Department of Psychiatry

PG Diploma in Cognitive Psychotherapy
2017–2018
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Course Welcome

Welcome to the Trinity College Dublin Postgraduate Diploma Course in Cognitive Psychotherapy.

This handbook is designed as a resource for you and contains most of the information that you will need regarding the course, including details of the programme and the modules you will be following, assessment and evaluation, facilities available to you, welfare and other services. At Postgraduate level students are expected to take responsibility for their studies, so it is important that you familiarise yourselves with the contents of this handbook.

Students may differ in regard to their experience and familiarity with cognitive psychotherapy. Whatever their level of knowledge, it is a common experience for students to feel ‘deskilled’ at different stages of the course. Likewise, students commonly feel pressurised or overwhelmed at times by the competing demands of the course and their already busy lives. Sharing concerns with each other will help you to appreciate how common they are and find support in coping with them. Equally, you are welcome to discuss any concerns with the course director or course staff if you would like to do so.

Whilst we would endeavour to deal with issues as promptly as possible, all course staff work on a part-time basis, and this means that you must allow at least a week for queries to be dealt with. Please note that many of the workshops are given by external facilitators and their other commitments may necessitate some changes in the timetable. We will endeavour to give you notice of these changes and it is important to check your emails on a regular basis to keep up to date with any necessary changes.

It is inevitable that there will be some frustrations for students over the course of the academic year but respectful behaviour and communication towards all course staff and fellow students are an absolute requirement on the course.

This course presents you with an opportunity to extend the knowledge and expertise you already possess through a process of active engagement in your own learning. We hope that it will be a stimulating and satisfying experience for each student and we welcome your feedback on all aspects of the course.

Dr Brian Fitzmaurice
Course Director
Aims of the Course

The course aims to provide a post-qualification training in the theory and practice of evidence-based cognitive psychotherapy, as applied to a range of common mental health problems. Competence is developed through a combination of weekly lectures and workshops, weekly clinical supervision, self-practice/self-reflection tutorials and written assignments. Assessment is based on the submission of case studies and theoretical reviews, oral presentations and the standardised rating of recorded therapy sessions.

The following are the specific aims of the postgraduate diploma year:

- To provide a sound knowledge of the theory and practice of cognitive behavioural psychotherapy.
- To present specific adaptations of the cognitive model for a variety of clinical disorders and related research on outcome and efficacy.
- To develop confidence in assessing patient suitability for cognitive psychotherapy.
- To develop cognitive case conceptualisations.
- To devise and implement individual treatment programmes and to evaluate their success.
- To develop the ability to convey clearly the central concepts of cognitive psychotherapy and to communicate basic treatment skills.
- To critically evaluate the current status of different treatment approaches within cognitive psychotherapy.
- To cultivate an attitude of enquiry as to how the model may need to be adapted to cater to the unique circumstances of each individual patient.

The course on its own does not aim to train you to the level of accreditation as a CBT therapist. However by the end of the diploma course you should be competent to assess and treat acute Axis I emotional disorders and be acquainted with the concepts and methods of schema-focused cognitive psychotherapy which is more appropriate to complex, long-term and recurrent disorders. We expect that you will develop sufficient knowledge, confidence and skill to be able to relax into cognitive psychotherapy and carry it out comfortably with your own personal style. You may not have reached this point by the end of the course, but you should have established a solid basis for further development and with further supervised case work and training you will be firmly on the path to accreditation. Students can orientate themselves to a comprehensive list of CBT competencies considered necessary for effective practice at [www.ucl.ac.uk/CORE](http://www.ucl.ac.uk/CORE). We have included an overview of their framework as an Appendix.
Course Structure

This course is designed as a one-year Postgraduate Diploma in Cognitive Psychotherapy. It is run under the auspices of the School of Medicine and Health Sciences, TCD; the Postgraduate Diploma awards are conferred by the University of Dublin, Trinity College.

The Diploma course is run on a part-time basis and will be based in 2017/2018 at St. Patrick's University Hospital. The Diploma class meets every Friday in each of the three academic terms, from 9:30am to 4:30pm.

Course Outline

Term 1 / Michaelmas Term

The first term will focus on the development of basic cognitive psychotherapy skills and concepts, broadly applicable to a range of patients and problem areas. This will include the acquisition of such generic skills such as establishing collaborative alliances, agenda setting, structuring sessions, goal-setting, generating homework, identifying and re-appraising negative automatic thoughts and dysfunctional assumptions, developing a generic cognitive conceptualisation, and working with process issues in psychotherapy.

Term 2 / Hilary Term

In the second term disorder-specific models are introduced and the generic skills and concepts learned in Term 1 are refined and modified when they are applied to specific disorders such as depression, panic disorder, obsessive compulsive disorder and post-traumatic stress disorder.

Term 3 / Trinity Term

In the third term we will address specific issues that may arise in treating more complex cases, and work on developing individualised cognitive conceptualisations. We will also address the application of cognitive therapy in the context of the multi-disciplinary team.

Course Content

The content of the course comprises 6 modules, each with specific learning objectives. Each module is assessed and each accounts for 16.6% of the final marks. Details of the content and objectives of each module and assessment are as follows:
Module 1 (PR7201)
Introduction to Cognitive Behavioural Model
Module Coordinator: Dr Brian Fitzmaurice

On successful completion of this module students will be able to:
- Assess the scope of presenting difficulties and define specific therapeutic goals with the patient
- Build and maintain a therapeutic alliance through collaboration and feedback
- Develop individual cases formulations
- Apply cognitive and behavioural interventions in a clinically sensitive manner

Assessment of Module 1:
2\textsuperscript{nd} Term Case Study – 16.6% - (Double marked – with average awarded)

Module 2 (PR7202)
Basic Theory in Psychotherapy and Cognitive Model
Module Coordinator: Dr Brian Fitzmaurice

On successful completion of this module students will be able to:
- Outline and explain the principles of psychotherapeutic practice
- Outline and explain the cognitive and behavioural basis of emotional disorders
- Outline and explain the structure and purpose of a cognitive therapy session

Assessment of Module 2:
- Attendance (> 75% at workshops) & participation in supervision (evidenced from supervisors report ) – 6.6%
- 1\textsuperscript{st} Term Case Study 5% (marked by member of course staff)
- 1\textsuperscript{st} Term recording 5% (marked by supervisor)

Module 3 (PR7203)
Cognitive Behavioural Model: Anxiety and Depression
Module Coordinator: Ms Fionnula Mac Liam

On successful completion of this module students will be able to:
- Describe and explain adaptations of cognitive model to specific mood and anxiety disorders
- Apply a wider range of interventions to meet individual patient needs
- Recognise and encourage resilience and creativity in clients through self-help assignments
- Recognise when to terminate therapy sessions and prepare patients for possible lapses in their recovery.
Assessment of Module 3:
2nd Term Recording 16.6% (Double marked – with average awarded)

Module 4 (PR7204)
Cognitive Behavioural Model - More Complex Disorders
Module Coordinator: Ms Fionnula Mac Liam

On successful completion of this module students will be able to:
- Recognise, explain, and choose adaptations of Cognitive Model to more complex disorders
- Discuss the use of underlying schema in CBT
- Appraise the limitations of CBT’s evidence base

Assessment of Module 4:
Essay – 16.6% (Double marked – with average awarded)

Module 5 (PR7205)
CBT Model - Patients with challenging clinical contexts
Module Coordinator: Dr Craig Chigwedere

On successful completion of this module students will be able to:
- Explain the use of CBT model in more challenging clinical contexts
- Adapt the CBT model to different developmental stages
- Recognise that delivery of CBT is often determined by context of individuals

Assessment of Module 5:
3rd Term Recording – 16.6% (Double marked – with average awarded)

Module 6 (PR7206)
Individual and group CBT - Multi-disciplinary teams and use of self help
Module Coordinator: Dr Craig Chigwedere

On successful completion of this module students will be able to:
- Discuss the application of CBT principles to their own life and experiences
- Discuss the use of CBT in groups and Multidisciplinary Teams
- Integrate different models of CBT into own practice
- Relate their personal reflection and describe their own learning from course, supervision and psychotherapy cases.

Assessment of Module 6:
- Class Presentation – 10% (Double marked – with average awarded)
- Reflective Diary – 5% (Double marked – with average awarded)
- Attendance & participation in Self Practice / Self Reflection Tutorials 1.6%
Teaching Methods

Workshops

The academic year starts with an introductory week. Thereafter, workshops will be held weekly each Friday during term time. Students will attend teaching sessions on the theory and practice of cognitive psychotherapy in relation to a variety of different problem areas and disorders.

The teaching day runs from 9.30 am until 4.30 pm. Full attendance is recommended, and a minimum 75% attendance is mandatory at all workshops including SP/SR sessions and Case Presentations. Separate attendance sheets must be signed for each session. Students are expected to only sign the attendance sheet at the beginning of each session i.e. students must not sign in to afternoon sessions in the morning or vice versa.

The venue for the teaching is the Nurse Education Centre unless otherwise stated on the timetable. Students will receive access cards for the gate of the Nurse Education Centre at the beginning of the year. These should be kept safely and must be activated at the main reader next to the hospital reception once every 30 days otherwise access will expire and there will be a delay in getting these cards reactivated by the Facilities Department of the Hospital. Students should activate their card on the last teaching day of each term to make sure that it is still working on the first day of the new term.

The door of the classroom should be closed during workshops and please be aware that as offices are located in the vicinity noise levels should be kept to a minimum when entering and exiting the building.

Self-Practice/ Self Reflection Tutorials

An integral component of training to become a cognitive psychotherapist is engaging in the process of reflective practice. To facilitate this process trainees are expected to participate in regular facilitated process groups. During these groups trainees will be given the opportunity to practice some cognitive therapy skills and explore the impact this has both on the self and self as therapist. Through insight and awareness the therapist is better able to develop a sound therapeutic relationship and ultimately facilitate client change.
Supervision

Regular supervision is an integral component of the course and is the point where theory is translated into practice, and knowledge into skill. It is your opportunity to gain regular feedback on how your skills are developing.

Each student is assigned a supervisor at the beginning of the course and supervision generally takes place on a one-to-one or one-to-two basis.

Supervision requirements

- Students will receive a minimum of 20 hours supervision over the course of the year.
- Students are expected to undertake 50 hours of face to face clinical work with patients during the year.
- Students are required to see a minimum of 5 cases*, each for 8 – 16 sessions.
- Students must be able to demonstrate that they have used at least 3 disorder-specific models (e.g. depression, panic, OCD, social anxiety disorder, PTSD, low self-esteem, etc.) with different patients.
- Recordings of therapy sessions (audio or video) should be routinely brought to supervision.
- Students are required to keep a log of clients seen in their Clinical Practice Log Book and supervisors must sign that they can verify that these cases have been seen.
- Students must upload scanned copies of five cases from their Clinical Practice Logbook to Blackboard by the submission date to verify that they have met course requirements and to demonstrate that they can keep accurate records of their CBT practice.
- A folder called Supervision Session Log will be located in your module: PR7201-A-Y-201718: INTRODUCTION TO COGNITIVE BEHAVIOURAL MODEL, which can be accessed in your Learning Space. You will receive an electronic receipt once you have successfully submitted your cases. Further information on using Blackboard can be found in the E-Learning section of the handbook.

*Please note: to be considered a ‘case’ rather than an ‘assessment’, the patient must be seen for at least 5 sessions.

Getting the most from supervision

We encourage you to take an active role in your supervision. In essence this means that you should come prepared to each session. The following pointers may be helpful:
• Decide in advance what particular issue you wish to address in supervision.
• It may be helpful to complete a supervision consultation sheet (see Student Logbook) in advance of supervision to crystallize the issues to be discussed.
• Pre-select relevant sections of therapy tape to illustrate the issues you wish to address in supervision (e.g. problems with agenda setting, a problem in the therapeutic relationship, difficulties explaining a model, recurrent difficulties with homework).
• Supervision sessions should mirror the structure of therapy sessions (agenda, feedback etc.). Responsibility for staying with the agenda and getting most benefit from the session rests jointly with the supervisor and supervisee.
• Ask yourself at the end of the session “what have I learned today?”
• Role play in supervision, where a therapy task can be modelled and rehearsed, is an excellent learning tool. We strongly encourage its use.
• Give your supervisor feedback on what you find helpful or unhelpful.
• Practice cognitive therapy skills with as broad a range of suitable patients as possible.
• Please ensure that your recording equipment is satisfactory and that you are proficient at naming files (with very limited patient identifiers), retrieving them and can use playback and file transfer functions when required.
• Ideally you should save 2 recordings of each session, one for you to listen yourself and bring to supervision and one which may be useful for the patient to take away and to listen to, which may consolidate work done in sessions.
• Make time to listen regularly to your own tapes and monitor your skills development using the Cognitive Therapy Scale – Revised (CTS-R, see Appendix).

Monitoring progress in supervision

The Cognitive Therapy Scale – Revised (CTS-R) encompasses the skills you are expected to acquire over the course of the year and can be used as a guide to good practice and as a means of self-monitoring therapy tapes.

Each term your supervisor will use the CTS to rate at least one of your therapy tapes. The CTS-R rating will be accompanied by a brief report pinpointing your strengths and weaknesses and suggesting goals for the following term.

Feedback on Supervision

At the end of each term, you will be invited to provide written feedback on the term’s supervision. What have you learned? How far have you progressed towards your objectives? What did you find helpful? What would you have preferred more of or less of? What could have been done differently? The Feedback to Supervisor form is included as an Appendix.
This form must be uploaded to the folder called Feedback on Supervision in your Learning Space on Blackboard. This folder will be located in your module: PR7201-A-Y-201718: INTRODUCTION TO COGNITIVE BEHAVIOURAL MODEL. You will receive an electronic receipt once you have successfully submitted the form. Further information on using Blackboard can be found in the E-Learning section of the handbook.

At the end of the first term, your supervisor will submit a report of your progress to the course director. Again in the last term, a final supervisor’s report will be submitted. These two forms form the basis of marks awarded for attendance and participation in supervision for module two.

If there are any aspects of supervision you are not happy with, please do not wait until the end of term to say so. Please first address any problems with your supervisor directly. If matters cannot be resolved in this way, you and/or your supervisor should approach the course director. If the course director is the supervisor concerned, another member of the course staff should be approached.

Absences

There may be occasional gaps in supervision because of annual leave / illness / other commitments. If such gaps exceed 3 weeks for any reason, please inform the course director in order that an alternative supervision arrangement can be made.

Audio/Videotaping

The use of audio/video tapes of therapy sessions in supervision has been found to be of tremendous help in CBT training. Recordings are routinely brought to supervision and used as a focus for discussion. In addition, recordings are used to assess your progress, both informally for guidance, and as part of your formal assessment.

The technical requirements for these recordings are as follows:

- The only media accepted are CDs and DVDs.
- Digital audio files are the preferred method of recordings for the course as there is a reduced risk of patient identification if any recording equipment, cd/DVD, laptops, USB keys are mislaid, lost or stolen.
- Video submitted should be playable on a standard player and using good quality media.
- Voice recorders: These units are widely available. You should ensure that you can transfer files to a computer with the model you purchase. You can also
get accessories to improve recordings, such as standalone microphones /conference microphones.

