Department of Psychiatry
PG Diploma in Cognitive Psychotherapy
2016–2017
# Course Handbook for Students, Supervisors and Workshop Facilitators, 2016-17

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Course Welcome

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

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

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

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

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

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

Dr Brian Fitzmaurice
Course Director
**Aims of the Course**

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

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

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

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

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

The Diploma course is run on a part-time basis and will be based in 2016/2017 at St. Patrick's University Hospital. The Diploma class meets every Friday in each of the three academic terms, from 9:30am to 4:30pm.

Course Outline

Term 1 / Michaelmas Term

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

Term 2 / Hilary Term

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

Term 3 / Trinity Term

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

See Course Timetable page 13
Course Content

The content of the course comprises 6 modules, each with specific learning objectives. Each module is assessed and each accounts for 16.6% of the final marks. Details of the content and objectives of each module and assessment are as follows:

Module 1 (PR7201)
Introduction to Cognitive Behavioural Model
On successful completion of this module students will be able to:

- Assess the scope of presenting difficulties and define specific therapeutic goals with the patient
- Build and maintain a therapeutic alliance through collaboration and feedback
- Develop individual cases formulations
- Apply cognitive and behavioural interventions in a clinically sensitive manner

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

Module 2 (PR7202)
Basic Theory in Psychotherapy and Cognitive Model
On successful completion of this module students will be able to:

- Outline and explain the principles of psychotherapeutic practice
- Outline and explain the cognitive and behavioural basis of emotional disorders
- Outline and explain the structure and purpose of a cognitive therapy session

Assessment of Module 2:
- Attendance (> 75% at workshops) & participation in supervision (evidenced from supervisors report ) – 6.6%
- 1st Term Case Study 5% &
- 1st Term recording 5%

Module 3 (PR7203)
Cognitive Behavioural Model: Anxiety and Depression
On successful completion of this module students will be able to:

- Describe and explain adaptations of cognitive model to specific mood and anxiety disorders
- Apply a wider range of interventions to meet individual patient needs
- Recognise and encourage resilience and creativity in clients through self-help assignments
• Recognise when to terminate therapy sessions and prepare patients for possible lapses in their recovery.

Assessment of Module 3:
2\textsuperscript{nd} Term Recording 16.6\% (Double marked – with average awarded)

Module 4 (PR7204)
Cognitive Behavioural Model - More Complex Disorders
On successful completion of this module students will be able to:

• Recognise, explain, and choose adaptations of Cognitive Model to more complex disorders
• Discuss the use of underlying schema in CBT
• Appraise the limitations of CBT’s evidence base

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

Module 5 (PR7205)
CBT Model - Patients with challenging clinical contexts
On successful completion of this module students will be able to:

• Explain the use of CBT model in more challenging clinical contexts
• Adapt the CBT model to different developmental stages
• Recognise that delivery of CBT is often determined by context of individuals

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

Module 6 (PR7206) Individual and group CBT - Multi-disciplinary teams and use of self help
On successful completion of this module students will be able to:

• Discuss the application of CBT principles to their own life and experiences
• Discuss the use of CBT in groups and Multidisciplinary Teams
• Integrate different models of CBT into own practice
• Relate their personal reflection and describe their own learning from course, supervision and psychotherapy cases.

Assessment of Module 6:
• Class Presentation – 10\%
• Reflective Diary – 5\%
• Attendance & participation in Self Practice / Self Reflection Tutorials 1.6\%
Teaching Methods

Workshops

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

The teaching day runs from 9.30 am until 4.30 pm. Full attendance is recommended, and a minimum 75% attendance is mandatory at all workshops including SP/SR sessions and Case Presentations.

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

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

Self-Practice/ Self Reflection Tutorials

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

Supervision

Regular supervision is an integral component of the course and is the point where theory is translated into practice, and knowledge into skill. It is your opportunity to gain regular feedback on how your skills are developing.
Each student is assigned a supervisor at the beginning of the course and supervision generally takes place on a one-to-one or one-to-two basis.

