Department of Psychiatry
MSc in Cognitive Psychotherapy
2016–2018
Master of Science in Cognitive Psychotherapy
Trinity College Dublin
Course Handbook for Students 2016-18

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Course Welcome

Welcome to the Trinity College Dublin Master in Science 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 pre-existing experience and familiarity with research in 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 a postgraduate 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. This is your course we want to make it as good as it can be for you.

Dr Craig Chigwedere
Course Director
**Aims of the Course**

The course will allow students (healthcare workers) to use an enriched clinical experience as the platform to critically evaluate the research literature in this field and generate research projects that can be readily conducted in that clinical environment. Students completing the course should also comfortably meet the academic and clinical requirements for accreditation as Cognitive Psychotherapists.

Clinical competence is developed through a combination of lectures and workshops, 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.

Research competence is developed through workshops focussing on critical appraisal of research literature, research design & research protocol development. Students will complete a research project and submit a research thesis in their second year.

The following are the specific aims of the Master in Science Course:

- To develop a deeper knowledge of the theory and practice of cognitive behavioural psychotherapy
- To critically appraise specific adaptations of the cognitive model for a variety of clinical disorders
- To critically evaluate research methodology, outcome and efficacy in cognitive psychotherapy
- To demonstrate expert level competence in assessing patient suitability for cognitive psychotherapy
- To devise complex cognitive formulations with a range of disorders
- To critically discuss the central concepts of cognitive psychotherapy and to communicate about a variety of treatment skills
- To critically reflect on the current status of different treatment approaches within cognitive psychotherapy
- To evaluate and demonstrate the ability to adapt the cognitive model to cater for the unique circumstances of each individual patient
- Exhibit ability to add to existing knowledge by devising a research hypothesis and study to evaluate that hypothesis
- Prove the ability to present findings from research project and to analyse its limitations

By the end of the M.Sc. course you should be proficient in the assessment and treatment of acute Axis I emotional disorders and be implementing concepts and methods from schema-focused cognitive psychotherapy and transdiagnostic models, which are more appropriate to complex, long-term and recurrent disorders. We expect that you will develop sufficient knowledge, confidence and skills to deliver cognitive psychotherapy for a range of problems and carry it out comfortably with your own personal style. Students can orientate themselves to a comprehensive list of CBT competencies considered necessary for effective practice at
Course Structure

This course is designed as a two year part-time taught M.Sc. in Cognitive Psychotherapy. It is run under the auspices of the School of Medicine and Health Sciences, TCD. The Master in Science awards are conferred by the University of Dublin, Trinity College.

The M.Sc. course is run on a part-time basis and will be based from 2016/2018 at St. Patrick’s University Hospital. The class meets every Friday in the first term, from 10am to 4:30pm. As some of our expert workshop facilitators whose workshops may run over two days travel from abroad, and it will sometimes be necessary to have a workshop that runs on a Thursday and Friday of the same week. As necessary, some additional teaching days may be required to supplement this structure. Should this become necessary, students will be notified at the beginning of each term regarding supplementary teaching days.

The Course is divided into 5 modules which are delivered over the 2 years:

PR7207 Clinical Placement
PR7211CBT for Complex Mental Health Problems
PR7210 Self-Practice / Self-Reflection Skills in CBT
PR7208 Research Skills – Critical Appraisal of CBT literature
PR7209 Research Dissertation a) Research Protocol Development
b) Research Thesis

Course Outline

Term 1 / Michaelmas Term – Year 1

The first term will focus on the appraisal of research methodology. The focus is on understanding of research methodology and study design. Though basic statistics and statistical analyses will be covered, it is important for students to understand that this is an introduction to research practice, not a statistics course. Should students have a particular interest in deepening their understanding of research statistics and statistical analyses, they can be directed elsewhere. Students will start to critically appraise the research literature in CBT and will understand common research designs in this field. By the end of the first term, students should be ready to present a workable research proposal. This will allow students to start to plan their own research project that will be completed in the second year.
The clinical focus in the first term is on review of CT research and the application of CBT for disorder specific models for Axis I disorders. The teaching methodology is through tutorials, case presentation and intensive supervision. The focus is on appraisal of CBT models, including depression and anxiety disorders with the aim of supporting students’ existing cognitive psychotherapy skills and practice. Students will examine concepts, broadly applicable to a range of patients and problem areas, such as case conceptualization and obstacles to therapy.

**Term 2 / Hilary Term – Year 1**

In the second term more complex disorder-specific models are evaluated and students will begin their clinical placement module. Students will present and refine their research ideas in a written format. If students choose a systematic review for their research project they will be expected to have reviewed and reported on research papers to be included or excluded in their study.

**Term 3 / Trinity Term – Year 1**

In the third term, we will address specific issues that may arise in treating more complex cases, and work on developing individualised cognitive conceptualisations. Different models of cognitively based therapies, such as Dialectical Behavioural Therapy, Compassion Focused Therapy and Cognitive Behavioural Therapy for PTSD, psychosis and personality disorders will also be explored. All students, at the end of the term will complete their literature review for their research thesis.

**Term 4 / Michaelmas Term - Year 2**

The completion of all data collection, systematic review of research literature and analysis of results is the primary focus of the first term in Year 2. Students will be expected to orally present the main findings of their research at the end of this term. Students will complete their clinical placement and provide a progress report on their attendance at personal therapy. Those who have not already commenced their personal therapy will be prompted to report on their plans to start this.

**Term 5 / Hilary Term – Year 2**

The presentation of your research thesis is the main objective of this term. Students will have completed their clinical placement and we will start to make plans for longer term sustainable supervision, including peer supervision.

**Term 6 / Trinity Term – Year 2**

An important focus of the last term is a deeper understanding of supervision in CBT and the skills and framework required to develop as a supervisor of CBT. We will also address the application of cognitive therapy in the context of multi-disciplinary teams and within organizations. This will include a focus on how to plan, advocate for and evaluate the provision of CBT in different contexts.
Course Content

The content of the course comprises 90 ECTS (1 ECTS = 25 student effort hours) and is broken into 5 separate modules:

1. Clinical Placement Module (20 ECTS)
2. CBT for Complex Mental Health Problems (15 ECTS)
3. Self-Practice / Self-Reflection Skills in CBT (10 ECTS)
4. Research Skills – Critical Appraisal of CBT literature (15 ECTS)
5. Research Dissertation
   a) Research Protocol Development (10 ECTS)
   b) Research Thesis (20 ECTS)

The relative value of each module is reflected in the overall student scoring at the end of the course. The course is marked out of 90 marks, with 20 marks given for the Clinical Placement module, 15 marks for CBT for Complex Mental Health Problems and 10 marks available for the Self-Practice/Self-Reflection Skills in CBT. The Research Skills and Research Dissertation contribute 15 marks and 30 marks respectively.

For the award of a Master of Science degree with Distinction students must, in addition, achieve a mark of at least 70% in the research dissertation and in the overall average mark for the course.

Module 1 - Clinical Placement

Module Co-ordinator - Ms Colette Kearns

(20 ECTS – part-time placement over 12 months)

Learning Objectives:

Enhancement of Psychotherapy Knowledge, Skills, and Attitudes

- Critical evaluation of the Principles of Psychotherapeutic practice
- Demonstration of expert knowledge of the therapeutic relationship and its optimisation in CBT
- Demonstration of expert application of the Structure and Process of Cognitive Therapy intervention
- Development of individual case formulations from a range of different CBT models and patients, including long-term, complex cases
- Revision and enrichment of early formulations as therapy proceeds
- Applying cognitive and behavioural interventions in a clinically sensitive manner
• Evaluation of factors inhibiting progress within the patient, the therapy relationship and the patient’s external environment
• Capacity to select and apply the most appropriate CBT methods
• Capacity to manage obstacles to CBT Therapy
• The ability to identify and address issues which indicate resistance to change and which arise at the termination of therapy.
• Appreciation of therapist’s own personality and attitudes and how that impacts upon the process of therapy

The clinical placement should afford students the opportunity for some sub-specialism in CBT by either focussing on a specific diagnostic group or use of a transdiagnostic model across a number of diagnoses. Generally the student requires some change in their existing work roles or transfer to a different service to enable the clinical placement to have a significant educative value. However, it is recognised that a change in work placement may not always be possible; therefore a student can stay in their existing workplace. For students to gain the most from the existing workplace option, it is advisable that they identify a specific area of focus of their clinical work. The Course Director will propose clinical placements by the end of the first term.