- Discs must be labelled using a CD/DVD specific pen with permanent ink

Recordings contain confidential patient information. Students and supervisors must ensure recordings are stored securely at all times. It is essential to password protect any devices/computers storing recordings. It is the student’s and supervisor’s professional responsibility to prevent and report any breach of confidentiality in line with your organisation’s data protection policy and in writing to the course director. Each student and supervisor will be expected to sign and return a declaration to the course administrator that they have destroyed/deleted all recordings of clinical interviews/assessments/CBT sessions on all discs, devices etc. for this academic year.

Students must upload the signed declaration to the folder called Declaration of Destruction of Clinical material which can be found in your Learning Space on Blackboard. This folder will be located in your module: PR7201-A-Y-201718: INTRODUCTION TO COGNITIVE BEHAVIOURAL MODEL. You will receive an electronic receipt once you have successfully submitted the form. Further information on using Blackboard can be found in the E-Learning section of the handbook.

Seeing Patients

CBT is a practical skill and to get the most out of the course students should take the opportunity to see as many patients as is feasible during the year. We would like students to have an experience of some success with casework. Accordingly we recommend that cases chosen at the outset are not highly complex. Ideally the first cases chosen should be anxiety disorders or depression that is not too chronic in nature. All cases should be discussed with your supervisor before contracting to take a patient on as a training case. Training Cases must also consent to the recording of therapy sessions to enable proper supervision of your CBT skills development.

We would like to see students working with two different patients each week, so that they are getting maximal benefit from teaching and supervision.

Students often discover that finding appropriate cases is more challenging than they had anticipated. If you are encountering difficulties please let your supervisor and/or the Course Director know as soon as possible. After discussion some practical solutions can usually be found that will lead to a timely resolution of this problem.

We encourage students to see patients in their normal working hours but accept that this may not be feasible for all students and patients. It is important that students have appropriate protected time for seeing patients during the course and if you are experiencing problems with this please inform the Course Director.
Confidentiality

Students are reminded of the importance of patient confidentiality. Whilst it is inevitable that during workshops and supervision there will be dialogue about patients you are treating, one must remember that there is the possibility that the patient in question may be known by someone within the class or course staff. The use of a pseudonym is the best protection in all presentations and case studies. However there may be aspects of the patient’s history which also makes them readily more readily identifiable e.g. sports achievement, involvement in court proceedings. Therefore aspects of their personal background might need to be omitted and changed to protect their identity. The identity of patients must not be discussed with colleagues especially in public places such as corridors, canteens, buses etc. where conversations may be overheard.

Because recording is an essential part of supervision and assessment students must ensure that no patient identifiers are included with the recorded material e.g. initials, date of birth etc. Recordings are best marked with your name and as ‘case 1, session 4’ etc.
## 2017-18 Timetable: Michaelmas Term

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Session</th>
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| Monday, 18th September | 9:30am – 10:45am | Welcome to Course and Introduction to Structure of Course and Assessments  
Dr Brian Fitzmaurice and Ms Majella Moloney |
|              | 11:15am – 1:00pm | Therapeutic Relationship in CBT (1)  
- Collaboration  
- Enablement  
- Empiricism – Scientist Practitioner Stance  
- Patient Centeredness  
- Non-judgemental stance & Respect  
- Own beliefs  
- Empathy  
Dr Brian Fitzmaurice |
|              | 2:00pm – 3:30pm | Effective Use of Supervision  
- Supervision Contract  
- Preparation for supervision  
- Format of case discussion  
- Documentation of supervision  
Ms Colette Kearns |
|              | 3:45pm – 4:30pm | The Inside Track – The Former Student’s Experience  
Conor Evans |
<p>|              |             | Please assign Class Rep today and give name to course administrator. |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>Tuesday, 19th September</td>
<td>9:30am - 1:00pm</td>
<td>Conference Room (near the historic entrance)</td>
<td>The Cognitive Model of Depression</td>
<td>Ms Colette Kearns</td>
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<td>SPUH</td>
<td>• Beck’s Longitudinal Model</td>
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<td>• Cognitive Triad</td>
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<td>2:00pm – 4:30pm</td>
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<td>• Case Illustration</td>
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<td>Wednesday, 20th September</td>
<td>9:30am – 1:00pm</td>
<td>Classroom, Medical Teaching Centre</td>
<td>Learning Theory in CBT</td>
<td>Dr Craig Chigwedere</td>
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<td>(near the historic entrance to the hospital),</td>
<td>• Classical/Operant Conditioning in Anxiety/Depression</td>
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<td>SPUH</td>
<td>• Role of Safety Seeking Behaviours</td>
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<td>2:00pm – 4:30pm</td>
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<td>How to demonstrate rationale for CBT</td>
<td>Dr Brian Fitzmaurice</td>
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<td>• Assessing existing knowledge of CBT</td>
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<td>• Exploring expectations and needs</td>
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<td>• Personalising description of model</td>
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<td>Thursday, 21st September</td>
<td>9:30am – 1pm</td>
<td>Classroom 2, Nurse Education Centre</td>
<td>The Basic Structure of CBT Sessions</td>
<td>Ms Debbie Van Tonder</td>
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<td></td>
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<td>SPUH</td>
<td>• Collaboration</td>
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<td>• 2 way Feedback</td>
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<td>• Agenda Setting</td>
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<td>• Prioritizing and keeping focus,</td>
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<td>• In session therapist assisted interventions</td>
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<td>• Linking sessions</td>
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<td>Self-Monitoring using mood logs and scales</td>
<td>Ms Fionnula MacLiam</td>
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<td>• Value of self-monitoring</td>
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<td>• Different types of records/scales</td>
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<td>2.00pm – 2:30pm</td>
<td>Introduction to IT Services</td>
<td>Mr David Hamill</td>
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<td>3:00pm – 5:00pm</td>
<td>Collection of student cards.</td>
<td>Public Theatre, TCD main campus</td>
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<td>Friday, 22nd September</td>
<td>Assessment in CBT</td>
<td>Classroom 2, Nurse Education Centre, SPUH</td>
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<td>9:30am – 4:30pm</td>
<td>• Description of problems</td>
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<td>• Onset &amp; Development of current problems</td>
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<td>• Maintenance cycles</td>
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<td>• Contextual factors – developmental factors, family, social &amp; medical history, etc.</td>
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<td>• Patient Suitability</td>
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<td>Dr Eamonn Butler</td>
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<td>Friday, 29th September</td>
<td>Introduction to CBT Formulation</td>
<td>Classroom 2, Nurse Education Centre, SPUH</td>
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<td>9:30 – 4:30pm</td>
<td>• Formulation as a therapeutic technique: descriptive and explanatory.</td>
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<td>• Formulation as a therapeutic process.</td>
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<td>• Components of formulation – identifying repeating patterns, predisposing, precipitating, maintaining factors, etc.</td>
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<td>• Presenting problems and the psychological literature/psychological models – how can we understand the development of problems?</td>
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<td>• Identifying where to intervene.</td>
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<td>• Collaboration in the therapeutic relationship.</td>
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<td>• Identifying patient strengths as an aid to intervention and change</td>
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<tr>
<td>Dr Eamonn Butler</td>
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<td>Date</td>
<td>Time</td>
<td>Location</td>
<td>Topic</td>
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<tr>
<td>Friday, 6\textsuperscript{th} October</td>
<td>9:30am – 1.00pm</td>
<td>Classroom 1, Nurse Education Centre , SPUH</td>
<td>Identifying Negative Automatic Thoughts</td>
<td>Mr Pat Hill</td>
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<td></td>
<td>2:00pm – 4:30pm</td>
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<tr>
<td></td>
<td>2:00pm – 4:30pm</td>
<td></td>
<td>Exposure Techniques in CBT</td>
<td>Dr Craig Chigwedere</td>
</tr>
<tr>
<td>Friday, 13\textsuperscript{th} October</td>
<td>9:30am – 11:00am</td>
<td>Classroom 2, Nurse Education</td>
<td>Self-Practice/ Self Reflection Tutorial Introduction &amp; Exercise 1</td>
<td>Ms Fionnula MacLiam</td>
</tr>
<tr>
<td></td>
<td>11:30am – 4:30pm</td>
<td>Classroom 2, Nurse Education Centre (In the Garden), SPUH</td>
<td>Goal Setting &amp; Measuring Change</td>
<td>Ms Fionnuala MacLiam</td>
</tr>
<tr>
<td>Friday, 20\textsuperscript{th} October</td>
<td>9:30am – 11:00am</td>
<td>PC Lab 1.80, Trinity Centre, St James’s Hospital (location tbc).</td>
<td>Introduction to Library Database Searches</td>
<td>Mr David Mockler</td>
</tr>
<tr>
<td></td>
<td>11:30am – 4:30pm</td>
<td>Classroom 1, Nurse Education Centre (In the Garden), SPUH</td>
<td>Verbal Challenging of Cognitions</td>
<td></td>
</tr>
</tbody>
</table>

- Different types of thoughts
- What are NATs
- How do we elicit NAT’s

- 3 systems model
- Hot Cross Bun
- Hierarchy of Exposure tasks
- Flooding
- Graded Desensitization

- Operationalizing goals
- Different forms on measurement
- Using questionnaires and scales

- Socratic Questioning
- Appraisal of Evidence
- Decentring
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td><strong>Friday, 27th October</strong></td>
<td>9:30am – 1pm</td>
<td>Responsibility Pies</td>
<td>Classroom 1, Nurse Education</td>
<td>Ms Caoimhe Black</td>
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<tr>
<td></td>
<td>2:00pm – 4:30pm</td>
<td>Using Written Thought Records</td>
<td>Centre, SPUH</td>
<td>Dr Craig Chigwedere</td>
</tr>
<tr>
<td><strong>Friday 3rd November</strong></td>
<td>MID TERM BREAK</td>
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<tr>
<td><strong>Friday, 10th November</strong></td>
<td>09:30 – 11:00am</td>
<td>Case Presentations</td>
<td>Classroom 1, Nurse Education</td>
<td>Dr Michael McDonough</td>
</tr>
<tr>
<td></td>
<td>11:30am – 4:30pm</td>
<td>The Cognitive Behavioural Model of Anxiety</td>
<td>Centre, SPUH</td>
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<td>• Beck’s general model of anxiety</td>
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<td></td>
<td>• Danger schemas</td>
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<td>• Safety Behaviours</td>
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<td>• Different appraisals, different disorders</td>
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<td>• Why disorder specific treatments</td>
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<tr>
<td>Date/Time</td>
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</table>
| Friday, 17th November 9:30am – 4:30pm | Behavioural Experiments  
- Theoretical background  
- Types of behavioural experiments  
- Identifying opportunities and designing a behavioural experiment  
- Planning and evaluation issues  
Role of Homework  
- Theoretical Rationale and evidence  
- Collaboration ideas on homework goals  
- Improving homework compliance  
Ms Yvonne Tone |
| Thursday, 23rd November 2:30pm – 5:30pm | Developing CBT Skills and Services for Psychosis  
Dr Robert Dudley  (Open Workshop - optional for PG Diploma students) |
| Friday, 24th November 9:30am – 4:30pm | Collaborative Case Conceptualization within Therapy  
- Evolving conceptualization across therapy  
- Incorporation of strengths and resiliencies  
- Integrating themes across different CBT models  
Dr Robert Dudley |
| Friday, 1st December 9:30am – 11:00am | Self-Practice/ Self Reflection Tutorial Exercise 2  
Ms Fionnula MacLiam |
<p>| 11:30am – 1:00pm | Case Presentations |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00pm – 4:30pm</td>
<td>Cognitive Therapy Scale Revised &amp; Termination in CBT</td>
<td>When and Why CBT ends&lt;br&gt;Common dilemmas at termination&lt;br&gt;Use of booster sessions in CBT</td>
</tr>
<tr>
<td></td>
<td>Dr Brian Fitzmaurice</td>
<td></td>
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<tr>
<td>Friday, 8th December 9:30am – 4:30pm</td>
<td>Therapeutic Relationship (II)</td>
<td>Common difficulties in Therapeutic Relationship&lt;br&gt;Reflecting on therapist’s contribution to therapeutic relationship</td>
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<tr>
<td></td>
<td>Mr Gerry Butcher</td>
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<tr>
<td>Friday, 15th December 9:30am – 4:30pm</td>
<td>Identifying &amp; Testing Underlying Assumptions</td>
<td>Identifying society’s key assumptions about being older. The impact of these beliefs on therapy.&lt;br&gt;Identifying key issues for older adults with mental health problems&lt;br&gt;How CBT does and doesn’t change when using it older adults&lt;br&gt;Skills practise</td>
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<td></td>
<td>Mr Simon Wale</td>
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</table>
### 2017-18 Timetable: Hilary Term