**Supervision requirements**

- Students will receive a minimum of 20 hours supervision over the course of the year
- Students are expected to undertake 50 hours of face to face clinical work with patients during the year
- Students are required to see a minimum of 5 cases*, each for 8 – 16 sessions.
- Students must be able to demonstrate that they have used at least 3 disorder-specific models (e.g. depression, panic, OCD, social anxiety disorder, PTSD, low self-esteem, etc.) with different patients
- Recordings of therapy sessions (audio or video) should be routinely brought to supervision
- Students are required to keep a Log Book of patients seen and supervisors must sign the sheets
- Students must submit photocopies of the five cases to the course administrator when they finish with their case load to verify that they have met course requirements and to demonstrate that they can keep accurate records of their CBT practice.

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

**Getting the most from supervision**

We encourage you to take an active role in your supervision. In essence this means that you should come prepared to each session. The following pointers may be helpful:

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

Monitoring progress in supervision

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

Each term your supervisor will use the CTS-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

At the end of the first and the last term, you will be invited to provide feedback on the term's supervision. What have you learned? How far have you progressed towards your objectives? What did you find helpful? What would you have preferred more of or less of? What could have been done differently? The Feedback to Supervisor sheet is included as an Appendix. At the end of the first term, your supervisor will submit a report of your progress to the course director. Again in the last term, a final progress report will be submitted. These two forms form the basis of marks awarded for attendance and participation in supervision for module two.

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

Absences

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

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

The technical requirements for these recordings are as follows:

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

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

Seeing Patients

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

We would like to see students working with two different patients each week, so that they are getting maximal benefit from teaching and supervision.
Students often discover that finding appropriate cases is more challenging than they had anticipated. If you are encountering difficulties please let your supervisor and/or the Course Director know as soon as possible. After discussion some practical solutions can usually be found that will lead to a timely resolution of this problem.

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

Confidentiality

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

Because recording is an essential part of supervision and assessment students must ensure that no patient identifiers are included with the recorded material e.g. initials, date of birth etc. Recordings are best marked with your name and as ‘case 1, session 4’ etc.
## 2016-17 Timetable

### Workshops for Michaelmas Term  
**(Term 1)**

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<th>Time</th>
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<tr>
<td><strong>Monday, 12th September</strong>&lt;br&gt;9:30am – 10:45am</td>
<td>Welcome to Course and Introduction to Structure of Course and Assessments&lt;br&gt;Dr Brian Fitzmaurice</td>
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<td>11:15am – 1:00pm</td>
<td>Therapeutic Relationship in CBT (1)&lt;br&gt;• Collaboration&lt;br&gt;• Enablement&lt;br&gt;• Empiricism – Scientist Practitioner Stance&lt;br&gt;• Patient Centeredness&lt;br&gt;• Non-judgemental stance &amp; Respect&lt;br&gt;• Own beliefs&lt;br&gt;• Empathy&lt;br&gt;Dr Brian Fitzmaurice</td>
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<td>2:00pm – 3:30pm</td>
<td>Effective Use of Supervision&lt;br&gt;• Supervision Contract&lt;br&gt;• Preparation for supervision&lt;br&gt;• Format of case discussion&lt;br&gt;• Documentation of supervision&lt;br&gt;Ms Colette Kearns</td>
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<td>3:45 – 4:30pm</td>
<td>The Inside Track –&lt;br&gt;The Former Student’s Experience&lt;br&gt;James Brady&lt;br&gt;Please assign Class Rep today and give name to course administrator.</td>
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<tr>
<td>Tuesday, 13th Sept</td>
<td>9:30am - 1:00pm</td>
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<td>Wednesday, 14th Sept</td>
<td>9:30am – 1:00pm</td>
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<td>2:00 – 4:30pm</td>
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<td>Thursday, 15th Sept</td>
<td>9:30am – 12:00pm</td>
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| 1:00 – 5:00pm| Public Theatre, TCD main campus | Collection of student cards and postgraduate orientation activities  
(take Dublin Bus nos. 123 or 40 from James’s Street to College Green) |