The clinical placement module typically takes place over Terms 2, 3, & 4 but it is possible that it can be adapted to meet individual student needs or the needs of services in which they are working. The table below gives a rough outline of the level of patient contact hours anticipated throughout the MSc course. For the clinical placement module all students must demonstrate that they have completed at least 250 hours of supervised CBT practice.

**Outline of Patient Contact Hours during course**

<table>
<thead>
<tr>
<th></th>
<th>Term 1 Sept.-Dec</th>
<th>Term 2 Jan-Mar</th>
<th>Term 3 Apr–Sept</th>
<th>Term 4 Sept.–Dec</th>
<th>Term 5 Jan-Mar</th>
<th>Term 6 Apr–Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Own Workplace</strong></td>
<td>25 hours (2 patients)</td>
<td>40 hours (4 patients +/- group)</td>
<td>70 hours (6 patients +/- group)</td>
<td>40 hours (4 patients +/- group)</td>
<td>25 hrs (2 pts)</td>
<td>50 hrs (5 pts)</td>
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<tr>
<td><strong>Clinical Placement</strong></td>
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<td>(min. 1 day per week)</td>
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</tr>
<tr>
<td><strong>Supervision</strong></td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Peer</td>
<td>Peer</td>
</tr>
</tbody>
</table>

During the Clinical Placement students would be expected to see a minimum of 12 completed cases including a number of complex cases and across a range of disorders and levels of severity. During their placement or in their own workplace
they should ideally to act as co-therapist in the delivery of a CBT group where possible (greater amount of individual work will be required if conducting a group is not feasible within the placement/workplace). Students should be able to attend and contribute to referral meetings, case conferences, multidisciplinary meetings and journal clubs/teaching events within the service where they have their clinical placement. Students must demonstrate that they have presented CBT casework and made at least one individual academic/teaching presentation as part of their Clinical Placement. They will take on at least two patients for long term CBT (>6 months).

**Audio/Video recording:** The use of audio/video recording of therapy sessions in supervision has been found to be essential in CBT training. Recordings of therapy sessions should be routinely brought to supervision and used as a focus for discussion. The student will also be able to self-monitor skills development using the Cognitive Therapy Scale - Revised (CTS-R).

**Monitoring Progress:** Submitted recordings will allow the assessment of progress and begin the process of defining objectives for each term. At the end of the course, clinical performance will be evaluated on the CTS-R. Recordings submitted must have an overall score on the CTS-R above 55% at end of year 1 and 60% at the end of year 2.

At the end of each academic year, the student will be invited to provide feedback on supervision. Unresolved difficulties with a supervisor can be raised with the Course Director. If the Course Director is the supervisor concerned, another supervisor or member of the Course Advisory Committee may be approached.

**Personal Therapy:** Though Personal Therapy has not traditionally occurred within Cognitive Psychotherapy training, it is likely to provide the richest opportunity for students to reflect on their own personality and identity as a therapist. Students must complete a minimum of 15 sessions of a cognitively based psychotherapy. Alternatively they may complete 25 hours of another model of Psychotherapy. Completion must be certified by an accredited therapist.

**Assessment**

**Module 1**

3 Case Studies (3,500 words) are weighted at 5%, 10% and 15% = 8 marks
3 CTS-R ratings of Therapy are weighted at 5%, 15% and 20% = 8 marks
Supervisor’s Reports = 4 marks

**Written Assignment and Recordings of Therapy:** One case study and recorded session to be submitted in November 2016 for assessment). 1 case study and one recorded session required at the end of the 2nd term. The pass mark for the 2nd term is 40/72 (55%). Similarly at the end of the Clinical Placement a case study and recording is submitted and the pass mark for the final recording on the CTS-R is 43/72 (60%).
Supervisors End of Placement Report:
A middle and end of placement report will be completed on each student. Their middle of placement assessment is formative and their supervisor will indicate whether the student has any area of weakness that requires remedial action. Each student will require a satisfactory end of placement report to be awarded the Master of Science degree.

Module 2

- **Cognitive Behavioural Model for Complex Mental Health Disorders**

Module Co-ordinator – Dr Craig Chigwedere

Learning Objectives:
- Critical evaluation of adaptations of Cognitive Model to more complex disorders
- Critical evaluation and application of underlying schema in CBT

This module is designed to complement Module 1, the Clinical Placement by giving students access to a broad range of models that might be used in individual or group treatments of patients. This module is aimed at developing a richer understanding of how CBT has evolved to provide robust treatment models for a wide range of psychological problems. Students are expected to understand and critique each of these models and understand how they might be applied in clinical practice. Other adaptations of CBT including Transdiagnostic models and Schema based CBT will also be presented.

Assessment Module 2
Clinical Practice Essay (Word Limit 5000 words – 15 Marks)

The student is required to complete their Clinical Practice Essay which will demonstrate a capacity to evaluate and discuss the research and clinical practice literature in one specific model of CBT. Ideally this should be linked to the area of focus in their Clinical Practice Placement and might draw upon their clinical experience to date. The student is required to demonstrate a comprehensive and up to date understanding of their chosen topic.
Module 3 - Self Practice / Self Reflection Skills in CBT

Module Co-ordinator – Mr Odhran McCarthy

Specific Learning Objectives:
- Critical reflection upon own “Self” Schema and “Self as Therapist” Schema
- Critical evaluation of the theoretical framework underpinning CBT Supervision
- Demonstration of recognition and resolution of problems arising in Supervision
- Critical evaluation of the role of the therapist / supervisor in a healthcare organisation

Self-Practice / Self-Reflection tutorials are tutor led small group exercises which do not focus on patient process but instead focus on the therapist and how their own views / attitudes are constructed in a cognitive behavioural framework. They are a formalised way of applying CBT techniques to oneself both on own, within a group or with a co-therapist. They are followed by written reflections by the trainee on the implications of their experiences for themselves, their clients and cognitive theory.

Workshops/Seminars will provide didactic teaching to supplement 1.5 -2 hour Self Practice / Self Reflection Tutorials which will occur at the beginning the day over the 2 years.

Students initially engage in the process of exploring and mapping out their own anxieties/emotions using a CBT model. The process of Self practice has long been advocated as a means of both deepening understanding of the CBT model and the difficulties which patients may encounter in engaging and working with it. The interlinked process of Self Reflection facilitates trainees building up an understanding of their own Self Schema and Self as Therapist Schema and enables them to question how this integrates with theory, feedback from supervisors, self-evaluation of recorded material and questions which arise from clinical practice. This is a complex and sophisticated model which we hope will enable students more clearly define their needs from any personal therapy undertaken during training and give personal therapy a proper context.

Though Personal Therapy has not traditionally occurred within Cognitive Psychotherapy training, draft guidelines for accreditation of Psychological Therapists in Ireland insists upon up to 250 hours of personal therapy or an equivalent learning experience. Some of these hours for students will be met through SP/SR exercises. In the M.Sc. course, students must also complete a minimum of 15 sessions of a cognitively based psychotherapy and associated homework tasks. Alternatively they may complete 25 hours of another model of Psychotherapy. Completion must be certified by an accredited therapist.

Students on the course are also required to reflect upon and maximize the impact of supervision on their own practice and the likelihood of providing supervision of
other professionals following completion of the course. It is vital that students have an understanding of theories of adult learning, and a model to guide their practice in this area. Students require an opportunity to reflect on the tasks and interventions required to maintain patient safety and progress within a supervisory relationship and to explore common pitfalls and problems with their own supervision.

