Limitations of the medical model
- Applications of health psychology to individual and population health (stress, cardiovascular health, obesity, health screening)
- Psychological adjustment to chronic illness
- Pain assessment and pain management
- Health promotion interventions
- Patient satisfaction
- Communication in health settings

Teaching Format: The lecture format will include face to face teaching as well as opportunity for discussion and/or small group work. In some cases, lecturers will utilise video clips and case vignettes. Emphasis will be placed on the application of health psychology to clinical contexts.

Recommended Reading:

Books

Kaptein, E. & Weinman, J. (Eds.). (2004). *Health psychology*. Blackwell.
(Main Library)

Ogden, J. (2004). *Health Psychology: A Textbook*, 3rd ed. Blackwell.
(Main Library)

Taylor, S. E. (2006). *Health Psychology*, 6th ed. Boston: McGraw-Hill.
(Main Library)

Journals

- British Journal of Health Psychology
- Health Psychology
- Journal of Clinical Psychology in Medical Settings
- Psychology and Health

6.10.7 Module: Health Psychology & Forensic Psychology

Unit 2B: Forensic Clinical Psychology

Aims:

To introduce trainees to the role of the forensic clinical psychologist, to familiarise trainees with the core components of professional practice within this speciality and to provide trainees with forensic knowledge and skills of relevance to everyday clinical practice.

Learning Objectives:

By the end of this half course trainees should be able to:

1. Understand the role of the forensic clinical psychologist in a variety of civil and criminal legal jurisdictions.
2. Describe the current structure of, and the development of, forensic services in Ireland
3. Describe contemporary risk assessment approaches.
4. Complete a standardised risk assessment procedure.
5. Describe the essential elements to be included in a medico-legal or forensic report.
6. Discuss contemporary issues and debates in the area of forensic clinical psychology.

Overview of Content:

- Role of forensic psychologists & primary historical influences.
- Current structure of forensic training and services in Ireland and the UK.
- The psychologist in the Irish Prison Service.
- Designing and delivering offence focussed Programmes.
- Introduction to the National Forensic Psychiatry Service.
- Actuarial and clinical risk assessment.
- Psychopathy

- Forensic psychology and the courts.
- Writing forensic and medico-legal reports
- Case study workshops.

Teaching Format: The lecture format will include some opportunity for discussion and/or some small group work. In some cases, lecturers will utilise video clips. Case vignettes will be used for risk assessment exercises. Examples of forensic and medico-legal reports will be provided with identifying material removed for the purposes of familiarising trainees with the contents and layout of same. Schedule permitting, a field trip to a medium security committal prison will be arranged.

Reading:

Books

Adler, J.R. (2004) *Forensic Psychology: Concepts, Debates and Practice*. Willan Publishing: Cullompton, Devon. (Main Library)

Bartol, C.R. & Bartol, A.M. (2004) *Introduction to Forensic Psychology*. Sage: Thousand Oaks, CA. (Main Library)

Cooke, D.J., Baldwin, P.A. & Howison, J. (1993) *Psychology in Prisons*. Routledge: London.

Davies, G., Hollin, C. & Bull, R. (2008) *Forensic Psychology*. Wiley: Chichester. (Main Library)

Hollin, C.R (Ed.) (2004). *The Essential Handbook of Offender Assessment and Treatment*. Wiley: Chichester. (Main Library)

Howitt, D. (2006). *Introduction to Forensic and Criminal Psychology*. Pearson: Harlow, Essex. (Main Library)

Journals

- Criminal Behaviour and Mental Health
- Legal and Criminological Psychology
- Forensic Update: Issues in Forensic Psychology
- Journal of Forensic Practice
- Journal of Forensic Psychiatry

6.10.8 Module: Advanced Practice, Professional & Organisational Topics

Note: The content of this Course will include elements from the list (Overview of Content) below in addition to other components as requested by trainees and recommended by academic contributors.

Aims:

To provide trainees with specialist training in advanced or novel clinical techniques and to acclimatise trainees to their post-training professional roles.

Learning Objectives:

By the end of the course trainees should be able to:

1. Demonstrate an awareness of their own personal and professional development needs.
2. Demonstrate some familiarity with a variety of specialist psychotherapeutic approaches (e.g. CAT, IPT, DBT, Solution Focused Therapy).
3. Show how to apply knowledge of racial, cultural and social issues to professional practice.
4. Show an understanding of the change processes within the HSE and how these may impact upon the profession of clinical psychology.
5. Prepare effectively for a job interview with the Public Appointments Service.

Overview of Content:

- Personal and Professional Development (see section below)
- Bereavement and loss
- Working in different service delivery systems (e.g. primary, secondary, tertiary, non-statutory, private)
- Cognitive Analytical Therapy Training (CAT)
- Narrative Therapy & Brief Solution Focused Therapy
- Applying for jobs in the HSE using the Public Appointments Service
- Transitioning from trainee to qualified professional
- Planning & implementing health promotion programmes
- Other approaches to psychotherapy
- Cultural aspects
- Process issues

Teaching Format: The lecture format will vary and may include some opportunity for discussion and/or some small group work. In some cases, lecturers will include video material and written clinical case vignettes to facilitate discussion and familiarisation with concepts. Role playing and practical exercises may be used to help trainees acquire skills where appropriate. Occasionally, arrangements will be made for trainees to attend clinical skills training workshops outwith NUI Galway.

Reading:

No reading material is specified for this Course. Individual lecturers will provide reading lists for topics where appropriate.

Assessment: The topics listed above will not be formally examined in isolation. Instead, Third Year trainees will present a report of clinical activity (RCA) in which they are required to reflect upon their professional development since the commencement of their training in clinical psychology.

6.10.9 Module: Research, Statistics and Computing

Formal research training commences in the very first academic block and continues throughout the Programme. The sequencing of the teaching is designed to support the trainees during periods where such skills are required. Teaching is carried out using a combination of classroom teaching and practical computer sessions using realistic clinical datasets.

Aims:

The broad aims of the research programme are:

1. To provide research and evaluation training to enable the clinical psychologist to practice within the evidence based environment of the health service.
2. To promote an appreciation of the importance of ongoing service-based research and to provide the requisite skills and confidence to enable trainees to conduct research in the clinical setting.

Learning Objectives:

By the end of the course trainees should be able to:

1. Recognise and explain a range of different research methods
2. Describe and apply a variety of techniques in order to monitor and evaluate psychological interventions
3. Select appropriate techniques for quantitative and qualitative data analysis and explain their limitations or range of applicability
4. Feel confident in using computer programs for quantitative data analysis and accessing databases.
5. Assess and summarise the research published by others as an “intelligent consumer”, including an understanding of meta-analysis and the critical evaluation of research evidence.
6. Design and specify a DPsychSc thesis, selecting appropriate methods for quantitative and /or qualitative analysis of the results.
7. Ensure that ethical approval has been obtained for your research proposal and be guided by any directions in this regard.
8. Carry out the relevant investigation and present a written D.Psych.Sc. dissertation.
9. Complete two small-scale service orientated research projects, one quantitative and one qualitative, while on clinical placements.
10. Show commitment to an empirical approach towards understanding human problems or behaviour, and show readiness to link research to clinical practice.

Overview of Content:

- **Research in a Professional Context**
 - the role of research in clinical psychology; planning research in the professional context; service based research; practical issues; resource limitations; resistance to research; common practical problems; writing a research protocol.
- **Framing Research Questions**
 - reviewing the literature; identifying areas of importance; types of research question; suitability of research questions; formulation of psychological hypotheses.
- **General Issues in Research Design**
 - informed consent; ethical issues; ethics committees; volunteer subjects; principles of control groups; placebo effect; univariate versus multivariate strategies; experimental versus quasi-experimental designs.
- **Practical Issues in Research Design**
 - unrealistic expectations of the researcher; ambitious targets; dropout of participants; ongoing modifications to the design.
- **Outcome Research**
 - pre-post designs; no treatment or waiting-list controls; placebo controls; comparative outcome studies; meta-analysis of published work.
- **Research Designs**
 - Epidemiological Designs
 - descriptive vs analytical vs experimental; case-control studies; retrospective, prospective and cross-sectional designs.
 - Survey Designs
 - target population; timing; contacting and distribution; sampling; reminding; non-responders
 - Time Series Methodology
 - repeated measurement; specifying interventions; intra-subject variability; within-series design; between-series design; combined series design; crossover design.
 - Qualitative Design
 - participant observation; case study; discourse analysis; protocol analysis; document analysis; thematic analysis.

- **Sampling**
 - Populations; samples (random, stratified, cluster, quota); variability; normal distribution; sampling error.
- **Principles of Measurement**
 - levels of measurement; reliability; validity; generalisability; classical test theory; type I and II error; standardisation; percentiles and Z-scores; ideographic vs nomothetic measurement.
- **Methods of Measurement**
 - rating scales (visual analogue, numerical, categorical); semantic differentials; construct grids; card sorts; personal questionnaires; intelligence, cognitive and performance tests; self-monitoring and diaries; personality assessment; psychodynamic and projective techniques; psychophysiological measurement; direct observation; functional analysis.
- **Test Construction**
 - item selection; item format; response format; piloting; standardisation; administration; scoring; item difficulty; item efficiency; scale development; psychometric properties.
- **Data Analysis**
 - Exploratory data analysis
 - looking at raw scores; distributions; skew; kurtosis; scatter plots; cleaning data; data transformation; smoothing data.
 - Qualitative data analysis
 - ethnographic data; translation of qualitative data (content analysis including categorisation, frequency counts, ratings); reliability of translation.
 - Quantitative data analysis - parametric and nonparametric
 - choosing appropriate methods; descriptive statistics; normality; comparing distributions; comparing means; tests of association or contingency; correlation and partial correlation; analysis of variance and co-variance; factor analysis; multiple regression.
- **Drawing Conclusions**
 - concept of statistical significance; clinical significance; unexplained variance; replicability and robustness of findings; alternative hypotheses; generalizability of findings, meta-analysis and systematic evaluation of research evidence.
- **Scientific Writing and Dissemination**
 - Reporting findings, APA style guide and referencing, thesis writing, writing for publication, viva preparation.

- **Computing**
 - basic PC operations, EndNote training, storing, retrieving, editing and coding data; database management; using encryption methods to secure data; spreadsheets; use of graphics, basic and advanced practical skills training using SPSS.

Teaching Format: Teaching on this course spans all three years. Formal classroom teaching will be used in addition to other formats such as: statistics ‘clinics’ and computer based teaching and practical sessions. Trainees will be required to analyze datasets relating to clinically relevant research studies using SPSS software.

Reading:

Books

Coakes, S.J. (2005) *SPSS version 12.0 for Windows – Analysis without Anguish*. John Wiley & Sons (Australia): Milton, Queensland. (*Main Library*)

Greene, J. & D’Oliveira, M. (2006) *Learning to use Statistical Tests in Psychology*. Open University Press: Maidenhead, England. (*Main Library*)

Pallant, J. (2005) *SPSS Survival Manual*. Open University Press: Maidenhead, England. (*Main Library*)

Shaughnessy, J., Zechmeister, E. & Zechmeister, J. (2006) *Research Methods in Psychology*. McGraw Hill: New York, NY. (*Main Library*)

Assessment: Trainees will be assessed on the basis of two submitted small scale research projects (Year 1 and Year 2) and one thesis (Year 3).



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

PROGRAMME HANDBOOK

SECTION 5

CLINICAL PLACEMENTS



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

Doctorate in Clinical Psychology

CLINICAL PLACEMENTS

Definition of Required Experience

Before graduating, psychologists in clinical training are expected to acquire the knowledge, skills and range of supervised clinical and organizational experience necessary for work as a basic grade psychologist in any area of clinical psychology in Ireland. Thus, they will be expected to be competent to work in a variety of settings, with clients of all ages and with a range of problems, with individuals, couples, families and groups, and in consultation with other professionals.

Duration of Placement

Towards this end, psychologists in clinical training complete six 4.5-month clinical placements. By “placement” is meant a period spent working under the supervision of a Senior Clinical Psychologist who is a Registered Psychologist with PSI. Three obligatory placements are required, in Child and Adolescent Psychology, Adult Clinical Psychology and Learning Disability, normally undertaken in that sequence in the first and second years of the Programme. Three optional placement experiences are also required, and these can include supervised experience in a broad range of clinical practice settings, including: Early Intervention, Adult Psychiatric Rehabilitation, Older Adult, Neuropsychology, Forensic and other settings. Optional placements may also be taken in settings offering advanced training in particular theoretical approaches e.g. Family Therapy, Psychodynamic Therapy, Integrative Psychotherapy or Cognitive Behavioural Therapy or in settings specialising in the treatment of specific disorders e.g. Eating Disorders, Childhood Anxiety Disorders.

The number of days on placement should be clearly recorded to ensure that sufficient overall Programme time is spent in supervised clinical experience. The minimum requirement of **60** days clinical experience excludes study days, annual leave and sick leave.

Study days are provided to enable the Trainee to maintain their placement related learning and coursework (e.g. Reports of Clinical Activity). It is at the discretion of Supervisors whether or not study days can be taken off site (i.e. away from clinical placement location). Supervisors are entitled to set learning objectives for Trainees to complete during study days and can require Trainees to account for their study days. Learning objectives assigned for study days could include, but are not limited to, reading assignments or literature searches.

Supervision

Supervision may consist of informal discussion, observation of Trainee and/or Supervisor as well as the formal clinical supervision. The Trainee is expected to prepare appropriately for scheduled supervision, and to develop skill in using supervision effectively. The requirement of a minimum of 1 hour per week of formal, scheduled supervision should be met. The Trainee should have an additional two hours of informal supervision or Supervisor availability per week. The Trainee should have the opportunity for direct observation of the clinical work of the Supervisor during the placement. This should include work at different stages in the course of assessment and treatment, and both direct client work and consultation. The supervisor should also observe the Trainee in clinical work. The Trainee is expected to prepare the Report of Clinical Activity before the end of the placement, allowing sufficient time, before submission to the Course, for the Supervisor to read the report and provide limited feedback in relation to factual accuracy and any issues of confidentiality arising.

Caseload

The Trainee should be the main/sole psychologist in a minimum of **ten** cases over the duration of the placement. The work would normally involve substantial input from the Trainee (e.g. extended neuropsychological assessments or where intervention follows on directly from clinical assessment and formulation undertaken by the Trainee). All referrals to the Trainee should be made through the Supervisor.

Placement Plan

- **Placement 1 is in child and adolescent clinical psychology.** This placement provides opportunities for developing basic assessment and intervention skills with children and adolescents. It occurs in Year 1, and runs from early-November to mid-March. A teaching block on child and adolescent clinical psychology, covering basic topics and skills, precedes this placement.
- **Placement 2 is in adult clinical psychology.** This placement should provide opportunities for developing basic assessment and intervention skills with adults who have mental health problems. It occurs in Year 1 and runs from early May to mid-September. A teaching block on adult clinical psychology precedes this placement.
- **Placement 3 is in an intellectual disability service.** This placement should provide opportunities for developing basic assessment and intervention skills with people who have intellectual disability and their families and carers. It occurs in Year 2 and runs from early November to mid-March and is preceded by an academic teaching block on intellectual disabilities.
- **Placement 4 is an Optional placement in an Older Adult or other placement.** This placement occurs in Year 2 and runs from early May to mid-September. It is preceded by an academic block that focuses largely on older adult psychology and neuropsychology. It is highly desirable to complete an older adults placement but these are insufficient numbers of such placements available within the Health Services at present. For those who may wish at a later stage in their careers to work elsewhere in the European Union, supervised experience with an older adult population may be a requirement. A range of other placement settings are available to extend and develop clinical skills in this and subsequent placements. Optional placements previously used by trainees include neuropsychology, rehabilitation, forensic, family therapy, child sexual abuse, eating disorders and other areas of practice.
- **Placement 5 is an optional placement.** This placement occurs in the first half of Year 3. It is preceded by an academic block that includes forensic and health psychology as well as other professional, organisational and ethical practice topics
- **Placement 6 is an optional placement.** It occurs in the second half of Year 3 and is preceded by an academic block that focuses on specialist topics and thesis write-up. With the agreement of the sponsoring agency, this placement may be taken abroad.

The Programme strongly supports the sequence of placements set out above. Obligatory placements are taken early in training, and optional placements are taken later in training.

However, in some exceptional circumstances, it may be necessary for the order of the obligatory placements to be altered for an individual trainee, due to factors such as insufficient availability of the particular obligatory placement required at that time, or late withdrawal of a planned placement.

Placements, and particularly obligatory placements, should ideally be completed within the sponsoring agency or region. This has the advantage of helping trainees develop a sense of belonging to their sponsor and employer. However, this may not always be possible if suitable placements are not available within the employing region. In this situation, trainees will be placed elsewhere within the HSE or other appropriate services. With the agreement of employers, optional placements may be completed overseas. Due to the demands of other elements of the Course e.g. research thesis, it is likely that overseas placement will only be feasible in the final placement. Where placements are completed outside Ireland, the supervisor must have equivalent status to a Senior Clinical Psychologist who is a Registered Member of PSI.

Study Days and Theory-Practice Integration

To help ensure theory-practice integration, supervisors should allow adequate time for trainees to engage in reading related to clinical casework. Study days are provided to enable the Trainee to maintain their placement-related learning and to complete coursework (e.g. Reports of Clinical Activity). Trainees are allocated one study day per week throughout the placement. It is at the discretion of Supervisors whether or not study days can be taken off site (i.e. away from clinical placement location). Supervisors are entitled to set learning objectives for Trainees to complete during study days and can require Trainees to account for their study days. Learning objectives assigned for study days could include, but are not limited to, reading for assignments or literature searches.

Professional and Ethical Standards

Trainees must maintain the highest professional and ethical standards. At all times they must operate within the parameters of the PSI Code of Professional Conduct. Serious unprofessional or unethical behaviour which breaches this Code will normally result in dismissal from the Programme, whether the breach occurred on placement or elsewhere. In consultation with supervisors and in keeping with relevant organisational or departmental policies, while on placement, trainees must ensure that clients are fully informed of their trainee status prior to engaging in work with them. Clients must be aware of and consent to the following:

- a) being seen by the trainee
- b) that the trainee's work is supervised by appropriately qualified psychologists
- c) that anonymised discussion of the work undertaken with the client may, from to time, take place with members of the Programme Team

- d) that the trainee may make anonymised written accounts or case presentations of the clinical work as part of the requirements of the Programme.

Facilities and Resources

The physical environment and resources available to the trainee play an important role in the placement experience. Trainees should have, at minimum, access to shared office space, telephone, computer and a desk and appropriate rooms for meeting clients. Secretarial and IT support should be adequate for placement work. Trainees should be fully briefed on the facilities available on placement and all relevant policies and procedures e.g. room booking, lone worker, health and safety

Placement Contract, Recording and Monitoring

Prior to the start of placement, each supervisor (and trainee) is provided with a copy of the Course Handbook. This provides general information on the overall structure of the course, and includes information on the role of supervised placements, detailed guidance in relation to placement requirements and expectations for obligatory and optional placement experiences.

The trainee and supervisor must meet at the beginning of the placement to plan an induction to the placement, to set out the necessary experience that will be provided and to agree supervisory and administrative arrangements. A *Placement Contract Form* should be completed for discussion at the initial placement meeting involving the trainee, supervisor and training coordinator. This initial placement meeting should take place within the early weeks of the placement. The meeting may be face to face, or by telephone or video-conference. Feedback from previous supervisors is brought forward and training needs arising from this are incorporated into the placement plan.

In cases where there is more than one supervisor (e.g. split placements) involved in a trainee's placement, a primary supervisor must be identified. The primary supervisor will accept overall responsibility for the trainee, for the planning and coordination of the trainee's work on placement, for supervision, placement evaluation and for liaison with the Training Coordinator.

Trainees are required to keep a *Log Book*, documenting their experience over the course of the placement. The Log Book should be checked by the supervisor at the mid-placement review to ensure that it is being kept up to date. The supervisor must review the Log Book at the end of the Placement and sign off on the contents as an accurate account of the experience of the Trainee on the placement.

A mid-placement meeting of supervisor, trainee and training coordinator must be held mid-way through the placement. The purpose of this meeting is to review progress on the initial placement plan, to agree any necessary adjustments, and to get feedback on the

trainee's developing skills. Trainee and Supervisor *Mid-Placement Review Forms* should be completed prior to the meeting and discussed at the meeting. The Training coordinator's *Mid-Placement Checklist* should also be completed. To facilitate an adequate review of progress on the placement, the training coordinator should initially meet with the trainee and the supervisor separately, followed by a meeting of all three together.

The Mid-Placement meeting is critical where the supervisor or trainee have concerns about the placement, since it offers an opportunity to agree a plan of remedial action. A detailed procedure to be followed where there are concerns about a trainee's progress is set out below. However, it is critical that concerns about the placement are raised at the earliest possible opportunity so that steps can be taken to address them. For this reason, the trainee and/or supervisor should feel free to contact the Training Coordinator at any time over the course of the placement and should not feel obliged to wait until a scheduled meeting.

An End of Placement meeting involving the supervisor, trainee and training coordinator should be held to review the trainee's progress and to formally evaluate the trainee's performance over the course of the placement. The *Evaluation of Clinical Competence Form* provides the basis for this evaluation by the supervisor. In addition, the trainee provides feedback on his/her experience on the placement using the *Evaluation of Placement Form*.

Placement Forms

The trainee carries the responsibility for ensuring that:

- The supervisor has the appropriate forms that need to be completed in advance of each placement meeting.
- Completing all trainee forms relevant to the placement
- Ensuring that all relevant forms are signed by the supervisor and trainee
- Copying the forms, providing the supervisor with a copy of the completed forms, forwarding a copy of the signed forms to the Course Secretary, and retaining a copy of the forms. A signed copy of the Log Book must also be forwarded to the Course Secretary.

Placement Evaluation

Criteria for Passing a Placement

In general terms, the trainee should, by the end of placement, be deemed to have demonstrated competence (in keeping with his/her stage of training) in working with a range of clinical problems commonly encountered in that setting while working under the supervision of a Senior Clinical Psychologist. He or she should be expected to conduct themselves in accordance with employer policies, and the PSI Code of Ethics. The trainee should also have spent the required time on placement and have met placement goals.