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td><strong>Wednesday, 10th January</strong>&lt;br&gt;Medical Teaching Centre, SPUH&lt;br&gt;4:30pm – 5:30pm</td>
<td>Examiners’ Meeting for Term 1 assessments</td>
</tr>
<tr>
<td><strong>Friday, 12th January</strong>&lt;br&gt;9:30am – 11:00am&lt;br&gt;Location tbc at end of first term</td>
<td>Self-Practice/ Self Reflection Tutorial&lt;br&gt;Exercise 3&lt;br&gt;Ms Fionnula MacLiam</td>
</tr>
<tr>
<td><strong>11:30am – 1:00pm</strong></td>
<td>Case Presentations</td>
</tr>
<tr>
<td><strong>1:20pm – 4:30pm</strong>&lt;br&gt;Professor Corvin’s Office, Medical Teaching Centre for BF and Craig Chigwedere’s Office near on the corridor beside the Dean Clinic, SPUH</td>
<td>Individual Student Meetings&lt;br&gt;Feedback on term 1 assignments from Dr Brian Fitzmaurice and Dr Craig Chigwedere</td>
</tr>
</tbody>
</table>
| **Friday, 19th January**<br>9:30am – 4:30pm<br>Location tbc at end of first term | CBT for Obsessive Compulsive Disorder
- Behavioural theory of OCD
- Assessment and Treatment issues
- Salkovskis’s Model of OCD
- Challenging responsibility appraisals
Ms Yvonne Tone |
<p>| <strong>Friday, 26th January</strong>&lt;br&gt;09:30am – 11:00am&lt;br&gt;Location tbc at end of first term | Self-Practice/ Self Reflection Tutorial&lt;br&gt;Exercise 4&lt;br&gt;Ms Fionnula MacLiam |
| <strong>1.00pm – 2.00pm</strong>&lt;br&gt;Patient Lecture Theatre, SPUH | Lunchtime talk on the courses in Cognitive Psychotherapy&lt;br&gt;Dr Brian Fitzmaurice and Dr Craig Chigwedere |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30am – 4:30pm</td>
<td>CBT for Panic</td>
<td>Ms Fionnula MacLiam</td>
</tr>
<tr>
<td></td>
<td>• Clarke Model</td>
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<td></td>
<td>• Barlow Model</td>
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<tr>
<td></td>
<td>• Panic induction</td>
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<tr>
<td>Friday, 2nd February</td>
<td>Case Presentations</td>
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<tr>
<td>09:30am – 11.00am</td>
<td>Location tbc at end of first term</td>
<td></td>
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<tr>
<td>11:30am – 4:30pm</td>
<td>CBT for Social Phobia</td>
<td>Ms Nuala Miles</td>
</tr>
<tr>
<td></td>
<td>• The nature of social phobia</td>
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<tr>
<td></td>
<td>• The cognitive model of social phobia</td>
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<tr>
<td></td>
<td>• Treatment strategies for social phobia</td>
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<tr>
<td></td>
<td>• Formulation and treatment of a client with social phobia</td>
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</tr>
<tr>
<td>Friday, 9th February</td>
<td>CBT for PTSD</td>
<td>Dr Kate Gillespie</td>
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<tr>
<td>09.30am – 4:30pm</td>
<td>A brief update on PTSD</td>
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<td></td>
<td>A brief overview of CBT Models for treating PTSD</td>
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<td></td>
<td>An in-depth focus on the Ehlers &amp; Clark CBT Model for PTSD</td>
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<td></td>
<td>The evidence base for CBT's effectiveness in the treatment of PTSD</td>
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<tr>
<td>Friday, 16th February</td>
<td>MID TERM BREAK</td>
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</table>
| Friday, 23rd February | 9:30am – 1:00pm | Location tbc at end of first term | **CBT for Health Anxiety**  
- Recognising, assessing and treating severe health related anxiety in patients with and without genuine physical illness  
**Dr Sonya Collier** |  
| 2:00pm – 4:30pm |            |                                   | **Phobic Anxiety**  
- Causation and natural history of phobic disorders  
- Assessment  
- Graded Exposure and habituation  
- Cognitive models of phobia  
**Dr Michael McDonough** |  
| Friday, 2nd March  | 9:30am – 11:00am | Location tbc at end of first term | **Self-Practice/ Self Reflection Tutorial**  
**Exercise 5**  
**Ms Fionnula MacLiam** |  
| 11:30am – 4:30pm |            |                                   | **CBT for Generalised Anxiety Disorder**  
- Salkovski’s Anxiety Formula  
- Worrying vs GAD  
- Cognitive Factors  
- 3 Models of GAD:Dugas – IoU, Borkovec – Avoidance, Wells Metacognitive.  
- Treatment & Specific techniques  
**Ms Debbie Van Tonder** |  
| Computer Room, Medical Teaching Centre, SPUH  
4:00 – 5pm |            |                                   | **Examiners’ meeting for the Essays** |  
| Friday, 9th March  | 9:30am – 11:00am | Location tbc at end of first term | **Case Presentations** |  
|
### Managing Perfectionism

- Understanding perfectionism
- Types of perfectionism
- Managing perfectionism in patients and therapists
  
  **tbc**

<table>
<thead>
<tr>
<th>Friday, 16th March</th>
<th>Break for St. Patrick’s Day</th>
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<thead>
<tr>
<th>Friday, 23rd March 9:30am – 11:00am</th>
<th>Class Presentations</th>
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<tbody>
<tr>
<td>Location tbc at end of first term</td>
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</table>

<table>
<thead>
<tr>
<th>11.30am – 4:30pm</th>
<th>CBT for Young Adults/Adolescents</th>
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<tbody>
<tr>
<td></td>
<td>• Developmental Challenges</td>
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<td></td>
<td>• Adapting CBT for the young person</td>
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<td>Ms Shauna Collins</td>
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</tbody>
</table>

**2017-18 Timetable: Trinity Term**

<table>
<thead>
<tr>
<th>Wednesday, 11th April 4:00pm – 5:30pm</th>
<th>Examiners’ meeting for Term 2 Case Study and Recording</th>
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</thead>
<tbody>
<tr>
<td>Medical Teaching Centre, SPUH</td>
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<thead>
<tr>
<th>Friday, 13th April 9:30am – 4:30pm</th>
<th>CBT For Older Adults</th>
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<tbody>
<tr>
<td>Location tbc at end of first term</td>
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<thead>
<tr>
<th></th>
<th>Mr Simon Wale</th>
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<tbody>
<tr>
<td></td>
<td>• Life stage challenges</td>
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<td></td>
<td>• Adapting the model for older adults</td>
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<td></td>
<td>• Managing hopelessness/pessimism</td>
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24
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td><strong>Friday, 20th April</strong>&lt;br&gt;9:30am – 4:30pm</td>
<td>Location tbc at end of first term</td>
<td><strong>CBT Master class</strong>&lt;br&gt;• An opportunity to bring cases, queries and questions arising from the various aspects of CBT covered in the course.&lt;br&gt;&lt;br&gt;<strong>Dr Stirling Moorey</strong></td>
</tr>
<tr>
<td><strong>Friday, 27th April</strong>&lt;br&gt;9:30am - 11:00am</td>
<td>Location tbc at end of first term</td>
<td><strong>Self-Practice/ Self Reflection Tutorial</strong>&lt;br&gt;Exercise 6&lt;br&gt;<strong>Ms Fionnula MacLiam</strong>&lt;br&gt;&lt;br&gt;<strong>11:30am – 4:30pm</strong>&lt;br&gt;<strong>CBT for Low Self-Esteem</strong>&lt;br&gt;• Melanie Fennell Model&lt;br&gt;• Schema and Bottom-Line&lt;br&gt;• Challenges working with low self esteem&lt;br&gt;&lt;br&gt;<strong>Ms Martina Gibbons</strong></td>
</tr>
<tr>
<td><strong>Friday, 4th May</strong>&lt;br&gt;9:30am – 4:30pm</td>
<td>Location tbc at end of first term</td>
<td><strong>Chronic Depression and Hopelessness</strong>&lt;br&gt;• Common themes in Chronic Depression&lt;br&gt;• Managing Hopelessness&lt;br&gt;• Therapist Challenges&lt;br&gt;&lt;br&gt;<strong>Mr Pat Hill</strong>&lt;br&gt;(students from PG Dip 16 – 17 may attend if we get a large teaching area)</td>
</tr>
<tr>
<td><strong>Friday, 13th April</strong>&lt;br&gt;9:30am – 1:00pm</td>
<td>Location tbc at end of first term</td>
<td><strong>CBT and Mindfulness</strong>&lt;br&gt;<strong>Ms Debbie Von Tonder</strong>&lt;br&gt;&lt;br&gt;<strong>2:00pm – 4:30pm</strong>&lt;br&gt;<strong>Acceptance &amp; Commitment Therapy (ACT)</strong>&lt;br&gt;<strong>Ms Judy Moran</strong></td>
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<tr>
<td>Date</td>
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<tr>
<td><strong>Friday, 18&lt;sup&gt;th&lt;/sup&gt; May</strong></td>
<td>9:30 – 11:00am</td>
<td>Self-Practice/ Self Reflection Tutorial</td>
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<td>Exercise 7 and Conclusion</td>
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<td>Ms Fionnula MacLiam</td>
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<td></td>
<td>12:00pm – 4:30pm</td>
<td>Reflective Class Presentations</td>
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<td></td>
<td>Location tbc at end of first term</td>
<td>Dr Brian Fitzmaurice and Dr Craig Chigwedere</td>
</tr>
<tr>
<td><strong>Friday, 25&lt;sup&gt;th&lt;/sup&gt; May</strong></td>
<td>9:30am – 12:00pm</td>
<td>CBT within multidisciplinary teams</td>
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<tr>
<td></td>
<td></td>
<td>● Consolidating your skills in an MDT</td>
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<td></td>
<td>● Challenges to developing your CBT practice</td>
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<td>12:30pm – 1.00pm</td>
<td>Feedback Questionnaires</td>
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<td>- SP.SR</td>
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<td>- End of Year Evaluation</td>
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<td>- Stakeholder Surveys</td>
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<td>2:00pm – 3:30pm</td>
<td>Review of Year/ Future Training Options</td>
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<td>● Feedback on course structure and delivery</td>
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<td></td>
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<td>● Outline of accreditation process and future training options</td>
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<td></td>
<td>Dr Brian Fitzmaurice</td>
</tr>
<tr>
<td><strong>Thursday, 7th June</strong></td>
<td>4:00pm – 5:30pm</td>
<td>Final Court of Examiners for PG Diploma</td>
</tr>
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<td></td>
<td>Seminar Room, Student Counselling Service, 7 – 9 South Leinster Street</td>
<td>External Examiner and course supervisors</td>
</tr>
<tr>
<td><strong>Friday, 22&lt;sup&gt;nd&lt;/sup&gt; June</strong></td>
<td></td>
<td>Release of course results via my.tcd.ie</td>
</tr>
</tbody>
</table>
Assignments and Evaluation

Necessarily, your performance will be evaluated over the year. It is important, however, that awareness of assessment should not be at the expense of your creativity, or your willingness to express your own ideas openly and to experiment with new ways of thinking and working. The course is an opportunity for you to learn and develop in a classroom atmosphere of openness and inquiry.

Details of all assignments and marking are as follows:

<table>
<thead>
<tr>
<th>Term</th>
<th>Assignment</th>
<th>5pm Deadline on</th>
<th>% of final mark</th>
<th>Instructions</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Recording 1</td>
<td>Monday 11/12/17</td>
<td>5%</td>
<td>Submit 2 recordings: 1 directly to supervisor and sign over 1 to course administrator or send by registered post to arrive by this date.</td>
</tr>
<tr>
<td></td>
<td>Case Study 1</td>
<td>Monday 11/12/17</td>
<td>5%</td>
<td>Upload to Blackboard by 5pm.</td>
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<tr>
<td></td>
<td>Essay Plan</td>
<td>Monday 11/12/17</td>
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<td>Upload to Blackboard by 5pm.</td>
</tr>
<tr>
<td></td>
<td>Supervisor’s Report</td>
<td>Monday 11/12/17</td>
<td>2.2%</td>
<td>Email to the course administrator.</td>
</tr>
<tr>
<td></td>
<td>Student Feedback on Supervision</td>
<td>Monday 11/12/17</td>
<td>-</td>
<td>Upload to Blackboard by 5pm.</td>
</tr>
<tr>
<td></td>
<td>Final Essay</td>
<td>Wednesday 31/01/18</td>
<td>16.6%</td>
<td>Upload to Blackboard by 5pm.</td>
</tr>
<tr>
<td>2</td>
<td>Recording 2</td>
<td>Friday 09/03/18</td>
<td>16.6%</td>
<td>Sign over 3 recordings to the course administrator or send by registered post to arrive by this date.</td>
</tr>
<tr>
<td></td>
<td>Case study 2</td>
<td>Wednesday 14/03/18</td>
<td>16.6%</td>
<td>Upload to Blackboard by 5pm.</td>
</tr>
<tr>
<td>Course Event</td>
<td>Due Date</td>
<td>Weight</td>
<td>Instructions</td>
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<tr>
<td><strong>Student Feedback on Supervision</strong></td>
<td>Monday 26/03/18</td>
<td>-</td>
<td>Upload to Blackboard by 5pm.</td>
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<tr>
<td><strong>Term 3</strong></td>
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<tr>
<td>Recording 3</td>
<td>Friday 11/05/18</td>
<td>16.6%</td>
<td>Sign over 3 recordings to the course administrator or send by registered post to arrive by this date.</td>
<td></td>
</tr>
<tr>
<td>Reflective Class Presentation</td>
<td>Friday 18/05/18</td>
<td>10%</td>
<td>If using PowerPoint email it to <a href="mailto:nurseeducation@stpatsmail.com">nurseeducation@stpatsmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Reflective Diary</td>
<td>Wednesday 24/05/18</td>
<td>5%</td>
<td>Upload to Blackboard by 5pm.</td>
<td></td>
</tr>
<tr>
<td>Supervisor's Report</td>
<td>Friday 25/05/18</td>
<td>2.2%</td>
<td>Email to the course administrator.</td>
<td></td>
</tr>
<tr>
<td>Workshop Sign-in sheets</td>
<td>Friday 25/05/18</td>
<td>2.2%</td>
<td>Sign sheets at the beginning of each workshop.</td>
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</tr>
<tr>
<td>SP.SR Tutorial Sign-in sheets</td>
<td>Friday 25/05/18</td>
<td>1.6%</td>
<td>Sign sheets at the beginning of each tutorial.</td>
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<tr>
<td><strong>Student Feedback on Supervision</strong></td>
<td>Friday 25/05/18</td>
<td>-</td>
<td>Upload to Blackboard by 5pm.</td>
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<tr>
<td>Supervision Session Log</td>
<td>Friday 31/08/18</td>
<td>-</td>
<td>Upload scanned copies of signed supervision forms to Blackboard.</td>
<td></td>
</tr>
<tr>
<td>Declaration that student/supervisor has destroyed all clinical material</td>
<td>Friday 31/08/18</td>
<td>-</td>
<td>Students should upload it to Blackboard by 5pm and supervisors should email it to the course administrator.</td>
<td></td>
</tr>
</tbody>
</table>
Guidelines for Submitting Assignments

Submitting Recordings for Assessment

Please pay careful attention to the following guidelines. These are being given to ensure that your confidential recording can be assessed and that you are taking responsibility for the secure storage and transmission of your therapy sessions.

- **Listen to your recordings** before submission to ensure that each and every CD/DVD is audible and plays in a normal CD-player rather than just on your computer. Test all CD/DVDs in a number of computers/CD players before submission.
- **Label recordings** clearly with your name, session number and Term 1, 2 or 3, using a DVD/CD specific pen i.e. write on the disc not on the cover. Your details should be clearly identifiable when the recording is separated from the cover. Please do not put patient identifiers on discs or covers as per the Confidentiality section in this handbook.
- **Complete a self-rating** of the therapy session using the Appendix Student Self Rating using CTS-R Scale. Submit this with each copy of the recording. A separate sheet must accompany each recording because each recording will be received by a different assessor or kept in your file by the course administrator.
- **Complete and submit the Appendix ‘Recording Submission Sheet’** with each copy of the recording. A separate sheet must accompany each recording because each recording will be received by a different assessor or kept in your file by the course administrator.
- **Staple together the CTS-R rating sheet and Recording Submission Sheet** that will accompany each copy of your recording.
- **Place each copy of your recording and cover sheets into an individual plastic or paper cover.**
- **Students must submit recordings** by signing a sign-in sheet with the course administrator at 11am in the classroom on the submission date or else by posting using registered post to arrive before or on the deadline.
- **If using registered post,** a strong padded envelope must be used and closed securely keeping in mind that otherwise the sharp corners on discs could cause the envelope to break during transit and the confidentiality of your submission would be compromised. It is the student’s responsibility to ensure assignments arrive safely, in a manner that can be tracked and without compromise of patient confidentiality.
- **It is best to submit recordings from the 5th session onwards** as assessment sessions typically don’t score at a level on the CTS-R that reflects therapists’ full range of skills.
- **Failure to submit recordings** in this manner and in a timely manner will result in the submission being returned and a late penalty being applied to the assignment.
• It is advisable to keep a personal copy of each submission. This copy can be destroyed after the provisional marks are approved by the final Court of Examiners.

First term recordings are marked by your supervisor and are scored on only six CTSR items, although you should get written feedback on all twelve items. Items 1 – 5 and item 12 are given a numerical score in this term. Second and third term recordings are double marked with an average of scores using full CTS-R scale. Second and third term recordings are marked out of 72 using CTS-R.