Assessment

Module 3

Supervision Logbook and Reflective Diary (2.5 marks)
Oral Reflective Presentation (2.5 marks)
Essay on theory and practice of Supervision (5 marks)

All of the assessments in this module will be submitted in Term 3 – Year 2. The Supervision Logbook must be completed to demonstrate reflection on learning from supervision during the clinical placement. It is submitted at the same time as the Reflective Diary which should be no longer than 2,500 words and describes personal learning from the SP/SR Tutorials. The essay on Supervision has a word limit of 4000 words. The Oral Reflective Presentation is delivered to the class and course staff and should reflect overall learning from all the different course modules. Guidelines are included on page

Module 4 - Research Skills – Critical Appraisal of Research in CBT

Module Co-ordinator – Dr Craig Chigwedere

Whilst Cognitive Behavioural Psychotherapy has a strong evidence base across many psychiatric disorders there is considerable variation in the degree of research evidence underpinning its effectiveness and what components of disorder specific models are supported by empirical findings. Deepening the understanding of CBT research is important both to influence clinical practice and to generate and refine hypotheses for research work in this field. It also introduces students to the range of methodological problems which might arise in conducting research in this field.

Specific Learning Objectives:

- Evaluation of the evidence base for the cognitive model applied to specific disorders and critical review of the existing research literature
- Analytical exploration of what components of cognitive interventions are most effective
- Critical appraisal of research findings underpinning adaptations of Cognitive Model to disorders
- Critical evaluation of the limitations of evidence base for CBT
- Critical evaluation of methodological problems in conducting CBT Research
The scope to plan and conduct a major piece of research which relies on recruitment of patients and collection of data is very limited on a part time taught Masters course. For that reason students must consider a range of research activities which might include systematic reviews, meta-analysis, and interpretation of existing databases to answer research hypotheses. Single case study designs and small numbers research projects are also possible. It is extremely important that students define their area of research by the end of the first term and are required to present their research plans to the class and course staff on Thursday 9th December, 2016.

By the beginning of the 2nd term students must submit a written Research Proposal for the Student Research Project (Word Limit – 2000 words). This should detail the Methodology of the proposed research project and if necessary include a copy of their Submission for Ethics Approval for the study. This will be evaluated by course staff and relevant feedback will be given. The resulting Research Protocol Development is a significant component of the Research Dissertation Module.

The Research Project Literature Review, which is the key assessment of this module and will be submitted at the end of Term 3 in Year 1.

**Assessment – Module 4**

- Research Proposal for Student Research Project (Formative assessment)
- Submission of Ethics Proposal for Student Research Project (if necessary)
- Research Literature Review (15 Marks)

**Module 5 - Research Dissertation**

**Module Co-ordinator – Ms Anne Marie Foley**

- **a. Research Protocol**

  Students who have predominantly worked as health professionals will have had limited opportunities to plan research projects, implement a research protocol, analyse data and write up their research findings. Accordingly students need tailored assistance to plan and execute a research project in a defined time period. Additionally as the scope of research possible within this course will be likely to be limited to small numbers of patients it is vital that the design of studies are optimized and reviewed to ensure meaningful conclusions can be drawn from data collection.

**Specific Learning Objectives:**

- Formulation of hypotheses to examine how CBT works in specific disorders or individuals
- Critical evaluation of quantitative and qualitative research methodologies appropriate to their study design
- Demonstration of application of basic statistical tools needed to design and plan their research project.
- **b. Results & Analysis**

Students will be required to complete and write up the short lifetime research project which they have designed during the Research Protocol development phase of this module. This may be in the form of a single case study design or small numbers research project, a systematic review, a meta-analysis, or other suitable piece of research that could be conducted in a 6 - 12 month period. Throughout the lifetime of their research projects student will meet for seminars to discuss emergent issues and will receive formal tuition on the analysis of data, the use and interpretation of appropriate statistical tests and the presentation of their findings.

At the end of this module students should be able to both present their research findings orally and within their research dissertation. In addition each student will have access to Research Supervision where they can regularly get reviews of progress and seek any supports necessary to complete their projects / dissertations

**Time-line for Research Dissertation Module**

Students will be required to complete and submit sections of their Research Dissertation module in the following stages

**Oral Presentation of Research Proposal to Course Research Committee**

*End of Term 1 (December 2016)*

**Written Research Proposal to Course Research Committee (March 2017)**

**Final Research Protocol – (January 2017)**
Written plan outlining Research Methodology and including detailed plans for literature to be appraised, data collection, statistical analysis and projected deadlines for completion
*(10 marks)*

**Early Results / Preliminary Data Analysis – Start of Year 2**

**Final Results Section – End of Michaelmas Term, Year 2 (December 2017)**

**Completed Dissertation – End of Hilary Term, Year 2 (March 2018) (20 Marks)**

**Assessment - Module 5**

- Oral Presentation of Research Protocol (formative)
- Research Proposal (formative)
- Final Research Protocol (summative – 10 marks)
- Research Dissertation* (summative – 20 marks)
### Summary of MSc Course Summative Assessments and Marking Schedule

<table>
<thead>
<tr>
<th>Module 1</th>
<th>Clinical Placement Module</th>
<th>(20 marks)</th>
<th>3 Case Studies</th>
<th>(8 marks)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 Rated Recordings of Therapy</td>
<td>(8 marks) *</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Supervisor’s Assessments</td>
<td>(4 marks)*</td>
</tr>
</tbody>
</table>

| Module 2  | CBT for Complex Mental Health Problems | (15 Marks) | Clinical Practice Essay | (15 Marks) |

| Module 3  | Self Practice / Self Reflection Skills in CBT | (10 Marks) | Supervision Logbook and Reflective Diary | (2.5 marks) |
|           |                                            |            | Oral Reflective Presentation | (2.5 marks) |
|           |                                            |            | Essay on theory and practice of Supervision | (5 marks) |

| Module 4  | Research Skills – Critical Appraisal of CBT literature | (15 Marks) | Research Literature Review | (15 Marks) |

| Module 5  | Research Dissertation | (30 Marks) | Final Research Protocol | (10 marks) |
|           |                        |            | Research Dissertation* | (20 marks) |

*These sections must be passed - no compensation allowed

Students must attend at least 75% of lectures, tutorials and supervision sessions per term to fulfil criteria for the award of the Master of Science degree. Sign in sheets are used at all teaching days to demonstrate satisfactory attendance.

Students must complete 250 supervised clinical hours over the 2 year course with patients and shall have completed treatment of a minimum of 12 cases by the end of the course. Students will be expected to undertake regular audiotaped/videotaped clinical work using the principles of cognitive psychotherapy. The recordings must be brought into supervision sessions and a minimum of two recordings must be submitted to their supervisor each term.

Students are also required to complete all written assignments by the end of each term. Failure to do so will be reviewed by the course director and may result in the student not being allowed to progress to the next year of the course until they are satisfactorily completed. A score of more than 50% must be achieved on all written assignments. It is possible to compensate for a mark between 40% and 50% on one written assignment if a score of at least 60% has been achieved in one other written assignment. Students who fail the written assignments in any term will meet with the Course Director at the earliest opportunity and may be assigned an academic supervisor to support those making improvements in their submitted
written assignments. This supplementary academic supervision will take place outside of the normal course timetable and will be arranged by the Course Director.

Throughout the course, clinical performance will be evaluated using the CTS-R. Pass scores of 50% in the Term 1 Year 1 recording, 55% in the Term 3 Year 1 recording and 60% in the Term 2 Year 2 recording will demonstrate that the student is carrying out Cognitive psychotherapy with both competency and proficiency. Failure to reach this standard will mean that a Master of Science degree cannot be awarded. It is not possible to use high scores in written assignments to compensate for inadequate clinical performance.

Students must also pass the Research Dissertation module for the degree to be awarded. Research Assignments / Presentations must be completed before the beginning of the following term. Students failing to present assignments or interim reports on their research project will meet with the Research Co-ordinator and Course Director for a decision as to whether they will be allowed to proceed into subsequent modules. Students must submit their dissertation at the end of the Hilary term in their second year.