The Evaluation of Clinical Competence Form details the range of skills (both clinical and professional) trainees should acquire over the course of placement. The trainee should, under normal circumstances, achieve a rating of at least 'At the level expected' in each of the areas specified, and an overall 'Satisfactory' grading to be deemed to have passed the placement. The supervisor's primary role in these procedures is not to make decisions about whether a trainee has passed or failed but to supply the Programme Team with his/her recommendation and relevant information. The Programme Board of Examiners award a pass when they consider that the trainee's performance on the placement has been satisfactory.

Placement Failure

The Programme Board of Examiners (including the External Examiner) has the ultimate responsibility for making the decision as to whether a trainee has passed or failed a placement. Where a rating of 'below the level expected' is recorded in one or more skill areas, the Programme Board of Examiners will determine whether the nature of the skill(s) and the degree to which it is considered unsatisfactory is sufficient to warrant overall placement failure. In making this decision the Programme Board of Examiners will consider the nature of the relevant skill area(s), the number of skills concerned, previous performance in the specified area(s) and the stage of training of the trainee. The Programme Board of Examiners will also consider any contextual, exceptional or mitigating circumstances identified at the End of Placement meeting. A fail is recommended when the Programme Board of Examiners are satisfied that the trainee's performance has highlighted difficulties that are sufficiently serious as to suggest that the trainee could not be considered competent to work independently with the particular client group without remedial intervention and a further period of supervised experience as a trainee. Failing a trainee on a placement is one of the most difficult tasks a Clinical Psychology Programme has to face as well as being a painful and disappointing experience for the trainee. Procedures should be closely followed to ensure a fair and considered outcome for all concerned. The decision of the Programme Board of Examiners will proceed through the normal channels for ratification by the Arts Faculty Board of Examiners.

Procedures for dealing with Placement Difficulties and Placement Failure

i) If a supervisor becomes aware that a trainee is having difficulty in acquiring the professional and/or clinical skills required or in meeting the requirements specified in the placement agreement, he or she should inform the trainee and the Training Coordinator of this at the earliest possible stage. At minimum, the supervisor should report these concerns at the Mid-Placement Review Meeting. It is important that the supervisor keeps a written record of the difficulties observed.

ii) The Training Coordinator will arrange a Review Meeting (outlined below) as soon as possible.

iii) The meeting should be a face-to-face meeting and should be attended by the supervisor, the trainee and the Training Coordinator. At this meeting the supervisor must state clearly and explicitly the nature and extent of the difficulties that have been

observed, drawing on the Evaluation of Clinical Competence form, Placement Agreement, Log Book and the supervisor's written documentation as an indication of the unmet trainee requirements and skill deficiencies. The trainee is invited to respond to these comments and to outline any unmet support or supervision needs.

iv) An explicit action plan outlining Areas of Concern and Remedial Actions should be drawn up and agreed by all those present. Remedial actions should be expressed as far as possible in terms of measurable goals and objectives. Dates for achieving these goals should be specified. A written copy of this action plan must be provided to each person attending the meeting. A copy must be placed in the trainees' file along with written information from the supervisor.

v) A second Review meeting to monitor the trainees' progress is arranged at a time appropriate to the action plan. (This may or may not coincide with the end of placement meeting). At the second Review Meeting, the trainee's progress is reviewed. The supervisor and trainee should report on the trainee's progress in relation to the action plan and relevant circumstances surrounding this. Where the trainee's progress in achieving the steps agreed in the action-plan is considered acceptable, the trainee's progress will continue to be monitored in subsequent placement meetings (i.e. mid and end of placement review). Any remaining difficulties must be explicitly outlined using the Evaluation of Clinical Competence form and other relevant documents. At the end of placement meeting particular care should be taken to identify areas in need of improvement in subsequent placements.

vi) If at this stage, the supervisor and Training Coordinator are not satisfied that the trainee is progressing appropriately and has failed to achieve the goals outlined by the dates specified in the action plan, despite opportunities and support to do so, the concerns are brought back to the Course Director and to the Programme Board of Examiners for consideration.

vii) A meeting of the Programme Board of Examiners should be held in consultation with the External Examiner. As set out above, the relevant ECC form and documents from previous placements should be available at this meeting. Any relevant contextual, mitigating or exceptional circumstances pertaining to the placement should be considered. The Programme Board of Examiners may decide to fail the trainee on the placement. Where a placement is failed, the Programme Board of Examiners may recommend that the trainee be offered the opportunity to repeat the placement (subject to the overall rules relating to Programme Failure set out below). The repeat placement must be passed in order to proceed with the Course.

Consequences of Repeating a Placement

Where a trainee is required to repeat a placement, this will normally be undertaken immediately. This means that the trainee will fall out of step with peers in terms of placement sequence. Assuming successful completion of the repeat placement, the trainee will be required to undertake his/her final placement at the end of the normal period of training. In effect, the trainee will be required to extend the three year period of training by an additional placement. The sponsoring agency has no obligation to provide ongoing salary support for the extended period of supervised clinical experience. The Trainee will be required to re-register with the University and will be required to pay fees accordingly. It is expected that the trainee will liaise closely with their employer in relation to the changed funding and employment expectations that arise from the placement failure and the repeat placement. The HSE and related agencies will ordinarily, specify the terms and conditions in relation to salary, course fees and related matters, which attach to any extension to the period of training.

Programme Failure

All placements must be passed in order to proceed with the Course. Trainees may be allowed to repeat one placement over the course of training. If the placement is passed on repeat, the trainee will be allowed to proceed with the Course. The repeat placement may be with the same supervisor or with another supervisor working within the same clinical speciality.

Failure of more than one placement, or failure of a repeat placement, will ordinarily mean failure of the Programme.

However, where a serious breach of Professional or Ethical Conduct occurs in any area of the Course, a trainee will not be allowed to remain on the Course. In considering serious professional or ethical misconduct, the Board of Examiners will draw on the PSI Code of Professional Ethics as the key reference document. The decision of the Programme Board will proceed through the normal channels for ratification by the Arts Faculty Board of Examiners. Where misconduct has been identified, the Programme Director will bring this to the attention of the Psychological Society of Ireland.

Appeal Mechanism

A trainee may appeal against the decision of the Board of Examiners through the normal University Appeals Procedures.

Support to a Failing Trainee

Where a trainee is considered to have failed the Programme, this will be communicated in writing to the trainee by the Head of Psychology Department. The trainee will be invited to meet with the Head of Psychology Department and the Programme Director. The trainee will be provided with details of the University Student Counselling Service that he/she may wish to access for personal support.

Supervisor: Trainee Ratio

On all obligatory placements, the supervisor to trainee ratio must be 1:1. On optional placements the supervisor to trainee ratio should not exceed 1:2. In exceptional circumstances, it may be necessary on core placements for one supervisor to supervise two trainees. This arrangement is permitted only as a last resort, where despite strenuous engagement with the HSE and psychology service managers, there is insufficient availability of supervisors to provide the recommended ratio of 1:1 supervisory allocation. In the latter circumstance, the supervisor must arrange for each Trainee to have scheduled individual supervision as outlined above. Each trainee's Placement Contract must reflect this commitment.

Theory-Practice Integration

An important task of the Supervisor is to foster in the Trainee a scholarly and critical approach to clinical work. Supervisors should suggest readings and sources relevant to the clinical work at hand. Adequate time for clinically relevant reading should be available to the Trainee during the course of placement.

Observation Opportunities

In order to maximise the Trainee's learning, and to allow the Trainee to receive constructive feedback, it is important that the Trainee and Supervisor have opportunities to observe each other at work. Ideally, this should include work at different stages in the course of assessment and treatment, and both direct client work and consultation. Observation may be achieved in a variety of ways e.g. joint clinical work, video or audio-taping, direct observation, or through a one-way screen. On obligatory placements where pass-out is required on certain psychometric tests, observation of the trainee administering these tests by the supervisor or other designated clinician is a requirement.

Split-Placements

In certain circumstances it may be necessary for split-placement arrangements to be put in place to ensure that trainees are offered the necessary placement experience. This is more likely in some placement settings than others. For example, it is increasingly the

case in Intellectual Disability services that clinical psychology and other service provision is organised around particular client age-groups e.g. early intervention (pre-school); school-age; adult; older adult services. This makes it difficult to achieve clinical experience across the life-span within one placement.

The Programme, in partnership with intellectual disability service managers, is committed to maximising the span of clinical experience available to trainees in circumstances such as these. It may be necessary to split the placement so that the trainee works part-time in each of two age-specialised services under the supervision of two different supervisors. Alternatively the trainee may spend the first half of a placement in one service area and then move for the second half of the placement to another service area supervised by a second supervisor.

Where a split-placement is in operation, it is critical that respective responsibilities of the Trainee and both Supervisors are clear, and that close liaison occurs between supervisors. Where both supervisors are Senior Clinical Psychologists, both should be involved in placement meetings and both should be involved in evaluating the Trainee's clinical competence at the end of placement meeting. The Trainee should also have the opportunity to provide feedback on both elements of the placement and both supervisory arrangements. However, one supervisor should be designated Primary Supervisor and should take overall responsibility for the placement.

Split-placements are permitted only where at least one supervisor is a Senior Psychologist and the second is a Basic Grade Psychologist with at least two years post qualification experience. This arrangement is permissible so long as the senior supervisor holds overall placement supervisory responsibility and is designated as the primary supervisor. Split-placements are also possible where only one supervisor is a Senior Clinical Psychologist post –holder and the second holds a professional qualification in another area of Psychology e.g. Educational or Counselling Psychology. Again, the Senior Clinical Psychologist should hold overall responsibility for the placement and should be designated as the primary supervisor.

In the event of another psychologist (not a Senior Clinical Psychologist or primary supervisor), becoming involved in the supervision of a trainee, the following principles apply:

- the primary supervisor must have overall responsibility for ensuring quality standards are maintained
- the primary supervisor must regularly review the arrangement with the trainee at supervision meetings
- any concerns or difficulties with the arrangement must be reported immediately by the primary supervisor and to the Training Coordinator
- the psychologist who is not the primary supervisor is regarded as providing advice and direction to the trainee in a formally agreed arrangement that is documented in the Placement Contract.
- the primary supervisor must liaise with his/her colleague prior to all placement meetings regarding the colleague's observations of the trainee's clinical competence.

-the primary supervisor must attend and take the lead supervisory role at all placement meetings.

In addition to the split-placement arrangements specified above, specific aspects of a trainee's work may be delegated by a Supervisor to another psychologist as outlined below. Typically, 'specific aspects' includes:

- an individual case
- a specific task or element of work
- an appropriate proportion of individual cases
- a group intervention
- discrete aspects of an individual case

Again there is a requirement that overall responsibility for these specific aspects is maintained by the Primary Supervisor and that these arrangements are reviewed regularly with the Trainee.

Where a placement affords some, but not all of the desired experience for a core placement, and where a split placement is not possible within the agency in which the core placement is taking place, the Programme is committed to exploring alternative provisions to gain the full range of required experience for the trainee. This may involve making arrangements for the Trainee to spend a specified period of time working in another service or agency, external to the agency in which the core placement is taking place. In such circumstances, the Training Coordinator and Clinical Supervisor will ensure that there are satisfactory supervisory and other arrangements in place for the short-term period of experience. The Clinical Supervisor in the core placement will continue to have overall responsibility for the trainee.

Support and Training for Supervisors

The Programme provides training to supervisors at centrally run events. Supervisors will be notified of such events and are encouraged to participate. Supervisory training events offer opportunities to meet with other supervisors and with members of the Programme team. The Programme holds a small library of books that are available for use by supervisors by arrangement with the Course Secretary. Training Coordinators are available throughout the course of placements to support supervisors in their role with trainees.

Support to Trainees

Trainees undertake a workshop on the theme of using supervision effectively early in training. In addition, trainees can link with their Training Coordinator at any point over the course of training. The Programme will make every effort to offer reasonable support in situations of personal, academic or other difficulty and will link with placement supervisors where this proves necessary. Trainees (and supervisors) are strongly encouraged to contact the Training Coordinator at the earliest possible time where difficulties arise on placement, in order that remedial action be taken.

Provisions for Extending the Duration of Training

Occasionally, a trainee may require the opportunity to extend the duration of training, for example, if a placement is considered to require an extension of time, if a placement must be repeated, or if the programme of training is interrupted due to illness or other factors of sufficient magnitude to require an extension of training. Where such factors occur, it is the policy of the programme to facilitate an extension of training. The implications of such an extension on pay and conditions during the period of extension should be discussed between the trainee and their sponsoring organisation.

Required Clinical Experience on Placement

The purpose of clinical placement experience is to develop skilled clinical psychologists who are proficient in a range of skills that enables them to work in a broad range of service settings and with a broad range of clients and presenting problems. Over the course of the three obligatory placements and the three optional placements outlined above, trainees are required to achieve a range of generic clinical skills, and more specific skills relevant to working with each client grouping encountered on the different placements. Trainees should have experience of multidisciplinary work, especially in core placements.

In order to gain these skills, the trainee should be the main/sole psychologist in a minimum of 10 cases over the duration of each placement. The work should normally involve substantial input from the Trainee (e.g. extended neuropsychological assessments or where intervention follows on directly from clinical assessment and formulation undertaken by the Trainee). **NB.** The specification of 10 cases is not a target, but a recommended minimum number of cases. It is recognised that in some services, the caseload will substantially exceed 10 cases, while in other placements a caseload of less than 10 cases may be appropriate, depending on the nature of the service. All referrals to the Trainee should be made through the Supervisor.

RECOMMENDED CORE EXPERIENCE IN CHILD AND ADOLESCENT CLINICAL PSYCHOLOGY

It is appreciated that placements will vary in terms of available opportunities and learning experiences. Many placements will offer far more depth and breadth of experience than the recommended elements set out below. This paper seeks to outline only the major features of desirable core experience in Child and Adolescent Clinical Psychology.

Client Population

The placement should offer experience with male and female clients, throughout the child and adolescent age range, normally including pre-school, school-age and adolescence. There should be experience with the range of psychological problems normally seen within the service, and of using a variety of clinical approaches and techniques of assessment and intervention. The Trainee should have experience of working with families and of working with other services and agencies e.g. schools and other educational services, and/or voluntary agencies (where appropriate). At least some of the work that the Trainee is involved in should take place in a setting other than the placement base, for example home or school, and involve working collaboratively with colleagues in other agencies. Where possible at least one case should involve co-working with another professional.

Experience and Skills

The Trainee should gain experience in assessment, formulation, treatment/intervention, evaluation and reporting of a range of problems in Child and Adolescent Clinical Psychology. The experience should include work with individuals, families, schools and/or other agencies. Where available the Trainee should have experience of group work, and/or systemic or organisational interventions. The Trainee should understand the organizational structure and context in which he/she works, and be familiar with reporting relationships and all policies and procedures relevant to the work being undertaken. There should be opportunities for multidisciplinary work and to develop awareness of the work of other professionals and colleagues in various settings.

Trainees should develop the following skills:-

- Listening skills
- Interviewing and observational skills
- Creating a therapeutic environment
- Empathic responding and building rapport
- Assessment skills including selection, administration and interpretation of psychological tests including IQ tests, and a range of other assessment instruments to supplement clinical observation skills, e.g. Child Behaviour Checklist, Connors Rating Scales and measures of anxiety, depression, self-esteem and so on. The Trainee is normally expected to demonstrate competence in both WPPSI and WISC administration and scoring as a core component of clinical competency.
- Psychological problem formulation and awareness of alternative formulations
- Intervention skills and the selection of appropriate, evidence-based treatment methods.
- Written and Verbal reporting and communication skills
- Knowledge, understanding and critical appraisal of at least one well established theoretical framework
- An awareness of different therapeutic approaches

Professional Issues

The Trainee should develop knowledge of professional issues in accordance with service guidelines. This will include the keeping of proper case notes and records, the need for confidentiality and the limits of confidentiality, awareness of ethical matters, awareness of Health & Safety issues and clinical responsibilities.

The Trainee should become familiar with channels of communication in the service setting, e.g. referral routes, and to become competent at oral and written reporting to referring agents and other relevant agencies.

The Trainee should gain knowledge of the planning and organisation of services through attendance of appropriate departmental and team meetings.

The Trainee should demonstrate awareness of ethical and legal issues pertinent to work with children and adolescents. This includes familiarity with Child Protection guidelines and procedures.

Teaching and Training

The Trainee should normally have experience of teaching/training of other staff or client groups (e.g. parent groups). Whether through formal or informal teaching, this should, where possible, be supervised and constructive feedback given.

RECOMMENDED CORE EXPERIENCE IN ADULT CLINICAL PSYCHOLOGY

It is appreciated that most placements will offer far more depth and breadth of experience than the recommended elements set out below, and that many other training opportunities are desirable in a placement. This paper seeks to outline only the major features of acceptable core experience in Adult clinical psychology.

Client Population

The placement should offer experience with male and female clients throughout the adult age range. Trainees should have supervised experience with a range of clinical approaches and techniques of assessment and intervention. There should be experience with people with a range of psychological problems of varying severity including acute and long-term problems.

Where possible, Trainees should have experience of clients drawn from inpatient and outpatient populations. Trainees should have experience of working with at least one client with acute and one with chronic symptomatology.

Experience and Skills

The Trainee should gain experience in assessment, formulation, treatment/intervention, evaluation and reporting of a range of problems in Adult Clinical Psychology. The experience should include work with individuals and where possible, work with families. Where available, the Trainee should have experience of group work, and/or systemic or organisational interventions. The Trainee should understand the organizational structure and context in which he/she works, and be familiar with reporting relationships and all policies and procedures relevant to the work being undertaken. There should be opportunities for multidisciplinary work and to develop awareness of the work of other professionals and colleagues in adult clinical settings e.g. Occupational Therapy, Social Work, Psychiatric Nurse, Psychiatrist.

Trainees should develop the following skills:-

- Listening skills
- Interviewing and observational skills
- Creating a therapeutic environment
- Empathic responding and building rapport
- Assessment skills including selection, administration and scoring of psychological tests including the WAIS III and a range of assessment instruments to supplement clinical observation skills e.g. BDI-III and BAI etc. The Trainee is expected to demonstrate competence in WAIS III administration and interpretation as a core skill.
- Psychological problem formulation and awareness of alternative formulations
- Intervention skills and the selection of appropriate, evidence-based treatment

methods for a range of problems typically seen in adult clinical psychology settings (e.g. depression, anxiety etc.)

- Written and verbal reporting and communication skills
- Knowledge, understanding and critical appraisal of a least one well established theoretical framework.
- An awareness of different therapeutic approaches.

Professional Issues

The Trainee should develop knowledge of professional issues in accordance with service guidelines. This will include the keeping of proper case notes and records, the need for confidentiality and the limits of confidentiality, awareness of ethical matters, awareness of Health & Safety issues and clinical responsibilities.

The Trainee should become familiar with channels of communication in the service setting e.g. referral routes, and become competent at oral and written reporting to referring agents and other relevant agencies.

The Trainee should gain knowledge of the planning and organisation of services through attendance at appropriate departmental and team meetings.

The Trainee should demonstrate awareness of ethical and legal issues pertinent to work with adults.

Teaching and Training

The Trainee should normally have experience of teaching/training of other staff or client groups. Whether through formal or informal teaching, this should, where possible, be observed by the supervisor and constructive feedback given.

RECOMMENDED CORE EXPERIENCE IN INTELLECTUAL DISABILITY

It is appreciated that most placements will offer far more depth and breadth of experience than the minimum requirements set out below, and that many other training opportunities are desirable in a placement. This section seeks to outline only the essential features of acceptable core experience in Intellectual Disability.

Client Population

The placement should offer experience across the life-span with male and female clients from a range of ages and a range of abilities. Cases should reflect the broad range of client presentations typically found within intellectual disability services. The placement should offer experience with clients of different abilities across the age spectrum in a range of settings. Opportunities should be available to develop skills in relation to different assessment methods including intellectual, developmental and vocational methods, together with a range of intervention strategies.

Experience and Skills

The Trainee should gain experience in assessment, formulation, treatment/intervention, evaluation and reporting of a range of problems typically encountered in services for people with an intellectual disability. The Trainee should have supervised experience with a range of clinical approaches and techniques of assessment and intervention. Clinical work should include direct work with clients, work with families and carers, and work with care staff. In addition the Trainee should have experience of collaborative work as part of a multidisciplinary team of professionals involved with a particular client or clients. The Trainee should have familiarity with the range of services offered or supported by the hosting agency such as early intervention, residential provision, day services, supported employment, special schools and vocational training services.

Trainees should develop the following skills:-

- Establishing rapport with individuals with an intellectual disability. This includes the ability to adjust the characteristics of his or her own communications to suit the needs of each individual client.
- Interviewing skills with clients with an intellectual disability, their families and staff working with them.
- Selection, administration and interpretation of psychological tests and measures appropriate to client needs.
- Behavioural observation, data gathering, data analysis and interpretation, functional analysis of problem behaviour
- Psychological problem formulation, awareness of alternative formulations and selection of appropriate, evidence-based treatment and intervention methods.

- Direct and indirect intervention and consultancy with families and care staff
- Report writing that is appropriate to the audience
- Direct intervention with a client
- Indirect intervention through family, carers and or staff
- Systems based intervention

Professional Issues

The Trainee should develop knowledge of professional issues in accordance with service guidelines. This will include the keeping of proper case notes and records, the need for confidentiality and the limits of confidentiality, awareness of ethical matters, awareness of Health & Safety issues and clinical responsibilities.

The Trainee should become familiar with channels of communication in the service setting e.g. referral routes, and become competent at oral and written reporting to referring agents and other relevant agencies.

The Trainee should gain knowledge of the planning and organisation of services through attendance of appropriate departmental and team meetings.

The Trainee should demonstrate awareness of ethical and legal issues pertinent to work with people with an intellectual disability. In particular, the Trainee should be aware of the issues that surround the question of informed consent within the context of intellectual disability and show due sensitivity in his/her clinical practice.

Teaching and Training

The Trainee should normally have experience of teaching/training of other staff or client groups. Whether through formal or informal teaching, this should, where possible, be observed by the supervisor and constructive feedback given.

RECOMMENDED EXPERIENCE IN OLDER ADULTS

While experience in Older Adults is not compulsory, the guidelines below outline some of the recommended experiences that should reasonably be expected as part of an Older Adult placement.

Client Population

Trainees should aim to gain experience working with male and female clients in the later stages of life – normally those 65 years and older, although sometimes younger clients are seen in Older Adult services (e.g. those with pre-senile dementia). There should be experience with people with a range of psychological problems of varying severity including acute and long-term problems. The trainee should aim to have experience working in a range of settings such as family and residential homes, hospitals and psychogeriatric settings.