**Friday, 16th September**  
9:30am – 4:30pm  

**Assessment in CBT**
- Description of problems
- Onset & Development of current problems
- Maintenance cycles
- Contextual factors – developmental factors, family, social & medical history, etc.
- Patient Suitability

**Dr Eamonn Butler**

**Friday, 23rd September**  
9:30 – 10:00am  

**Introduction to IT Services**  
Mr David Hamill

**10am – 4:30pm**  

**Introduction to CBT Formulation**
- Formulation as a therapeutic technique: descriptive and explanatory.
- Formulation as a therapeutic process.
- Components of formulation – identifying repeating patterns, predisposing, precipitating, maintaining factors, etc.
- Presenting problems and the psychological literature/psychological models – how can we understand the development of problems?
- Identifying where to intervene.
- Collaboration in the therapeutic relationship.
- Identifying patient strengths as an aid to intervention and change

**Dr Eamonn Butler**
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<th>Time</th>
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<tr>
<td>Friday, 30th Sept</td>
<td>9:30 – 1.00pm</td>
<td>Exposure Techniques in CBT</td>
<td>Dr Craig Chigwedere</td>
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<td>2:00 – 4:30pm</td>
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<td>3 systems model</td>
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<td>Hot Cross Bun</td>
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<td>Hierarchy of Exposure tasks</td>
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<td>Flooding</td>
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<td>Graded Desensitization</td>
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<td>Friday, 7th Oct</td>
<td>9:30 – 11:00am</td>
<td>Identifying Negative Automatic Thoughts</td>
<td>Mr Pat Hill</td>
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<td>11:30am – 4:30pm</td>
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<td>Different types of thoughts</td>
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<td>What are NATs</td>
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<td>How do we elicit NAT’s</td>
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<td>Friday, 14th Oct</td>
<td>9:30 – 11:00am</td>
<td>Self-Practice/ Self Reflection Tutorial</td>
<td>Ms Fionnula MacLiam &amp; Ms Martina Gibbons</td>
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<td>PC Lab 1.80, Trinity Centre, St James’s Hospital</td>
<td>Introduction &amp; Exercise 1</td>
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<td>Goal Setting &amp; Measuring Change</td>
<td>Ms Fionnuala MacLiam</td>
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<td>11:30am – 4:30pm</td>
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<td>Operationalizing goals</td>
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<td>Different forms on measurement</td>
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<td>Using questionnaires and scales</td>
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<td>Time</td>
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<td>Presenter</td>
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<tr>
<td>11:30 – 4:30pm</td>
<td><strong>Verbal Challenging of Cognitions</strong>&lt;br&gt;- Socratic Questioning&lt;br&gt;- Appraisal of Evidence&lt;br&gt;- Decentring&lt;br&gt;- Responsibility Pies</td>
<td>Ms Lucy Roberts</td>
<td></td>
</tr>
<tr>
<td><strong>Friday, 21st October</strong>&lt;br&gt;9:30 – 11:00am</td>
<td><strong>Case Presentations</strong>&lt;br&gt;Ms Colette Kearns</td>
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<tr>
<td>11:30am – 4:30pm</td>
<td><strong>Using Written Thought Records</strong>&lt;br&gt;- Thought – Emotion linkage&lt;br&gt;- 3/5 columns&lt;br&gt;- Identifying Hot Thoughts&lt;br&gt;- Building formulation</td>
<td>Dr Craig Chigwedere</td>
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</tr>
<tr>
<td><strong>Friday, 28th October</strong>&lt;br&gt;9:30am – 4:30pm</td>
<td><strong>Behavioural Experiments</strong>&lt;br&gt;- Theoretical background&lt;br&gt;- Types of behavioural experiments&lt;br&gt;- Identifying opportunities and designing a behavioural experiment&lt;br&gt;- Planning and evaluation issues</td>
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<td></td>
<td><strong>Role of Homework</strong>&lt;br&gt;- Theoretical Rationale and evidence&lt;br&gt;- Collaboration ideas on homework goals&lt;br&gt;- Improving homework compliance</td>
<td>Ms Yvonne Tone</td>
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<tr>
<td><strong>Friday 4th November, 2016</strong></td>
<td><strong>MID TERM BREAK</strong></td>
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<td>Date</td>
<td>Time</td>
<td>Session Title</td>
<td>Presenter(s)</td>