For the award of a Master of Science degree with Distinction students must, in addition, achieve a mark of at least 70% in the research dissertation and in the overall average mark for the course

**Teaching Methods**

**Lectures/Workshops**

The academic year starts with an introductory week. Thereafter, lectures / workshops will be held weekly each Thursday and Friday during the first term. 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 10 am until 4.30 pm. Full attendance is recommended, and a **minimum 75% attendance is mandatory**.

The venue for lectures / workshops is generally within the Medical Teaching Centre, St Patrick’s University Hospital unless otherwise stated.

**Self-Practice/ Self-Reflection Tutorials**

Self-Practice/ Self-Reflection (SP/SR) tutorials are held at regular intervals in all three terms of both years.

Students are required to keep a Reflective Diary throughout the course. This is submitted for evaluation at the end of Term 3 in Year 2.
Supervision Requirements

- Students will receive a minimum of 20 hours supervision over the course of the Clinical Placement module
- Students are expected to undertake 250 hours of face to face clinical work with patients during the Clinical Placement
- Students are expected to undertake 250 hours of face to face individual or group CBT with patients during the MSc Course
- Students are required to see a minimum of 12 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, low self-esteem, social anxiety disorder, OCD, PTSD etc.) with different patients
- Recordings of therapy sessions (audio or video) should be routinely brought to supervision
- Students are required to keep a Log Book of patients seen

*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 appendix) in advance of supervision to crystallize the issues to be discussed.
- Pre-select relevant sections of the recording to illustrate the issues you wish to address in supervision (e.g. problems with agenda setting, a problem in the therapeutic relationship).
- 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 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. Use a good quality machine with an external microphone if necessary.
• Ideally you should make 2 copies of recordings of each session, one for you and one for the patient to take away.
• 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 during your clinical placement your supervisor will use the CTS-R 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

Towards the end of the first year, you will be invited to provide feedback on 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?

If there are any aspects of supervision you are not happy with, please do not wait until term 3 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 Advisory Committee may be approached.

Absences

There may be occasional gaps in supervision because of annual leave / illness / other commitments. If such gaps exceed 6 weeks for any reason, please inform the Course Director in order that an alternative arrangement can be made.

Audio/Video recording

The use of audio/video recordings 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.
- Video submitted should be playable on a standard DVD 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.
- 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.
- Discs must be labelled using a CD/DVD specific pen with permanent ink
## Timetable