Experience and Skills

The Trainee should gain experience in assessment, formulation, treatment/intervention, evaluation and reporting of a range of problems in Older Adult Clinical Psychology. The Trainee should develop an awareness of the specific issues arising in later life and the necessity to adjust one's own methods and style of interacting accordingly. Trainees should have experience in working with people who have a range of needs, some of which may relate to functional and organic conditions. For example, they may experience working with clients suffering from a dementia, anxiety states, depression, bereavement, behavioural disturbances, mobility problems, stroke, psychological reactions to illness, loneliness, isolation, and those with marital, sexual or family relationship problems. Trainees may also work with carers who are experiencing strain as a direct result of caring for someone with dementia. The experience should include work with individuals and where possible, work with families. Where available, the Trainee should have experience of group work, and/or systemic or organisational interventions. The Trainee should understand the organizational structure and context in which he/she works, and be familiar with reporting relationships and all policies and procedures relevant to the work being undertaken. There should be opportunities to develop awareness of the work of other professionals and colleagues in older adult clinical settings e.g. Occupational Therapy, Social Work, Nursing, Psychiatric Nurse, Psychiatrist, Geriatrician.

RECOMMENDED EXPERIENCE IN ADVANCED PLACEMENTS

Because of the wide range of placements in which Trainees might complete an Optional placement, it is not possible to be prescriptive about the specific experience that should be sought. However, some general guidelines may be helpful.

Firstly, the primary purpose of an Optional placement is:

(1) To provide Trainees with an opportunity to work within a new, specialist area of practice in which they have not previously worked

OR

(2) To focus on development of a specific aspect of clinical practice.

OR


(3) To consolidate existing skills by working more independently than would have been the case earlier in training.

Within the Optional placement, the amount and type of clinical work in which the Trainee partakes will depend on the nature of the placement itself – some placements will provide an opportunity for seeing high volumes of clients (for example, in a “drop-in” service), others may provide for long-term work with a small number of clients. The experience to be gained on placement should be informed by the typical workload of a recently qualified clinical psychologist in that service. Placement supervisors are in the best position to advise on realistic and achievable placement goals.

Notwithstanding the difficulties in offering prescriptive advice, each optional placement should offer trainees the following:

1. A range of clinical experience typical of the placement service context, including age range, gender and presenting difficulties
2. Experience in assessment, formulation, treatment/intervention, evaluation and reporting of problems typically encountered in the setting
3. Experience of collaborative work as part of a team typical of the service context
4. Familiarity with the range of services offered or supported by the placement agency and of relevant external agencies including referral routes etc.
5. Opportunity to develop professional knowledge and skills necessary for work in that setting, including clinical responsibilities, ethical issues, keeping of proper case notes and records, relevant legal framework, and health and safety policies.
6. Experience of teaching/training other staff or client groups in keeping with service practice
7. Opportunities to gain knowledge of the planning and organisation of services through attendance at appropriate departmental or team meetings or other for a
8. Familiarity with channels of communication within the service setting and opportunities to develop oral and written reporting skills

The course team is happy to facilitate Trainees who wish to gain experience in specialized services. However, where Trainees express a wish to have a placement outside of their sponsoring agency's region, the Trainee **must first gain approval** to do so from the Principal Psychologist in the sponsoring agency.



POLICY REGARDING THE CRITERIA FOR CONFIRMING COMPETENCE ON SELECTED PSYCHOMETRIC TESTS

Trainees will have been introduced to the designated tests during the relevant teaching block and will have had the opportunity to practice administration of the tests with their peers. Further placement training will normally involve observation of an experienced practitioner using the test. The Trainee should then practise giving and scoring the test until s/he is proficient in its use. Supervisors should then satisfy themselves through direct observations that Trainees are competent in each of the following areas:

Administration and Scoring

1. That the test materials have been made ready before the client arrives.
2. That the Trainee adequately develops rapport with the client before testing begins.
3. That the various items/components of the test are given in the correct or accepted order.
4. That responses are recorded accurately, clearly and in sufficient detail for an independent person who has not witnessed the administration to be able to score the test.
5. That the test is administered smoothly so that the client is not disrupted by the process of its presentation.
6. That responses are scored correctly and in accordance with the instructions in the test manual.
7. That the results are calculated/transformed correctly using appropriate normative tables.

Interpretation

Whilst it has been agreed that evaluation of competence in interpretation is seen as part of the Supervisor's general task on placement and does not constitute part of the formal procedure, the following points should be kept in mind by Supervisors whilst monitoring Trainees' competence in test interpretation:

1. That legitimate conclusions are formulated on the basis of the test results obtained.
2. That the Trainee abstracts from his/her conclusions.
3. That conclusions from the test are appropriately linked with other information about the client so that an opinion can be formulated.
4. That appropriate action is recommended on the basis of the opinion.

TEST COMPETENCE

ADULT CLINICAL PSYCHOLOGY PLACEMENT

1. Trainees are required to demonstrate competence on the following test:

Current version of WAIS
2. Confirmation of competence should be limited to administration and scoring only. Evaluation of competence in interpretation is seen as part of the Supervisor's general task on placement but is not taken into account at pass-outs.
4. Advice has already been given, during the study blocks, on the importance of adhering to standardised administration in the use of psychometric tests. The reliability and validity of scores and derived quotients depend upon the appropriate standardised test administration. The place of flexibility in the test-interview has also been discussed: flexibility in conducting the interview in which the standardised test is administered is of course not incompatible with adherence to the standardised procedure.
1. The assumption is made that when a Trainee has learnt these tests in the proper standardised way that these skills can be expected to transfer to other psychometric tests, with the same attention to detail and care in testing procedures.

TEST COMPETENCE

CHILD, FAMILY AND ADOLESCENT PLACEMENT

1. Trainees are required to demonstrate competence on the following test:

Current versions of WISC and WPPSI
2. Confirmation of competence should be limited to administration and scoring only. Evaluation of competence in interpretation is seen as part of the Supervisor's general task on placement but is not taken into account at pass-outs.
4. Advice has already been given, during the study blocks, on the importance of adhering to standardised administration in the use of psychometric tests. The reliability and validity of scores and derived quotients depend upon the appropriate standardised test administration. The place of flexibility in the test-interview has also been discussed: flexibility in conducting the interview in which the standardised test is administered is of course not incompatible with adherence to the standardised procedure.
5. The assumption is made that when a Trainee has learnt these tests in the proper standardised way that these skills can be expected to transfer to other psychometric tests, with the same attention to detail and care in testing procedures.

TRAINING COORDINATOR'S ROLE

For the three years of the Programme, each Trainee has a Training Coordinator allocated who will oversee their professional development. Trainees usually have the same Training Coordinator for the duration of the Programme, but occasionally a change of Training Coordinator may occur.

The main duties of Training Coordinators are listed below

- 1) Overall co-ordination of training activities for individual Trainees throughout the Programme, and monitoring the trainee's development of clinical and professional skills.
- 2) In conjunction with the Clinical Coordinator and the Trainee, to plan future placement experience taking account of Trainee needs and preferences.
- 3) Placement Reviews
 - a. Initial, Mid-Placement and End of Placement contacts will be undertaken as appropriate to the needs of the Trainee. While most placement contacts will be undertaken by the Training Coordinator, from time to time these will be undertaken by another member of the Course Team
 - b. The purpose of the placement review is to facilitate the monitoring and evaluation of:
 - i. The Trainee's progress and development whilst on placement.
 - ii. The clinical experience provided.
 - c. Placement reviews will be structured using the relevant Course Placement forms (see Appendix E):
 - i. Placement Contract form
 - ii. Mid-Placement Review documents
 - iii. Evaluation of Clinical Competence form
 - iv. Placement Log Book
 - v. Evaluation of Placement form
 - d. Monitoring and evaluation of the clinical experience provided, and the individual Trainee's progress and development whilst on placement using the appropriate placement forms to guide discussion and provide formal documentation.
 - e. Monitoring progress, and as appropriate, advising Supervisor and Trainee regarding Essays, Reports of Clinical Activity and Small Scale Research Projects.

f. Facilitation of the relationship between Supervisor and Trainee, and troubleshooting difficulties.

g. Ensuring Placement Agreements adequately address the needs of individual Trainees, for example with reference to skills deficits/experience deficits.

4) Academic Support

a. To provide general advice in relation to assignments and academic work. It is expected that the level of support provided by the Training Coordinator in this regard will be greater at earlier stages in the training process and will reduce as the Trainee progresses.

5) Appraisal

a. Regular feedback to the Programme Team regarding individual Trainees' progress.

b. Participation in Trainee Annual Appraisal Review Meetings.



MID PLACEMENT REVIEWS

Introduction: Trainees and their Supervisors are normally visited by a Training Coordinator at the mid-point of the placement. In the case of split placements, a meeting will usually take place with both Supervisors present.

Aims of the Mid Placement Evaluation:

1. To check on the Trainee's progress
2. To review supervision arrangements
3. To identify possible problem areas and to propose remedial steps
4. To facilitate communication between Trainees, Supervisors and the Course Team.

Pre-Review Preparation:

If a Trainee or Supervisor thinks that there are serious difficulties with the placement, the Training Coordinator should be contacted at the earliest opportunity and should not wait for the Mid-Placement visit.

The Trainee should have the following documents ready for the review:

1. Placement Contract
2. Placement Log Book
3. Trainees's Mid-Placement Review Form

The Supervisor should have the following document ready for the review:

1. Supervisor's Mid-Placement Review Form

Format of Review:

Unless otherwise agreed, during the visit, the Training Coordinator meets with the Trainee alone, followed by the Supervisor alone, and then all three parties meet together.

The purpose of the individual meetings is to allow the trainee and the supervisor the opportunity to raise pertinent issues with the Training Coordinator that may require further discussion at the joint meeting.

The purpose of the joint interview will be to:

- Review the progress of the placement plan and agree any necessary amendments.
- Address any issues raised in the course of the individual interviews.
- A review of the Trainee's progress with reference to the criteria specified in the Evaluation of Clinical Competence Form (Supervisor's End of Placement Form).

The Training Coordinator will place in the Trainee's file a record of the meeting as per the Training Coordinator's Placement Review Form.

END OF PLACEMENT REVIEW

By the end of the placement the Supervisor should have completed the Evaluation of Clinical Competence Form (ECC). The Trainee completes an Evaluation of Placement Form (EPF) and has his/her Placement Log Book signed by his/her Supervisor. It follows that the emphasis of the final supervision session should be a dialogue between the Trainee and Supervisor, taking the opportunity to review the placement as a whole, identifying strengths and learning objectives for future placements.

It is usual for the Training Coordinator, Trainee and the Supervisor to meet for an end of placement meeting. Where there are difficulties, or possible failure, this is obligatory.

The purpose of the meeting is to review the completed evaluation forms by the trainee and supervisor and to identify goals for subsequent placements.

VERY IMPORTANT NOTE:

It is the responsibility of the Trainee to ensure that all required placement forms are forwarded to the Programme Secretary for filing.



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

PROGRAMME HANDBOOK

SECTION 6

CLINICAL PLACEMENT FORMS

PLACEMENT GOALS

1. A written statement of placement goals should be agreed within two weeks of the start of a placement. These goals should then be reviewed halfway through the placement and amended if necessary in the light of the Placement Log.
2. General details of dates, places, study time, supervision (when and where), leave and time of review should be agreed.
3. Placement goals should be as specific as possible, for example, with respect to amount of time, numbers, range of activities etc. They might include:
 - a) experience with defined client group or problem types
 - b) range and types of assessment methods
 - c) range of treatment approaches
 - d) experience of multi-disciplinary working
 - e) required reading
 - f) organisational / management activities, meetings, visits, courses to be attended
 - g) teaching
 - h) research

This list is not exhaustive, nor is it intended that all these types of experience will be provided as this will be determined by the local characteristics of placement, supervisor and trainee.

NUI, Galway D. Psych. Sc. Placement Contract

1. PLACEMENT DETAILS

Name of Trainee:			
Name of Supervisor:			
Location of Placement		Type of Placement	
Proposed Placement Dates	From:	To:	
Proposed Trainee Leave Dates	From:	To:	
Days of the week on Placement			
Days on Study Leave			
Proposed total number of Days on Placement			

2. OVERALL AIMS OF PLACEMENT

Please describe Key Goals:

3. INDUCTION AND ORIENTATION ARRANGEMENTS

4. PROPOSED CLINICAL EXPERIENCE

(A) CLIENT GROUP

Range/Type of Client Presentation

Age Range of Clients

Approximate Number of Clients/Caseload

Other

(b) PROPOSED ASSESSMENT EXPERIENCE

**Major categories of Assessment e.g.
Diagnostic, Behavioural, Ecological**

**Main Methods of Assessment: e.g.
Interviewing, Testing/Measurement, Observation**

Other

(c) PROPOSED INTERVENTION/TREATMENT EXPERIENCE/THERAPY

Unit: individual, family, group, service

Direct or indirect work

**Theoretical Models (e.g. Cognitive, Behavioural,
CBT, systemic, psychodynamic, client-centred,
Gestalt, other)**

Multidisciplinary involvement

5. ORGANISATIONAL AND COMMUNICATION SKILLS

(1) Attendance at meetings:

(2) Team Work/Participation:

(3) Written Reports:

6. OBSERVATION AND SUPERVISION ARRANGEMENTS

Scheduled Supervision

Informal Availability

Trainee observation of Supervisor

Supervisor observation of Trainee

Other considerations

7. PLACEMENT RECORDS/REQUIREMENTS

e.g. Log Book, Case Studies, Research projects

8. PROPOSED EXPERIENCE IN TRAINING AND TEACHING OTHERS

9. PROPOSED OPPORTUNITIES TO PARTICIPATE IN TRAINING EVENTS

10. PROPOSED RESEARCH EXPERIENCE

Service based research/other

11. ANY SPECIFIC ETHICAL ISSUES/PROCEDURES

12. DATE/VENUE OF MID-PLACEMENT REVIEW

Signature of Supervisor:

Signature of Trainee:

Signature of Training Coordinator:

Date:

**Doctorate in Clinical Psychology Training Programme
School of Psychology, NUI, Galway
Trainee's Mid-Placement Review Form**

(This form is to be completed by the trainee, and discussed at the Mid-Placement Review Meeting)

Trainee _____ Supervisor _____

A. PLACEMENT EXPERIENCE

1. How far has the placement plan been fulfilled to date?

2. Have you any comments on the type and quantity of work (e.g. the number of cases), or suggestions for modifying the plan?

B. SUPERVISOR - TRAINEE RELATIONSHIP

1. How far have supervisor - trainee arrangements proved satisfactory and have you any requests, comments or suggestions in the following or other areas?
 - (a) Opportunities to observe your supervisor working as a clinical psychologist.

 - (b) Being observed by your supervisor (direct, through mirror or taped, frequency).

(c) Supervision time available to you.

(d) Other

2. Please note your comments, suggestions and requests on:

(a) the level of performance and degree of independence expected of you.

(b) the feedback given on your performance.

C. TRAINEE GOALS AND AIMS

1. Do you feel you are on track in relation to your training goals for this placement?

2. Do you wish to suggest any modifications to your goals and aims?

Signed

Trainee _____

Supervisor _____

Training Coordinator _____

Date _____

**Doctorate in Clinical Psychology Training Programme
School of Psychology, NUI, Galway
Supervisor's Mid-Placement Review Form**

(To be completed by the supervisor, and discussed at the Mid-Placement Review Meeting)

Supervisor _____

Trainee _____

A. PLACEMENT EXPERIENCE

1. How far has the placement experience plan been fulfilled to date, and what parts of the plan have still to be fulfilled?

2. Should the placement plan be modified in any way?

B. SUPERVISOR - TRAINEE RELATIONSHIP

Have the arrangements for observation, supervision and communication between you and the trainee proved satisfactory?

THE TRAINEE

In reviewing the trainee's progress to date it would be helpful if the supervisor bore in mind the categories in which the trainee's performance will be rated at the end of placement (see Evaluation of Clinical Competence Form).

1. What strengths has the trainee shown in terms of -

(a) generic skills in clinical psychology

(b) knowledge and skills specific to the placement:

2. What areas in particular does the trainee need to focus on for the rest of the placement?
(Please indicate if any of these areas are giving cause for concern).

3. Is the trainee's logbook up to date?

Signed

Trainee _____

Supervisor _____

Training Coordinator _____

Date _____

**Doctorate in Clinical Psychology Training Programme
School of Psychology, NUI, Galway
Coordinator's Mid-Placement Review Checklist**

TRAINEE NAME **SUPERVISOR**

PLACEMENT **DATE OF MPR**

1. At least one-hour formal supervision every week plus more time available for informal supervision (at least 3 hours in total).

2. Time available in supervision to discuss personal issues evoked by placement

3. That observation of trainee by supervisor is occurring e.g. joint interviews, direct observation of trainee assessments and interventions, audio tape observation and formal case consultation meetings.

4. That trainee is able to observe supervisor

5. All clinical reports written by the trainee to be co-signed by the supervisor.

6. Accept referrals only from the supervisor.

7. Opportunity exists for multi-disciplinary working?

8. Small Scale Research Project -
Is it appropriate?

Is it on schedule?
Who is supervising it?

9. Report of Clinical Activity
Is it appropriate?
Is it on schedule?
10. Review of Trainee's Log Book: up to date?
11. Required test competence.
12. Teaching psychology to other staff groups or to lay people.
13. Private Study and Research time.
14. Arrangement for continuation of supervision when Supervisor is not available (e.g. sickness or annual leave)?
15. Administrative arrangements for placements are clear.
16. Office space available?
17. Annual leave arrangements discussed and agreed with Supervisor and Training Coordinator. (No more than three weeks annual leave per placement except in the case of 12 month placements).
18. Relevant Health & Safety Policies available for trainees to peruse.
19. If applicable, Honorary Contract attached to placement agreement.
20. Trainee fulfilling requirement to gain supervised experience of treatment of client with long term mental health problem as part of this placement? (As appropriate)
21. Professional issues

- confidentiality issues
- dress code
- hours of work

22. Any other comments

23. Issues arising from supervisor feedback

ISSUES:

ACTION:

24. Issues arising from trainee feedback

ISSUES:

ACTION:

25. COMMENTS

Date arranged for Final Placement Review Meeting: _____

Signed: Training Coordinator: _____

**Doctorate in Clinical Psychology (D.Psych.Sc.)
School of Psychology, NUI, Galway
Evaluation of Clinical Competence Form (ECC)**

Trainee's name

Supervisor's name

Description of placement

Dates of placement

Number of days on placement

To be completed by the supervisor for each trainee on placement. This form should be filled in prior to the end of placement meeting and discussed with the trainee so that it can form the basis of discussion at that meeting. Following the meeting the supervisor may wish to amend the form. The supervisor will evaluate the trainee's clinical competence under the following headings so as to provide a rounded view of his/her strengths and weaknesses bearing in mind the stage of training. The supervisor is required to give an overall rating for the trainee in terms of "satisfactory" or "unsatisfactory". In addition the supervisor should rate the trainee's competence in each section from "far below expected level" to "far exceeds expected level". These ratings are considered by the Board of Examiners who decide whether a placement has been passed or not. The responsibility and final decision for passing or failing a trainee lies with the D.Psych.Sc. Programme and Board of Examiners. Supervisors are also requested to comment on the adequacy of the experience that was available and the trainee's future needs in terms of skills development and gaps in experience. Further guidance on the use of this form is available from the Course Team.

Overall, considering the Trainee's stage of training, I would rate the Trainee's performance on this placement as:

Please indicate below as appropriate:

Satisfactory

Unsatisfactory

SECTION A - INTERVIEWING AND OBSERVATIONAL SKILLS

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainee's competence in relation to their:

- Ability to establish an appropriate relationship with clients and their carers / relations
- Ability to establish an appropriate atmosphere for interviews
- Ability to obtain relevant information, record and summarise accurately
- Ability to self monitor and reflect on own interviewing and observational skills

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

SECTION B - ASSESSMENT

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainee's competence in relation to:

- Selection of appropriate assessment techniques
- Administration of assessment techniques
- Ability to discriminate observed evidence from inference
- Analysis and evaluation of results
- Communication of assessment results, written and verbal reporting

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

SECTION C - FORMULATION AND REFORMULATION

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainees competence in relation to:

- Ability to integrate and interpret information from a range of sources
- Ability to describe the problem within a theoretical psychological framework to arrive at a formulation
- Ability to evaluate and review formulation in the light of subsequent evidence and re-formulate accordingly.

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

SECTION D - INTERVENTION SKILLS

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainee's competence in relation to:

- Ability to make an action plan which is clearly derived from the formulation.
- Ability to adapt treatment approach and goals according to the needs of the client
- Ability to carry out the treatment plan effectively
- Knowledge of major therapeutic techniques relevant to the placement and understanding of their theoretical and empirical background, shortcomings and strengths
- Ability to monitor and evaluate effects of treatment and make appropriate modifications

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

SECTION E - COMMUNICATION

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainee's competence in relation to:

- Ability to give clear, comprehensive and relevant verbal reports
- Ability to give clear, comprehensive, accurate and relevant written reports devoid of careless mistakes and the need for correction

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

SECTION F – TEACHING SKILLS

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainee's competence in relation to:

- Ability to plan and prepare with an understanding of the aims of teaching and anticipate audience needs in terms of content and detail
- Can present material in a clear and interesting way avoiding jargon and with appropriate use of handouts and A/V aids
- Deal appropriately with questions and feedback

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

SECTION G - PROFESSIONAL AND ETHICAL BEHAVIOUR

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainee's competence in relation to:

- Awareness of issues of client confidentiality and consent
- Ability to be administratively efficient (including appropriate care of client information) and punctual
- Ability to handle a reasonable workload without prompting or pressure from supervisor
- Ability to carry out work promptly and without errors or unnecessary delay
- Ability to contribute and offer suggestions, to be constructively critical
- Sensitivity to needs and expectations of clients, handles difficulties in these relationships constructively
- Ability to get on with other staff members and sensitive to their role and function
- Sensitivity to issues of ethnicity, gender and disability
- Awareness of and adherence to PSI professional guidelines and placement organisation guidelines

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

SECTION H – ORGANISATIONAL UNDERSTANDING

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainee's competence in relation to:

- Understanding of organisation of clinical unit including points of decision making and channels of communication, roles and functioning of key staff
- Ability to work effectively within the organisation and engage in co-ordinated activities in relation to clients and problems, and tolerate frustration when not able to secure staff agreement
- Understanding of national organisations (Dept of H&C, PSI) in relation to issues arising from the placement

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

SECTION I - SELF DEVELOPMENT

As supervisor have you observed this aspect of the trainee's functioning?
(YES or NO)

Please consider the trainee's competence in relation to:

- Ability to develop and maintain personal and social qualities which enable the individual to fulfil effectively their professional roles, including interpersonal skills and the management of personal stress
- Ability to use supervision effectively and be reflective about their own clinical practice
- Ability to work effectively without close supervision. Awareness of when to consult supervisor and appropriate judgement of level of independent work
- Awareness of limits of their own competence and awareness of own feelings and prejudices in relation to clinical work
- Consistent engagement in professional development

While on this placement, the trainee's performance:

(Please tick appropriate box)

far exceeded the level expected at this stage	exceeded the level expected at this stage	at the level expected at this stage	below the level expected at this stage	far below the level expected at this stage
---	---	-------------------------------------	--	--

Comments

GENERAL COMMENTS

Specify any outstanding assets and any particular problems or limitations.