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<tr>
<td>Friday, 11th Nov</td>
<td>9:30 – 11:00am</td>
<td>Case Presentations</td>
<td>Ms Colette Kearns</td>
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<tr>
<td></td>
<td>11:30 – 4:30pm</td>
<td>The Cognitive Behavioural Model of Anxiety</td>
<td>Dr Michael McDonough</td>
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<td></td>
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<td>• Beck’s general model of anxiety</td>
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<td>• Danger schemas</td>
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<td>• Safety Behaviours</td>
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<td>• Different appraisals, different disorders</td>
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<td>• Why disorder specific treatments</td>
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<td></td>
<td>9:30 – 11:00am</td>
<td>Self-Practice/ Self Reflection Tutorial</td>
<td>Ms Fionnula MacLiam &amp; Ms Martina Gibbons</td>
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<tr>
<td></td>
<td>11:30am – 1:00pm</td>
<td>Cognitive Therapy Scale Revised</td>
<td>Dr Brian Fitzmaurice</td>
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<tr>
<td></td>
<td>2:00 – 4:30pm</td>
<td>Writing Skills for CBT</td>
<td>Dr Craig Chigwedere</td>
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<td></td>
<td></td>
<td>• Preparation for Case Study</td>
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<td></td>
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<td>• Essay writing</td>
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</tr>
<tr>
<td>Friday, 25th Nov</td>
<td>9:30am – 4:30pm</td>
<td>Collaborative Case Conceptualization within Therapy</td>
<td>Dr Robert Dudley</td>
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<td></td>
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<td>• Evolving conceptualization across therapy</td>
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<td>• Incorporation of strengths and resiliencies</td>
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<td>• Integrating themes across different CBT models</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Session Title</td>
<td>Presenter</td>
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<tr>
<td>Friday, 2\textsuperscript{nd} December</td>
<td>9:30 – 11am</td>
<td>Case Presentations</td>
<td>Ms Colette Kearns</td>
</tr>
<tr>
<td></td>
<td>11.30 – 4:30pm</td>
<td>Therapeutic Relationship (II)</td>
<td>Mr Gerry Butcher</td>
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<td></td>
<td></td>
<td>• Common difficulties in Therapeutic Relationship</td>
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<td>• Reflecting on therapist’s contribution to therapeutic relationship</td>
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<tr>
<td>Friday, 9\textsuperscript{nd} December</td>
<td>9.30 – 4:30pm</td>
<td>Identifying &amp; Testing Underlying Assumptions</td>
<td>Mr Simon Wale</td>
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<td></td>
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<td>• Identifying society’s key assumptions about being older. The impact of these beliefs on therapy.</td>
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<td>• Identifying key issues for older adults with mental health problems</td>
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<td></td>
<td></td>
<td>• How CBT does and doesn’t change when using it older adults</td>
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<td>• Skills practise</td>
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<tr>
<td>Friday, 16\textsuperscript{th} December</td>
<td>9.30 – 11:00pm</td>
<td>Self-Practice/ Self Reflection Tutorial Exercise 3</td>
<td>Ms Fionnula MacLiam</td>
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<tr>
<td></td>
<td>11.30 – 4:30pm</td>
<td>CBT for Young Adults/Adolescents</td>
<td>Ms Shauna Collins</td>
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<tr>
<td></td>
<td></td>
<td>• Developmental Challenges</td>
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<td></td>
<td></td>
<td>• Adapting CBT for the young person</td>
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</tbody>
</table>
# Workshops for Hilary Term (Term 2)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>Thursday, 12th January</td>
<td>3:00 – 4:00pm</td>
<td>Medical Teaching Centre, SPUH</td>
</tr>
<tr>
<td>Course Advisory Meeting</td>
<td>4:00 – 5:30pm</td>
<td>(Class Rep should attend if possible or else submit class feedback to the course administrator)</td>
</tr>
<tr>
<td>Friday, 13th January</td>
<td>9:30 – 11:00am</td>
<td>Case Presentations</td>
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<td></td>
<td></td>
<td>Ms Colette Kearns</td>