**MSc in Cognitive Therapy 2016-18 Timetable**

**Year 1: 26th Sept 2016 – for 26th May 2017**

<table>
<thead>
<tr>
<th>Year/ Term/Date / Venue</th>
<th>Workshop/Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YEAR 1 Term 1</strong></td>
<td>Research Module</td>
</tr>
<tr>
<td></td>
<td>1. <em>Research literature review</em></td>
</tr>
<tr>
<td></td>
<td>Start of Term 2 (January)</td>
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<tr>
<td></td>
<td>2. <em>Research proposal for student research project</em></td>
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<tr>
<td></td>
<td>Start of Term 2 (January)</td>
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<tr>
<td></td>
<td>3. <em>Progress report</em></td>
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<tr>
<td></td>
<td>Start of Term 2 (January)</td>
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<tr>
<td></td>
<td>4. <em>Submission of ethics proposal for student research project</em></td>
</tr>
<tr>
<td></td>
<td>Middle of Term 2</td>
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<table>
<thead>
<tr>
<th>Monday 26th September</th>
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<tbody>
<tr>
<td>10.00am – 11.00</td>
</tr>
<tr>
<td>Medical Teaching Centre</td>
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<tr>
<td>11.30 – 1.00</td>
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<tr>
<td>2.00 – 4.30</td>
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<tr>
<td><strong>Introduction to Structure &amp; Assessment</strong></td>
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<tr>
<td><strong>Dr Craig Chigwedere</strong></td>
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<table>
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<tr>
<th>Tuesday 27th September</th>
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<tbody>
<tr>
<td>10.00am – 11:30</td>
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<tr>
<td>PC LAB 1.80</td>
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<tr>
<td>Trinity Centre for Health Sciences</td>
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<tr>
<td>12 – 1.00</td>
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<tr>
<td>2.00 – 4.30pm</td>
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<tr>
<td><strong>Research Question Formulation and Research Study Design</strong></td>
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<tr>
<td><strong>Module 5 RS II: Research Methodology</strong></td>
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<tr>
<td><strong>Dr Craig Chigwedere</strong></td>
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<td>Wednesday 28(^{th}) September</td>
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<td>Thursday 29(^{th}) September</td>
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<td>Friday 7(^{th}) October</td>
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<td>Friday 14(^{th}) October</td>
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<tbody>
<tr>
<td>12.00 – 1.30</td>
<td>Randomized Controlled Trials&lt;br&gt;&lt;i&gt;Module 5 RS II: Research Methodology&lt;/i&gt;&lt;br&gt;&lt;i&gt;Dr Adam Kavanagh&lt;/i&gt;</td>
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<tr>
<td>2.30 – 4.30</td>
<td>CLINICAL CASE PRESENTATIONS&lt;br&gt;&lt;i&gt;Module 2: CBT for Complex M.H. Disorders&lt;/i&gt;&lt;br&gt;&lt;i&gt;Dr Craig Chigwedere&lt;/i&gt;</td>
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<tr>
<td>Friday 21&lt;sup&gt;st&lt;/sup&gt; October&lt;br&gt;10.00 – 2.00&lt;br&gt;Medical Teaching Centre</td>
<td>Introduction to Grounded Theory&lt;br&gt;&lt;i&gt;Module 5 RS II: Research Methodology and Qualitative Research Methodologies&lt;/i&gt;&lt;br&gt;&lt;i&gt;Dr Laco Timulak&lt;/i&gt;</td>
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<td>Writing your research proposal II&lt;br&gt;&lt;i&gt;Module 5 RS II: Research Methodology&lt;/i&gt;&lt;br&gt;&lt;i&gt;Dr Brian Fitzmaurice&lt;/i&gt;</td>
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<tr>
<td>Friday 28&lt;sup&gt;th&lt;/sup&gt; October&lt;br&gt;10.00 – 11.00&lt;br&gt;Medical Teaching Centre</td>
<td>CLINICAL CASE PRESENTATION 2 STUDENTS&lt;br&gt;&lt;i&gt;Module 2: CBT for Complex M.H. Disorders&lt;/i&gt;&lt;br&gt;&lt;i&gt;Dr Craig Chigwedere&lt;/i&gt;</td>
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<td>Critical Appraisal Skills&lt;br&gt;Journal Paper Review &amp; Literature Review in 2 Groups&lt;br&gt;&lt;i&gt;Module 4 RS I: Research Methodology&lt;/i&gt;&lt;br&gt;&lt;i&gt;Ms Anne-Marie Foley&lt;/i&gt;</td>
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<td>Introduction to Basic Foundational Stats&lt;br&gt;&lt;i&gt;Dr Craig Chigwedere&lt;/i&gt;</td>
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<tr>
<td>Friday 3&lt;sup&gt;rd&lt;/sup&gt; November</td>
<td>Mid Term Break</td>
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<tr>
<td>Friday 11&lt;sup&gt;th&lt;/sup&gt; November&lt;br&gt;10.00 – 12.00&lt;br&gt;PC LAB 1.80&lt;br&gt;Trinity Centre for Health Sciences</td>
<td>Module 4 RS I: Research Methodology&lt;br&gt;Practical SPSS Session&lt;br&gt;&lt;i&gt;Dr Adam Kavanagh&lt;/i&gt;</td>
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<tr>
<td>11.30 – 1.00</td>
<td>CLINICAL CASE PRESENTATION 2 STUDENTS and Writing a research proposal&lt;br&gt;&lt;i&gt;Module 2: CBT for Complex M.H. Disorders&lt;/i&gt;&lt;br&gt;&lt;i&gt;Ms Anne-Marie Foley&lt;/i&gt;</td>
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<tr>
<td>Friday 18&lt;sup&gt;th&lt;/sup&gt; November&lt;br&gt;10.00 – 11.00&lt;br&gt;Medical Teaching Centre</td>
<td>CLINICAL CASE PRESENTATION 2 STUDENTS&lt;br&gt;&lt;i&gt;Module 2: CBT for Complex M.H. Disorders&lt;/i&gt;&lt;br&gt;&lt;i&gt;Dr Craig Chigwedere&lt;/i&gt;</td>
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<td>Time</td>
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<tr>
<td>1.30 – 4.30</td>
<td><strong>Module 2: CBT for Complex M.H. Problems</strong>&lt;br&gt;<strong>Ms Yvonne Tone</strong></td>
</tr>
<tr>
<td>Friday 25th Nov&lt;br&gt;Medical Teaching Centre</td>
<td><strong>Assessment 1: Case Study 1 &amp; Recording 1 to Supervisor (for Formative Marking):</strong>&lt;br&gt;<strong>Module 2: CBT for Complex M.H. Disorders</strong>&lt;br&gt;<strong>Psychological Therapy Supervision Workshop</strong>&lt;br&gt;Mr Peter Armstrong</td>
</tr>
<tr>
<td>10.00 – 11.00&lt;br&gt;Room PFC/02/026, Peter Froggat Centre, QUB</td>
<td><strong>Early AM: Oral presentation of research proposal</strong>&lt;br&gt;<strong>Ms Anne-Marie Foley/Dr Craig Chigwedere</strong></td>
</tr>
<tr>
<td>Friday 2nd December</td>
<td>Study Day</td>
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<tr>
<td>Friday 9th December&lt;br&gt;10.00 – 11.30&lt;br&gt;Medical Teaching Centre</td>
<td><strong>Module 2: CBT for Complex M.H. Disorders</strong>&lt;br&gt;Models of Supervision in CBT: Oxford Model&lt;br&gt;Colette Kearns</td>
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<td>12.30 – 4.30</td>
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<tr>
<td>Year/ Term/Date / Venue</td>
<td>Workshop/Assessment</td>
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<tr>
<td><strong>Year 1 Term 2</strong></td>
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<tr>
<td>12(^{th}) January</td>
<td><strong>Course Advisory Meeting</strong> (Class Rep may attend or submit feedback to the course administrator)</td>
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<tr>
<td>3:00 – 4:00pm Medical Teaching Centre</td>
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<tr>
<td><strong>Friday 13(^{th}) January</strong></td>
<td><strong>Assessment submission: Research Proposal</strong></td>
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<tr>
<td>Medical Teaching Centre</td>
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<tr>
<td>10.00 – 11.00</td>
<td><strong>AM:</strong> Critical Appraisal Journal Paper Review &amp; Literature Review</td>
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<td><em>Module 4 RS I: Research Methodology</em></td>
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<td><em>Dr Craig Chigwedere/Ms Anne Marie Foley</em></td>
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<tr>
<td>11.30 – 1.00</td>
<td><strong>Research Ethics &amp; Writing of Research Ethics Proposal</strong></td>
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<td><em>Ms Anne Marie Reynolds/Craig Chigwedere</em></td>
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<td>2.00 – 4.30</td>
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<td><strong>Friday 20(^{th}) January</strong></td>
<td><strong>SP/SR</strong></td>
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<tr>
<td>10.00 – 11.30 Classroom 1 Nurse Education Centre</td>
<td><strong>Module 3: Self-Practice/Self-Reflection</strong></td>
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<tr>
<td>12.30 – 4.30</td>
<td>Getting beyond the basics in CBT – using imagery in CBT</td>
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<td><em>Module 2: CBT for Complex M.H. Disorders</em></td>
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<td><em>Ms Colette Kearns and Dr Craig Chigwedere</em></td>
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<td><em>(Confirmed)</em></td>
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<tr>
<td><strong>Friday 27(^{th}) January</strong></td>
<td><strong>Critical Appraisal Session</strong></td>
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<tr>
<td>10.00 – 11.30 Medical Teaching Centre</td>
<td><em>Module 4 RS I: Research Methodology</em></td>
</tr>
<tr>
<td>12.30 – 4.30</td>
<td><strong>CBT for Low Self-esteem</strong> <em>(TBC)</em></td>
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<tr>
<td><strong>Friday 3(^{rd}) Feb</strong></td>
<td><strong>SP/SR</strong></td>
</tr>
<tr>
<td>10.00 – 11.30 Classroom 1 Nurse Education Centre</td>
<td>Research Evidence in GAD</td>
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<tr>
<td>12.30 – 4.30</td>
<td><em>Dr Craig Chigwedere/Ms Debbie Van Tonder</em></td>
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<td><em>(Confirmed)</em></td>
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| Thursday 9th Feb | 10.00 – 4.30 | Medical Teaching Centre | CBT for PTSD – Clinical Skills  
*Module 2: CBT for Complex M.H. Disorders*
*Dr Michael Duffy* *(Confirmed)* |
| Friday 10th Feb  | 10.00 – 11.30 | Medical Teaching Centre | SP/SR                                                                                           |
|               | 12.30 – 4.30 |                      | CBT for PTSD – Clinical Skills  
*Module 2: CBT for Complex M.H. Disorders*
*Dr Michael Duffy* *(Confirmed)* |
| 17th Feb      | 10.00 – 4.30  | Medical Teaching Centre | Using CBT in Groups  
*Module 2: CBT for Complex M.H. Disorders*  
tbc                                                                                      |
| 24th Feb      |               |                      | Mid Term Break                                                                                   |
| Friday 3rd March | 10.00 – 11.30 | Room tbc            | Assessment: Case Study 2 & Recording 2 for Double Marking                                         |
|               |               |                      | RESEARCH PROTOCOL DEVELOPMENT: Writing a Literature Review  
*Ms Ann-Marie Foley*                                                              |
|               | 12.30 – 4.30 |                      | Compassion Focused Therapy TBC                                                                  |
| Friday 10th March | 10.00 – 4.30 | Medical Teaching Centre | CBT For Psychosis  
*Dr Alison Brabban*                                                                 |
| Friday 17th March |          |                      | ST PATRICK’S DAY                                                                                 |
| Friday 24th March |            |                      | Dialectical Behavioural Therapy TBC                                                              |
| Friday 31st March | 10.00 – 11.30 | Room tbc            | SP/SR  
*Module 3: Self-Practice/Self-Reflection*                                                  |
|               | 12.30 – 4.30 |                      | Research Protocol Development  
Assessment: Oral Presentations of Literature Review and Prose Study |
<p>|               |               |                      | CBT for Perfectionism TBC                                                                         |</p>
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<tr>
<th>Year/ Term/Date / Venue</th>
<th>Workshop/Assessment</th>
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<tr>
<td><strong>Year 1 Term 3</strong></td>
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</table>
| Thursday 27th April    | CBT For Personality Disorder  
Prof. Kate Davidson (Confirmed)  
University of Glasgow |
| 10.00 – 4.30           |                     |
| Medical Teaching Centre|                     |
| Friday 28th April      | SP/SR               |
| 10.00 – 11.30          |                     |
| 12.30 – 4.30           | CBT For Personality Disorder  
Prof. Kate Davidson (Confirmed)  
University of Glasgow |
| Medical Teaching Centre|                     |
| May 5th                | Submission of MSc Research Literature Review  
Eating Disorders  
Mr Gerry Butcher (Confirmed) |
| 10.00 – 4.30           |                     |
| Medical Teaching Centre|                     |
| 12th May               | Working with Health Anxiety  
Dr Sonya Collier (Confirmed) |
| 10.00 – 4.30           |                     |
| Classroom 1 Nurse Education Centre|                     |
| 19th May               | SP/SR               |
| 10.00 – 11.30          |                     |
| 12.30 – 4.30           | CBT for Addictions  
Ms Neasa Guiney (Confirmed) |
| Medical Teaching Centre|                     |
| 25th May               | Schema Therapy  
Dr Sarah Hanson and Dr Craig Chigwedere (Confirmed) |
| Medical Teaching Centre|                     |
| 26th May               | Assessment Submission: Clinical Practice Essay  
SP/SR  
Schema Therapy  
Dr Sarah Hanson and Dr Craig Chigwedere (Confirmed) |
<p>| 10.00 – 11.30          |                     |
| Room tbc               |                     |
| 12.30 – 4.30           |                     |
| Room tbc               |                     |</p>
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<tr>
<th>Date</th>
<th>Event</th>
<th>Details</th>
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</thead>
</table>
| 8<sup>th</sup> June  
3:00 – 4:00pm  
Seminar Room, Student Counselling Service, 7 – 9 South Leinster Street | **Course Advisory Meeting**  
(Class Rep may attend or submit feedback to the course administrator) |
| 9<sup>th</sup> June  
9.30 – 4.30  
Seminar Room, Student Counselling Service, 7 – 9 South Leinster Street | **Supervisors’ Workshop**  
(Open to MSc students)  