Identify any areas for further professional development. Also, mention any special aspect of this placement which is relevant to evaluation of the trainee's functioning and competence:

Trainee's comments on supervisor's feedback:-

FINAL PLACEMENT REVIEW MEETING

Overall comments arising from Placement Review:-

Supervisor

Trainee

Training Coordinator

Date

Doctorate in Clinical Psychology Training Programme
School of Psychology, NUI, Galway
TRAINEE'S EVALUATION OF PLACEMENT FORM (EPF)

Trainee's Name: _____

Supervisor's Name: _____

Placement Type: _____

Dates of Placement: _____

Number of Days: _____

(Use the initial placement contract/placement goals and logbook as the basis for this evaluation).

1. Please indicate any special circumstances that prevailed (e.g. illness, split placement)

2. FULFILMENT OF THE GOALS

Bearing in mind the length of the placement, did you have sufficient opportunity to do the following? Please mention any specific bonuses or problems.

a. To work in the range of settings that commonly occur in this type of placement and to understand how the service operates.

b. To see the range of clients and problems that commonly occur in this type of service.

c. To practice the assessment and intervention procedures that were included in the initial placement agreement

d. To work or communicate with staff in other disciplines

e. To attend meetings and staff team activities included in the initial agreement

f. To carry out the educational activities included in the initial agreement

3. LEARNING AND SUPERVISION

a. How was supervision organised?

(Availability, regularity, informal, on time, disruptions, cover arrangements, structured vs. unstructured, (in) direct observation of/ by supervisor)

b. How useful was the supervision you received at this point in your training?

(Observations of and by supervisor, help with clinical work, emphasis on scientist practitioner model, giving and receiving feedback, help with professional issues and opportunity for reflection on self development)

c. Identify any areas of your work practice that you consider will need particular attention from future supervisors?

d. What were the physical conditions of placement?
(Accommodation, secretarial support, travelling)

e. The strengths of placement for me have been:

1.

2.

3.

f. The main limitations of the placement have been:

1.

2.

3.

I have discussed the contents of this evaluation with the supervisor(s)

Signed: _____ **(Trainee)**

I have discussed the contents of this evaluation with the trainee

Signed: _____ **(Supervisor)**

PLACEMENT LOG BOOK

How to use the Log Book:

1. Keep a 'running tally' of progress; don't wait until the end of the placement to fill in details
2. Details may be entered in the Log Book via computer, but it is equally acceptable to fill in the sheets in block capitals using BLACK INK.
3. Take the Log Book to supervision sessions to review progress with goals.
4. The sections of the Log are not always mutually exclusive. This will help you to fill in the Log Book:
 - 4.1 Example 1:

You might see a client and enter this under the section on individual work with clients AND THEN you might also decide to write you report of clinical activity on this same person. Enter this data into the section on individual work and also the section on the report of clinical activity. Mark in the table on individual activity that this client is ALSO reported later in the Log. Mark in the section on the clinical report that this client is also entered in the section on individual work.
 - 4.2 Example 2:

As part of your research you may investigate the effects of therapy in a group. This would then be reported under the section on group work, and also under the section on research. For both entries ensure that you state clearly that this work appears elsewhere in the Log Book - state where in each case.
5. The Log Book should be completed by the candidate by the end of placement deadline and handed in with the completed ECC and EPF forms. On completion the Log Book should be signed by the supervisor and candidate and agreed as a correct record of the experience on placement.
6. The External Examiner may request to see Log Books at the viva voce examination.

**REMEMBER TO LOG ALL WORK DONE DURING THE PLACEMENT
UNDER THE APPROPRIATE HEADINGS**

**THE FOLLOWING FORM IS A SPECIMEN ONLY – THE ACTUAL SIZE OF LOG
BOOK FORMS AND THE SPACING OF THE VARIOUS SECTIONS SHOULD BE
ADAPTED AS NECESSARY**

1. Settings in which trainee has worked (give brief description of units, clinics etc., where clinical work has been carried out)

2. Summary of patients/clients seen

	No. of in-patients	No. of out-patients	Age Range	Male/Female ratio
Direct involvement with individuals/couples for assessment only				
Direct involvement with individuals/couples for assessment and intervention				
Work with families				
Work with groups				
Work with direct care staff				

3. Method of observation (e.g. live, video tape, audio tape)

	Number of sessions		
	Assessment	Intervention/Therapy	Other
Trainee observing Supervisor			
Supervisor observing Trainee			

4. Observation of Supervisor's Cases

SEX	AGE	REFERRED FOR	INITIAL ASSESSMENT (including method)	NATURE OF INTERVENTION	TOTAL HOURS OBSERVATION	EVALUATION/ OUTCOME

5. Joint and Independent Work

Please indicate in the first column whether the work was Independent (mark with I) or Joint (mark with J) [and Observed by the Supervisor (mark with O).]

5.1 Individuals/Couples

I/ J/ O	SEX	AGE	REFERRED FOR	INITIAL ASSESSMENT (including method)	BRIEF DESCRIPTION OF INTERVENTION (e.g. therapeutic model, methods)	TOTAL HOURS (face to face)	EVALUATION/ OUTCOME

5.2 Families

Please note the sex and age of all members of the family seen.

I/ J/ O	SEX	AGE	REFERRED FOR	INITIAL ASSESSMENT (including method)	BRIEF DESCRIPTION OF INTERVENTION (e.g. therapeutic model, methods)	TOTAL HOURS (face to face)	EVALUATION/ OUTCOME

5.3 Groups

I/ J/ O	SEX	AGE	REFERRED FOR	INITIAL ASSESSMENT (including method)	BRIEF DESCRIPTION OF INTERVENTION (e.g. therapeutic model, methods)	TOTAL HOURS (face to face)	EVALUATION/ OUTCOME

5.4 Indirect work with clients
(through staff)

I/ J/ O	SEX	AGE	REFERRED FOR	INITIAL ASSESSMENT (including method)	BRIEF DESCRIPTION OF INTERVENTION (e.g. therapeutic model, methods)	TOTAL HOURS (face to face)	EVALUATION/ OUTCOME

TEACHING

Outline each experience of teaching indicating what, to whom, how organised, the extent of your role and its success or otherwise.

OTHER ORGANISATION/STAFF WORK

(e.g. staff support group)

Outline each piece of work, indicating the extent of your role and evaluation/outcome:

RESEARCH TOPIC

Title:

.....

.....

Total sample size:

Type of research design:

(e.g. survey/single n/etc)

Outline of any other research you were involved with:

ESSAY TITLE:

.....

.....

CLINICAL REPORT:

Client's presenting problem:

.....

.....

MEETINGS, VISITS, OBSERVATIONS

Outline briefly each experience and the extent of your involvement:

COURSES AND TRAINING EVENTS ATTENDED AS PART OF PLACEMENT

Please list and outline each one:

OTHER

GAPS IN PLACEMENT EXPERIENCE

Please identify any important omissions from the placement particularly types of experience that were included in the placement goals but did not occur.



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

PROGRAMME HANDBOOK

SECTION 7

ASSESSMENT PROCESS

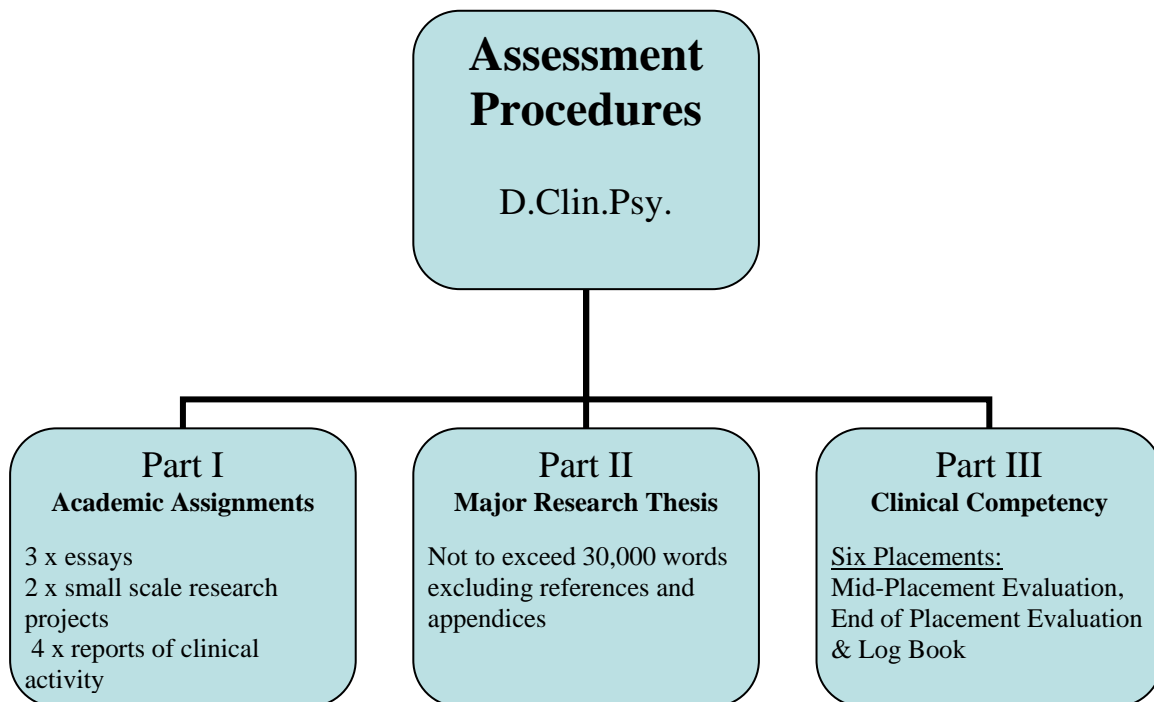
NUI GALWAY CLINICAL PSYCHOLOGY TRAINING PROGRAMME

DOCTOR OF PSYCHOLOGICAL SCIENCE

Assessment Procedures

7.1 Overview

The aim of these Procedures is to describe the process for evaluating academic, research and clinical competence. Unless exempted from any assessment under University Regulations, candidates will be required to demonstrate their competence in academic, research and clinical work by submitting twelve written assignments during the course of the three years. Candidates will be required to choose topics from the various academic assignments which, between them, cover a range of types of problem or procedures. For example, as part of core experience with adults, a candidate may choose to write an essay on depression and prepare an RCA on individual or group treatment of anxious patients. In addition, candidates will be required to conduct two SSRPs linked to different areas of core experience. Across all types of work, the trainees must demonstrate awareness of, and competence in, professional and ethical issues and practice. For administrative purposes only, the components are referred to as Part 1, Part II and Part III examinations. Please see diagram below:



Part 1 consists of the all of the written academic assignments completed as part of the course (essays, small scale research projects, and reports of clinical activity) excluding the major research thesis.

- Three Essays: one each from adult, child, and intellectual disability core areas).
- Four Reports of Clinical Activity (RCAs): one each from adult, child, and intellectual disability core areas and one Ethical & Professional Development self-reflective RCA.
- Two Small Scale Research Projects (SSRP): one quantitative service based research project, one qualitative service based research project.

Part II refers to the major research thesis (Large Scale Research Project).

Part III consists of material relating directly to the clinical competence of the trainee and includes all placement documentation (evaluation of clinical competence forms and log books) held by the Programme Administrator for scrutiny by the external examiner(s). It is the trainee's responsibility to ensure that all Evaluation of Clinical Competence (ECC) forms and signed logbooks are provided for inclusion in his/her Programme file.

Each element of the assessment process contributes to the overall Pass or Fail grade on the Programme.

7.2 Part 1 - Academic Competence

Essays

The three essays (one each from adult, child, and intellectual disability core areas) must not exceed 4,000 words excluding the reference list and appendices. Essays must focus on the academic foundations and professional practice of clinical psychology. Candidates will be expected to demonstrate knowledge in any or all of the following: the prevalence and incidence of the problem; psychological theories about aetiology, vulnerability and maintenance; experimental investigation of the processes underlying the problem; evidence on the efficacy of treatments; and the implications of each of these for clinical and professional practice. A word count for each essay must be included on the cover of the essay. Candidates will be given the title of the essay by the course team or will select the topic of each essay from a list prepared by the Programme Team. The format of the essays must follow the presentation style of the latest edition of the American Psychological Association Publication Manual. Essays which exceed the word limit by more than 10% or do not follow the prescribed presentation style will normally result in a reduced grade for that piece of work

Reports of Clinical Activity (RCA)

Four RCAs are required. These must be selected to demonstrate the candidate's clinical competence and capacity for critical self-reflection. They must cover a wide age range, types of problem and clinical procedures and must include cases involving direct work with individual clients or groups of clients. Evidence of knowledge of more than one psychological model is required. The structure will vary with type of report, (e.g. detailed assessment only; group work, individual therapy, family work, indirect work with carers; service development; consultancy). One RCA must be presented from each core area of supervised experience namely: adult, child and intellectual disability. In addition, a self-reflective style RCA considering the ethical and professional development experienced by each trainee over the course of their training must be submitted before the last Friday in July in final year of training.

It is not appropriate to include material in the RCA that has been submitted for another examination. Published work may be included when the candidate is sole author or, in the case of multiple authorship, when the candidate's responsibility is clearly specified. In such cases the candidate must have taken the primary responsibility. Work undertaken jointly with another trainee clinical psychologist or in which the candidate took a subsidiary role must not be submitted. In all cases it must be made absolutely clear which procedures were carried out by the candidate and which by the collaborator, although candidates will be expected to take responsibility for the whole of what is submitted.

The RCAs submitted must enable the Board of Examiners to have a clear idea of the problems to which they refer and of the ways in which they were tackled. Examiners will be looking for a systematic approach to the problem which integrates theory with practice and addresses the issue of outcome. The Examiners will attach particular importance to the application of psychological knowledge in the formulation of the problem and the candidate's demonstrated ability to evaluate clinical work critically and to learn from it.

RCAs are considered examination material. Therefore, it is not permissible for a trainee to ask a member of the Programme Team or their Placement Supervisor to comment on draft RCAs prior to being lodged with the Programme Secretary. Supervisors should be able to attest to the authenticity of RCAs.

Trainees should refer to the guidance provided in the Programme Handbook regarding the structure and format of RCAs.

Small Scale Service Related Research Projects (SSRP)

Two SSRPs are required, one quantitative and one qualitative. The quantitative SSRP must not exceed 3,000 words excluding the reference list and appendices. The qualitative SSRP must not exceed 4,000 words excluding the reference list and appendices. An SSRP which exceeds the word limit by 10% or does not follow the prescribed presentation style will normally result in a reduced grade for that piece of work. It is expected that the SSRPs, when taken in conjunction with the major research thesis, will demonstrate a range of applied clinical research expertise and experience. Each SSRP can be linked to any approved area of clinical placement experience. Proposed projects must be approved by member of the Programme Team or other Research Coordinators, the Training Coordinator or other relevant members of the programme.

The aims of the SSRPs are two-fold:

- i) to provide candidates with experience of completing pieces of service-related research within an applied clinical context
- ii) to foster the development of research awareness and skills.

The SSRPs are intended to familiarize trainees with the process of carrying out methodologically sound service-related research within a clinical context. Whilst it does not necessarily have to be explicitly psychological in focus (e.g., it could include an analysis of referral patterns to a clinical psychology department), it has to address problems of relevance to the practice of clinical psychology, and ideally should be of interest to local practitioners. Candidates must give careful consideration to the ethical issues raised by the research which they undertake and must adhere to the PSI Code of Professional Ethics (2000) at all times.

7.3 Part 2 – Research Competence

Major Research Thesis

The major research thesis or large scale research project (LSRP) must consist of an investigation with human participants and be of relevance to the professional discipline of clinical psychology. It represents a more substantial piece of work than the SSRP. The research thesis must not exceed 30,000 words excluding the reference list and appendices, and 40,000 words including the reference list and appendices. Candidates will present a thesis which reports the investigative work undertaken during the period of research, the results of which can be judged to constitute a substantial contribution to knowledge, and should afford evidence of originality either by the discovery of new facts or by the exercise of independent critical power. The candidate must be able to demonstrate in what respect his or her work appears to him or her to advance knowledge or practice in clinical psychology.

Candidates must give careful consideration to ethical issues raised by the research which they undertake and must adhere to the PSI Code of Professional Ethics (2000) at all times.

Research design, execution, analysis and interpretation must be of a high standard and appropriate to the research problem. Candidates must be able to justify each aspect of the study design and analysis at the oral examination.

The format of the major research thesis must be in accordance with the guidelines detailed in the Programme Handbook. The work must not have been submitted in fulfilment of the requirements of any other examination.

The thesis must be submitted in accordance with the current National University of Ireland, Galway Regulations for the Degree of DPsychSc.

The thesis will be examined in accordance with the current Regulations for the Degree of DPsychSc. The thesis will be examined by one external and one internal examiner. The internal examiner must not be the candidate's research supervisor. Candidates will be required to attend for a viva voce examination with the external and internal examiners. At the viva voce, candidates will be required to answer any questions concerning their theses raised by the examiners. Primarily, although certainly not exclusively, this will involve clarifying any obscure aspects of the thesis, justifying particular methodologies used or conclusions reached and to satisfy the examiners that the thesis is the work of the candidate. After the viva voce, the examiners record their agreed recommendations regarding the thesis in the **Examination of Thesis Report**. Such recommendations may stipulate that a candidate is required to make changes to their thesis for further consideration by the internal examiner solely or by the internal and external examiner jointly.

7.4 Part 3 – Clinical Competence

This will be assessed in the following ways:

- The evaluation of clinical competence by the candidate's clinical supervisor using the form (Evaluation of Clinical Competence Form) prescribed for this purpose.
- The trainee's Log Book verified by their Placement Supervisor.

7.5 Evaluation of Clinical Competence Form

In addition to assessed coursework, post 2005 intake trainees are required to satisfactorily complete six supervised clinical placements over the duration of the course (pre 2005 intake trainees are required to satisfactorily complete five clinical placements). A placement is required in each of the *Clinical Practice* modules in Years One, Two and Three. Clinical placements are assessed by the Programme Board of Examiners on a pass or fail basis. For each placement, this judgment is primarily based on the report of the Placement Supervisor, taking into account the overall progress of the trainee on the programme and any exceptional or mitigating circumstances pertaining to that placement. The ultimate adjudication regarding whether or not a placement is passed rests with the Programme Board of Examiners.

The Evaluation of Clinical Competence Form (ECC) specified by the Programme must be completed at or near the end of the placement. The Training Coordinator, Trainee and the Supervisor must complete and sign the relevant sections indicating that the various evaluation components were discussed. The ECC form must be returned directly to the Programme Secretary for administrative processing.

7.6 Log Books

The Log Book must be completed by the candidate by the end of a placement. On completion, the Log Book must be signed by the supervisor and the trainee as an agreed and correct record of the experience on placement. The Log Book must be sent to the directly to the Programme Secretary for administrative processing.

7.7 Extension of Period of Training

All required placements must be passed in order for the candidate to be deemed to have passed overall. Where a placement has been failed, the candidate may be allowed to repeat the placement in an attempt to meet the placement requirements.

Trainees may be allowed to repeat one placement over the course of training. If the placement is passed on repeat, the trainee will be allowed to proceed with the Course. The repeat placement may be with the same supervisor or with another supervisor working within the same clinical speciality.

Failure of more than one placement, or failure of a repeat placement, will ordinarily mean failure of the Programme.

However, where a serious breach of professional or ethical conduct occurs in any area of the Course, a trainee will not be allowed to remain on the Course and the Psychological Society of Ireland will be notified. In considering serious professional or ethical misconduct, The Board of Examiners will draw on the PSI Code of Professional Ethics as the key reference document throughout. The decision of the Board of Examiners will proceed through the normal channels for ratification by the Arts Faculty Board of Examiners.

7.8 Role of External Examiners

The external examiners review samples of academic work and review the marking systems and criteria applied by members of the programme team. The guiding principle is that the External Examiner must have enough evidence to determine that the internal marking is of an appropriate standard and is consistent. The External Examiner will normally see any work which has failed or is a borderline fail and assignments with discrepant marking. The External examiners may also review random samples of submitted work and the grades and feedback that have been awarded to them. The external examiners also assess the thesis reports along with one examiner from Department of Psychology, and are responsible for conducting the viva examination. Each academic year, the external examiners participate in a face-to-face annual appraisal of each trainee. All external examiners are members of the Programme Board of Examiners (BoE).

External Examiners:

- Dr David Green, Senior Lecturer in Clinical Psychology, University of Leeds
- Prof. Mick Power, Professor of Clinical Psychology, University of Edinburgh
- Dr Chris McCusker, Director, Clinical Psychology Course, Queen's University, Belfast

Board of Examiners:

- Head of Department of Psychology (Chair)
- Programme Director
- Academic members of the programme team
- The external examiner(s)

Terms of Reference of the Board of Examiners:

- To consider for each trainee the results of assessments, examinations and practicums
- To formally ratify examination results
- To advise on remedial action where an element of the examination has been failed
- To periodically review examination and assessment policies and procedures
- To consider any professional misconduct or ethical issues arising from a trainee's behaviour.

The BoE ordinarily meets at the end of each academic year and considers the grades of each individual trainee. The BoE or its delegated members may meet with trainees who have failed any element of the course, or any trainee about whose progress the BoE has expressed a concern. The decisions of the Examination Board are recorded on the *white sheets* and communicated to the Faculty of Arts where the examination results are formally ratified by the Faculty Examination Board and communicated to the Examinations Office.