Pass mark in Term 1 is 14/36 (marked by supervisor)
Pass in Term 2 is 33/72 (double marked)
Pass mark in Term 3 is 36/72 (double marked)

**Submitting Written Assignments**

Students are required to submit written assignments using Blackboard. The essay plan, final essay, reflective essay and case studies will need to be uploaded by the student as either a Word Document or PDF. There will be an assignments folder located in your module: [PR7201-A-Y-201718: INTRODUCTION TO COGNITIVE BEHAVIOURAL MODEL](#). You should upload the assignment to the folder which has the name of the assessment that you are submitting. There will be instructions available within this Blackboard module detailing how to submit each assignment. You will receive an electronic receipt once you have successfully submitted the form. Further information on using Blackboard can be found in the E-Learning section of the handbook.

We cannot accept documents that have not been saved as a Word Document or a PDF so please ensure if you are using Pages on a Apple computer that you save your assignment correctly. If you are using Pages there is an option to save the file so that it is compatible with Windows computers. Select File, choose export to and then pick Word from the drop down menu.

Students are fully responsible for submission of their assessments via Blackboard and are advised to give adequate time to complete the online assessment submission procedure correctly. Where a student submits an incorrect version of their work via Blackboard, they will be permitted a second upload. However, a penalty for late submission will apply if the student did not inform the Course Administrator of the error before the deadline.

It is your responsibility to learn how to accurately submit your course work via Blackboard. We will not accept submissions via email, post or hand delivery. Further information is available in the E-Learning section of the handbook on how to access Blackboard for the first time and who to contact with your IT queries. Additional guidance is available under the Student Help tab on Blackboard.
Students should use the following 12 point Sans Serif accessible fonts: examples include Arial, Calibri, Century Gothic, Tahoma, and Verdana. Assignments should all be double-spaced to facilitate review and edit of your own documents, and this also facilitates markers reading your assignments. A cover page must be included with each assignment. The cover page must include your name, the word count, a plagiarism declaration, and either the title of the essay or term in which the case study is being submitted e.g. Term 1 Case Study. Before submission you should check that your submission meets the requirements outlined on the essay or case study checklists which are included as appendices. It is essential that students will upload their submission in one file that includes the cover page, contents page, body of the assignment, and the references.

**Submitting Case Studies**

Two case studies are submitted, one in Term 1 and one in Term 2. Case Study 1 may reflect therapy in the early stages. Case Study 2 should reflect a completed course of therapy where possible. The same case may be used for both case studies.

The case study submissions must include:
- Student name
- Term of Case Study e.g. Term 1 or Term 2 resubmission
- Word count for case study
- Plagiarism declaration

**The case study must not exceed 3,500 words.**

NB* the case study must be submitted as a single Word Document (DOCX) or a PDF file. It is not possible to submit multiple files for this assignment.

Before submitting the case study on Blackboard we advise that all students check that the case study follows this format:
- Contents page
- Introduction
- Presenting problem
- Conceptualisation
- Course of therapy
- Outcome
- Discussion
Submitting Essay Plan

An essay plan with literature review is to be submitted at the end of Term 1. This should include an outline of the structure of your final essays e.g. introduction, historical perspective, recent evidence, limitations in evidence, models and theory, clinical relevance, future directions, discussion, conclusions. A late penalty will apply to final essay score for those not submitting by the deadline.

The essay plan should not exceed 2000 words and may be considerably shorter, however, an essay plan that is a bullet points of proposed headings with no clear references to relevant literature would not be detailed enough to give useful feedback. Students should use the essay submission guidelines below when submitting their essay plan on Blackboard.

Submitting Final Essay

The essay submission must include:

- Student name
- Full title of the essay
- Word count for essay
- Plagiarism declaration

The final essay must not exceed 5000 words or be less than 3,500 words.

NB* the essay must be submitted as a single Word Document (DOCX) or a PDF file. It is not possible to submit multiple files for this assignment.

Before submitting the essay on Blackboard we advise that all students check the following:

1) Have I accurately addressed the essay title
2) Have I illustrated my arguments with relevant examples
3) Have I cited the most relevant literature
4) Have I used the Harvard Referencing System (consult referencing section in this handbook)

Submitting Reflective Essay

The reflective essay submission must include:

- Student name
- Word count for reflective essay
- Plagiarism declaration

The reflective essay must be between 2,000 and 3,000 words.
Academic Writing

As a postgraduate student, you will have to demonstrate your ability to produce essays and assignments based on investigative research, critique and analysis. It can be challenging to produce written work for academic purposes, particularly if it has been a while since you last had to do so. However, academic writing is a skill that is worth mastering. There is a common form to academic writing that can be used across multiple assessment types. It is worth getting to know this form and reproducing it in your own work.

There are many resources available to help and guide you on writing at a postgraduate level. Please explore this resource: http://www.tcd.ie/Student_Counselling/student-learning/postgraduate/topics/writing/index.php

There is a reading list and a guide to using the library within this handbook. To assist students in correctly citing references there is also a separate section in this handbook on “How to Use the Harvard Referencing System.

Plagiarism

In order to support students in understanding what plagiarism is and how they can avoid it, College has created an online central repository to consolidate all information and resources on plagiarism. Through the provision of a central repository, it is hoped to communicate this information to students in a clear and coherent manner. The central repository is being hosted by the Library and is located at http://tcd-ie.libguides.com/plagiarism . It includes the following:

(i) The Calendar entry on plagiarism for undergraduate and postgraduate students;
(ii) The matrix explaining the different levels of plagiarism outlined in the Calendar entry and the sanctions applied;
(iii) Information on what plagiarism is and how to avoid it;
(iv) ‘Ready, Steady, Write’, an online tutorial on plagiarism which must be completed by all students;
(v) The text of a declaration which must be inserted into all cover sheets accompanying all assessed course work;
(vi) Details of software packages that can detect plagiarism, e.g. Turnitin.

All students will be required to complete the online tutorial ‘Ready, Steady, Write’. Linked to this requirement, we are asking students to ensure that the cover sheets
which you must complete when submitting assessed work, contain the following declaration:

I have read and I understand the plagiarism provisions in the General Regulations of the University Calendar for the current year, found at:  http://www.tcd.ie/calendar

I have also completed the Online Tutorial on avoiding plagiarism ‘Ready, Steady, Write’, located at  http://tcd-ie.libguides.com/plagiarism/ready-steady-write

The attention of students is drawn to the Calendar entry on plagiarism in PG Calendar Part III, General Regulations, Paragraphs 1.32 and following.

The course and Department of Psychiatry takes any form of plagiarism very seriously. Written work will be checked using anti-plagiarism software, see http://www.turnitin.com. We require students to sign a form at the beginning of the academic year permitting us to submit your work to the Turnitin system.

**Writing a Case Study**

Students are expected to describe using the CBT model with one of their clients and to consider how treatment has been guided by the most relevant literature. It is important to appreciate that this is a CBT case study and will be somewhat different from a nursing or medical style case description. Accordingly the terminology used should reflect core CBT theory and principles. Clear diagramatic representation of problems are a key component of illustrating how problems are conceptualised and worked upon in sessions. The use of appropriate measures or scales are an integral part of CBT assessment and treatment and should also be highlighted in the case study. The student may also need to comment on the limitations of the models used and any personal or professional challenges experienced in the role of therapist.

Typically the finished Case Study document should include the following elements:

1. **Contents page**
   Word Count, Student name, Term e.g. Term 2 or Term 2 resubmission, and plagiarism declaration. Check that the file is saved as a Word Document and that your assignment is contained in one file.

2. **Introduction**

3. **Presenting Problem**
   Presenting problem(s) and associated goals
   Diagnosis
   Scores on standard and idiographic measures (refs as appropriate)
   Outline of previous treatment; Current coping
4. Conceptualisation
Specific theory-based cognitive model used as framework for conceptualisation, including:
- Maintenance cycles (links between clarified and appropriate emphasis given to role of cognitive elements)
- Triggers/ critical incidents
- Underlying core beliefs / Dysfunctional Attitudes Scale (DAS)
- Experiences which have contributed to /reinforced the above

Diagrams/ flowcharts
Missing/ unclear data identified
Hypotheses about originating and maintaining factors clear

5. Course of therapy
Goals
Description of cognitive-behavioural methods used: Verbal, behavioural, imaginal, other
Continued refinement of conceptualisation, if appropriate
Problems in therapy related to conceptualisation and completely resolved

6. Outcome
Changes in original problems and progress towards goals
Changes in standard and idiographic measures
Illustrative graphs/ diagrams/ tables
Plans for continuing therapy plus hypothesised outcome, if appropriate

7. Discussion
Appropriateness of original formulation/ reformulation
Patient and therapist factors that helped/ hindered therapy
Helpful/ unhelpful treatment procedures identified and what therapist might have done differently.

There are a number of examples of Case Studies available on Blackboard. These are located in in your module: PR7201-A-Y-201718: INTRODUCTION TO COGNITIVE BEHAVIOURAL MODEL under the Coursework Examples folder. It is advisable for students to read through these before they start to plan or write up their case study. Guidelines to markers of Case Studies are included as an Appendix.

Writing an Essay Plan
The purpose of the essay plan is to to demonstrate that you have selected an essay title and begun to research your topic for the final essay. Feedback given on the essay plan and literature review will help to reshape and develop your final essay. This essay plan should typically include an outline of the structure of your final essays e.g. introduction, historical perspective, recent evidence, limitations in evidence, models and theory, clinical relevance, future directions, discussion,
conclusions. It should also include a preliminary list of references. An essay plan should typically be between 1,200 – 1,500 words. There are examples available on Blackboard in the Coursework examples folder as above.

**Writing the Final Essay**

This assignment looks for the student to demonstrate knowledge and understanding of the subject area within the essay title. It is expected that the essay will demonstrate an appreciation of investigative research in CBT, critique of this literature and analysis of the findings and their implications for CBT practice.

A good essay will show evidence of understanding and awareness of core CBT concepts and will bring together appropriate themes or concepts in a way that accurately addresses the essay title. An essay must be structured in a logical manner and ideally broken into sections that should build the argument towards the final conclusions or discussion section. Typically the introduction should also signpost the approach that will be taken to addressing the essay title.

Generally short paragraphs which make one or two points are recommended. It is important that students try to communicate their knowledge and opinions with clarity and in a manner that is readily understood by the reader. The use of clinical examples or appropriate quotations may help highlight the points being made.

As students write their essay they should regularly consider:

- Am I accurately addressing the essay title?
- Am I using the most relevant literature?
- Can I illustrate my arguments with appropriate examples or quotations?
- Have I read the Guide to using the Harvard Referencing System in this handbook?

In terms of presentation, students should familiarize themselves with spellcheck and grammar check options within word processing packages and should follow the guidelines on fonts / formatting in the Submitting Written Assignments section in this handbook.

We encourage students to seek feedback on a draft of their essay and they may wish to ask a colleague or their supervisor to do so. It is important to give this source of feedback sufficient time to read your work and for you to be able to integrate any advice given.

There are a number of examples of Final Essays available on Blackboard. These are located in in your module: PR7201-A-Y-201718: INTRODUCTION TO COGNITIVE BEHAVIOURAL MODEL under the Coursework Examples folder. It is advisable for students to read through these before they start to plan or write up their Final Essay.
Writing a Reflective Essay

This assignment looks for students to reflect and write about their personal experiences throughout the course. It aims to assess your overall level of engagement with, and knowledge of reflection. There is some evidence that reflection has personal and professional impacts. There are now theories that attempt to explain its processes, along with specific models (e.g. Bennett-Levy’s 2006 declarative procedural-reflective model). Reflection may have a moderating function through a bridging effect on self-practice, self-awareness and clinical theory and practice.

You may therefore wish to demonstrate how you have reflected, discuss the experience and its impact on you. Though this is a personal reflective piece, it is also an academic assignment. For this reason, you are expected to demonstrate and critically analyse your understanding and application of reflective theory, how reflection may/may not have helped to bridge your personal experience, the experience of the self-practice and CBT practice.

Reflection related learning has been associated with development of the ‘self-as-learner’ or the concept of a learning identity (Kolb and Kolb, 2009). As such, reflection has various impacts. Ultimately, through SP/SR one may develop a reflexive style of learning so that one develops a ‘learner self’. This concept of ‘self as learner’ has been identified by many theorists (e.g. Kolb and Kolb, 2009) and encompasses the notion of a learning identity. Chaddock, Thwaites, Bennett-Levy and Freeston (2014) highlight the presence and importance of this concept of the “learner self” in SP/SR. Kolb and Kolb (2009) offer a clear explanation the concept of a learning identity, which links to reflective practice in stating that:

“People with a learning identity see themselves as learners, seek and engage life experiences with a learning attitude and believe in their ability to learn. Having a learning identity is not an either-or proposition. A learning identity develops over time from tentatively adopting a learning stance toward life experience, to a more confident learning orientation, to a learning self that is specific to certain contexts and ultimately to a learning self-identity that permeates deeply into all aspects of the way one lives their life.”

The important point here is that one develops an identity of themselves, which has the potential for a broader impact than the learning from the specific subject of focus of the reflective practice. As such, reflective writing needs to offer evidence of how one has reflected, what has been learnt or reinforced about the self-as-learner and as well as how this has been applied in the learner’s wider life. This is in keeping with the DPR model (Bennett-Levy, 2006; Bennett-Levy, Thwaites Chaddock and Davis, 2009), which proposes that reflection is the engine of lifelong learning. For example: “Now, whenever I...I will/try to...” which shows internalisation of the reflective process.

It is therefore important that writing/essays demonstrate evidence of reflection on the different areas or features of the participant that can be impacted upon by
SP/SR, which together comprise their sense of ‘self-as-learner’. These features, adapted from the works of Bennett-Levy and others are described below.

**Personal-self:** Bennett-Levy (2006) proposes that the personal-self develops prior to becoming a therapist. It encompasses the personal self-schema and personal developmental experiences (see Bennett-Levy, 2006 for a detailed explanation). As such the reflective essay should demonstrate evidence of reflection and learning on and about, the self. Among other evidence of learning, this may include evidence of development of self-awareness, links to developmental experiences, and evidence of any personal change due to the SP/SR. For example, “I am now more aware of/that...” “I no longer...” “I need to...”, which may all be linked to specific SP/SR experiences and exercises. This can include clear and specific examples of application in own life outside of SP/SR practice.

**Therapist-self:** Once one undertakes therapy training, the new learning leads to the development of the therapist-self. This is different to the personal-self, but can influence and enhance it and *vice versa* (Bennett-Levy (2006). SP/SR has been shown to impact on the therapist-self, by deepening the sense of knowing of concepts and procedures (Bennett-Levy, 2006), and potentially impacting on the therapist’s use of skills. Reflective practice writing should demonstrate evidence of reflection on the impact of SP/SR on knowledge, skills and identity as a therapist. This includes knowledge of concepts and theories of therapy and the procedures, as well as factors such as empathy and other interpersonal skills. For example, “having done SP/SR, I... am now better able to...have a deeper understanding of...”  All this should be linked to specific examples, such as “…when I did...I then...and realised that...”