*Evidence base of CBT Supervision by Dr Derek Milnes*  

**Supervisors Middle Placement Assessment** |

*Year 2 Timetable will be posted when the dates and rooms are finalised.*
Assignments and Evaluation

Necessarily, your performance will be evaluated over the two years. 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 instructions for submission are as follows:

<table>
<thead>
<tr>
<th>Term 1</th>
<th>Assignment</th>
<th>Deadline</th>
<th>Instructions</th>
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<tbody>
<tr>
<td></td>
<td>Case study 1</td>
<td>25/11/16</td>
<td>Submit by email to course administrator at <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 1 hard copy to supervisor</td>
</tr>
<tr>
<td></td>
<td>Recording 1</td>
<td>25/11/16</td>
<td>Submit 1 recording to course administrator by registered post and 1 copy to supervisor</td>
</tr>
<tr>
<td></td>
<td>Oral Presentation of Research Proposal</td>
<td>09/12/16</td>
<td>Email PowerPoint to course administrator by 08/12/16</td>
</tr>
<tr>
<td>Term 2</td>
<td>Written Research Proposal</td>
<td>15/01/17</td>
<td>Submit by email to <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 1 hard copy to the course administrator</td>
</tr>
<tr>
<td></td>
<td>Case study 2</td>
<td>04/03/17</td>
<td>Submit by email to <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 2 hard copies to the course administrator</td>
</tr>
<tr>
<td></td>
<td>Recording 2</td>
<td>04/03/17</td>
<td>Submit 3 recordings to course administrator by registered post</td>
</tr>
<tr>
<td></td>
<td>MSc Lit. Review (Oral)</td>
<td>31/03/16</td>
<td>Email PowerPoint to course administrator by 30/03/17</td>
</tr>
<tr>
<td>Term 3</td>
<td>Lit. Review (Written)</td>
<td>05/05/17</td>
<td>Submit by email <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 1 hard copy to the course administrator</td>
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<tr>
<td>Clinical Practice Essay</td>
<td>26/05/17</td>
<td>Submit by email to <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 2 hard copies to the course administrator</td>
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<tr>
<td>Feedback on Supervision</td>
<td>26/05/17</td>
<td>Submit to course administrator and discuss with supervisor</td>
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<tr>
<td>Middle of Placement Supervisor’s Report</td>
<td>26/05/17</td>
<td>Supervisor to submit to course administrator and discuss with supervisee</td>
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**Year 2**

**Term 1**

<table>
<thead>
<tr>
<th>Theory and Practice of Supervision Essay</th>
<th>TBC</th>
<th>Submit by email to <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 2 hard copies to the course administrator</th>
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</thead>
<tbody>
<tr>
<td>Early results/ prelim. Data analysis</td>
<td>TBC</td>
<td>Submit by email <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 1 hard copy to the course administrator</td>
</tr>
<tr>
<td>End of Placement Supervisor’s Report</td>
<td>TBC</td>
<td>Supervisor to submit to course administrator and discuss with supervisee</td>
</tr>
<tr>
<td>Final results section</td>
<td>TBC</td>
<td>Submit by email <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 1 hard copy to the course administrator</td>
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**Term 2**

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<tr>
<th>Case study 3</th>
<th>TBC</th>
<th>Submit by email to <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 2 hard copies to the course administrator</th>
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<tr>
<td>Recording 3</td>
<td>TBC</td>
<td>Submit by email to <a href="mailto:cbtmsc@tcd.ie">cbtmsc@tcd.ie</a> and 2 hard copies to the course administrator</td>
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<td>Term 3</td>
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<tr>
<td>Logbook and reflective diary</td>
<td>May 2018</td>
<td>Submit evidence of cases seen and 2 hard copies of the diary to the course administrator</td>
</tr>
<tr>
<td>Dissertation submission I</td>
<td>May 2018</td>
<td>Submit soft bound copy to the course administrator and keep one copy</td>
</tr>
<tr>
<td>Proof of completion of therapy</td>
<td>May 2018</td>
<td>Submit signed letters from therapist to the course administrator</td>
</tr>
<tr>
<td>Declaration of Destruction of Clinical Material</td>
<td>May 2018</td>
<td>Submit signed form to the course Administrator</td>
</tr>
<tr>
<td>Dissertation submission II</td>
<td>Summer 2018</td>
<td>Submit corrections for review in soft bound copy and keep one copy</td>
</tr>
<tr>
<td>Dissertation submission III</td>
<td>Summer 2018</td>
<td>Submit 1 hard bound dissertation to the course administrator and 1 copy to the institutional repository. More information is available from the subject librarian.</td>
</tr>
<tr>
<td>Notice of candidature for Graduation/Commencement</td>
<td>Sept. 2018</td>
<td>Download, complete and return form to the Academic Registry which is available on their website</td>
</tr>
</tbody>
</table>

Please note that all marks remain provisional until after the Final Court of Examiners which will include the external examiner and will take place in summer 2018.
Guidelines for 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 recording before submission to ensure that 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
- Complete a self-rating of the therapy session using the student CTS-R rating scoresheet (see Appendix) and submit this with each copy of the recording
- Complete and submit a ‘Recording Submission Sheet’ for each copy of the recording.
- Staple together your CTS-R rating sheet and Recording Submission Sheet so that you’re not handing in loose sheets
- 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
- Students may submit recordings by signing a sign-in sheet with the course administrator 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, the envelope must be strong and closed securely keeping in mind that otherwise the sharp corners on discs and heavier items such as written assignments 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 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

Recordings are marked out of 72 using CTS-R
Trainees must obtain a score of least 2 on all sub-scales of CTS-R in order to meet criteria for the award of MSc. (This is a minimum requirement and you should aim higher)
Pass mark in Term 1 is 36/72 (marked by supervisor)
Pass in Term 2 is 40/72 (double marked)
Pass mark in Term 3 is 43/72 (double marked)
Written Assignments

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. It is necessary to save the electronic copy of your submission using the following filename etiquette and guidelines. Emails should be sent with a clear subject line to alert the receiver to what the email is about, helping to rank your communication in order of priority, and also to aid retrieval of emails at a later date.

Student name_term_submission name

Examples:

Course Administrator (underscore) Term 2 (underscore) Essay Resubmission

Joe Bloggs _Term 2_ Case Study

J Smith _Term 1_Feedback on Supervision

The small dash in the above example is called an underscore, it helps to space out words allowing the file name to be clearly readable on a computer, and is normally located on the number row of the keyboard close to the backward arrow.

The full submission including the cover page, body, and appendices should be sent in just one file.

It is expected that electronic copies of submissions are received on the due date of the assignment. In the event that guidelines are not followed the submission will be deemed incomplete and a late penalty will be applied.

Pages should be stapled together to form one document before being submitted to the course administrator. Students are expected to purchase a large stapler and staples using the following the chart as a guideline for sizing and holding together large documents. Paper clips and plastic pockets are not acceptable alternatives to using staples to securely hold your essays and case studies together.