7.9 Examination Appeals

Trainees who wish to appeal their examination results may do so by contacting the NUI Galway Examination Appeals Committee and following the steps outlined below:

The conditions under which an appeal may be made according to University regulations are outlined below:

- *An appeal of an examination result shall be considered:*
 - a) If there is evidence of substantive irregularity in the conduct of the examination.
 - b) If the student claims on stated grounds that the marks awarded were incorrect or inappropriate.
 - c) If there are circumstances that the Examination Board was not aware of when its decision was taken.

- *The appellant must set out the reasons for his/her appeal in a statement addressed to:*

The Examination Appeals Committee
The Supervisor of Examinations,
Examinations Office,
National University of Ireland, Galway,
Galway,
Ireland.

Further information is provided on the University's Exams Office website:

www.nuigalway.ie/exams/appeals/appeals.html

An examinations appeal form is available to download at:

www.nuigalway.ie/exams/downloads/appeals_form.pdf

7.10 Student Support in the event of Programme failure

Where a Trainee gives rise for concern generally during the Programme or who is deemed by the Faculty Examination Board to have failed the Programme they will be encouraged to make use of the University Student Counselling Service. This service is free and confidential comprising a team of qualified and experienced counsellors, psychologists and psychotherapists. The service operates within the Code of Ethics and Practice agreed by the Irish Association of University and College Counsellors (IAUCC).

Further information: http://www.nuigalway.ie/student_services/counsellors/index.html

7.11 Award of Degree

Awarding of Doctorate in Clinical Psychology (DPsychSc) degree

Where a candidate achieves a pass grade in all assessed course work; successfully passes all clinical placements and their major research thesis; the Board of Examiners will recommend award of the Degree of Doctor of Psychological Science (Clinical Psychology) (DPsychSc). This award is a professional qualification and no further grading is given.

Guidelines for Assessment of Reports of Clinical Activity

GENERAL PRESENTATION:

- General writing style, appropriate proportion between sections.

STRUCTURE:

- Does the structure follow the structure proposed in the Assessment Procedures?
 1. Brief background statement
 2. Initial assessment
 3. Initial formulation
 4. Action plan
 5. Implementation of action plan
 6. Outcome
 7. Discussion (including theoretical, professional and ethical issues)

THEORETICAL:

- Was the theoretical basis for the formulation / intervention clear in the Report?

COHERENCE:

- Was the Report clear and plausible?

REFERENCES:

- Comprehensive?
- Appropriate referencing style?

Guidelines for Marking Case Studies

(Excellent) 70%+

The case study is analytical rather than merely descriptive and includes all sections laid down in the guidelines. The trainee clearly has an excellent grasp of the material, uses a wide range of literature and shows an awareness of how clinical and academic knowledge can be interpreted in the specific case. The case study has a strong structure; arguments are developed coherently and clearly substantiated. The writing is lucid and confident.

(Good) 60-69%

The case study has many of the qualities of the first class case study and must certainly contain a good deal of analytical material. It differs from a first class case study in showing few signs of original thinking, less depth of analysis and a good but not excellent range of analysis. The structure is clear and arguments well developed and substantiated. There may be one or two misunderstandings of material, or lapses in a clear structure, but this is compensated for by other strengths.

(Satisfactory) 50-59%

The balance here is towards description rather than analysis of a case. The range of material used is restricted but relevant. There is little evidence of appreciation of wider issues in discussing the case. The structure and data analysis may at times be quite weak but discernible. Writing is sometimes clumsy, sometimes suggests that issues have not been clearly grasped. Overall, the case study does not suggest complete confidence in the material and arguments. There will probably be some misunderstandings or omissions of material.

(Fail) <50%

Very little evidence of effective clinical work and much irrelevant material. Evidence that trainee has seriously misunderstood the issues raised by the case or approaches it in a very restricted way with much important material omitted. These deficiencies are not ameliorated by strength in other aspects of the case study.

Guidelines for Assessment of Essays

GENERAL PRESENTATION:

e.g., general writing style, attention to referencing, grammar, subheadings, appropriate length.

STRUCTURE:

1. Is there a logical sequence, a well planned structure?
2. Does the essay directly answer the question?
3. Is the reader 'guided through' the essay in an appropriate way?
4. Is the proportion of space devoted to description of studies (as opposed to development of argument and general discussion) appropriate?
5. Is there appropriate discussion of Professional and Ethical issues?

LITERATURE:

1. Is the literature cited up-to-date and appropriate to the essay?
2. Is there sufficient depth/breadth of coverage of material?
3. Is the literature cited integrated into a discussion / argument?
4. Is there evidence of critical thinking in appraising relevant literature?

COHERENCE:

1. Is there clarity of definition of the issue(s) addressed and clarity of the ideas presented?
2. Is the general argument coherent and plausible?
3. Is there evidence of critical analysis and synthesis of ideas?
4. Are clinical implications addressed?

Guidelines for Marking Essays

(Excellent) 70%+

The answer is predominantly analytical rather than descriptive and rarely if ever strays from the question; trainee clearly has an excellent grasp of the material, uses a wide range of literature and shows an awareness of how the central issues of the question relate to wider concerns. The answer has a strong structure; arguments are developed coherently and clearly substantiated. The writing is lucid and confident.

(Good) 60-69%

The answer has many of the qualities of the first class answer and must certainly contain a good deal of analytical material. It differs from a first class answer in showing few signs of original thinking, less depth of analysis and a good but not excellent range of analysis. The structure is clear and arguments well developed and substantiated. There may be one or two misunderstandings of material, or lapses in a clear structure, but this is compensated for by other strengths.

(Satisfactory) 50-59%

The balance here is towards description rather than analysis. The range of material used is restricted but relevant. There is little evidence of appreciation of wider issues raised by the question. The structure may at times be quite weak but discernible. Writing is sometimes clumsy, sometimes suggests that issues have not been clearly grasped. Overall, the answer does not suggest complete confidence in the material and arguments. There will probably be some misunderstandings of the material.

(Fail) <50%

Very little attempt to answer the question and much irrelevant material. Evidence that trainee has seriously misunderstood the issues raised by the question or approaches it in a very restricted way with much important material omitted. These deficiencies are not ameliorated by strength in other aspects of the answer.

Guidelines for Assessment of Small Scale Research Projects

GENERAL PRESENTATION

E.g. general writing style, appropriate length

INTRODUCTION

1. Is it clear what specific questions are being addressed?
2. Is the literature cited up-to-date and appropriate to the topic?
3. Is there sufficient depth / breadth of coverage?

METHOD

1. Are the sample and research materials described clearly?
2. Is the research design clear?

RESULTS

1. Are the findings presented clearly (with appropriate use of tables and figures)?

DISCUSSION

1. Are the findings related clearly to the specific questions raised in the Introduction?
2. Is there appropriate consideration of issues related to service provision and future research?
3. Is there appropriate discussion of professional and ethical issues?

Guidelines for Marking Small Scale Research Projects

(Excellent) 70%+

The project is analytical rather than descriptive and rarely if ever strays from the point; trainee clearly has an excellent grasp of the material, uses a wide range of literature and shows an awareness of how the central issues of the project relate to wider concerns. The project has a strong structure; arguments are developed coherently and clearly substantiated. The data analysis is appropriate and accurate. The writing is lucid and confident.

(Good) 60-69%

The project has many of the qualities of the first class project and must certainly contain a good deal of analytical material. It differs from a first class project in showing few signs of original thinking, less depth of analysis and a good but not excellent range of analysis. The data analysis is appropriate and accurate. The structure is clear and arguments well developed and substantiated. There may be one or two misunderstandings of material, or lapses in a clear structure, but this is compensated for by other strengths.

(Satisfactory) 50-59%

The balance here is towards description rather than analysis. The range of material used is restricted but relevant. There is little evidence of appreciation of wider issues raised by the project. The structure and data analysis may at times be quite weak but discernible. Writing is sometimes clumsy, sometimes suggests that issues have not been clearly grasped. Overall, the project does not suggest complete confidence in the material and arguments. There will probably be some misunderstandings of the material.

(Fail) <50%

Very little attempt to answer the research question and much irrelevant material. Evidence that trainee has seriously misunderstood the issues raised by the research or approaches it in a very restricted way with much important material omitted. Data analysis is very poor. These deficiencies are not ameliorated by strength in other aspects of the project.



DOCTOR OF PSYCHOLOGICAL SCIENCE

Guidelines for Assessment of Thesis

The thesis is the single largest piece of work submitted for the DPpsychSc (Clinical Psychology), with an ECTS weight of 55/270, or 20% of the total programme.

The thesis is graded as Pass ($\geq 50\%$) or Fail ($< 50\%$), but no quantitative score or percentage is recorded, only descriptive labels are used. These are:

Pass - outright pass with no corrections and no requirement for revision.

Pass with minor editorial corrections - mainly typographical, stylistic, or other minor edits. Reviewed by Internal Examiner only. Must be resubmitted within one month.

Pass with stated minor revisions - specified but circumscribed revisions which may include, for example, significant typographical editing, methodological clarification, additional minor data analysis, or additional conceptual elaboration. Reviewed by Internal Examiner only. Must be resubmitted within three months.

Refer - major revisions required - Substantial deficiencies or weaknesses identified requiring major revisions - may include major editing and correcting, the insertion of substantial amounts of additional information, collection of additional data, additional data analysis, or radical reinterpretation of the findings of the study. The thesis may be re-examined by the extern and the intern. The examiners may also require that the candidate sit a second viva examination. Must be resubmitted within twelve months but a shorter time may be specified by the examiners.

Fail - outright fail where the examiners believe the thesis contains such serious flaws or deficiencies that revision and resubmission are not considered viable.

The decision about which category applies to a particular thesis lies with the examiners, but should be based on the extent to which the features listed below are present or absent.

Indicative features for Pass grade (outright Pass or Pass with stated minor revisions)	<ul style="list-style-type: none"> • Demonstrates good knowledge and understanding of relevant literature. • Demonstrates competence in critical ability. • Demonstrates good knowledge, understanding and application of relevant research methodology and data analysis. • Demonstrates good understanding of own research findings and relationship of these findings to published work in the area. • Demonstrates awareness of ethical issues. • Writing is clear, of good academic standard, with few errors in spelling, grammar and referencing.
Indicative features for Fail (most or all these deficiencies) or Refer - Major Revision grade (several of these deficiencies)	<ul style="list-style-type: none"> • Demonstrates lack of basic knowledge and poor understanding of the topic and relevant research literature. • Limited literature review with clear omissions and no evidence of critical analysis. • Demonstrates poor or no knowledge and understanding of relevant research methodology and data analysis. • Conduct of research contained serious methodological flaws. • Data analysis is seriously flawed. • Demonstrates poor or no understanding of own research findings and relationship of these findings to published work in the area. • Evidence of significant ethical breaches regarding the conduct of the researcher. • Writing poor with no evidence of clarity of thought, untidy with omissions and frequent errors.

The thesis is not intended, or expected, to be equivalent to a PhD, either in volume or in scope (it is 20% of a programme which includes academic assignments, small research projects, and assessment of clinical competence) but is expected to be clinically relevant and of publishable quality. The research design, execution, analysis and interpretation should be of a high standard and appropriate to the research problem. Candidates must be able to justify them at the oral examination. The word count should not exceed 30,000 words (excluding References and Appendices).



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PROGRAMME HANDBOOK

SECTION 8

INFORMATION FOR SUPERVISORS

Supervision

Supervisors are asked to read Section 5 (Clinical Placements) for further information about placement requirements.

Supports to Supervisors

Regular workshops are held for supervisors and potential supervisors where both basic and advanced supervision skills are developed in conjunction with an experienced facilitator.

The Programme also holds a small library of books that are available for use by supervisors by arrangement with the Course Secretary.

Training Coordinators are available through out the course of placements to support supervisors in their role with trainees. Supervisors are encouraged to provide feedback to Training Coordinators in relation to their experience of the Programme, including the adequacy of the academic blocks in preparing trainees for the demands of the placement he/she offers.

For information purposes only, the BPS Committee on Training in Clinical Psychology's Guidelines on Clinical Supervision, are provided on the following pages.

These guidelines recommend:

1. that the general aims of the placement be established prior to or at the very beginning of the placement;
2. that a written placement contract should be drawn up within two weeks of the start of the placement;
3. that the trainee should have, at least, one hour's individual supervision per week;
4. that total "contact" time between supervisor(s) and trainee(s) should be at least three hours per week;
5. that there should be a mid-placement review of the trainee's progress in the placement and the experience provided;
6. that full written feedback is given on the trainee's performance on placements;
7. that the trainee should see and comment on the full report;
8. that trainees have the opportunity to observe the work of their supervisors and that supervisors observe the work of trainees;
9. that supervisors be sensitive to and prepared to discuss personal issues that arise for trainees in the course of their work; and
10. that supervisors closely monitor and help develop trainees' communications (verbal and written).

Guidelines on Clinical Supervision

1 Qualifications of supervisors.

- 1.1 All trainees should normally be supervised by a clinical psychologist who has at least two years experience after being eligible for registration as a Chartered Clinical Psychologist in the National Health Service, or a designated individual of equivalent clinical experience. More junior clinical psychologists *or other applied psychologists participating in team supervision*, may be involved in supplementing this supervision in limited areas at the discretion of the main supervisor. Where a trainee works in an educational, social services or other setting, it is preferable that supervision be provided by a clinical psychologist who has full service involvement in the setting concerned. Where this is not possible, day to day supervision may be provided by an experienced applied psychologist working on-site with formal supervision provided by a clinical psychologist as designated above.

2 Supervisors workshops and meetings

- 2.1 Courses should organise regular supervision workshops to train supervisors in methods of supervision; these should be designed with the needs of new as well as experienced supervisors in mind. Supervisors are expected to attend workshops on supervision. There should also be regular meetings at which supervisors have an opportunity to share information and discuss problems. *Where Courses make use of team supervision, viz. Where the ratio of trainee to supervisor is other than 1:1. The Course must ensure that appropriate guidance is given to supervisors and trainees on the procedures which are necessary for good team supervision. It will probably be necessary to establish supervisor workshops related specifically to team supervision.*
- 2.2 It is important that supervisors keep abreast of theoretical, research and professional developments in their field of work and participate in continuing professional development.

3 Allocation to clinical placements

- 3.1 There should be an explicit procedure for allocating trainees to clinical placements. All trainees and supervisors involved should understand the procedure and know how to influence decisions about clinical placements. The person responsible for arranging placements should give primacy to general training requirements but should also take account of the needs and interest of individual trainees. Information should be provided about the experience obtainable in the various placements to help trainees and course staff make placement decisions; trainees' interests need to be taken into account in the allocation of specialist placements.
- 3.2 *The Course should try to ensure the compatibility of trainees who are sharing the same placement. This is especially important where there is team supervision, with two trainees allocated to one supervisor, or when two or more trainees receive supervision from a team of supervisors, within the same placement.*

4 Setting up the placement

- 4.1 Both *trainees(s) and supervisor(s)* should have an opportunity to meet either before, or at the very beginning, of the placement to discuss the range of experience which is to be provided and the expectations (hours, days of work, etc.) of the trainee(s). The general aims of the placement should normally be agreed *within the first two weeks of the placement* and a clinical contract should be written. Attention should be paid in the clinical contract to the range of opportunities available in the placement, and to the needs, interests and previous experience of the trainee. Particular efforts should be made to fill major gaps in the trainees experience, and records of the trainees previous experience should be available for this purpose. The Course or Clinical Tutor will have played a major role in the assessment of the trainees strengths and needs and in the sequence of placements.
- 4.2 *In cases where there is more than one supervisor involved in a trainee(s) placement (team supervision) a primary supervisor should be identified for each trainee who will take responsibility for the planning and co-ordination of that trainee's placement, supervision, and liaison with Course staff.*
- 4.3 The supervisor should plan an induction for the trainee, arrange for cover in the event of annual or other leave and should plan casework well in advance.
- 4.4 Although physical resources within the health service and other public services are frequently inadequate, care should be taken to ensure that the trainee has access to (at least) shared office space and a desk. There should be adequate arrangements for secretarial support for placement work and trainees should be given guidance on the facilities available.
- 4.5 Supervisors should remember that they have clinical and legal responsibilities for their trainees throughout the training period. It is good practice for supervisors to be insured, for trainees to be aware of relevant legal boundaries (e.g. re. the Data Protection Act, the Children Act). It is essential that trainees have appropriate (substantive or honorary) contracts that allow them to work in their placement.

5 Placement content

- 5.1 Guidelines for the content of particular placements are provided in the Criteria for the Assessment of Courses. Course training committees should expand and operationalise these in consultation with supervisors.
- 5.2 The Society guidelines and local guidelines on placement content should be taken into account in the provision of placement experience for the trainee. The particular balance of work for each individual trainee will be determined by the level of his/her experience and expertise and the stage of training.
- 5.3 Supervisors should ensure that trainees undertake an appropriate quantity of clinical work. There are dangers in both extremes: too little work reduces the opportunity for learning and too much may reduce trainees' capacity for planning or reflecting upon the work. Supervisors should monitor the balance of time spent by the trainee on work at different levels (direct client work, indirect and organisational work). This balance will vary according to the stage of training and the type of placement. Supervisors should be alert to the dangers of time being lost at the start of the placement through suitable work not being available and should take this into account in preparing for the arrival of the trainee.

5.4 A log should be kept of the work a trainee has done in a clinical placement. The Course should ensure that these records are appropriately used by the placement co-ordinator in planning future placement and by future clinical supervisors in discussing what experience they should provide.

5.5 *With team supervision, the Course should give very clear guidelines about the experience to be acquired so that the placement may be planned to make optimal use of others, such as specialist clinical psychologists and other applied psychologists, involved in supervision.*

6 **Clinical supervision**

6.1 The supervisor and trainee should meet each week for a formal, scheduled supervision tutorial; this should be of at least an hour's duration. Longer supervision will *sometimes* be needed. In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions. The total contact between the trainee(s) and supervisors(s) should be at least three hours a week, and will need to be considerably longer than this at the beginning of training.

6.2 In cases of team supervision, trainees should always receive some individual supervision which should be for at least one hour each week. The majority of these individual supervision sessions should be with the trainee's main supervisor. This supervisor may occasionally delegate individual supervision sessions to one of the other team supervisors but should co-ordinate and monitor the overall plan of individual sessions. In addition to individual supervision, there are likely to be opportunities for group supervision (one or more trainees with one or more team supervisors) to discuss issues such as projects, theory-practice links or difficult cases.

6.3 Adequate time for clinically relevant reading should be made available to the trainee on placement. In addition, supervisors have a crucial role in contributing to the integration of the academic and practical aspects the Course. They should discuss literature relevant to the clinical work in hand and suggest suitable reading to the trainee. In general they should help trainees to develop a scholarly and critical approach to their clinical work.

6.4 In addition to discussing clinical work, it is essential that the trainees and supervisors have opportunities to observe each other at work; the trainee can learn much from this and it is essential in order for the supervisor to give the trainee accurate and constructive feedback. Placements differ in the most appropriate opportunities for such direct contact: some may use joint clinical work of some kind, others may prefer audiotape, videotape or a one-way screen. Some form of mutual observation of clinical work should be regarded as essential.

7 **Quality of clinical supervision**

7.1 The quality of the supervision which is provided for the trainee will depend upon many factors. The care taken in the early stages to build up a good relationship will enhance the quality of the clinical supervision.

- 7.2 Supervisors should be prepared to adapt their style of supervision to the stage of the course a trainee has reached. It is necessary to be prepared to describe basic clinical procedures in detail and to ensure that trainees have an adequate grasp of techniques they are asked to use. Detailed training in techniques should also be available to more experienced trainees if required.
- 7.3 Trainees and supervisors may find that they have a different orientation and interest. Where this happens, tolerance should be shown on both sides. Trainees should be helped to see that they may learn much that is valuable from a supervisor whose approach they may not ultimately wish to adopt. On the other hand, supervisors should see it as one of their functions to help trainees develop their own interests in an appropriate way. Where supervisors decide they must overrule the way the trainee wishes to work, they should explain their reasons with care, rather than simply asserting that this is how things should be done. If trainees can present sound reasons for adopting a different approach, the supervisor should be prepared to support this unless he or she has serious doubts about its effectiveness or the possibility of harm to clients.
- 7.4 Supervisors should be prepared to discuss seriously and sympathetically any general issues of relationships with patients or staff that arise in the course of clinical work. They should be sensitive to any personal issues that arise for the trainees in relation to clients and be prepared to discuss these in supportive way when they are considered to affect the trainees work. The range of personal issues that can be raised by clinical work is wide and includes, for example, over-involvement, dealing with anger and despair, workload and time management problems.

8 Clinical reports and communication

- 8.1 Communication with other members of clinical teams and networks involves both written and verbal reports. Verbal reporting and discussion are often more important than formal written reports in terms of their effects on clinical decisions and action. Since the relative importance of written and oral communication is likely to vary between settings, supervisors will need to identify the most important channels of communication in their placement and teach the trainee to use these channels effectively and efficiently. Training in effective communication will involve both observation of the supervisors behaviour, and practice by the trainee with ample opportunity for feedback.
- 8.2 There is a wide variation within the profession in how clinical reports are written and presented, particularly with respect to the amount of detailed information provided. Trainees need to be acquainted with a variety of report and letter writing styles. If there is agreement about minimal requirements of clarity and relevance in reports, exposure to individual differences between supervisors is more likely to be constructive than confusing. Trainees should be encouraged to write reports which are appropriate to the recipient (whether this is a professional colleague or a client), avoid jargon, distinguish clearly between fact and opinion, and provide consistent clarity of expression. Both supervisor and trainee should be aware of the potential conflict between communicating fully to professional colleagues and maintaining confidentiality.