**Knowledge of reflective processes and theories:** SP/SR is now a researched and structured approach, which is developing a strong theoretical basis, and growing evidence base (e.g. Bennett-Levy et. al. 2001). Best practices are emerging and being proposed (Thwaites et al., 2014), making it important that an SP/SR participant understands the theory basis and evidence for his/her practice. The reflective essay writing needs to offer evidence of reflection on knowledge of theories and models that inform the participant’s reflective practice. Without this, the self-as-learner’s continued enhancement of the personal- and therapist-self may be difficult to achieve. As such, the writing needs to show an awareness, and application of the theories and emerging best practices, as well as an awareness of the research evidence. For example, the writer may link reflection on any of the above features to specific SP/SR theories and research. They may discuss the importance of the level of engagement with SP/SR, the importance of goal setting, the need for awareness of issues of safety or the importance of reflecting with a peer and so on.

**The bridging effect:** Reflection has been hypothesised to work by bridging the participant’s personal- and therapist-self learning (Bennett-Levy and Finlay-Jones, 2016). Without such a bridging effect, reflection and self-focused practice may separately impact on these various aspects of the ‘self’. The reflective practice participant may run the risk of not developing in an optimal way. For example, one
may develop a good sense of personal self-awareness from reflecting on the self, but not be able to link this learning to clinical practice, or vice versa. This makes it important to be able to demonstrate ability to integrate the personal and professional reflection. Amongst others, Smith (1985) writes of the importance of the congruence between the therapist’s practice and ‘who he is’ as a person, in order to achieve optimal therapist functioning and reduce mechanical application of techniques. As such, the reflective writing should demonstrate evidence of reflection on the integration of personal and therapist-self as well as ‘self’ and patient experience. For example, writers can discuss how their personal experience led to increased understanding of the model, the patient, application of specific interventions etc. SP/SR bridged their personal experience and professional understanding and experience.

You will be rated on your assignment’s level of clarity, depth of reflection, comprehension of reflective theory, specificity of personal examples and experience and the clarity of application of self-practice exercise to ideas or possibilities for future personal or professional change.

The essay needs to be informed by learning and reflections from the entire course. It should be logical and well-structured. Reference should be made to literature on reflection, and should support own learning, discoveries and discussion. It may be between 2,000 – 3,000 words. This will be marked by an external moderator and will not be read by the course staff. Students are advised to keep a reflective diary throughout the year to assist them with the end of year reflective essay.

The Reflective Essay Marking Scale and feedback sheet are included as an appendix.

**Oral Presentations**

**Class Case Presentation**

Each student must make an oral case presentation to the class. Powerpoint presentations, overheads or a flipchart may be used. Students must email Powerpoint presentations to nurseeducation@stpatsmail.com

This is a formative assessment and does not contribute to your final course mark. The presentation should be prepared in advance and ideally should be based on a question you would like help with.

The presentation should last 15 minutes and is followed by a 15 minute discussion. To use the time well, you will need to be discriminating in your choice of information to include, give greater detail on, gloss over or leave out. It is important that you give a concise, clear and complete picture of your patient. It may be helpful to consider what you want your audience to be paying attention to (e.g. a ‘presentation
question’, area of uncertainty or interest etc, which informed your choice of patient for presentation). This is a suggested outline to help you prepare your class case presentation:

Introduce the client
- Client’s name (anonymised)
- Age
- marital and employment status
- presenting problem/diagnosis and duration of the problem

Clarify presenting problem (i.e. the maintenance cycle cross-sectional formulation)
- cognitions (i.e. associated thoughts, images etc?)
- arousal (i.e. associated physiological sensations, emotions etc)
- behaviours (i.e. any safety-behaviours? what does the person do?)
- Consequences (i.e. impact of the behaviours upon the cognitions and arousal)
- incidence (e.g. how frequently does the problem occur?)
- Intensity (e.g. how intense? how distressing? How long does it last?)
- exacerbations (e.g. environment, medication, individuals, times etc that make the problem more likely to happen or not to happen)

Onset and duration (precipitating factors)
- When did the problem start?
- Important factors present at onset
- Problem fluctuations (i.e. when was problem better/worse? why?)
- What interventions have been tried before and have they worked?

History (predisposing factors)
- What factors in the patient’s past may have predisposed them to the current problem? (e.g. familial, genetic, traumatic events)

Scales/ Measures Used

Case Conceptualisation Cross-sectional & Longitudinal
- Can we draw out a maintenance cycle?
- How do you think the identified historical and precipitating factors explain the patient’s current problems (including hypothesised/identified beliefs rules/assumptions?)

Treatment Plan
- Client’s Goal List
- Description of treatment so far
- Any future treatment plan
Reflective Class Presentation

In the third term, each student makes an oral presentation to the class demonstrating how they have integrated CBT into their own practice. The time allowed for this is 15 minutes per students. This is a personal reflection based on your learning throughout the course and your honesty and creativity is valued. There is no set The Reflective Diary kept throughout the course should be a useful source of inspiration.

The presentation to the class is designed to prompt students to reflect upon their professional and personal learning during the academic year of the course. It is important that we assess the capacity to reflect upon and bring together / synthesize what has been taught. You need to demonstrate also its application i.e. that it is starting to be integrated into your professional practice.

Key aims : Describing your most important professional learning whilst on the course and what were the main one or two main contributions to achieving that learning. The capacity to communicate what has been learnt clearly and succinctly to your peers is the second important challenge that is set in this assessment.

It is appreciated that whilst on a course such as this many students will sometimes become more aware of their own anxieties, fears and other emotions. Through their engagement with casework, supervision, workshops or other components of the course the student may develop some very significant personal insights. This may prove very helpful and positive but may also sometimes cause some upset or unease. It is not the purpose of this assessment to prompt students to share their personal (and intrinsically private) development as we are not proposing to put in place the type of safegaurds that would help contain and manage any significant self disclosure.

Students may use Powerpoint, but in many cases this may be unnecessary and detract and distract from the message to be communicated. Power Point presentations must be emailed to nurseeducation@stpatsmail.com Students might respond to questions from their peers or the assessors but this would only occur to a very limited extent. Students will be marked by a pair of assessors and the average of their marks will be awarded.

More detailed guidelines are outlined on the marking sheet included as an appendix.

Late Submission of assignments

- Deadlines for all assignments must be met. Requests for extensions should be addressed to the course director in writing, with a copy for the course administrator, at least one week before the submission deadline. Contact
details for course staff are available in the ‘how to contact course staff’ section of the handbook.

- Late written submissions will incur a 5% penalty except in the case of illness (doctor’s note will be required).
- Written assignments submitted more than 1 week late will incur a further penalty of 1% for each week overdue thereafter.
- Marks may be deducted from recorded material submitted late (1 mark deducted from CTS-R score for every week after deadline up to a maximum of 4 marks)
- **Failure to submit a written assignment or recording after 5 weeks post-deadline will mean that assignment is failed.**

**Failed Assignments**

Students who receive a fail mark on an assignment must resubmit the assignment within 6 weeks of being informed of their result. **Later resubmissions will not be accepted** and will result in the assignment being failed.

Students may only resubmit an assignment once unless otherwise indicated by the course director.

Resubmitted work which is deemed to pass will attract a score of 50% when final course marks are being calculated. Students may be offered further opportunities to resubmit work only at the discretion of the Course Director.

If you would like to appeal any results from course work, you must do this within 4 weeks of receiving that result. You do this by emailing or writing a letter to Dr. Brian Fitzmaurice, with a copy for the course administrator, outlining the reasons based on the criteria provided in the handbook on marking for that specific assessment.

Pass mark for the year is 50%. Distinction is awarded to students who score at or above 70% in all modules.

**Feedback on Assignments**

Students can expect to receive feedback on their assignments within six weeks of the submission date. This feedback will be available in the My Grades section on Blackboard. Individual student meetings will take place with course staff in early January. These individual meetings are an opportunity to receive verbal feedback on term 1 assessments and to discuss any concerns related to course work.

Final course results may be viewed on your student portal mytcd.ie  Click on my student record then my academic history to access your results.
Student Supports

In the event that a student fails an assignment or is struggling with any aspect of the course we will endeavour to provide supports to get the student back on track. We would encourage students and supervisors to identify problems at the earliest opportunity and proposed solutions should be documented in the Student Action Plan forum, which is included as an Appendix to this document. A copy of the Student Action Plan should be sent to the course director. There will be a meeting in the first week of the second term where students will be given individual feedback on their first term assignments and have an opportunity to ask questions on any aspect of the course.

If it is the case that a student finds that they are struggling with personal issues during their time as a student on the course we would like to bring to your attention that it is possible to attend for a certain number of counselling sessions at the Student Counselling Service for free. Students may contact the receptionist directly at 01 896 1407 to make an appointment. Student Counselling Service is a confidential service within College and will not communicate with any course staff without their explicit consent.

Facilities and Practical Points

St. Patrick’s University Hospital

Students and Staff participating in the CBT course are guests of St. Patrick’s University Hospital and as such it is very important that we respect the facilities that have been provided for us. In particular students must make sure they take care of their belongings and leave the room tidy at the end of teaching sessions. Failure to do so could jeopardise our access to these facilities in future. Please note that students should make arrangements to keep their belongings secure as the classroom will not be locked between teaching sessions. Students can use St. Patrick’s University Hospital car park but must pay the relevant parking fees.

Please be aware that the room must be set-up and cleared away for each teaching session as we do not have a permanent teaching room in the hospital. Sometimes the teaching must be moved to another room to facilitate the clinical commitments of the hospital. We ask you to please be patient when this happens and also to be aware that although we endeavor to use PowerPoint slides/Audiovisual resources for the majority of the teaching sessions there will be times when IT will not be available for the sessions due to reasons outside of our control. TCD staff do not have access to the St Patrick’s Hospital network; however students may access guest Wi-Fi on personal devices in the hospital for free access to the internet.
Library Access

The facilities of the Trinity Library are completely at your disposal. Specialised texts in cognitive psychotherapy have been assembled for the course. These are listed in the Reading List. The staff of the John Stearne Medical Library in the Trinity Centre for Health Sciences Building, St. James’s Hospital is especially helpful in locating core texts in cognitive psychotherapy. The opening hours of the library are located on the library webpage.

Our subject librarian is David Mockler. David can be contacted at david.mockler@tcd.ie He will give an Introduction to the Library session in October in the PC Lab in the Trinity Centre for Health Sciences and students may also arrange group or one-to-one sessions with him as required.

Datapac provide photocopying facilities to TCD students for a small charge in the Open Access PC Lab located on the ground floor of the Trinity Centre for Health Sciences Building and in the John Stearne Medical Library. To set up a printing account it is necessary to use the PIN that you will receive via email to your TCD account from helpdesk@tcdprint.ie Please do careful not to delete this important email from your account.

Instructions on how to use this service can be accessed by copying and pasting this link into your web browser https://www.tcd.ie/Library/using-library/photocopying.php This link will also lead to the Library and IT services page on how to set up a laptop to connect to the College network if you wish to study in the library.

Library staff run training and offer support on a number of useful topics throughout the year. A list of resources and training topics may be accessed at this webpage https://www.tcd.ie/Library/support/ A list of training sessions called Library HIT’s are circulated via the mailing list to your TCD account and published on the Library webpage. The majority of these sessions take place early in the first term. A training session that was found to be particularly helpful by previous students for keeping track of references was the Endnote training. This software is installed on College computers and can be purchased for personal computers.

IT Services

Students will receive their College log-in details when they register online. These will be needed to log into the TCD system in a college computer room or into the library from home. It is recommended that you register your password using the TCD Password Manager service located at www.password.tcd.ie This will help you to retrieve your password in the event of loss by answering a number of questions from your personal profile. A password that is entered incorrectly three times will lead to the account being temporarily disabled.
Passwords must be at least eight characters long, have a mix of uppercase and lowercase characters, and include at least one numeric character or include one of the following special characters! @ % * _ - + = : ~

It is recommended that you set up email forwarding from this account to your personal or work account. To set up email forwarding log into your My Zone email account which is reachable from the TCD homepage link for current students. For those of you who are familiar with Gmail this email account will look very similar. Look for the wheel in the upper right hand corner of the screen. Click to reveal a drop down menu. Click on Settings and choose Forwarding and email POP/IMAP. Type your forwarding address into the box at the top of the menu. Open up your chosen email account in a new tab. Log into the account to validate the links sent from the MyZone account.

Students are expected to check their email account on a regular basis, the College recommends at least twice a week, to receive important updates about the course from the course administrator. It is also an opportunity to be aware of wider social and vocational opportunities for you within the university environment. We will communicate with you mainly through your TCD email account and the Announcement section in Blackboard.

Information on purchasing software, laptops that are compatible with the TCD wireless network which is available on campus and in the library, and training sessions on IT are all available on the IT Services webpage. IT Services provide support and advice to students on most aspects of IT use that will be expected at PG Diploma level. The contact number is 01 896 2000, email is itservicedesk@tcd.ie, and location is Ground floor, Áras An Phiarsaigh.

Students are provided with access to a downloadable version of Microsoft Office 365 ProPlus free of charge for the duration of their studies in TCD. This may be accessed by visiting https://www.tcd.ie/itservices/internet/office-proplus.php

The nearest College computer room for students is located on the ground floor of the Trinity Centre for Health Sciences Building, at St James’s’ Hospital.

E-Learning Resources

Workshop materials are usually stored on Blackboard. The login page my.module.ie is reachable from the TCD homepage link for current students.

You should have been automatically enrolled by IT services in six modules. Content should be visible under PR7201 – 7204, and there is no content hosted under PR705-6. Here you will find updated weekly PDF files of materials used during workshops and also materials from previous workshops posted by the course administrator. If you encounter difficulties with accessing the site you should contact IT services for
assistance. If you have queries about any of the content on the website you should contact the course administrator.

To enrol in the optional Academic Skills module run by Student Learning and Development search under modules and choose ASSL-TCD-2015/2016. Further information on this module can be found by typing www.student-learning.tcd.ie/ into your toolbar or search engine. Student Learning and Development offer a number of Academic Skills workshops during the year to students. These take place in their seminar room located on, 3rd Floor, 7 – 9, South Leinster Street Dublin 2. They also offer regular drop-in advice clinics for students who would like to discuss a specific piece of academic writing with a staff member.

**Study Time**

You are expected to do some 10 hours of private study each week throughout the year. The amount you actually need to do will, to some extent, depend on how much you already know about cognitive psychotherapy. However, we would strongly encourage you to keep your Fridays free, not only during term time, but throughout the year, so as to give yourself ample time to read, to listen to therapy recordings and to complete written assignments. Your work colleagues, managers and families will need to know this is a priority.

**Good Practice**

The course endorses good clinical practice through informing students of relevant literature and current research and promoting the systematic evaluation of therapy interventions. At all times, reflection and creativity is encouraged in adapting the model to the unique circumstances of each patient and to the therapists individual style.

We encourage all students to join the Irish Association of Behavioural and Cognitive Psychotherapies (IABCP) and Cognitive Behavioural Psychotherapy Ireland as relatively inexpensive ways of orientating yourself to current issues in this area and to become more aware of opportunities for professional development such as attendance at conferences, books, journals etc. Further information is available at www.babcp.com/IABCP and cbti.ie These organisations also provide the latest information on the process of accreditation as a cognitive behavioural therapist.