<table>
<thead>
<tr>
<th>Staples size</th>
<th>No. of sheets</th>
</tr>
</thead>
<tbody>
<tr>
<td>8mm</td>
<td>5 - 45</td>
</tr>
<tr>
<td>10mm</td>
<td>40 - 65</td>
</tr>
<tr>
<td>12mm</td>
<td>60 - 85</td>
</tr>
</tbody>
</table>
All hard copies should be addressed to:

Majella Moloney  
Course Administrator  
Postgraduate Diploma in CBT  
CBT Office  
East Wing Office Suite  
St Patrick’s University Hospital  
Steeven’s Lane  
Dublin 8

Case Studies

Case Study 1 may reflect therapy in the early stages. Case Study 2 and 3 should reflect a completed course of therapy. The same case may be used for both Case Study 1 and 2.

The case study should follow this format:
- Contents page
- Introduction
- Presenting problem
- Conceptualisation
- Course of therapy
- Outcome
- Discussion

See Appendix on page 69 ‘Case Study Checklist’ for more detailed information

The cover page should include the following information:
- Full title of case study
- Term
- Word count – 3,500 words +/- 10%
- Your name
- Plagiarism declaration

Essay

The cover page should include the following information:
- Full title of the essay
- Word count
- Your name
- Plagiarism declaration
- Word count – 5,000 +/- 10%

See Appendix on page 80 ‘Essay Checklist’ for more detailed information
Reflective Diary / Essay

This assignment looks for students to reflect and write about their personal experiences throughout the course. It might include three major domains: the Personal Self, Self as Learner and Self as Therapist. The following themes might be helpful to consider when writing this assignment:

a) Self-awareness: reflecting on self as a person
b) Attitudes: the (usually pre-existing) ‘personal- self’ knowledge, attitudes, skills, motivation and personal attributes, many of which may have been established prior to becoming a therapist
c) Interpersonal skills: the “normal”, non-therapist self, which continues to be present in “normal” situations (e.g. family and friends)
d) Personal knowledge and experience: related to personal history which is independent of, and may pre-date therapist-specific knowledge and skills

Through your training and professional development, you develop a set of therapy-specific skills (procedural) and knowledge (declarative), which become part of the ‘therapist-self’

They include:

e) Interpersonal declarative knowledge and/or skills. Subtypes:
   * Therapist attitude/stance/motivation/assumptions and beliefs: e.g. beliefs about clients (e.g. depressed) and about own therapeutic capacity; burnout; self-care; states affecting attitude e.g. exhaustion
   * Interpersonal perceptual skills: capacity to ‘attune’, ‘be present’, ‘be mindful’
   * Interpersonal relational skills: active therapist communications that foster and maintain the therapeutic relationship; e.g. expressions of warmth, understanding, respect, genuineness, empathy, compassion both verbally and non-verbally.
   Examples may include: nodding, eye contact, accurately summarizing, and reflecting, and repairing therapeutic ruptures
f) Conceptual knowledge and/or skills: being able to conceptualize problems or strengths in CBT terms

These themes are provided as a prompt but students reflections can be broader and should be expressed in their own way and not constrained by a need to technical language / themes or concepts.
Class Presentation

Each student must make an oral case presentation to the class. Powerpoint presentations, overheads or a flipchart may be used. Powerpoint presentations must be emailed to the course administrator by lunchtime on the day before your scheduled presentation slot.

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)
**Longitudinal formulation**

- 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 final 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 student. This is a personal reflection based on your learning throughout the course and your honesty and creativity is valued. There is no set format. The Reflective Diary kept throughout the course should be a useful source of inspiration. The Reflective Class Presentation is marked by two assessors. More detailed guidelines are outlined on page 85.

**Late Submission of Assignments**

- Deadlines for all assignments must be met
- Late written submissions will incur a 5% penalty except in the case of illness (doctor’s note may be required)
- Written assignments submitted more than 1 week late will incur a further penalty of 1% for each week overdue thereafter unless agreed with the course director
- 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. Craig Chigwedere, 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 and the research dissertation.

Feedback on Assignments

Students can expect to receive feedback on their assignments within six weeks of the submission date.

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 excellent facilities in future. 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. 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.

Photocopying facilities are provided for TCD students for a charge in Trinity Centre for Health Sciences Building. Instructions on how to use this service can be accessed by copying and pasting this link into your web browser. 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.

[https://www.tcd.ie/Library/using-library/photocopying.php](https://www.tcd.ie/Library/using-library/photocopying.php)

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/](https://www.tcd.ie/Library/support/) Regular workshop dates are circulated via the mailing list to your TCD account and published on the Library webpage. 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 to 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.

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 five modules. Content should be visible under PR7207 – 7211. 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 (IABC) as a relatively inexpensive way 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. It also provides 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 who is invited by the course administrator to attend a course advisory meeting that takes place in January and June. 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.

Plagiarism

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 will require students to sign a form at the beginning of the academic year permitting us to submit your work to the Turn-it-in system.

We would like to alert you to the revised 16-17 Calendar entry on plagiarism and to steps which have been taken to create a more coherent approach to informing and educating students about 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 2015-16 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.

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: pgsupp@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 and 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. MSc students are responsible for downloading, completing and returning a Notice of Candidature form to the Academic Registry. This should be done by specified deadline published on the website. For example, a student who wishes to graduate in November would need to return the form by the middle of September.

**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.
### Course Staff and Contact Details/Course Advisory Committee Details

<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:cbtdir@tcd.ie">cbtdir@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:fionnulamac@gmail.com">fionnulamac@gmail.com</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:cchigwedere@stpatsmail.com">cchigwedere@stpatsmail.com</a></td>
<td>Course Director of MSc in Cognitive Psychotherapy, Department of Psychiatry, TCD</td>
</tr>
<tr>
<td>Ms Colette Kearns</td>
<td><a href="mailto:ckearns@stpatsmail.com">ckearns@stpatsmail.com</a></td>
<td>Course Coordinator for MSc in Cognitive Psychotherapy, Department of Psychiatry, TCD</td>
</tr>
<tr>
<td>Ms Anne Marie Reynolds</td>
<td><a href="mailto:amfoley1@gmail.com">amfoley1@gmail.com</a></td>
<td>Course Coordinator for 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,</td>
</tr>
<tr>
<td>Dr Michael Mc Donough</td>
<td><a href="mailto:mmcdonough@stpatsmail.com">mmcdonough@stpatsmail.com</a></td>
<td>Member of the Course Advisory Committee</td>
</tr>
<tr>
<td>Ms Yvonne Tone</td>
<td><a href="mailto:ytone@tcd.ie">ytone@tcd.ie</a></td>
<td>Member of the Course Advisory Committee</td>
</tr>
</tbody>
</table>
Mr Odhran McCarthy  tbc  
SP/SR facilitator for the MSc in Cognitive Psychotherapy, Department of Psychiatry, TCD

Dr Stephen Smith  Steve.Smith@tcd.ie  
Postgraduate Director of Teaching and Learning, Trinity College School of Medicine

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Member of the Course Advisory Committee
Appendices

Reading List 16-18

Essential Reading


**Introductory Texts for Mental Health Disorders**


**More Advanced Texts**


**Specialist Texts**


**Self-Help Texts**


**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

**Research texts**


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 be 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:
Supervision Contract
(Adapted from Newcastle Cognitive Therapy Centre Supervision Contract)

Section 1Nature 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
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, 2\textsuperscript{nd} Term Resubmission using a CD/DVD specific pen)

Student Name: __________________________________________

Date of Submission: ________________________________

Recording:
1st Term / 2nd Term / 3\textsuperscript{rd} Term / (circle as appropriate)

Resubmission 2\textsuperscript{nd} Term / Resubmission 3\textsuperscript{rd} Term (circle)

Medium: CD/ DVD

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)
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Checklist for Case Studies

To be included with written submissions

Student name: _____________________________________

Date of Submission: _________________________

Case Study: 1st Term / 2nd Term / 3rd Term

Three copies provided: Yes / No

1. Contents page

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.