9 **Review meetings and feedback**

- 9.1 There should be a formal scheduled meeting (a mid-placement review) towards the middle of the placement:
- a) to review the progress of the clinical Contract
 - b) to give mid-placement feedback to the trainee on his/her clinical performance
 - c) to allow the trainee to comment on the adequacy of the placement
 - d) to set targets based upon the above the second half of the placement
 - e) to give mid-placement feedback to the supervisor on his/her performance
- 9.2 When a trainee is involved with some form of team supervision, the Course should ensure that each trainee is given an individual, formal mid-placement meeting. Other review or feedback meetings which may be held at the beginning and end of placement should also allow for individual time allocation for each trainee. If possible, all team supervisors involved with any single trainee should be present at his/her placement review (and beginning and end of placement meeting). Where it is not possible for all a trainee's supervisors to be present at a key review meeting, on designated supervisor should seek views from other team supervisors prior to the meeting, and provide feedback after the meeting.
- 9.3 Matter such as the physical resources available to the trainee (room space, secretarial backup, etc.) and theory-practice links (see 5.1) may also be usefully discussed at this time. Supervisors and trainees may find it helpful at the time of the mid-placement review to go through the rating forms which will be used at the end of the placement.
- 9.4 In general, it is expected that the staff member conducting the mid-placement review will meet with the trainee and supervisor separately and then to hold a joint meeting. In this way more accurate feedback about the trainee's performance and about the quality of the supervision provided may be obtained. The date of the mid-placement feedback meeting is important if sufficient time is to be left for improvements to be made. A date for the mid-placement review should be set at the start of the placement.
- 9.5 Mid-placement qualitative feedback is essential both for the supervisor and the trainee. Supervisors should try to set aside positive or negative personal feelings about trainees when making evaluations. Feedback should be detailed and constructive and designed to help trainees develop a range of effective and appropriate skills; thus, feedback should be critical but not wholly negative.
- 9.6 If seriously dissatisfied about aspects of a trainee's performance, supervisors should regard themselves as under an obligation to the profession to indicate this to the Course staff.
- 9.7 The trainee also has a responsibility to the Course and to the profession to give feedback to the Course staff about the quality of the placement and the supervision.
- 9.8 At the end of the placement the supervisor should give the trainee full feedback on his/her clinical performance. The trainee should see the supervisor's written assessment. Any major points that the supervisor is concerned about should have been raised well beforehand, at least at the mid-placement review, to allow the trainee time to improve. The trainee should also have ample opportunity to comment on the placement, for example, on the experience and the supervision received. The trainee's views should be recorded formally as part of the general evaluation of the placement. Feedback forms for rating clinical competence should always be completed at the time of the end of placement review and returned promptly.

9.9 The points made in section 9.5 concerning the provision of balanced, constructive and detailed feedback to the trainee also apply to the end of placement review. The supervisor should, in addition, help the trainee to identify gaps in his/her experience to facilitate planning for subsequent placements. It is important for the supervisor and trainee to forward this information to the person responsible for co-ordinating placements.

10 **Assessment of clinical competence**

10.1 It is important that Supervisors are familiar with the examination and continuous assessment requirements for trainees and the guidelines and regulations for these.

10.2 *In cases of team supervision, all supervisors who have been involved with the trainee(s) should be familiar with the Course's assessment procedure and should give feedback on the trainee(s) clinical competence.*

10.3 Supervisors should be familiar with the specific criteria for passing and failing placements set by the Course. In addition, supervisors should be familiar with appeals procedures. In cases where trainees have displayed unsatisfactory behaviour, such as regular and serious lateness for clinical appointments, professional misconduct, or failure to acquire an adequate level of clinical competence, trainees should be left in no doubt about the problem. The supervisors should discuss with the place co-ordinator what action should be taken and it may be helpful to have a member of the Course staff present at the time of the end of placement review.



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PROGRAMME HANDBOOK

SECTION 9

RESEARCH PROGRAMME

Research Programme

The research programme includes teaching in research methods, statistics, computer skills and scientific writing and the completion of three elements of clinical research.

Research Skills

Learning research skills is a major part of the Programme, and requires a number of different levels of learning.

- In lectures, students learn to design studies using a range of different approaches, and to critically evaluate these in group discussion.
- In designing the two small-scale research projects (SSRPs) on placement, the trainee learns the practicalities of conducting research in a setting relevant to the professional practice of clinical psychology. In this context, the trainee is expected to progress their research project in collaboration with their Placement Supervisor and their Training Coordinator. Additional support and guidance is available from the Programme Research Coordinator.
- The major research thesis facilitates the trainee's progression through all stages of the process of independent research, from an original idea through to final submission. Trainees learn to select feasible ideas to evaluate, and submit a formal proposal on their planned study. The Programme Team and the Programme Research Coordinator will guide the trainee in further developing and refining their ideas. All stages of the research proposal enhance the skills of the independent researcher. Statistical analysis consolidates the formal teaching, and students may learn new statistical approaches at this stage. Formal academic writing skills are developed through discussion of drafts of the thesis. All research work involves a consideration of ethical issues. Submitting an Ethics Approval application provides further practical learning. Trainees will be required to receive ethical approval for their studies from local hospital Research Ethics Committees (RECs) or the NUI Galway REC if more appropriate. Guidance on which REC to consider will be provided by the Programme Research Coordinator on an individual case basis.

Research Coordinator

The research component of the course is coordinated by the Lecturer in Clinical Research Methods, Dr Kiran Sarma. The coordinator is responsible for the design and delivery of the research syllabus and oversight of the clinical research components (SSRPs and thesis).

DPsychSc Research Committee

The DPsychSc Research Committee consists of the Research coordinator (Chair) and other Programme Team members. It will also, on occasion, include co-opted members of the academic staff at NUI Galway and external clinical psychologists.

Ethics in Clinical Research

Students are required to ensure that all research conducted during their training receives ethical approval before data is collected. Ethical approval consists of two stages.

1. ***The proposed project is discussed with the supervisor and the research coordinator.***

The supervisor and research coordinator will consider the project in light of the PSI's Code of Ethics. To facilitate this process, the research coordinator will introduce students to the Code in the first six week block and students will be provided with their own copy of the Code. This first stage is intended to identify ethical issues as early as possible.

2. ***The project is submitted to the relevant external Research Ethics Committee.***

In the case of SSRP research, if there is a ***local relevant Research Ethics Committee*** (REC; e.g. Irish Prison Service REC, Cork University Hospital REC) then approval by that committee and the D.Psych.Sc research committee will be sufficient for the research work to commence. Potentially, trainees may be required to submit applications to several local RECs. Trainees are advised that *The Irish Council for Bioethics* maintains a useful list of contact details for local hospital RECs. In the case of thesis research, all proposals are submitted to the University REC (and to other RECs are required).

Contact details:

The Irish Council for Bioethics

Regus House, Block 4, Harcourt Centre, Harcourt Road, Dublin 2

Telephone: +353 1 4773215 E-mail: info@bioethics.ie

- a. Guidelines for scheduling a REC submission for a major thesis study are included in the Thesis Planner at the end of this section. Contact details for the NUI Galway REC are as follows:

Contact details:

NUI Galway Research Ethics Committee

www.nuigalway.ie/research/vp_research/ethics.htm

Chair: Professor Andrew Murphy

Secretary: Mr Padraic De Búrca, Office of the Vice-President for Research.

Clinical Research Projects

Research training on the NUI Galway Programme is underpinned by the completion of clinically relevant research studies. Two small scale research projects (SSRPs) are completed during the first two years of training. The major research thesis is conducted during the second and third years of training although preparatory work is expected in the latter part of the first year. For each of these pieces of work, support, where required, is available from the Research Coordinator. Training Co-ordinators are expected to provide some guidance or input to the process of conducting SSRPs during clinical placements.

Candidates are required to demonstrate their competence in applied clinical research by submitting the following research assignments:

- ***Two Small Scale Research Projects***
In designing a small-scale research project on placement, the trainee learns the practicalities of psychological research applied to real problems or issues.
 - One quantitative service based research project.
 - One qualitative service based research project.

- ***One Major Research Thesis***
The major research thesis facilitates the trainee's progression through all stages of the process of independent research, from an original idea through to final submission.

Small Scale Service Related Research Projects

Two SSRPs are required, one quantitative and one qualitative. It is envisaged that the SSRPs, when taken in conjunction with the major research thesis, will demonstrate a range of applied clinical research expertise and experience. Each SSRP can be linked to any approved area of clinical experience. Proposed projects should be approved by the Training Coordinator and the Research Coordinator. The format and style of presentation of the SSRPs must reflect the purpose of the project and the intended readership. For example, a report of a service evaluation should be in a form suitable to communicate the findings to a multi-disciplinary group of colleagues with limited research expertise.

In choosing an SSRP, trainees must ensure that it is an example of service-related research within a clinical context. Whilst it does not necessarily have to be explicitly psychological in focus (e.g., it could include an analysis of referral patterns to a clinical psychology department), it has to address problems of relevance to the practice of clinical psychology, and ideally should be of interest to local practitioners. Examples of suitable projects could be:

- An analysis of data routinely collected by a service (e.g. an audit of referrals)
- Development of an information leaflet (using focus group methodology to inform this) and an evaluation of its effectiveness
- A small-scale survey (e.g. client satisfaction survey)
- A single case experiment
- Evaluation of a therapeutic intervention using appropriate quantitative or qualitative methodology

SSRP

The format and style of presentation of the SSRPs must reflect the purpose of the project and the intended readership. For example, a report of a service evaluation should be in a form suitable to communicate the findings to a multi-disciplinary group of colleagues with limited research expertise. The presentation should normally include the following elements:

- An introduction to the problem with reference to relevant literature and clear statement of specific questions being addressed.
- An account of the sample and methods used in the study and of the practical work undertaken.
- A clear presentation of the results of the study. Emphasis is placed on the clear presentation of findings.
- A discussion of the research findings in the context of the specific problem addressed, together with recommendations for service provision and future research.

The ***Quantitative SSRP report must not exceed 3,000 words*** excluding the reference list and appendices The ***Qualitative SSRP report must not exceed 4,000 words*** excluding the

reference list and appendices. The report must be able to be read without frequent reference to the appendices. A word count for each SSRP must be included on the cover of the SSRP. An SSRP which exceeds the word limit by 10% or does not follow the prescribed presentation style will normally result in a reduced grade for that piece of work.

Major Research Thesis

This Research project must consist of an investigation with human participants and be of relevance to the professional discipline of clinical psychology. It represents a more substantial piece of work than the SSRP. The major research thesis must not exceed 30,000 words excluding the reference list and appendices, and 40,000 words including the reference list and appendices.

Candidates must give careful consideration to ethical issues raised by the research which they undertake and must adhere to the PSI Code of Professional Ethics (2000) at all times. Research design, execution, analysis and interpretation must be of a high standard and appropriate to the research problem. Candidates must be able to justify these aspects of the project at an oral (*viva voce*) examination.

The thesis must first be proposed by the candidate and approved by the DPsychSc Research Committee before it may commence. The following sections detail the procedure for submission and approval of the research proposal and the overall timeline for the thesis.

Doctor of Psychological Science in Clinical Psychology

Procedures for Preparation and Approval of Thesis Proposal

(1) Identification of topic.

The first step is to identify a research topic or question to be addressed. The initial research idea is likely to reflect the clinical interests of the trainee. It is advisable to pick a research question that is genuinely of interest as the thesis is a major undertaking and it is important that the trainee have a project that will maintain his/her interest and enthusiasm over a period of two years (and longer in terms of publishing). The specific research question is likely to evolve over time, as a result of reviewing the literature, discussing the idea with potential supervisors, and assessing the project viability in terms of time, access to a population etc. (Note: Some supervisors have a “store” of research projects, awaiting a student to take up a project).

(2) Identify a primary research supervisor.

After selecting a research topic, the student should discuss the project with a potential supervisor (usually a member of the course team or an academic member of staff from within Dept. of Psychology at NUI, Galway) who will advise on the appropriateness and feasibility of the study. Through student-led discussion of the proposed study, a preliminary decision will be reached on the broad nature of the project to be undertaken. At this stage, the supervisor will agree to be the primary supervisor for the project. The student must then write a draft research proposal for further discussion with the supervisor. It is anticipated that students and their supervisors will work through several draft versions of the proposal.

(3) Identify a supervision committee.

In discussion with the primary supervisor, the student will identify at least one, and up to two, other supervisors who will form the supervision committee. One member of this committee may be a clinical advisor, a clinician who will help to identify, access and monitor the student’s access to a clinical population for the purpose of carrying out the research. You may also have a second academic supervisor if desired or if advised by the primary supervisor – this person may be from within or outside the university. They may have a special expertise in the topic area under study or expertise in research design and/or statistics.

(4) Submit 2-page proposal

A mini-version of the proposal is submitted by the specified date in the first year to the DPsychSc Research Committee for comments. This proposal may also form the basis of a very brief (10 minute) class presentation by trainees. This presentation will serve at least two useful purposes (a) it will help focus trainees on their task and (b) it will provide trainees with an opportunity to hear pertinent comments and feedback from peers and members of the course team about their research idea.

(5) Submit 10-page proposal to Course Team

Based on the feedback from the Training Coordinator and from the class presentation, the student and supervisor(s) make revisions and a 10-page proposal is submitted to the Course Team. Following further feedback and revision, the finalised proposal is submitted to the DPsychSc Research Committee in September of each year (via the Course Secretary).

(6) Submit 10-page proposal to the DPsychSc Research Committee

The following guidelines are extracted from the Psychology Department guidelines for preparing a postgraduate research proposal. The proposal should be 2,500-3,000 words (approximately 10-12 pages double spaced type), and should address the following:

- a. *Title page* with Trainee Name, Proposed Project Title, Proposed Supervisor(s).
- b. *Abstract/Summary* of not more than 250 words.
- c. *What is the research question?*
A clear statement of the research question/problem.
- d. *Why is the research important?*
The significance/importance of the problem. You should provide a rationale for your study. Research may address important practical questions and have applied significance, it may address important theoretical questions and have theoretical significance, or it may be important for both practical and theoretical reasons.
- e. *How do you propose to do the research?*
Describe the design of the proposed project or main study in considerable detail. Describe the research participants, stating how they will be recruited and the number required. What are the main methods and procedures that will be employed in your project? What equipment, if any, will be needed? (If the Department does not already possess necessary equipment, attempts will be made, where possible, to acquire it.) How will the data be analysed? Discuss the practical and logistical aspects such as time, travel, costs and so on.

f. *What are the ethical implications of the project?*

Describe the main ethical issues posed by the project. State how particular ethical concerns will be addressed, paying particular attention, where appropriate, to informed consent and safeguards to be implemented.

(7) Assessment of the Proposal

The proposal will be assessed by the DPsychSc Research Committee in relation to the following main criteria:

- a Scholarly merit.
- b Viability in terms of (a) the practical requirements of the project (e.g., access to research participants, equipment, space), and (b) the availability of a supervisor.
- c Ethical considerations.

(8) Feedback from DPsychSc Research Committee

The Departmental Research Committee considers the proposal in advance of a meeting. As part of the process, the views of the External Examiner regarding the proposal may be obtained. Following the meeting, the Chair of the committee will write to provide formal approval for the research to be accepted for the D Clin Psych or outline the requirement for changes. It is anticipated that most students will be asked to make changes to the proposal prior to full approval being granted.

(9) Submit revised 10-page proposal (if necessary)

Based on the feedback from the DPsychSc Research Committee, the student and supervisors will revise the proposal and the revised proposal is submitted to the Course Administrator.

(10) Feedback from the DPsychSc Research Committee (if necessary)

The Research Committee will consider the revised proposal to evaluate if the required amendments have been performed. If the responses to comments are satisfactory, the Chair of the committee, or his or her nominee, will write to provide formal approval for the proposed research to be accepted for the D.Psych.Sc. Failure to make satisfactory progress in the proposal will result in the student being required to resubmit an acceptable proposal within a specified time frame agreed by course staff. If further progress is deemed to be sufficiently below the required standard, a recommendation will be made to the Course Director that the student be withdrawn from registration on the course.

(11) Ethical approval

Appropriate ethical approval must be obtained prior to commencing the research.

Thesis – Suggested Sequence and Timetable

The outline sequence and suggested timeframe below may be of help to you in approaching the thesis in a systematic and realistic way.

Thesis Component	Suggested Date for Completion
1. Brief verbal presentation in class on proposed research area	Mid-placement academic block - Semester II - Year 1
2. Brief written proposal (2 pages) to be submitted to Course Team.	First Friday in August of Year 1
3. Full written proposal (10 pages) as per Procedures for Preparation and Approval of Thesis Proposal, to be submitted to DPsychSc Research Committee for review and feedback.	Third Friday in September
4. Incorporating revisions based on feedback from DPsychSc Research Committee, full written proposal (10 pages) as per Procedures for Preparation and Approval of Thesis Proposal, to be submitted to Research Coordinator.	Last Friday in October
5. Apply for ethical approval to appropriate Research Ethics Committee (REC)	As soon as proposal has been passed by DPsychSc Research Committee
6. In consultation with your supervisor and the service in which the research is to be conducted, establish a broad plan of action including a timetable for data collection. When you have calculated the amount of time required for your data collection, add 25% additional time to you timetable to allow for (inevitable) delays and obstacles.	By end of March Year 2 at latest
7. Aim to carry out a preliminary study or “practice run” first, to see what issues arise when collecting data, and use this experience to modify your schedule, and to modify your methodology if necessary.	By end of May Year 2 at latest
8. Carry out data collection for main study.	By October Year 3 (<i>note you will be on academic block from end September to mid-November</i>).
9. Time has been scheduled between mid-November Year 3 and end of March Year 3 to write up your thesis. You should also use this time to collate other materials for your final portfolio. In addition, you should endeavour to present you research findings	(mid-November – mid-March)

<p>at Conferences and other scientific meetings around this time. It is suggested you approach write up of your thesis as follows:</p> <p>a. Complete literature review and write Introduction</p> <p>b. Write Method section</p> <p>c. Complete data analysis</p> <p>d. Present draft of Introduction and Method to Supervisor (15,000-20,000 words)</p> <p>e. Write Results section</p> <p>f. Write Discussion</p> <p>g. Prepare Reference list, appendices etc.</p>	<p>By end of October Year 3</p> <p>By end of October Year 3</p> <p>By end of October Year 3</p> <p>By 2nd Friday in January Year 3</p> <p>By end January Year 3</p> <p>By end of January Year 3</p> <p>By mid of February Year 3</p>
<p>10. Provide your supervisor with your first draft of final thesis for his/her feedback and advice.</p>	<p>By mid of February Year 3</p>
<p>11. Carry out any revisions advised by supervisor.</p>	<p>By end February in Year 3</p>
<p>12. Submit unbound thesis for examination to Course Secretary (30,000 words main text, 40,000 words total).</p>	<p>By end of February Year 3</p>
<p>13. Viva voce examination with external examiner.</p>	<p>June of Year 3 or as advised</p>

Doctoral Programme in Clinical Psychology

THESIS PLANNER

The thesis is the largest piece of research work that you will undertake as part of the DPsychSc requirements. It requires considerable planning. A summary timetable schedule is provided below to assist you in this process.

Target Timetable for Thesis Research Project

YEAR 1	Project Management	Ethics Proposal	Research Diary	Appendices/ Abstract
July	Brief verbal presentation in class on proposed research area. Complete thesis feedback form and provide copy to Research Coordinator. Consider potential supervisors.	Consider ethical issues.		
Aug.	Brief written proposal (2 pages) to be submitted to Research Coordinator (1 st Friday in August). Start collecting & organising references Confirm potential supervisors.	Consider ethical issues.		
YEAR 2	Project Management	Ethics Proposal	Research Diary	Appendices/ Abstract
Oct. – Nov.	Research proposal (10 pages) re-submitted to the Research Coordinator incorporating feedback from Programme Research Committee.	Identify relevant ethics committee(s). Obtain relevant ethics forms and associated deadlines.	Note feedback from Research Committee. Maintain a research supervision log.	Keep a clean copy of all measures used

Dec – Jan	<p>Finalise choice of thesis supervisor.</p> <p>Finalise choice of research strategy/method /measures.</p> <p>Collect key references for ethics application.</p>	<p>Confirm relevant ethics committee(s).</p> <p>Obtain relevant ethics forms and associated deadlines.</p>	<p>Note why you chose your strategy/methods/ measures, and not alternatives.</p> <p>Maintain a research supervision log.</p>	
Feb- Mar	<p>Agree a research timetable with supervisor.</p> <p>When you have calculated the amount of time required for your data collection, add 25% additional time to you timetable to allow for (inevitable) delays and obstacles.</p> <p>Begin writing literature review.</p> <p>Continue to collect and organise references</p>	<p>Hand in complete draft ethics proposal by end of May.</p> <p>Finalise ethics proposal and gain ethical approval.</p>	<p>Keep notes on the process of applying for ethical approval</p> <p>Maintain a research supervision log.</p>	<p>Keep a copy of ethics proposal and all related correspondence</p>
Apr-May	<p>Conduct pilot and amend procedures where necessary.</p> <p>Develop strategy for coding the data.</p> <p>Submit draft literature review to supervisor(s) for comment.</p>	<p>Inform ethics committee of any amendments to the study based on the pilot.</p>	<p>Keep notes of pilot data collection – when? who? how? refusals? Etc.</p> <p>Keep notes of what you learned from the pilot – what you changed and why.</p> <p>Maintain a research supervision log.</p>	<p>Keep a clean copy of amended measures/ procedures. Keep a copy of correspondence re changes to procedures.</p>

YEAR 3	Project Management	Ethics Proposal	Research Diary	Appendices/ Abstract
Oct-Dec	<p>Conduct data collection for main study.</p> <p>Code data as you go along.</p> <p>Write draft introduction section.</p> <p>Write draft method section.</p>		<p>Keep notes of data collection – when? who? how? refusals? Etc.</p> <p>Keep notes on data collection and coding process.</p> <p>Maintain a research supervision log.</p>	
Jan	<p>Continue data collection as necessary.</p> <p>Begin primary data analysis.</p> <p>Hand in draft introduction and method by end of March.</p> <p>Write draft abstract, results and discussion sections.</p> <p>Conclude any additional analyses.</p>		<p>Keep notes on data coding conventions & modifications, database queries and filtering.</p> <p>Maintain a research supervision log.</p>	<p>Produce appendices concerning data and all analyses conducted.</p>
Feb	<p>Finalise thesis abstract.</p> <p>Hand in complete draft thesis to doctoral programme by end of April.</p> <p>Complete cover sheet etc. Soft-bind and hand in final thesis by deadline date - last Friday in May!</p>		<p>Review research diary as part of viva preparation.</p>	<p>Collate and finalise appendices.</p>



**OLLSCOIL NA hÉIREANN, GAILLIMH
THE NATIONAL UNIVERSITY OF IRELAND, GALWAY**

Directions on Format, Layout and Presentation of DPsychSc (Clinical) Thesis

The final draft of the thesis is submitted in Spring/Summer of the third year.