The IABCP also provides a discussion forum in which academic and clinical subjects are discussed and which can be very useful.

**Students must maintain high standards of professionalism and practice cognitive therapy in an ethical manner. If course staff become aware of any lapses of**
professional standards or unethical conduct, the course reserves the right to report this to the relevant College Officers and/or the student’s professional body or employer. The student will be informed of such action in writing by the Course Director.

Student Feedback

Each student is invited to provide feedback on a form at the end of each workshop. In the event that the feedback form is not distributed by the workshop facilitator, although it is usually provided on the desk, or is otherwise not available students are invited to email or discuss any feedback with the course administrator. Collectively feedback may be provided on the student experience by a class representative. Student feedback may also be discussed during the student meetings that take place with a member of the course staff at the beginning of the second term. At the end of the year students are asked to fill out an in-class feedback form that reviews the overall student experience and this feedback is collated by the course administrator and brought to the course advisory meeting for discussion. There is an additional opportunity to discuss the experience of the year with the course director on the final day of the year.

Complaints Process

The philosophy of the course is that students and staff are nurtured as individuals and are encouraged to achieve their full potential. The course is committed to excellence in teaching and supervision and to the enhancement of the learning experience of each student.

We are, however, aware that at times the student experience may fall below an expected standard. In these instances we encourage and welcome feedback from students. In the first instance minor issues might be raised informally with your supervisor or the course director, or indeed any member of the course staff. If this fails to remedy the situation then we would encourage you to make a formal complaint directly to the Course Director. This may either be verbal or in writing. If the complaint is regarding the Course Director then the complaint would be best addressed to the Head of Department of Psychiatry, Professor Aiden Corvin, Trinity Centre for Health Sciences, St. James’s Hospital, Dublin 8, tel. (01) 896 2463/2241.

Stakeholder Feedback

We have included a feedback survey, as an appendix, to be distributed to your line-manager after completion of the course. This survey provides important feedback on the value of the training not just to the individual employee but also to the
organisation in which they work if the student is employed in an organisation. It allows us to seek the perspective of support organisations on their needs for CBT training. This feedback is utilised in our annual report to the Nursing and Midwifery Board of Ireland who have given their approval for this course to be recognised as holding Category II approval for eligible members to receive a fee remission for a set number of years.

**Respectful Communication**

In line with the College’s Dignity and Respect Policy it is essential that students show respect in their interaction with all fellow students and staff involved with the course and those working in St Patrick’s Hospital where the course is situated. Any lack of respect noted by staff or reported to course staff will be dealt with seriously in line with College Policy.

In the first instance the course director will communicate to the student (s) their responsibility to behave in a respectful manner at all times.

If there are further lapses the student will be asked to meet with the Course Director and/or Head of Department to discuss their conduct.

**College Regulations**

The Senior Lecturer has requested that the following paragraph be included in Departmental Handbooks to reflect the primacy of the General Regulations over information contained in departmental handbooks.

‘During the registration process, all students must sign the registration form to confirm, among other things, that they have received a copy of the Board’s General Regulations for students and that they are applying for registration in accordance with the provisions of such regulations.

In the event of any conflict or inconsistency between General regulations and the departmental handbooks, the provisions of the General regulations shall prevail.

**The Graduate Students Union**

Situated on the second floor of House Six, the Graduate Students’ Union is an independent body within College that represents Postgraduate students throughout College. Upon registration, all postgraduates are automatically members. It is run by two full-time sabbatical officers; this year they are President, Shane Collins and the Vice-President, Elisa Miguelez Crespo. As the head and public face of the Union
Shane is responsible for strategy and policy formation, as well as sitting on a wide range of committees. Elisa is the Union’s Education and Welfare Officer and advises students on academic appeals and supervisor relationships. She’s also here to help on more personal matters, such as financial concerns, illness and bereavement. Any discussions about such concerns are treated with the strictest confidentiality. Contact us at either president@gsu.tcd.ie or vicepresident@gsu.tcd.ie.

The Postgraduate Advisory Service
The Postgraduate Advisory Service is a unique and confidential service available to all registered postgraduate students in Trinity College. It offers a comprehensive range of academic, pastoral and professional supports dedicated to enhancing your student experience.

Who?
The Postgraduate Advisory Service is led by the Postgraduate Support Officer who provides frontline support for all Postgraduate students in Trinity. The Postgrad Support Officer will act as your first point of contact and a source of support and guidance regardless of what stage of your Postgrad you’re at. In addition each Faculty has three members of Academic staff appointed as Postgraduate Advisors who you can be referred to by the Postgrad Support Officer for extra assistance if needed.

Contact details of the Postgrad Support Officer and the Advisory Panel are available on our website: http://www.tcd.ie/Senior_Tutor/postgraduate/

Where?
The PAS is located on the second floor of House 27. We’re open from 8.30 – 4.30, Monday to Friday. Appointments are available from 9am to 4pm.
Phone: 8961417
Email: pg supp@tcd.ie

What?
The PAS exists to ensure that all Postgrad students have a contact point that they can turn to for support and information in college services and academic issues arising. Representation assistance to Postgrad students is offered in the area of discipline and/ or academic appeals arising out of examinations or thesis submissions, supervisory issues, general information on Postgrad student life and many others. If in doubt, get in touch! All queries will be treated with confidentiality. For more information on what we offer see our website.

If you have any queries regarding your experiences as a Postgraduate Student in Trinity don’t hesitate to get in touch with us.
Graduation
Graduation or commencement usually takes place in November or January and it is organised by the Academic Registry. Notification of the date goes directly to the student’s TCD email address. The course staff do not organise the ceremony although they do ensure that the Academic Registry receive a full list of students who are eligible to graduate.

Sports Centre
Students are reminded that their registration fee covers use of the TCD Sports Centre located on the main campus. They should bring their student card if they wish to avail of these facilities or join any of the TCD Clubs.

Careers Advisory Service
Students may wish to connect with the Careers Advisory Service (CAS) by entering their Trinity username and password to log into the MyCareer portal. Appointments are available with members of the CAS including interview preparation, advice can be obtained on CV’s and Linked In profiles, and further postgraduate study options are outlined.
How to Contact Course Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Brian Fitzmaurice</td>
<td><a href="mailto:b.fitzmaurice@tcd.ie">b.fitzmaurice@tcd.ie</a></td>
<td>Course Director of Postgraduate Diploma in Cognitive Psychotherapy, Department of Psychiatry, TCD</td>
</tr>
<tr>
<td>Ms Fionnula MacLiam</td>
<td><a href="mailto:macliamf@tcd.ie">macliamf@tcd.ie</a></td>
<td>Course Coordinator for Postgraduate Diploma in Cognitive Psychotherapy, Department of Psychiatry, TCD</td>
</tr>
<tr>
<td>Ms Majella Moloney</td>
<td><a href="mailto:cbtdip@tcd.ie">cbtdip@tcd.ie</a></td>
<td>Course Administrator for Foundation, PG Diploma and MSc courses in Cognitive Psychotherapy, Department of Psychiatry, TCD</td>
</tr>
<tr>
<td>Dr Craig Chigwedere</td>
<td><a href="mailto:chigwedc@tcd.ie">chigwedc@tcd.ie</a></td>
<td>Course Director of MSc in Cognitive Psychotherapy, Department of Psychiatry, TCD</td>
</tr>
<tr>
<td>Professor Aiden Corvin</td>
<td><a href="mailto:acorvin@tcd.ie">acorvin@tcd.ie</a></td>
<td>Head of Department, Department of Psychiatry, Postgraduate Director of Teaching and Learning, Trinity College School of Medicine</td>
</tr>
<tr>
<td>Dr Stephen Smith</td>
<td><a href="mailto:Steve.Smith@tcd.ie">Steve.Smith@tcd.ie</a></td>
<td>Postgraduate Director of Teaching and Learning, Trinity College School of Medicine</td>
</tr>
</tbody>
</table>

Postal Address

Cognitive Psychotherapy Courses
Department of Psychiatry, Trinity College Dublin
CBT Office
East Wing Office Suite
St Patrick’s University Hospital
St James’s Street
Dublin 8
Reading List

Essential Reading


Introductory Texts for Mental Health Disorders


More Advanced Texts


Specialist Texts


Self-Help Texts


Writing Help

Websites
www.getselfhelp.co.uk
www.psychologytools.com
www.cci.health.wa.gov.au
www.beaumont.ie (Enter mindfulness in the search box)
www.ntw.nhs.uk/pic/selfhelp
www.therapistaid.com
How to Use the Harvard Referencing System

1. How to refer to an author’s work within the text

- The author(s) and year of publication are cited in the text.

Example 1
One study has shown that there was an increased incidence of cerebral palsy in preterm babies monitored by continuous electronic fetal heart rate monitoring as compared to those babies monitored by intermittent auscultation (Sky, 1990).

Example 2
The solid phase enzyme immunoassay has been shown to be an excellent technique for cytokine estimation generally (Hirano et al, 1992; Moscovitz et al, 1994; Kita et al, 1994).

In the examples above the sources are cited chronologically i.e. the oldest source first and separated by a semicolon. The full stop is placed after the closing bracket.

- If the author(s) surname is part of a sentence then the date only appears in brackets.

Example 1
Booth (1996) states that the time spent thinking carefully about the essay title and examining precisely what is required is a vital part of producing a good essay.

Example 2
Booth (1996) and Smith (1997) agree that...

Example 3
According to Roper, Logan and Tierney (1990) no individual model of nursing can be perfect.

Example 4
Gold et al (1997) found that ...

If there are three authors or less, all names are included in the text, as shown in Examples 1, 2 and 3.

If more than three authors have written the item only the first author’s name followed by et al needs to be included in the text as is shown in Example 4.

- Works published by the same author(s) in the same year

Works published by the same author(s) in the same year are assigned the letters of the alphabet in ascending order.

Example
Gold (1998a, 1998b) has suggested that...
This principle also applies to different authors with the same surname and same year of publication.

2. Using quotations

Quotations are borrowed phrases that state something effectively and economically. However, be very careful not to overuse them as the logical flow or theme can become disjointed. A collection of random quotations, even though they relate to the same topic, is unacceptable.

Do not begin a sentence with a quotation but integrate it into your essay/assignment/project i.e. within a sentence or at the end of a sentence.

Direct quotations must be reproduced exactly as they are printed in the original text and enclosed within quotation marks. The author, year and page number on which the quotation is to be found must also be included.

Example
As Faulder (1995:34) has already stated, informed consent is “the right to know and the right to say no”.

2.1 Short quotation as part of a sentence
A short quotation is a sentence or part of a sentence quoted with the text.

Example 1
According to Slade and Churchill (1997:5) there are “several potential targets in the life cycle of the virus for drugs to act against HIV”.

Example 2
It has been stated that “good quality infection control procedures remains the prime means of prevention of occupationally acquired blood borne viruses” (Moyle, 1997:2).

2.2 Block or large quotation
Block quotations should be used sparingly. These are quotations that comprise more than one sentence and should be enclosed in quotation marks. The quotation should be indented 1 centimetre from both text margins, printed in single line spacing and must also include the page number(s) of the source. Use triple space at the beginning and at the end. Do not use bold or italic in this section, unless it appears in the original text. Then continue as usual again with the essay or project text.

Example of block or large quotation
Kitzinger (1980:290) describes the adjustment to motherhood in the following way:

“Psychologically, the first months after birth are a time in which great adjustments are necessary. The mother - even though she hesitates to admit it often harbours a
secret resentment against the baby who has deprived her of her freedom and the leisure of bachelor girl life... Now she may have no money of her own, no personal allowance and no joint bank account, she has to squeeze money for her clothes, her personal luxuries and presents from housekeeping money. She feels tied down by maternity and domesticity. She struggles with tasks for which she has not been trained and which recur day after day with monotonous regularity.”

3. Using primary and secondary sources

A primary source is defined as the original piece of work by an author. A secondary source would be defined as work cited within the literature you are using. Secondary sources should only be used when primary sources are not available.

Example of a secondary source
Melzack and Wall (1965), as cited by Moore (1997:24) introduced the gate-control theory as an explanation for pain perception.

Secondary source in the reference list

4. How to write a bibliography

A bibliography is a list of literature e.g. journal articles or books on a given subject which you have read or consulted and found relevant but not cited in your text. A bibliography is also found at the end of the text and after the reference list and is presented in the same way.

5. How to write a reference list

A list containing the full details of all the references used in the text must be included at the end of the assignment. This should appear on a separate page and be entitled References. The list must be arranged in alphabetical order using the surname of author(s).

Definitions of phrases used within this section.

Title case:
Capitalise the first letter of each word with the exception of small words e.g. and, an, in, of
Example 1
The Research Process in Nursing
Example 2
Understanding Pain and its Relief in Labour

Sentence case:
Capitalise the first letter of the first word and use lower case letters for all other word, except where the word would normally have a capital letter e.g. name of country

Example 1
The research process in nursing
Example 2
Understanding pain and its relief in labour

5.1 Referencing a book

- Author(s) surname plus initial(s) in full. Initials should be in the format ‘A.B.’
- Year of publication
- Title, underlined (use title case) followed by a full stop
- Volume number, if the book has more than one volume number
- Edition no. if later than first edition
- Place of publication: if there is more than one place name given, use the first on the list
- Publisher’s name. Publication details should be in the format ‘Publisher: Place’

Example - please take note of the punctuation used:

5.2 Referencing a chapter in an edited book

- Surname of chapter author(s), followed by initial(s) in full
- Year of publication of chapter (if not available, use year of publication of book)
- Title of chapter (use sentence case)
- In:
- Surnames of editors followed by initial(s) in full
- Followed by (ed) or (eds)
- Year of publication of book, if different from year of publication of chapter
- Title of book, underlined (use title case)
- Edition number
- Place of publication: if there is more than one place name given, use the first
on the list

- Publisher’s name

Example 1 - please take note of the punctuation used:

Example 2 - please take note of the punctuation used:

5.3 Referencing a journal article

- Author(s) surname plus initial(s) in full
- Year of publication
- Title of article (use sentence case) followed by a full stop
- Title of journal in full, underlined (use title case)
- Volume number
- Issue number, in brackets
- The number of the first and last pages on which the article appears

Example 1 - please take note of the punctuation used:

Example 2 - please take note of the punctuation used:

5.4 Referencing a publication by a government agency or other organisation

When referencing a book or report published by a government agency/organisation/corporation, and no individual is named as the author, the general rule is to name the department or body that issued the document in both text and reference list. If the country of origin is other than Ireland, this should be identified as in Example 2.

If the report has a chairperson then the name of the chairperson is referenced in both the text and also in the reference list. If the Department of Health reference refers to the United Kingdom just add UK after the word Health as in the following examples. The reference is in the same style as that of a book.

Examples—please take note of the punctuation used: In the text
Example 1
The main issues of concern here are... (Department of Health, 1994).

Example 2
A report was carried out and found that... (Department of Health UK, 1993).

Example 3
Mac Glennain (1983) found...