8. Declaration on assignment as follows:

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
Checklist for Essay

To be included with essay:

Student name: ______________________________

Date of Submission: _______________________

Three copies provided: Yes / No

Include the following on the title page

- Full title of essay
- Word count
- Date
- Student number
- Declaration on assignment as follows:

  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

Consider the following:

Have I addressed the title topic?

Have I illustrated my arguments with examples?

Have I addressed the relevant literature?

Have I used the Harvard Referencing System?

Have I stapled the pages of my paper submission?

Have I labelled the electronic file as required and sent all documents as one attachment?
Feedback Score Sheet to be Used with CTS-R MANUAL

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.

<table>
<thead>
<tr>
<th>CTS-R Items</th>
<th>Score</th>
<th>Comments Regarding Improvement</th>
</tr>
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<tbody>
<tr>
<td>1. Agenda setting and adherence. Did the therapist set a good agenda and adhere to it?</td>
<td></td>
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<td>3. Collaboration. Was good teamwork evident?</td>
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<td></td>
</tr>
<tr>
<td>4. Pacing efficient use of time. Was the session well-paced and the time used efficiently?</td>
<td></td>
<td></td>
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<td>5. Interpersonal effectiveness. Was a good therapeutic alliance evident?</td>
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</tr>
<tr>
<td>6. <strong>Eliciting appropriate emotional expression.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the therapist elicit relevant emotions and promote an effective emotional ambiance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. <strong>Eliciting key cognitions.</strong></td>
<td>Did the therapist elicit relevant cognitions? (thoughts, beliefs, etc.)</td>
<td></td>
</tr>
<tr>
<td>8. <strong>Eliciting Behaviours</strong></td>
<td>Appropriate behaviours focused on? Links with emotions/problems made clear? Elicited and verbal or written format?</td>
<td></td>
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<tr>
<td>9. <strong>Guided Discovery.</strong></td>
<td>Did the therapist’s approach enable the patient to make his/her own connections and discoveries?</td>
<td></td>
</tr>
<tr>
<td>10. <strong>Conceptual integration.</strong></td>
<td>Did the therapist make explicit the overarching cognitive rationale and formulation?</td>
<td></td>
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<td>11. <strong>Application of change methods.</strong></td>
<td>Therapist applies a range of cognitive or behavioural methods with skill and flexibility?</td>
<td></td>
</tr>
<tr>
<td>12. <strong>Homework setting</strong></td>
<td>Did the therapist set an appropriate homework?</td>
<td></td>
</tr>
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Further Comments:

This feedback form must be emailed to the course administrator cbtmsc@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
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.

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emotions and promote an effective emotional ambiance?

| 7. **Eliciting key cognitions.**  |
| Did the therapist elicit relevant cognitions? (thoughts, beliefs, etc.) |

| 8. **Eliciting Behaviours**  |
| Appropriate behaviours focused on? Links with emotions/problems made clear? Elicited and verbal or written format? |

| 9. **Guided Discovery.**  |
| Did the therapist’s approach enable the patient to make his/her own connections and discoveries? |

| 10. **Conceptual integration.**  |
| Did the therapist make explicit the overarching cognitive rationale and formulation? |

| 11. **Application of change methods.**  |
| Therapist applies a range of cognitive or behavioural methods with skill and flexibility? |

| 12. **Homework setting**  |
| Did the therapist set an appropriate homework? |

Further Comments:
My CTSR Profile

<table>
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<td>This is</td>
<td>real</td>
<td>weak</td>
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<td></td>
<td>I am excellent</td>
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<td>a real weak spot for me</td>
<td>keeping this wrong</td>
<td>Hmm... it’s not my strongest hand</td>
<td>It’s ok but I could be more consistent</td>
<td>My patients get a pretty good deal out of me on this</td>
<td>I am excellent at this</td>
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Instructions: shade, or mark with an X the levels you have achieved in each skill area from assessments by the course or your own supervisor. This will help to specify points at which you excel or struggle and determine areas for focus in future learning or supervision.
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

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<tr>
<td>Fail</td>
<td>Clear Fail</td>
<td>Borderline Fail</td>
<td>Pass</td>
<td>Very Good</td>
<td>Distinction</td>
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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)
Trainee  
Marker  
Term No.

Marking Scale

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Comments on the following:

**CONTENT**

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**STRUCTURE**

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<th>Weaknesses</th>
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**STYLE**

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<th>Weaknesses</th>
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OVERALL MARK __________  GRADE________
This feedback form must be emailed to the course administrator cbtmsc@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_Case Study Scoresheet_student name
Case Studies Feedback for Trainees

Case Studies are marked on this scale:

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We recognise four classes of result:

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

We take into account:

- Ability to describe the patient’s problems, identify relevant goals and conceptualise development and maintenance of difficulties in cognitive terms
- Ability to design and carry out a treatment programme which follows logically from the conceptualisation and is clearly cognitive-behavioural, and to assess outcome on relevant dimensions
- Awareness of factors contributing to or preventing change, ability to reflect on therapy and learn from experience
- Ability to present and structure relevant material clearly, coherently and concisely

In addition to marks, we supply trainees with written feedback summarising the strengths and weaknesses of each piece of work.
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 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 cbtmsc@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:____________________________________________________________________
___________________________________________________________________________
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2. Structure of Essay
Comments:____________________________________________________________________
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3. Presentation Skills
Comments:____________________________________________________________________
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OVERALL SCORE

/20
Reflective Class Presentation Guidelines

Guidelines for students

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 safeguards 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. Each presentation will last no more than 15 minutes. 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.

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.
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:_________________________________________________________________
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2. Degree of Reflection on Learning
Comments:_________________________________________________________________
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3. Presentation Skills
Comments:_________________________________________________________________
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OVERALL SCORE  /10
Student Action Plan

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

Clinical

Problem identified: ........................................................................................................
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Proposed Actions:

By Student: ............................................................................................................
.................................................................................................................................
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By Clinical Supervisor / Course Staff (Name:......................................................)
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Academic

Problem identified: ........................................................................................................
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Proposed Actions:

By Student: ............................................................................................................
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By Course Staff (Name:......................................................)
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Review date for resolution: ................................................

Contingencies if not resolved: ................................................
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Completed by .............................................................. Date ............................... 
Signed by Course Director...................................................... Date .........................
Feedback for Supervisors

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 – Mid-placement and End of Placement

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 ..........................................................
Declaration of Destruction of Clinical Material
TCD Courses in Cognitive Psychotherapy
Academic Year 2016/2017 or 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
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>Not Valuable at all</th>
<th>Moderately Valuable</th>
<th>Extremely Valuable</th>
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**Their Team / Colleagues**

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<th>Moderately Valuable</th>
<th>Extremely Valuable</th>
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**The Overall Service / Organization**

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<th>Moderately Valuable</th>
<th>Extremely Valuable</th>
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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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<tr>
<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

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<tr>
<th>Would Not Recommend</th>
<th>Highly Recommend</th>
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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 Craig Chigwedere  Ms Majella Moloney
Course Director  Course Administrator

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

Please return this form to the course administrator
List of CBT competencies

The competences required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders.

Figure 2: The map of CBT competencies for depression and anxiety disorders.

Ability to use basic CBT techniques and apply them to everyday situations.

Knowledge of basic principles of CBT and the ability to apply them.

Knowledge of theoretical frameworks and models.

Understanding of the role of cognitive distortions and the ability to identify and challenge them.

Awareness of the importance of client-therapist relationship.

Ability to use self-monitoring and feedback.

Understanding of motivational interviewing techniques.

Knowledge of the role of homework and its implementation.

Understanding of the importance of relapse prevention strategies.

Knowledge of the role of group therapy.

Understanding of the role of family therapy.

Knowledge of the role of education and self-management strategies.

Understanding of the role of mindfulness and its application.

Knowledge of the role of cognitive-behavioural group therapy.

Understanding of the role of psychoeducation and its implementation.

Knowledge of the role of supportive therapy.

Understanding of the role of crisis intervention.

Knowledge of the role of medication in the context of CBT.

Understanding of the role of sleep hygiene.

Knowledge of the role of physical activity.

Understanding of the role of nutrition.