1. Title page. This should include the following information;

- The title of the thesis and the subtitle, if any.
- The total number of volumes, if more than one, and the number of the particular volume.
- The full name of the author, followed, if desired, by any qualifications and distinctions.
- ‘Thesis submitted to the National University of Ireland in fulfilment of the requirements for the degree of D Psych Sc (Clin Psych).’
- Department of Psychology, National University of Ireland, Galway.
- The month and year in which the thesis was submitted
- The name of the Supervisors: Primary Supervisor and Other supervisors(s), the Department, the Faculty and the University in which the research was registered.

2. Submission form. This should be attached to, or enclosed with, the thesis.

- A copy of this form is provided in Section 10 (Miscellaneous) for your information.
- Complete all relevant sections.

3. Front section. Order your front section in the following way:

- **Table of contents.** All pages in the thesis must be numbered and the page on which each chapter or section begins must be given in the table of contents. Put your page numbers in the centre of the bottom of the page.
- **Acknowledgements**
- **Abstract.** This summarises key findings in a single 300 word paragraph.
- **List of tables** with page numbers.
- **List of figures and illustrations** with page numbers.
- **List of appendices** with page numbers.

4. Layout and style

- **Text.** The text must be printed, typewritten or otherwise reproduced on good quality A4 size paper. It is recommended that 12pt Times New Roman font is used for the body text throughout.
- **Margins.** Set your left margin at 4cm and the other three margins at 2.5 cm.
- **Pagination.** Put no page number on the title page. Use roman numerals (i, ii, iii, iv, v, vi, etc) for front section. Use numerals (1, 2, 3, etc) for all pages from the first page of the overview onwards to the last page of the last appendix. All page numbers should be placed in the centre at the bottom of the page.
- **Style.** Write in the style of high quality academic journals, and follow the style guidelines from APA (2003). *Publication Manual of the American Psychological Association* (5th Ed.). Washington DC: APA
- **Tables and Figures.** With the exception of material placed in the Appendices, tables and figures are normally embedded in the text (this convention differs for the journal article). Where possible, avoid splitting Tables or Figures across pages.
- **Line spacing** should be 1.5 or double spacing.

5. Overview. This begins with a statement of the aim of your thesis and is followed by a statement of how the dissertation will be organized. The overview gives the reader a mental map to help them through the dissertation. It is usually written when the thesis is completed and constitutes Chapter 1 of the thesis.

6. A literature review. Model this on a review article in a journal such as *Clinical Psychology Review*.

When doing an empirical review it can be helpful to summarise the studies in one or more tables, giving the following information

- Author, date & country
- Design, participants
- Measures
- Main findings
- Methodological problems

Comment on this tabulated information in the text of your chapter.

7. An introduction to your study and its design. This should be a brief, focused statement of issues arising from your theoretical and empirical review which concludes with a statement about the need for your study or studies to fill *a knowledge gap*. An explicit statement of your hypotheses or questions and the way your study or series of studies were designed so as to answer your questions or test your hypotheses should follow.

8. Method. This includes sufficient detail about your participants, instruments and procedure to allow replication. Give the following details:

a) **Participants** including the way they were recruited for the study and their demographic details such as age, gender and SES; criteria that they met for inclusion in

the study e.g. a particular diagnosis; criteria that were used to exclude certain potential participants from the study. Information on how representative the sample is of the population being investigated and the response rate obtained may be included here.

b) *Instruments* including observation and interview methods, questionnaires, tests or special equipment such as video recorder.

When describing standardized psychological tests, interview schedules or rating scales include the following specific information

- The *author*
- The *date* of publication
- The *type* of instrument (test, interview schedule or rating scale)
- The number of *items*
- The *response format* (e.g. true/false; 5 point likert scale; open-ended)
- The *number of scale scores and subscale scores* the instrument yields.
- The *normative data* that are available for interpreting scores.
- Information on *reliability* (For interviews and rating scales give inter rater reliability and test retest reliability. For self report instruments give internal consistency (e.g. alpha) and test retest reliability).
- Information on *validity*. Include references to work which demonstrates that the instrument has predictive or concurrent criterion validity (i.e. that it correlates with current criteria that assess the same construct or that scores on the instrument predict future status on a criterion that assesses the same or a related construct). Also give information on construct validity. Include here reference to studies that show the instrument has a stable factor structure and that these factors have relationships with other constructs in a way predicted by relevant theory.

c) *Procedures* including details of the way the instruments were used while the participants are engaged in the study. Sufficient detail must be given so that readers can replicate the study.

9. Results. This section should begin with a statement of how the data was analysed. Details should be given for the management of both quantitative and qualitative data. For quantitative data, state how the assumptions of normality and homogeneity were checked and why parametric or non-parametric procedures were used. If multiple comparisons were made state how precautions were taken to avoid type 1 errors. Organize your results into tables following APA guidelines. APA guidelines should be followed in reporting statistics e.g. $F(2,22) = 17.34, p < .01$; $t = 23.23, p < .01$. Tables and Figures should be used to summarize sets of results. It is not necessary to provide tables or graphs for information that can easily be described in text form. With qualitative data, the precise procedures used for coding and further refinement and development of the analysis must be specified.

10. Multi-study theses. For multi-study theses, or theses that include a qualitative and quantitative aspect to a single major study, it may be useful to provide an introduction, method, results, and summary of findings for each study or aspect of the study. An integration of the findings of the separate studies/elements may also be helpful.

11. Discussion. This begins with a summary of the key results and the implications of the findings for your questions or hypotheses. Highlight the limitations of your study and how this affects your confidence in the results. Discuss alternative explanations for the results of your work and the reasons why you selected your particular explanation. Then relate your findings to those of other studies, noting consistencies and inconsistencies. Offer a number of suggestions for future research. Highlight the implications of the results for clinical practice or service development policy.

12. References. Each reference in the text must have an entry in the reference list. Entries should conform to APA journal style.

13. Appendices. Any material that would distract readers from the overall flow of the dissertation should be included in the appendices. Tests, questionnaires, rating scales, instructions, consent forms, coding frames, and any information that would make it easy for another researcher to replicate your work should be included. It may be useful to include a copy of your raw data from quantitative studies and transcripts from qualitative studies so that another researcher may check/re-analyse your data.

14. Word limit and quality control

- Word count your document. The word limit is 30,000 words, excluding references and appendices. Exceeding the word limit by more than 10% is not acceptable. Appendices are not included in the word count of the main text - inclusion of material in this section should be necessary and relevant and the complete thesis should not exceed 40,000 words or 500 pages.
- Spell check your document. Carefully proof-read your document and correct typos, gaps, grammatical errors and so forth.

15. Storage

- Keep a hard copy of your thesis in your files and keep a copy on disc as following your viva voce examination, modifications may be required.

16. Binding

- Three spiral or gum-bound copies of the thesis must be presented, initially for examination.
- If the Examiners recommend that the DPsychSc (Clinical) Degree be awarded, the candidate must re-submit a bound copy of the thesis, and where recommended, must embody any changes prescribed by the Examiners.
- The copy of the bound thesis shall be bound within boards. The binding shall be of a fixed kind in which leaves are permanently secured. The boards shall have sufficient rigidity to support the weight of the work when standing upon a shelf.
- The Examiners' report will not be considered by the Standing Committee until the revised Thesis, incorporating the recommended changes, and confirmed by the Intern Examiner, has been lodged with the Examinations Office.
- The Thesis shall include a bibliography of the works consulted in its composition.

17. **Submission**

- Examiners reports should be submitted ten days prior to the appropriate Standing Committee Board meetings, which are held approximately one month prior to Conferring ceremonies. Conferring ceremonies are held in NUI, Galway in July, October and December.

18. **Required Copies**

- All academic and field/clinical supervisors must be provided with a bound copy of the final completed thesis. In addition, a bound copy of the finished thesis must be lodged with the NUIG Clinical Psychology Programme Committee. This copy will be made available for consultation by trainees on request. It may also be appropriate to provide a bound thesis copy to any organisation or other such entity which has played a significant role in facilitating or supporting the research. If trainees are in any doubt as to whether or not a thesis copy should be provided under such circumstances, they should consult their supervisor(s) for advice.

Important note regarding winter exam boards and conferring arrangements.

Conferring takes place soon after the winter exam board meeting. If a major thesis revision is recommended following a candidate's viva voce, it is most unlikely that this work could be further assessed and examined by the external examiner(s) in time for the scheduled winter exam board meeting. Candidates in this situation would not be able to graduate until the following year. Representations are currently being made to facilitate an alternative spring conferring.



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

PROGRAMME HANDBOOK

SECTION 10

GUIDELINES FOR SUBMITTED WORK

Guidelines for preparing an Essay

1. Course assessment procedures require submission of an Essay in each of the following areas of experience: child and adolescent psychological problems; adult psychological problems and people who have learning disabilities.
2. The Essay must not exceed 4,000 words **excluding** the reference list and any appendices and must focus on the academic foundations and professional practice of clinical psychology. Candidates will be expected to demonstrate knowledge in any or all of the following: the prevalence and incidence of the problem; psychological theories about aetiology, vulnerability and maintenance; experimental investigation of the processes underlying the problem; evidence on the efficacy of treatments; and the implications of each of these for clinical and professional practice. A word count for each Essay must be included on the cover of the Essay.
3. Candidates will be given the title of the essay by the course team or will select the topic of each Essay from a list prepared by the Programme Team.
4. All candidates (including those re-sitting examinations) shall be informed by the Programme Team, in writing, by the mid-point of the relevant session, of the deadlines for the submission of Essays.
5. The format of the Essays must follow the presentation style of the latest edition of the American Psychological Association Publication Manual.
6. As with all coursework, you should ensure that your sources are acknowledged and referenced. Avoid plagiarism which is viewed as a serious disciplinary offence by the Course.
7. **Two** copies of each Essay must be submitted to the Course Administrator at the date set by the Programme Team.
8. Essays which exceed the word limit or do not follow the prescribed presentation style will normally result in a reduced grade for that piece of work.
9. Please refer to the 'Guidelines for Assessors' and 'Essay Rating Form' in your Trainee Handbook for information on key issues to be addressed in the essay and an overview of the marking criteria to be used in evaluating the work.
10. You may find the following guide, taken from the UCD Course Handbook, with some minor amendments, helpful in planning and writing your essay. Remember that an essay is an exercise in communication and you should aim to develop your own voice/style within the requirements of academic writing.
11. Keep a paper and diskette / memory key copy of your essay for your Portfolio.

Writing an Essay (Adapted from UCD Clinical Course Handbook)

The skills required to review literature about a specific clinical topic, critically assess it, integrate available knowledge relevant to the clinical problem and present it concisely within the constraints of academic writing conventions are assessed by essay.

Narrow focus

Aim to limit the focus of your essay to keep it manageable. *Anxiety Disorders* is a broad focus. *Separation Anxiety Problems in Preschool Children* is a narrow focus.

Literature review methods and coverage of material

Relevant literature should be reviewed using both computer search and manual search methods. Working within a 4,000 word limit, a good essay should be selective in the literature covered rather than comprehensive. Literature that is *representative* of work in the field or which *summarizes* work in the area may be selected. Examples of the major theoretical positions should be given. Individual studies may be described as representative of larger bodies of empirical work. Summaries of the relevant empirical work may be given through reference to review papers and meta-analyses. Of course, if little literature is available on the topic a comprehensive review may be presented.

Logical Argument

A good essay follows a logical argument. It is *more than a list* of theoretical statements and empirical findings. Bodies of empirical work may be critiqued for methodological adequacy. The validity of theoretical positions may be critiqued in the light of adequate empirical findings. Divergent theoretical positions may be integrated. The clinical relevance of the position reached may be outlined.

Structuring your material

The material should be organized logically into sections which are clearly headed to help the reader see at a glance the overall design of the essay. It is useful as part of the writing process to plan an essay by

- listing the main sections first
- listing the subsections second
- listing the key points to be made within each subsection next

Only at this point should an attempt be made to translate the ideas into prose. Finally, relevant references should be included in the text.

Writing Style

- In a good essay the writing style conforms to that in good textbooks and journals in the field.
- Make sure your sections follow logically from one to the other.
- Within each section make sure your paragraphs form a coherent story.
- Within each paragraph make one general point.
- This may be made up of a number of sub-points.
- Put each of these in a single sentence.

- Avoid multi-clausal sentences.
- Avoid both gender bias and clumsy he/she and his/her constructions by using the plural (e.g. Psychologists assessing children may focus on both intrapsychic factors and interpersonal factors)
- When reviewing sets of studies which contain conflicting results, state the results! Highlight the inconsistencies and explain them if you can. Then draw a general conclusion.

Use the following broad framework for essay writing.

1. Front matter, layout and style

- Begin with a **title page** which includes the following information: Name of essay, Name of author; Essay completed in partial fulfilment of requirements for D Psych Sc; Month and year in which essay was submitted.
- On the next page write a 200 word **abstract** summarizing the key points in the essay after the title page. It is best to write the abstract last.
- On the next page you may present the **overall structure of the essay** listing sections and subsections so the reader can see the structure and corresponding page numbers. This may be done in the form of a 'Contents' page.
- Put your **page numbers** in the centre of the bottom of the page, using Arabic numerals and numbering from the first page.
- Set your left margin at 1.5 inches and the other three margins at 1 inch.

2. Introduction

In the introduction outline what you intend to write about and the order in which you will cover the material.

3. Body of the essay

- Follow your plan carefully in the body of the essay and use section headings to help the reader follow the argument of the essay.
- If you are reviewing literature on treatment effectiveness define the problem, population and treatment method of interest; the criteria you used for selecting outcome studies; the methodological features and limitations of the studies; the substantive findings concerning the way a particular treatment is suited to a particular problem in a particular population; the overall implications for practice; the areas where further research is required; other relevant issues.
- If you are reviewing literature on psychological aspects of a specific problem give information on diagnosis, classification, clinical features, co-morbidity, epidemiology, course, theories and relevant empirical studies, treatments and relevant outcome studies and special issues
- Tables and figures may be used to summarize, illustrate or present material that would be less clearly presented in textual form or that may be more briefly presented in tabular or diagrammatic form. Tables are a useful way to briefly summarize the results of many similar empirical studies. Often theoretical ideas can be most clearly presented in diagrammatic form. Refer to the overall pattern of information contained in figures and tables in the text.

4. Conclusion

End your essay with a conclusion. State the position best supported by the evidence you have reviewed. Point out the clinical implications or the implications for policy. Highlight the areas where more research or clinical work is required.

5. References.

References must conform to the **APA** style. Theoretical ideas and empirical evidence throughout the test should be supported by references. For each citation in the body of the paper there must be a corresponding reference in the reference list.

6. Word limit and quality control

- Word count your document. There is a strict word limit of 4,000 words (excluding the abstract, references and appendices) for all essays. With 250 words to a page, this amounts to about 16 pages of 12 pt type.
- Spell check your document. Proof read your document and correct typos, gaps, grammatical errors and so forth.

7. Assessment and storage

- You will be given feedback on each essay and a grade. It is routine for graduates to receive feedback on how they may improve their assignments by revision and/or resubmission. This is an important way of learning the writing skills necessary for completing other assignments.
- Keep a hard copy of all assignments in your files and keep a copy on disc for inclusion in your final portfolio.

Detailed Guidelines for Writing a Report of Clinical Activity

General Advice

The general requirements for the Reports of Clinical Activity are contained in Section 7 (DPsychSc Assessment Procedures) of your Handbook. This document (below) gives specific guidance concerning the structure of the Report of Clinical Activity.

The purpose of a Report of Clinical Activity is for you to show that you can apply psychological skills to clinical problems in a competent manner. As well as showing evidence of general therapeutic skills such as empathy and sensitivity, a respectful and non-judgmental attitude towards culture, ethnicity and gender should be reflected in the work. In addition, you need to show an awareness of how presenting problems are influenced by age, developmental stage, health and cognitive status. Regardless of the therapeutic orientation adopted in a particular case, the Scientist-Practitioner approach requires:

- the generation of appropriate hypotheses
- the systematic collection of data/information to test those hypotheses
- the collation of the results into a coherent psychological formulation of the problem from which clearly follows:
 - an action plan, which is formulated in such a way as to allow for
 - evaluation of that action plan
 - re-formulation in the light of new evidence if appropriate

It is therefore often easier to demonstrate these skills by writing about a relatively straightforward case, at least initially. Do not avoid writing about cases that do not work out as expected. These types of case often give you more scope to demonstrate critical thinking and an ability to flexibly review and reformulate a case. The topic chosen for a Report of Clinical Activity should be representative of the type of work on that placement and of clinical relevance to client outcomes. Reports should be clear and succinct. These guidelines refer, largely, to Reports of Clinical Activity which relate to therapy/assessment for an individual therapeutic case. Given that for most placements the Report of Clinical Activity takes the form of a single case, these guidelines will suffice for most Reports. Where there is some variation (e.g. work with groups; detailed assessment) the main headings contained within the guidelines continue to be, in most instances, appropriate. However, where the topic of a RCA is clearly inappropriate to this format, please consult with your Training Coordinator and Placement Supervisor.

- The RCA should not exceed 4,000 words excluding references and appendices.
- **Two** copies of each RCA must be submitted to the Course Administrator at the date set by the Programme team.

The Structure of the Report of Clinical Activity

As previously indicated, Reports of Clinical Activity should normally be structured in the framework described below. This framework is designed to assist you to include all the appropriate elements of a Report and in the right order. Although the structure is not mandatory, it is advisable to adhere to it. In case of doubt, consult your Training Co-ordinator.

Sometimes a case might be an extended assessment instead of the usual assessment and treatment case. This would be one where a longer and more detailed assessment is required, for example, a neuropsychological assessment or an assessment of a complex/challenging behaviour. Notes taking account of this are provided throughout this text. As a general rule of thumb, unless you have very good reasons, comply with the suggested structure.

1. A brief statement of how and/or why the problem came to the candidate or their supervisor

This is a very short section and need not be more than two or three sentences and should be limited to information such as who is being referred, who made the referral and why, and to whom the referral was made.

2. An initial assessment which might include information from interviews, case notes, meetings, telephone calls, psychometric measures, observation or daily diaries. Such assessment should form the basis for subsequent action including assessment of outcome.

This section concerns a full initial, comprehensive assessment and should form a substantial part of your Report. It should contain several sections:

- Initial presentation. A brief section containing initial impressions of the client and a clear description of the problem, including, for example, frequency, intensity, duration, severity of impact on the clients life, whose problems it is, when and where it occurs etc.
- Background. This would contain information such as the history of the problem and its context (e.g. family background, marital, social, educational, financial, employment etc.). At this stage the information is based on informal methods of gathering data such as interviewing and informal observation.
- Provisional Hypotheses. The purpose of these is to guide the rest of your assessment. These are usually developed after the first session with the client and enable you to make decisions about what sort of assessments to carry out e.g. areas of focus in interviews for further, more specific data collection, psychological and psychometric tests, observational measures, interviews with relevant others, checking medical information, type of homework diary. Using provisional hypotheses allows you a framework within which you can carry out a systematic investigation; it saves you wasting time on irrelevant issues and is more likely to lead to a clear formulation. The assessments carried out must then clearly test the hypotheses you have generated.

The hypotheses need not necessarily be mutually exclusive but must clearly be separate. They should reflect current academic as well as clinical knowledge in the problem area. Aim for three or four plausible hypotheses, not a long list of all conceivable explanations.

Hypotheses may or may not cover different theoretical approaches. This may very much depend on the placement type and the approaches adopted by yourself and the supervisors. An example of a set of provisional hypotheses is listed below.

1. It is hypothesised that John experiences difficulties in social interaction because he has never learnt the appropriate social skills.
2. It is hypothesised that John experiences difficulties in social interaction because his social skills are disrupted by acute social anxiety.
3. It is hypothesised that John experiences difficulties in social interaction because he is experiencing depression which has resulted in negative interpretations of social events which have influenced the way in which he responds.

It is clear that each of these hypotheses can be assessed individually and it is important to do this because each hypothesis suggests a different treatment approach. Make sure that your provisional hypotheses are not just a set of competing diagnostic categories.

Having then listed your hypotheses, the rest of the section should contain an account of your hypothesis testing: that is your formal clinical assessment.

How the data are gathered needs to be clearly shown in detail with examples contained in the Appendix. Comments on the reliability and validity of the method(s) of data collection are relevant here. The aim is to provide a clear, chronological and systematic report of data gathering. This section needs to have a detailed and clear description of the actual problem and how it developed. It should describe current functioning, coping methods and the degree of disruption. It should normally be the case that one hypothesis is more strongly supported by the data than others (although the others may still be accepted as relevant but of lesser priority).

However, after initial assessment the result is sometimes that refinement and revisions to the first set of provisional hypotheses need to be made because your assessment so far has not generated enough information to clearly support one of your hypotheses. This often occurs in more complex cases and needs to be written under a new heading of Revised Provisional Hypotheses and Further Assessment.

- 3. An initial formulation, which consists of a brief statement about how the problem was understood after the assessment phase or during the early stages of assessment if the whole intervention was an extended assessment. Such an initial formulation could be wrong but should lead coherently to the initial intervention.**

This formulation is based on the hypothesis that emerges most strongly from your assessment. The formulation should be holistic i.e. not just explain an isolated part of the problem. There should be no additional information in this section that isn't already contained in the Assessment Section. Normally the formulation will include information such as:

- Presenting Problems
- Vulnerability factors
- Precipitating factors
- Maintaining factors
- Ameliorating factors

It should cover psychological (behavioural, affective, cognitive), socio-economic and biological aspects of the problem and take into account the individual's age, developmental stage and life stage.

A diagram is often helpful in illustrating the formulation.

A formulation is not just a description; it follows a description and can best be regarded as an explanatory hypothesis (or set of interconnected hypotheses) about the nature of the clinical problem. It usually contains informed "best guesses", about causal or functional relationships between variables/events and the central clinical problem, set within the framework of a sound theoretical psychological model. The formulation has two main functions: (a) it tells you what to do, i.e. it guides your clinical action, and (b) helps you to set up criteria for evaluating your intervention. It is regarded by the examiners as the central part of your Reports. Clear expression of your formulation helps the examiners to judge your clinical competence.