In the Reference list


5.5 Referencing a dictionary/directory/encyclopaedia
The reference is in the same style as that of a book.

Example - please take note of the punctuation used:

5.6 Referencing an open learning package
The reference in the text is in the same style as that of a book.

Reference list example - please take note of the punctuation used:

5.7 Referencing a video
The reference in the text is in the same style as that of a book.

Reference list example - please take note of the punctuation used:
5.8 Referencing unpublished sources/theses/dissertations

These sources are used in exceptional circumstances and for information that is not already published. However, these sources should be used economically in assignments. Referencing within the text is the same as journal articles or books. In the reference list, the word ‘unpublished’ is used.

Examples - please take note of the punctuation used:

In the text
Decreased serum levels of IL-6 was found in this small patient group post prednisolone treatment (Clemenger, 1996).

“Participants identified that the initial experience was a difficult, but a satisfying and interesting one, and that utilising the framework became easier with practice and gave them confidence” (Fleming, 1997:75)

In the reference list


5.9 Referencing a personal communication

A personal communication should only used in exceptional circumstances with the permission of the individual concerned and is usually confined to issues/comment not freely available in text form.

In the text
Monaghan (1997, personal communication) agrees that the heart without words is better than words without heart.

In the reference list

5.10 Referencing reprints

Reprints will be accepted for referencing purposes providing the article is from a journal not readily available to you. You must however acknowledge that you have not accessed the original journal. The journals MIDIRS Midwifery Digest, and Learning Disability Bulletin, reprint articles from a wide variety of journals. The references should be cited as follows:

Examples - please take note of the punctuation used:
In the text
Levy (1999) states that in order to make choices, women needed information that they trusted.

Turner and Sloper (1996) found that...

In the reference list


5.11 Referencing a newspaper

Newspaper articles are referenced similar to a journal article in both the text and in the reference list. It is recognized however that not all of these details are always available on newspaper articles. You should use as much detail as you can obtain.

• Name of journalist (if known)
• Date of paper by year
• Title of article (use sentence case)
• Title of newspaper in full, underlined (use title case)
• Date of publication
• The number of the first and last pages on which the article appears

Example 1 - please take note of the punctuation used:

5.12 Referencing from the Internet and other electronic sources

This could include sources from full text compact discs, electronic journals or other sources from the Internet. This can be quite a complex source to include in referencing for your work.

Electronic sources of journals can be referenced similar to manual copies with the addition of the electronic details.

5.12.1 Referencing a journal article from the Internet

In the text:
The reference in the text is in the same style as that of a book.

In the reference list:
• Author(s) surname plus initial(s) in full
• Year of publication
• Title of article (use sentence case)
• Title of journal, underlined (use title case)
• Type of medium in brackets (use ‘Electronic’ if you are unsure if it is online or networked CD-ROM)
• Volume number
• Issue number
• The number of the first and the last pages or indication of length
• “Available” statement: supplier/database name/identifier or number if available
• Item or accession number
• Access date

Not all of these details will necessarily be applicable to every electronic source however the site, path and file are usually found at either the bottom or the top of each downloaded page.

Example - please take note of the punctuation used:

5.12.2 Referencing a World Wide Web (www) page

• Author(s) surname plus initial(s) in full
• Year of publication
• Title, underlined (use title case)
• Type of medium
• Publisher, is available
• Site/Path/File
• Access date

Example - please take note of the punctuation used:
Appendices

Supervision Contract
Consent Form for Audio/Visual Recordings
Student Self-Rating Using CTS-R Scale
Recording Submission Sheet
Student Feedback about Supervision
Supervisor’s Report
Course Scoresheet for CTS-R Scale
Guidelines for Marking Case Studies
Case Study Marking Sheet
Student Action Plan
Essay Scoresheet
Reflective Essay Marking Scale (REMS) Scoresheet
Reflective Class Presentation Scoresheet
Stakeholder Feedback
Declaration of Destruction of Clinical Material
Map of St James’s Hospital Showing Trinity Centre
The Map of CBT Competences for Depression and Anxiety Disorders
Supervision Contract
(Adapted from Newcastle Cognitive Therapy Centre Supervision Contract)

Section 1 Nature of Supervision

1A. Supervision will occur at roughly weekly intervals during academic terms at a mutually convenient time and place. Individual supervision will last 1 hour and joint supervision of 2 supervisees will last for 90 minutes.

1B. We agree that supervision may address, as appropriate, any of the following

(Delete any that do not apply)

1) Assessment issues including suitability
2) Diagnostic issues and their implications
3) Risk to patient, therapist, staff or others
4) Case conceptualisation / formulation
5) Therapeutic relationship and engagement issues
6) Treatment planning including relapse prevention, discharge, boosters and follow-up
7) Fundamental therapeutic skills and techniques
8) In session practice or rehearsal of skills / techniques
9) Discussion of therapeutic strategies
10) Review of video or audio tapes
11) Direct observation
12) Supervision homework
13) Reading
14) The therapist’s own reactions to and beliefs about aspects of their clinical or professional practice
15) Factors that may interfere with the therapist’s ability to act in a competent or professional manner
16) Clinical guidelines, manuals, patient material, etc.
17) The supervisory relationship, as necessary

Contextual or organisational issues that may impact on practice or supervision

1C. Describe for access to supervisor in the event of emergency with one of the supervised cases?

1D. Describe steps if the supervisor is absent, whether planned or unplanned?
1E. Describe steps that will be taken if the supervisee is absent, whether planned or unplanned?

**Section 2  Responsibility and Indemnity**

2A. If applicable, is a Letter of Access for supervisee obtained from General Manager of host organisation for supervisee to see patients?

2B. Explicit clinical responsibility issues for patient(s)

Person holding clinical responsibility:

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

2C. If applicable, is there professional Indemnity Insurance if patient not seen within the Health Service/Hospital.

   Supervisee Insured?
   Supervisor Insured?

2D. Clear provision for taping sessions, including explicit patient consent for use in supervision?

2E. Explicit agreement with patient about conditions of tape viewing

   By supervisor?
   By fellow supervisee/s?
   By other parties (e.g. assessors)?

2F. Are supervision tapes part of the medical record?
Section 3 Conditions of Supervisory Relationship

3A. Explicit discussion of confidentiality of supervision (including supervision records)

We agree that it is expected that the content of supervision be strictly confidential unless:

1) issues arise that concern codes of professional practice such as professional malpractice or where disclosure is necessary for the safety of patients, people around them, or staff,
2) requested by Court of Law, Coroner’s Office, or Professional Body,
3) serious difficulties arise in supervisory relationship,
4) serious issues arise related to course or placement requirements.

In all cases, especially the last two, whenever possible, it is considered good practice for either party to inform the other(s) before disclosure to the relevant person.

Please append any outcome of discussion or additional agreements or action plans

3B. Explicit discussion of procedures in event of deterioration of the supervisory relationship.

We agree that in the event that the supervisory relationship deteriorates when there is no question of inappropriate behaviour by either party, supervisor and supervisee will first attempt to resolve the issue together, and in the event that the difficulty is not resolved or both parties agree that outside help is required, then the following person(s) should be contacted immediately.

Name __________________________________
Role ___________________________________

Name __________________________________
Role ___________________________________

Please append any outcome of discussion or additional agreements or action plans

3C. Explicit discussion of procedures should personal circumstances or placement requirements necessitate review of supervision arrangements.

We recognise that supervisors and course directors have a duty of care for supervisees and those affected by their actions. We agree that should personal circumstances or placement requirements necessitate the review or alteration of current supervision arrangements, these matters will first be discussed by those parties involved in the initial supervision agreement.
We also agree that an approach may be made by those parties affected by a revision of supervision agreements to those persons who would necessarily be involved in the organisation of the placement, namely:

Name __________________________________
Role ___________________________________

Name __________________________________
Role ___________________________________

Please append any outcome of discussion or additional agreements or action plans

3D. Explicit discussion of supervision of supervision.

We recognise that supervisors and directors have a duty of care toward supervisees and those affected by their actions. Notwithstanding the statements above concerning confidentiality of supervision, we agree that in line with the goal of maintaining and raising the standard of supervision, it would be appropriate for the supervisor to take issues arising from supervision covered by this contract to a suitable supervisory context. It is expected that such supervision of supervision would meet high standards of professional practice and confidentiality.

Please append any outcome of discussion or additional agreements or action plans

3E. Explicit discussion or exchange of information between supervisors and the course directors.

We recognise that supervisors and course directors have a duty of care toward supervisees and those affected by their actions. Notwithstanding the statements above concerning confidentiality of supervision, we agree that in line with the goal of aiding supervisees to meet the requirements of the course and facilitate learning, it would be appropriate for the supervisor to provide summary feedback to the course direction in such contexts as supervisors meeting held each term. Such feedback could include attendance, difficulties encountered in submitting work, overall progress, and specific problems that are not of a sensitive or personal nature. It is expected that the supervisors meeting will be conducted in a way that would meet high standards of professional practice and confidentiality. Specific problems of a personal or sensitive nature would be dealt with according to individual students needs which may include seeking out personal supports or arranging personal therapy independent of supervision.

Please append any outcome of discussion or additional agreements or action plans
3F. It is recognised that, in the eventuality of details relating to supervision being requested or subject to subpoena by a court of law, legal professionals, or required by professional bodies, legal or professional guidance will be sought from:

i. Supervisor’s place of employment

ii. Supervisee’s place of employment

iii. College

…………………………………………………………………………………………………………………………
Supervisee Supervisor Date

Copy to: Supervisee, Supervisor

Any Appendices should be signed and dated by Supervisee and Supervisor and attached to this document.
Consent Form for Audio/Visual Recordings
Use Hospital or Service headed paper

Consent form for Audio / Video Recordings

Patient Name..........................................................................................

Patient’s Consultant..............................................................................

Date of Recording..............................................................................

Place of Recording..............................................................................

Clinician Responsible for recording..................................................

Nature of Recording:

Audio Recording to be used in clinical supervision

Video Recording to be used in clinical supervision

Purpose of Recording:

For Supervision and Assessment of a therapist as part of clinical training

Restrictions to use of Recording:

This recording will not be used by non-clinical staff.

It will only be listened to / watched by the therapist, their supervisor, co-supervisee, and assessors.

The recording will be erased after one year.

Special Comments:
Consent:

I have read, understand and agree with the information given above. I understand that I may withdraw my consent to use of this recording at any time in the future and that to do so I should contact the responsible clinician noted above.

........................................  ........................................
Signature                      Date
Student Self Rating using CTS-R Scale

Student name: ________________________________

Tape Name & Term: _________________________________________________

Date of submission: _______________________________________________

Total CTS-R Scale Score: ____________
Perceived Rating of patient suitability (1 = not suitable, 6 = highly suitable) ______

Important
The ‘Key Features’ on the CTS-R describe important features that need to be considered when scoring each item. When rating the item, you must first identify whether some of the features are present. You must then consider whether the therapist should be regarded as competent with respect to the features. If the therapist includes most of the key features and uses them appropriately (i.e. misses few relevant opportunities to use them), the therapist should be rated very highly. The ‘Examples’ given on the CTS-R are only guidelines and should not be regarded as absolute rating criteria. Rate score as 0-6 as per CTS-R Manual.

<table>
<thead>
<tr>
<th>CTS-R Items</th>
<th>Score</th>
<th>Comments Regarding Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Agenda setting and adherence.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the therapist set a good agenda and adhere to it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Feedback</strong></td>
<td></td>
<td></td>
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<tr>
<td>Did the therapist regularly provide and elicit feedback?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Collaboration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was good teamwork evident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Pacing efficient use of time.</strong></td>
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</tr>
<tr>
<td>Was the session well-paced and the time used efficiently?</td>
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<td><strong>5. Interpersonal effectiveness.</strong></td>
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<td>Was a good therapeutic alliance evident?</td>
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<td>Did the therapist elicit relevant</td>
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</tbody>
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<p>| | |</p>
<table>
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</tr>
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<td></td>
</tr>
<tr>
<td><strong>12. Homework setting</strong> Did the therapist set an appropriate homework?</td>
<td></td>
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Further Comments:
Recording Submission Sheet
To be included with each recording

(Students must label each disc and with their student name, case, session identifier and the term e.g. Joe Bloggs, 2nd Term Resubmission using a CD/DVD specific pen)

Student Name: _________________________________

Date of Submission: _________________________________

Recording:

1st Term / 2nd Term / 3rd Term / (circle as appropriate)

Resubmission 2nd Term / Resubmission 3rd Term (circle)

Medium: CD/ DVD  No of copies provided: _________________________________

Format as per guidelines on submitting recordings: YES / NO

Self-rating with CTS-R included? First Term/ Second Term/Third Term

Session number with this client: _________________________________

Brief synopsis of patient/ therapy to date (max 150 words)

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Student Feedback about Supervision

Name of Student:

Name of Supervisor:

A. In this term how many times have you met up with your supervisor?

B. Any difficulties arranging supervision or contacting your supervisor?

C. In this term what had been the key learning from supervision?

D. What learning objectives have not yet been met?
E. What have you found helpful in supervision this term?

F. What has not been helpful?

G. What could be improved or done differently?
Supervisor’s Report

Supervisee’s Name: ..............................................................................................................
Supervisor’s Name: ..............................................................................................................

A. Supervisee’s Clinical Practice

Type of Clients / Problems Treated

What evidence do you have to the nature of your Supervisee’s practice?

In-session Live Supervision / Recordings of sessions / Case conceptualizations

Role-play / Discussion of Cases / Feedback from clients / other.................................

B. CBT Skills Development

What specific areas of CBT have been focused on in supervision?

What specific CBT skills and competencies are emerging/becoming established?

What specific CBT competencies will need to be further developed /addressed in the next term?

C. Generic Therapeutic Skills / Alliance

What is your supervisee’s understanding of the development, maintenance and ending of the therapeutic alliance?

What evidence do you have of the Supervisee’s competence in managing the therapeutic alliance?
D. Governance and Safety

What evidence do you have that your supervisee is capable of safe and effective CBT practice?

Do you have any concerns about your supervisee’s current practice?

E. Supervisory Relationship

Is supervision Joint or Individual?

Did you establish a written supervision contract?

Have you encountered any difficulties establishing / providing supervision?

How do you think supervision might be improved in the next term?

What do you think should be the main learning objectives of supervision in the next term?

Signed ........................................... Date .........................

Name of Supervisor .................................................................
Course Scoresheet for CTS-R Scale

Name of rater: _____________________________

Student name: _____________________________

Tape Name & Term: _________________________________________________

Date of marking: _____________________________________________________

Score: __________
Perceived Rating of patient suitability (1 = not suitable, 6 = highly suitable) ______

Important
The ‘Key Features’ on the CTS-R describe important features that need to be considered when scoring each item. When rating the item, you must first identify whether some of the features are present. You must then consider whether the therapist should be regarded as competent with respect to the features. If the therapist includes most of the key features and uses them appropriately (i.e. misses few relevant opportunities to use them), the therapist should be rated very highly. The ‘Examples’ given on the CTS-R are only guidelines and should not be regarded as absolute rating criteria. Rate score as 0-6 as per CTS-R Manual.

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**Further Comments:**

This feedback form must be emailed to the course administrator cbtdiploma@tcd.ie and emails should contain a subject line. Files must be named using the following standardised format keeping in mind your obligation under Data Protection legislation to securely transmit confidential information which is part of a student’s academic record and the large volume of student marking sheets processed by the course administrator every year.