A formulation is not expected to be static. It may well change in the light of new information and so a formulation does not have to turn out to be correct. It is in essence a Working Hypothesis and it is common to find that a formulation has been incomplete, or even wrong; it must however have been derived coherently, with reference to current theory and knowledge and from specific information and observations you have made. For the purpose of the Report of Clinical Activity, you must be able to show that you have learned from finding that the initial formulation is faulty and that you are able to revise and reformulate it appropriately.

It is helpful at this stage to outline the objectives that have been agreed between the client(s) and yourself with some information about how these objectives were agreed. For example, how realistic were the clients original objectives or what different objectives different interested parties might have had.

In the case of an extended assessment, it is usually the case that Initial Assessment leads to revisions and refinements of the original provisional hypotheses. This is because the Initial Assessment you have already carried out has not answered questions raised by the original set of provisional hypotheses. In this type of Report of Clinical Activity, the hypotheses may at this stage be re-stated as Revised Provisional Hypotheses or a Provisional Formulation depending upon how far you have succeeded in narrowing down the possibilities.

- 4. An action plan following logically from the initial assessment and formulation of the problem. This action plan might involve further detailed assessment, and/or outline of therapeutic intervention and/or proposals for service development, and/or outline of teaching programme. Where relevant it should refer to the professional and ethical issues raised.**

The action plan is implicitly contained within the formulation but now needs to be explicitly stated. Support for the choice of action plan also needs to be provided: e.g. research evidence regarding efficacy of intervention type, suitability of that intervention with that particular client, their stated goals, their age, developmental stage and motivation. In addition the plan needs to take into account implications in relation to carers (impacts on them, attitudes towards the problems) and service providers (limitations imposed by resources and operational policies). The intervention need not necessarily be focused on the individual client but may be aimed at systems change. It may be helpful to use sub-headings for different aspects of the Action Plan.

At this stage, especially in a complex case, it may be decided that further more detailed assessment is necessary in which case the modes of assessment should be the basis of the Action Plan.

- 5. A description of how the action plan was implemented. Although not a verbatim account, this should provide enough detail and/or examples to enable the examiners to have a clear picture of which procedures were adopted. It is important to demonstrate the link between theory and practice in this section and relate procedures to established research findings.**

Word limits do not allow for either verbatim accounts or session-by-session descriptions to be included here. Rather an account of the strategies adopted and measures taken to evaluate their impact (e.g. rating scales, records, psychological tests, behavioural evidence, homework diaries etc.). Quotes taken from session notes/recordings should be included when relevant to illustrate points and may for some cases be an essential part of the write-up.

- 6. A description of what was achieved. This might include accounts and/or measures of change in psychological functioning, skills, settings, management practice, effectiveness of teaching programmes. Follow-up details should be described in this section.**

This section should contain information about the success/lack of success of the strategy adopted as evidenced by the measures used before, during and after the intervention and, if relevant at follow up. Any claims made that there was a change in the client, family or organisation being studied should usually be supported by hard evidence (independent reports, psychological tests, observational data, diaries etc.).

- 7. A Discussion section which includes a re-formulation of the problem, a review of the strengths and weaknesses of the clinical work, and of any professional and ethical implications of the work.**

Include in this section a reformulation of the problem if appropriate. If a reformulation is necessary, it is important for you to show an ability to review the existing evidence critically and reconstruct the problem in the light of fresh evidence. The theoretical and practical reasons why a strategy succeeded or did not succeed, and a critique of the measures used (if appropriate) should be included. Issues of a professional and ethical nature that arise during your involvement

with the case e.g. issues of informed consent, health economics, confidentiality, client rights, legislation (e.g. Mental Health Act, Children Act), levels of competence, appropriateness and efficacy of intervention etc. should also be included here.

A good strategy is to try and second-guess what the Assessors are going to think, and to address those issues yourself. The Assessor will be more reassured that you have the makings of a reflective clinical psychologist if you can critically review your work openly and realistically rather than try to paper over the cracks in the hope no one will notice (the chances are that they will notice and think that you have not). However it is important not to lose sight of the aspects of your work that are of value, so your critique must be realistic. Beware of the tendency to assume that the Assessors will know what you mean, or have done, without you spelling it out: you may need to be more explicit than you are inclined to be.

8. References. List all references using the current presentation style of the APA Publication Manual. You should aim for around 6 references per Report.

Seeking Advice on Reports of Clinical Activity

Discuss your choice of case for the Report of Clinical Activity (RCA) with your Supervisor and Training Co-ordinator early on in the placement. It is often a good idea to write up several cases as if they were RCAs to maximise your choices. In principle, any case you see should be capable of being written up as an RCA. Supervisors are not permitted to read draft RCAs for the purposes of making suggestions or comments as they are considered examination material. However, you should provide your Supervisor with a copy of your completed RCA (appropriately redacted to ensure client anonymity) for their records.

Guidelines for Ensuring Confidentiality in Reports of Clinical Activity, Small and Large Scale Research Projects

Nothing which would allow the identification of the persons concerned may appear in any case records or other material submitted as part of the assessment for the National University of Ireland, Galway Doctor of Psychological Science. In addition to the obliteration of names and addresses of clients, names of agencies, hospitals, clinics, and staff must also be obliterated where there is any danger that individual participants could be identified from this information. It may however be helpful to retain a statement of the type of institution involved and the status of collaborating professionals. In addition, background information about clients can be potentially identifying. This is especially the case when separate pieces of information are presented such as occupation and family composition. Avoid unnecessary detail and if in doubt consult your Training Co-ordinator. Particular care should be taken that where information has been obliterated it is not possible to read the information either through the obliteration or by looking at the reverse side of the document. To ensure against this happening, a photocopy of the sheet with obliterations should be submitted, not the originals.

Reports from other people (e.g. referral letters) should not be included without first gaining the author's permission. Normally a brief précis of relevant reports / letters within the text of the Report of Clinical Activity is sufficient.

In the case of identifiers being present in a submitted piece of work, the work will be sent back to candidates. No piece of work may be assessed until all identifiers are removed. Inclusion of identifiers in a piece of work counts as a breach of confidentiality and of the prescribed presentation style. This may result in a reduction in grade.

Breaching confidence is a serious disciplinary offence implicating both supervisor and trainee. Please make yourself familiar with sections **1.2** of the PSI Code of Professional ethics (2000) which you have been given.

Guidelines for preparing a Small Scale Research Proposal

Trainees are required to submit two SSRPs, one by the end of Year 1 and the other by the end of Year 2. One SSRP must utilise primarily quantitative data analysis (**word limit 3,000 excluding references and appendices**), while the other SSRP must utilise primarily qualitative SSRP (**word limit 4,000 excluding references and appendices**). Either the quantitative or qualitative SSRP can be done in Year 1, while the other SSRP must be done by the end of Year 2. It is possible to do both SSRPs during Year 1.

The SSRPs must be *service-related research projects*. Typically, they will consist of a service audit, a small survey, or an evaluation of a service and will normally be undertaken during a clinical placement. Examples of appropriate projects would include: (i) A small scale survey (e.g. client satisfaction survey) (ii) a clinical audit or service evaluation (iii) a needs assessment (iv) a description of a clinical population using a service (v) a description of a strategy or intervention to enhance service utilisation (vi) evaluation of a group intervention programme.

PROPOSAL TO CONDUCT A SSRP

Potential projects for the SSRP are likely to be identified in discussion with your clinical supervisor on placement. When a potential project has been identified, the trainee should prepare a one to two page outline of the proposed project which should be submitted to their Training Coordinator for discussion and approval before commencing the project. The proposal should outline the following:

- The research question to be addressed
- The service in which the research will be carried out
- What data is to be analysed
- Any potential pitfalls or obstacles in carrying out the research
- The name of the clinical supervisor

WRITING THE SSRP REPORT

Two copies of each SSRP must be submitted to the Course Administrator by the last day of September in first year and second year.

The SSRP should be written as a formal research report in a structure that is suitable for publication. Following feedback from your Training Coordinator, it is expected that trainees will submit the SSRP report for possible publication in an appropriate journal identified in discussion with the clinical supervisor and Training Coordinator. It is accepted protocol that the order of authorship reflects the level of involvement of authors. The suggested order of authorship for SSRPs submitted for publication is as follows: trainee, clinical supervisor, coordinator of training.

Your Training Coordinator can provide examples of small scale research projects which have been published.

Guidelines for Case Presentations by Trainees

- Each presenter will have 50 minutes in total to present a clinical case. This 50 minute slot will be made up of presentation time (20 minutes) and group discussion (30 mins).
- The presenter should structure her/his presentation into three sections: basic case information gathered as a result of initial assessment; provisional hypotheses and formal clinical assessment (process and content); case formulation, intervention and evaluation (as appropriate).
- The presenter should allow for group discussion after each section. The purpose of this discussion is to facilitate participative learning among the group, and in particular to allow members of the group to develop their formulation and critical thinking skills. Each member of the group will be expected to comment during these discussion times.
- Group discussion should be facilitated by the presenter. This is an opportunity for the presenter to get ideas and feedback from the group, as well as for the group to learn from the presenter's involvement with the case. The Course Team member present will assist in ensuring participation from all members of the group.
- You can present the same case as your most recent RCA, or another case.
- A list of the order of presentations will be circulated. You will have the opportunity in due course to learn from the case presentations of all trainees over this and subsequent academic blocks.
- Brian McGuire, Meena O'Neill or John Bogue will facilitate the sessions.
- You must keep to time. Please practice your presentation element and ensure it does not exceed 20 minutes.
- Please feel free to use any presentation aids you wish from the following list:
white-board and marker, flip-chart and marker, power-point projector, handouts of salient information, photocopies of test data or therapeutic materials used.
- Try to tell the audience about your client and your work, rather than reading from prepared notes. It is easier to engage with your audience if you stand while giving your presentation.
- All contributions and discussions should be delivered in a respectful and constructive manner.

Guidelines for Group Presentations by Trainees

Groups of trainees will deliver a brief presentation during academic blocks.

Each group will present on a specific topic for 20-25 minutes plus 10 minutes for questions and discussion. Each member of the group will deliver a component of the presentation.

Each presentation should review the topic area and highlight some of the current issues and controversies in that area. It should also aim to arrive at some conclusion or viewpoint in relation to the topic.

Feedback on the presentations will be given in writing (anonymously) by the other trainees and by members of the Programme Team.

Feedback will address:

- The quality of your presentation in terms of use of *audio-visual* teaching aids
- How well you *explained* your topic area (coherence of information)
- How well you *delivered* your part of the presentation (your communication skills – voice volume, clarity, pace, intonation etc.)
- *Time* management

Feedback is intended to be constructive. It should be a balance of positive feedback and suggestions for improvement.

Examples of previous presentations by trainee groups are as follows:

Group 1: (Three Trainees)

Topic: Recovered Memories

Group 2: (Three Trainees)

Topic: Electro-Convulsive Therapy (ECT)

Group 3: (Three Trainees)

Topic: Eye movement Desensitisation and Reprocessing (EMDR)

Group 4: (Three Trainees)

Topic: Online therapy

Remember:

- This is an informal presentation to your peers
- It's a great opportunity to hear about a number of interesting topics and to polish your presentation skills
- All members of the group should contribute equally to the preparation and presentation
- It should not require a large amount of preparation or stress!
- Don't over-prepare - a 10-minute talk shouldn't require more than 4 or 5 slides
- Use bullet points on slides/overheads and talk around them
- Try to anticipate questions and think about the answers
- Think of ways to facilitate discussion with your audience

Guidelines for preparing a Relaxation Tape

Relaxation training is a core psychological treatment and is used in the treatment of a range of psychological disorders. As such, it is important that Trainees are competent in delivering relaxation strategies to clients. To facilitate this, Trainees are required to produce an audio-tape of a simulated relaxation training session. With a classmate, friend or family member as a "client", each Trainee should produce a short tape with the following components:

- Trainee provides a brief rationale to the client for the use of relaxation strategies
- Trainee explains what the relaxation exercise will involve
- Trainee demonstrates relaxation exercise
- Trainee provides guided instruction and feedback to client
- Trainee provides instructions to the client for practicing relaxation outside clinical setting

The tape should be around 10-15 minutes in length. Please do a trial run to check the quality of the sound, before recording your session. While you will receive feedback on your tape, it is not formally evaluated. However, try to make the session as "realistic" as possible by adopting the roles of therapist (and client).

Write your name on the tape and submit it to an appropriate member of the Course Staff as directed.

Submission of Assignments

Co-ordinator: The Programme Secretary – Ms. Alma Greally

From the *beginning* of the Programme, students are expected to meet deadlines punctually and deliver all assignments, reports, etc. in *typed format* to the Course Secretary. If the Programme Secretary is unavailable, material can be handed to any available member of the Programme team. If an extension is required, it must be applied for in advance using the Extension Request Form (Section 11).



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

PROGRAMME HANDBOOK

SECTION 11

MISCELLANEOUS

COMMENTS and CORRECTIONS SHEET

You may use this sheet to notify us of any corrections and/or comments you wish to make regarding the handbook. Feedback in any format is most welcome.

Please send completed sheets to: **Alma Greally, DPsychSc Programme Secretary, Department of Psychology, National University of Ireland, Galway** (e-mail: alma.greally@nuigalway.ie) or fax to 091 495545.

CORRECTIONS

Section number _____ Page _____

Correction

Section number _____ Page _____

Correction

Section number _____ Page _____

Correction

COMMENTS

Your details (optional!):

Name _____

Address _____

Telephone _____



ASSIGNMENT EXTENSION REQUEST FORM

DPsychSc (Clinical Psychology Training Programme)

The procedure for applying for an extension is as follows:

- (a) Where possible discuss your intention to apply for an extension with your Training Coordinator. Complete the form below, explaining why you require extra time to complete the assignment, and providing any necessary documentary evidence (e.g. medical certificate) to support your application.
- (b) Forward the completed form, together with relevant documentation, to Alma Grealley, Programme Secretary.
- (c) A separate form must be completed for each assignment extension requested. The form must be sent in time to arrive with the Programme Secretary at least 3 days prior to the submission date.
- (d) A decision on your request will be made by your Training Coordinator, or on his/her absence, by the Programme Director.

Please remember that extensions are granted only in **exceptional** circumstances. An extension will normally be for a maximum period of two weeks. Where an extension is requested on the grounds of ill health, for a period of longer than two weeks, a medical certificate is required.



TO BE COMPLETED BY THE TRAINEE APPLYING FOR THE EXTENSION

Name: Intake Year:

Type of Assignment: Submission Date:

Assignment Title:

.....
.....
.....

Period of Extension Requested:

Reason for request:

.....

Indicate nature of supporting documentation provided:

.....
.....

TO BE COMPLETED BY THE PROGRAMME SECRETARY

Coursework extension approved Yes No

Documentary evidence provided/attached Yes No

New submission date:
Date Approved:
Signed:

A RECORD OF ALL EXTENSION REQUESTS WILL BE KEPT ON THE TRAINEE'S FILE.

Trainee Clinical Psychologists

HSE Documentation & Procedural Guidelines

Trainee Clinical Psychologists in receipt of sponsorship support from the HSE are employees of the HSE and are required to comply with the terms and conditions of their contract and procedures and guidelines pertaining to that contract.

1. Time Recording Procedure

- i) Trainees are responsible for completing and returning a time sheet (**Ref 01/07**) on a weekly basis.
- ii) During clinical placement blocks the time sheet must be signed by the Placement Supervisor or a person nominated by the Supervisor.
- iii) During academic blocks, the time sheets should be signed by one of the clinical psychology academic staff.
- iv) To ensure that trainees are paid, weekly time sheets must be returned **no later than 10am every Monday**.
- v) The time sheets must be completed in advance in relation to planned periods of annual leave.
- vi) In the event of absence on a Monday where the trainee is unable to return the time sheet, the Mental Health Directorate should be notified immediately by phone to ensure that the trainee's time is recorded on the payroll system. A completed time sheet should be submitted upon return to work/college.
- vii) Completed Time Returns should be posted or faxed to:

*Colette Marrinan / Susan Ryan,
Mental Health Directorate, South East Wing, St. Joseph's Hospital Campus,
Mulgrave St., Limerick.
Fax No. 061-461103
Tel No. 061-461194
Email: colette.marrinan@mailh.hse.ie
susan.ryan@mailh.hse.ie*

2. Annual Leave

- i) In addition to statutory public holidays, annual leave may be taken for the number of working days as specified in the contract.
- ii) Trainees commencing in 2007 have 20 working days annual leave. The annual leave year is 1st April to 31st March; your annual leave, therefore, is as follows:-

<i>A/L Year 1:</i>	<i>10 days</i>
<i>A/L Year 2:</i>	<i>20 days</i>
<i>A/L Year 3:</i>	<i>20 days</i>
<i>A/L Year 4:</i>	<i>10 days</i>
- iii) Annual leave may not be taken during academic term time, except in exceptional circumstances. On these occasions the rationale for the request will be considered on a case by case basis by the Programme Director and the Principal Psychologist. It is recommended that such requests should be received by the Programme Director at least two weeks prior to the commencement of the leave.
- iv) Trainees must complete an annual leave card (**Ref 02/07**) which is to be approved by the Programme Director *prior* to leave being taken. The leave card will be retained by the Programme Director.
- v) At year end, the completed leave card should be returned to the Mental Health Directorate for audit purposes.
- vi) Annual leave is normally required to be taken within the appropriate leave year (1st April – 31st March). However, where an employee does not avail of his/her outstanding leave because of service requirements as agreed by the Principal Psychologist or other exceptional circumstances, he/she may be allowed to carry leave forward to be taken within the first 6 months of the following annual leave year.
- vii) The standard working week is 35 hours. Any additional time worked cannot be accrued to be taken at a later date.

3. Sick Leave

- i) Only 2 consecutive working days can be taken without a medical certificate. A medical certificate must be provided on the third day of illness and routinely submitted with the timesheet to the Mental Health Directorate.
- ii) It is the responsibility of the trainee to notify the Mental Health Directorate, **Tel. No. 061 461194/461205** in the event of sick leave. It is also good practice to notify the placement supervisor.
- iii) A trainee who is on sick leave on a Friday and a Monday will be required to submit a sick certificate and 4 days sick leave will be recorded on the system

- iv) If a trainee falls ill during annual leave and submits a medical certificate, the period covered by the certificate is regarded as sick leave and annual leave entitlement is restored.
- v) If you pay full PRSI contributions (Class A1 'stamps') appropriate deductions are made from your pay in respect of sick leave. You may have entitlements to Social Welfare Disability Benefit while on sick leave and you must contact the Department of Social and Family Affairs directly to claim your benefits.

4. Study Leave

- i) 5 days of **formal** Study Leave may be taken with the appropriate leave approval in each academic year. Trainees must complete the appropriate study leave form (**Ref 03/07**) in advance of taking formal study leave. This form must be approved by the Programme Director. Trainees should contact the Mental Health Directorate to obtain the appropriate study leave form.
- ii) Formal study leave is recorded in the time sheet using the 'Y' code.

5. Placement Research Days

- i) One day per week during placement is allocated to research and additional academic input. This day is recorded on your time sheet as a Research Day (Code R on Time Sheet). If you are not scheduled to be in the university on this day you are expected to be available for work if required, at a location to be agreed or known to the Clinical Supervisor/Programme Director.
- ii) The research day is not recorded on timesheets as a formal study day and should be recorded using the 'R' code.
- iii) Research days cannot be accumulated and trainees are not entitled to research leave while on annual leave.

Please note that the above Procedural Guidelines are subject to change.

Forms Ref 02/07 and Ref 03/07 are available to download from the DPsychSc Programme webpage.



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

OLLSCOIL NA hÉIREANN, GAILLIMH
THE NATIONAL UNIVERSITY OF IRELAND, GALWAY

D.Psych.Sc.

SUBMISSION FORM

SURNAME _____

FIRST NAME _____

STUDENT NUMBER _____

TITLE OF THESIS _____

I, _____, certify that the Thesis is my own work. I have not submitted this research towards another Degree or qualification in this University or elsewhere.

Signed: _____

Date: _____



**CLINICAL PSYCHOLOGY TRAINING PROGRAMME
ASSIGNMENT FEEDBACK FORM**

Trainee's Student Number:

Assignment Type:

1. What aspects of this assignment were especially praiseworthy?

2. In what ways could the assignment have been improved?

3. Other comments

4. Was the word count correct?

ASSESSORS NAME:

DATE:

** Trainees are encouraged to forward copies of this form to their relevant Supervisors**

All grades are subject to verification by the external examiner(s).

DOCTORATE IN CLINICAL PSYCHOLOGY

Please complete and return to the Programme Secretary as soon as possible

Title: Mr/Miss/Ms/Other _____
(Please circle)

Name: _____
SURNAME FIRST NAME(S)

Usually called: _____
(if abbreviated form of, or different form, first name)

Student ID number: _____

Term/Temporary Address: _____

Mobile Phone: _____

Home Address: _____

Phone: _____

E-mail Address: _____

It is very important that changes of address and/or telephone number(s) that take place during the academic year should be notified to the Programme Secretary as soon as possible.

DOCTORAL PROGRAMME IN CLINICAL PSYCHOLOGY
NATIONAL UNIVERSITY OF IRELAND, GALWAY

Appendix
A

Time Sheet

TRAINEE NAME: _____

WEEK ENDING: _____
(e.g. Friday, 17th August 2007)

CLINICAL PLACEMENT LOCATION: _____

Please complete the following using the codes below. If you are on clinical placement, your time sheet MUST be signed by your placement supervisor. (As per procedures and guidelines). If you are on academic block, your time sheet must be signed by Clinical Psychology academic staff.

	Scheduled Hours	Placement or Academic Hours Worked	LEAVE	
			Leave Hours (annual/sick leave etc.)	Code
MONDAY	7			
TUESDAY	7			
WEDNESDAY	7			
THURSDAY	7			
FRIDAY	7			
TOTAL	35			

LEAVE CODES: S= SICK LEAVE * A/L= ANNUAL LEAVE P/H=PUBLIC HOLIDAY
Y= STUDY LEAVE/SPECIAL LEAVE R=RESEARCH DAY O=OTHER (please explain)

** Note: only 2 consecutive working days can be taken without a medical cert. A medical cert must be provided on the third day of illness.*

Comments: _____

Signed: _____
Trainee Clinical Psychologist

Approved: _____
Placement Supervisor / Clinical Psychology Academic Staff Member

Time Sheet to be faxed or posted to: Susan Ryan/Colette Marrinan, Mental Health Directorate, at the above address **not later than 10a.m. on each Monday.**
Fax No. 061-461103