**Example:** Your name_Term 2_CTS-R Scoresheet_student name
Guidelines for marking Case Studies

(Based closely on the guidelines of Melanie Fennell, Oxford, April 2000)

Checklist of contents
This covers items specified in the case presentation guidelines. Marks are deducted where significant content is omitted, unless its inclusion is judged unnecessary.

Guidelines for marking Case Studies
(Based closely on the guidelines of Melanie Fennell, Oxford, April 2000)

Marking Scale

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fail</td>
<td>Clear Fail</td>
<td>Borderline Fail</td>
<td>Pass</td>
<td>Very Good</td>
<td>Distinction</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

We recognise four classes of results:

- **DISTINCTION** (for marks over 70)
- **PASS** (incorporating the categories GOOD PASS 60-69%, PASS 50-59%)
- **BORDERLINE FAIL** (40-49%)
- **CLEAR FAIL** (below 40%)

In addition to marks, we supply trainees with written feedback summarising the strengths and weaknesses of each piece of work.

Please mark each case presentation on the above scale, according to how far it meets the requirements of the attached guidelines. Please take into account:

- The writer’s ability to understand the patient’s difficulties and to conceptualise their development and maintenance in terms of the cognitive model of emotional disorder.
- The extent to which treatment follows logically from conceptualisation and is clearly cognitive-behavioural in nature
- Outcome is evaluated on relevant dimensions
- The discussion shows awareness of factors contributing to or preventing change and an ability to present and structure material clearly, coherently and concisely
- Where there is a discrepancy between content and style, please give priority to the *content* in your mark.
The following guidelines should help you pitch marks appropriately:

DISTINCTION (70% or over)
- Excellent conceptualisation/treatment, based on sound knowledge of theory and research
- Penetrating clinical judgement (sophisticated clinical skills; highly sensitive to individual client needs; measures and interventions apt and well implemented)
- Evidence of independent thought; finely developed ability to reflect on/learn from practice
- Excellent presentation (concise, coherent and articulate)

PASS GRADES (50-69%)

60 - 69% VERY GOOD
- Very good work, showing sound knowledge of theory and research
- Balanced, careful clinical judgement, good clinical skill and sensitivity
- Some initiative, and good ability to reflect on and learn from practice
- Consistently good presentation: clear and concise

50-59% PASS
- Conceptualisation/treatment informed by some knowledge of theory and research
- Some clinical judgement (skills quite good, but lacking consistency; follows CBT protocol, but without much ability to adapt to the individual patient)
- Some evidence of independent thought; good attempt to reflect on and learn from practice
- Uneven presentation (e.g. diffuse report; some sections unclear or insufficiently developed)

FAIL GRADES (less than 50)

40-49% BORDERLINE FAILURE
- Basic contribution, reflecting elementary knowledge of related theory and research
- Limited clinical judgement (basic clinical skills; conceptualisation insufficiently precise; appropriate measures and/or interventions omitted; limited attempt to adapt protocol to the individual patient; interventions, though cognitive-behavioural in nature, do not follow logical from conceptualisation/problem list, or are not integrated into a coherent treatment plan
- Minimal evidence of independent thought; minimal ability to reflect on/learn from practice
- Careless presentation, confused expression (interventions not clearly described; report does not follow case guidelines; repetitive; too long/short)
Under 40% CLEAR FAIL

- Significant ignorance or misunderstandings of CT theory and research (errors in understanding of CT literature; inappropriate or incorrect model conceptualisation)
- Poor clinical judgement (serious omissions in treatment, or persistence in using inappropriate interventions; treatment poorly carried out, mechanically applied, or not cognitive-behavioural in nature; interventions poorly selected and unrelated to diagnosis, conceptualisation or problem list; insensitivity to individual patient’s needs)
- Little or no evidence of ability to reflect on or learn from practice
- Poor presentation (many errors, rambling, incoherent, difficult to follow)
Case Study Marking Sheet

Trainee _________________  Marker _______________  Term No.__

Marking Scale

<table>
<thead>
<tr>
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<th>10</th>
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</table>

Comments on the following:

CONTENT

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
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STRUCTURE

<table>
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STYLE

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OVERALL MARK ___________  GRADE________

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Files must be named using the following standardised format keeping in mind your obligation under Data Protection legislation to securely transmit confidential information which is part of a student’s academic record and the large volume of student marking sheets processed by the course administrator every year.

Example: Your name_Term 2_ Case Study Scoresheet_student name
Student Action Plan

Student Name:………………………………………………………………..Term 1 / 2 / 3

Clinical

Problem identified: ........................................................................
.........................................................................................
.........................................................................................
.........................................................................................

Proposed Actions:

By Student: ........................................................................
.........................................................................................
.........................................................................................

By Clinical Supervisor / Course Staff (Name……………………………………)
.........................................................................................
.........................................................................................
.........................................................................................

Academic

Problem identified : ........................................................................
.........................................................................................
.........................................................................................
.........................................................................................

Proposed Actions:

By Student: ........................................................................
.........................................................................................
.........................................................................................

By Course Staff (Name……………………………………)
.........................................................................................
.........................................................................................
.........................................................................................

Review date for resolution: ...........................................

Contingencies if not resolved:...........................................
.........................................................................................

Completed by ........................................... Date .....................
Signed by Course Director................................. Date .....................
Essay Scoresheet

The Essay is to be marked out of 20 as follows:

0 – 7.9 (Clear Fail < 40%)
- Student shows little or no understanding of how the subject is addressed in the cognitive therapy literature.
- Little knowledge of / reflection upon what has been taught throughout the year or its relevance to the essay subject.
- Major points of essay poorly communicated / presented

8 – 9.9 (Borderline Failure 40 – 49 %)
- Very Basic understanding of how the subject is addressed in the cognitive therapy literature.
- Themes poorly integrated with insufficient effort to bring together / reflect upon a range of important themes.
- Basic presentation with many errors / omissions

10 – 13.9 (Pass / Good Pass 50 - 69 %)
- Student shows a good / solid understanding of the subject and an awareness of how the Cognitive therapy literature addresses the subject area.
- Student has shown an attempt to integrate theory and practice elements from the Cognitive therapy literature.
- Student has shown evidence of reading and reflection upon the course curriculum and integrated a range of concepts but sometimes with minor inconsistencies.
- Student has communicated their knowledge and opinions in a way that can be readily understood (including the use of diagrams or illustrations, use of appropriate quotations etc).

14+ (Distinction > 70 %)
- Student shows an excellent understanding of the subject and a comprehensive awareness of how the Cognitive therapy literature addresses the subject area.
- Student has intelligently integrated theory and practice elements from the Cognitive therapy literature into well balanced perspectives or well reasoned arguments on the subject area.
- Student has shown evidence of reading and reflection beyond the course curriculum and integrated a range of concepts sometimes in a novel manner.
- Student has communicated their knowledge in a concise and succinct way that is readily accessible and understandable to the reader.

NB : MARKS SHOULD NOT BE DEDUCTED SOLELY BECAUSE OF SPELLING / GRAMMATICAL ERRORS (Please comment on these in the presentation skills section)
This feedback form must be emailed to the course administrator cbtdiploma@tcd.ie and emails should contain a subject line. Files must be named using the following standardised format keeping in mind your obligation under Data Protection legislation to securely transmit confidential information which is part of a student’s academic record and the large volume of student marking sheets processed by the course administrator every year.

Example: Your name_Term 2_Essay Scoresheet_student name

1. Content of Essay
   Comments:_________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. Structure of Essay
   Comments:_________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Presentation Skills
   Comments:_________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

OVERALL SCORE /20
## Reflective Essay Marking Scale (REMS) Scoresheet

**Student:**  
**Date:**  
**Marker:**  
**Score:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absence of feature, or highly inappropriate reflection</td>
</tr>
<tr>
<td>1</td>
<td>Very basic and/or inappropriate reflection on the feature</td>
</tr>
<tr>
<td>2</td>
<td>Evidence of reflection on the feature, but lack of consistency</td>
</tr>
<tr>
<td>3</td>
<td>Competent, but some problems and/or inconsistencies</td>
</tr>
<tr>
<td>4</td>
<td>Good reflection on the feature, but minor problems/ inconsistencies</td>
</tr>
<tr>
<td>5</td>
<td>Very good reflection on feature, minimal problems/ inconsistencies</td>
</tr>
<tr>
<td>6</td>
<td>Excellent reflection on the feature</td>
</tr>
</tbody>
</table>

Using the scale above, please score the quality of reflection within the piece of writing/essay on each of the following features:

<table>
<thead>
<tr>
<th>Feature to Be Rated</th>
<th>Comments for the Participant</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal-self:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Does the reflective writing demonstrate evidence of learning about the self, including development of self-awareness, links to early developmental experiences, and experience of personal change due to the SP/SR practice?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist-self:</td>
<td>Does the writing demonstrate evidence impact of SP/SR on factors such as knowledge of concepts and procedures, use of specific skills, empathy and other interpersonal skills?</td>
<td></td>
</tr>
<tr>
<td>Evidence of Bridging:</td>
<td>Does the writing demonstrate evidence of the integration of learning from reflection on the personal and therapist-self, as well as how SP/SR experience links to clinical and personal practice?</td>
<td></td>
</tr>
<tr>
<td>Understanding of reflective process:</td>
<td>Does the writing show awareness, understanding and application of SP/SR theories and suggested best practices, as well as how they inform the writer’s own reflective practice?</td>
<td></td>
</tr>
</tbody>
</table>

**Overall Comments:**
Reflective Class Presentation Scoresheet

The Class Presentation is to be marked out of 10 as follows:

0 – 4 (Clear Fail)
- Student shows little or no understanding of how cognitive therapy might be integrated into their professional practice.
- Little knowledge of / reflection upon what has been taught throughout the year or its relevance to their future practice
- Learning points poorly communicated / presented

4 – 5 (Borderline Failure)
- Basic understanding of role of cognitive therapy in their professional practice.
- Themes poorly integrated with insufficient effort to bring together / reflect upon a range of important themes.
- Basic presentation with many errors / omissions

5 – 6.9 (Pass / Good Pass)
- Student shows a good / solid understanding of the nature and range of professional roles they undertake and how Cognitive therapy might interact with these roles.
- Student has shown an attempt to integrate theory from Cognitive therapy into their engagement with patients and interaction with colleagues.
- Student has shown evidence of reading and reflection upon the course curriculum and integrated a range of concepts but sometimes with minor inconsistencies.
- Student has communicated their learning in a way that can be reasonably well understood by their peers and the assessors.

7- 10 (Distinction)
- Student shows an excellent understanding of the nature and range of professional roles they undertake and how Cognitive therapy might interact with these roles.
- Student has intelligently integrated theory from Cognitive therapy into their engagement with patients and interaction with colleagues.
- Student has shown evidence of reading and reflection beyond the course curriculum and integrated a range of concepts sometimes in a novel manner.
- Student has communicated their learning in a concise and succinct way that is readily accessible and understandable to their peers and the assessors.

1. Understanding of CBT and integration into own practice
Comments: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

91
2. Degree of Reflection on Learning
Comments:___________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
3. Presentation Skills
Comments:___________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
OVERALL SCORE /10
Stakeholder Survey

Dear Sir/Madam

Your Staff Member, …………………………………….., completed the Trinity College, Dublin, Postgraduate Diploma in Cognitive Psychotherapy.

We are committed to evaluating the relevance and value of this course to employers as the course represents a significant time and energy investment not just on the part of students but also their employers/managers. We would be very grateful if you could complete this short questionnaire so that we might better understand your perspectives on the training we provide.

Please rate how valuable you think that this course / training programme has been to:
(Please circle single number)

**Your staff member**

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<th>Moderately Valuable</th>
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**Their Team / Colleagues**

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**The Overall Service / Organization**

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**If another member of your staff wished to enrol on this course how strongly would you support their application?**

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<th>Definitely Not Support</th>
<th>Moderately Supportive</th>
<th>Extremely Supportive</th>
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Would you recommend this course to a member of your staff / team?
Would Not Recommend
Highly Recommend

What is your role in your organization ........................................

Do you directly line manage ............................................ YES / NO

Please state your reasons for recommending / supporting staff to enrol on this course
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Please state any reservations you have or reasons for not recommending / supporting staff to enrol on this course
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Do you have any suggestions as to how we might improve the relevance or content of our course to your organisation?
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Many Thanks for your assistance

Dr Brian Fitzmaurice
Course Director

Ms Majella Moloney
Course Administrator

http://www.medicine.tcd.ie/psychiatry/postgraduate/courses/cognitive-psychotherapy/

Please return this form to the course administrator
Declaration of Destruction of Clinical Material

TCD Courses in Cognitive Psychotherapy
Academic Year 2017/2018

I………………………………………………………………………………………….confirm that I have destroyed/deleted all recordings of clinical interviews/assessments/CBT sessions on all discs, devices etc. for this academic year.

Furthermore I can confirm that all written material regarding patients has been appropriately anonymised or has been destroyed or is securely stored in accordance with Data Protection Policies.

Signed
…………………………………………………

Dated
…………………………………………………
Map of St. James’s Hospital Showing Trinity Centre
The map of CBT competences for depression and anxiety disorders

Generic therapeutic competences
- Knowledge and understanding of mental health problems
- Knowledge of, and ability to operate within professional and ethical guidelines
- Knowledge of a model of therapy, and the ability to understand and employ the model in practice
- Ability to engage client
- Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and world view
- Ability to deal with emotional contagion
- Ability to manage endings
- Ability to undertake genetic assessment (relevant history and identifying suitability for intervention)
- Ability to make use of supervision
- Ability to implement CBT using a collaborative approach

Basic CBT competences
- Knowledge of basic principles of CBT and rationale for treatment
- Knowledge of common cognitive biases relevant to CBT

Specific CBT techniques
- Exposure techniques
- Coping relaxation and coping tension
- Ability monitoring and scheduling

Problem-specific competences
- Specific phobias
  - Social phobia – Maladaptive
  - Panic disorder with or without agoraphobia
  - Obsessive-compulsive disorder
  - Post-traumatic stress disorder
- CBT specific neurocompetences
  - Ability to implement CBT in a manner congruent with the underlying philosophy
  - Ability to formulate and apply most appropriate BI & CBT method
  - Ability to structure sessions and maintain appropriate pacing
- Meta-competences
  - Capacity to use clinical judgement when implementing treatment models
  - Capacity to adopt interventions in response to client feedback
  - Capacity to use and respond to humour

Guided discovery and solution-focused
- Using thought records
- Identifying and working with safety behaviours
- Using summaries and feedback to structure sessions
- Using summarisation and feedback to structure sessions
- Ability to elicit key cognitions/images
- Ability to identify and help client modify assumptions, attitudes and beliefs
- Ability to employ imagery techniques
- Ability to plan and conduct behavioural experiments
- Problem solving
- Ability to end therapy in a planned manner, and to plan for long-term maintenance of gains after treatment
- Ability to understand client's inner world and responses to therapy

Cognitive therapy – Beck
- Behavioural activation – session
- Behavioural activation – session
- Guided CBT self-help