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<tr>
<td></td>
<td>11:30 – 1:00pm</td>
<td>Termination in CBT</td>
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<td>- When and Why CBT ends</td>
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<td>- Common dilemmas at termination</td>
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<td>- Use of booster sessions in CBT</td>
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<td>Dr Brian Fitzmaurice</td>
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<td></td>
<td>1:30 – 4:30pm</td>
<td>Individual Student Meetings</td>
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<td></td>
<td>(Feedback on term 1 assignments)</td>
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<tr>
<td>Friday, 20th January</td>
<td>9:30 – 4:30pm</td>
<td>CBT for Obsessive Compulsive Disorder</td>
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<tr>
<td></td>
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<td>- Behavioural theory of OCD</td>
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<td>- Assessment and Treatment issues</td>
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<td>- Salkovskis’s Model of OCD</td>
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<td>- Challenging responsibility appraisals</td>
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<td>Ms Yvonne Tone</td>
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<tr>
<td>1 – 2pm</td>
<td>Lunchtime talk on the courses in Cognitive Psychotherapy</td>
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<td>Patient Lecture Theatre</td>
<td>Dr Brian Fitzmaurice</td>
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<td>Friday, 27th January</td>
<td>Self-Practice/ Self Reflection Tutorial Exercise 4</td>
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<td></td>
<td>Ms Fionnula MacLiam &amp; Ms Martina Gibbons</td>
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<tr>
<td>09:30 – 4:30pm</td>
<td>CBT for Panic</td>
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<td></td>
<td>• Clarke Model</td>
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<td>• Barlow Model</td>
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<td>• Panic induction</td>
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<td></td>
<td>Ms Fionnula MacLiam</td>
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<tr>
<td>Friday, 3rd February</td>
<td>CBT for Social Phobia</td>
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<tr>
<td>09:30 – 4:30pm</td>
<td>• The nature of social phobia</td>
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<td>• The cognitive model of social phobia</td>
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<td>• Treatment strategies for social phobia</td>
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<td>• Formulation and treatment of a client with social phobia</td>
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<td>Ms Nuala Miles</td>
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<tr>
<td>Friday, 10th February</td>
<td>CBT for PTSD</td>
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<tr>
<td>09.30 – 4:30pm</td>
<td>• A brief update on PTSD</td>
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<td>• A brief overview of CBT Models for treating PTSD</td>
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<td>• An in-depth focus on the Ehlers &amp; Clark CBT Model for PTSD</td>
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<td>• The evidence base for CBT's effectiveness in the treatment of PTSD</td>
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<td>Dr Kate Gillespie</td>
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<tr>
<td>Friday, 17th February</td>
<td>09:30am – 1:00pm</td>
<td><strong>CBT for Health Anxiety</strong></td>
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<td>- Recognising, assessing and treating severe health related anxiety in patients with and without genuine physical illness</td>
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<td><strong>Dr Sonya Collier</strong></td>
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<td>2:00 – 4:30pm</td>
<td><strong>Phobic Anxiety</strong></td>
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<td>- Causation and natural history of phobic disorders</td>
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<td>- Assessment</td>
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<td>- Graded Exposure and habituation</td>
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<td>- Cognitive models of phobia</td>
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<td><strong>Dr Michael McDonough</strong></td>
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<td>Friday, 24th February</td>
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<td><strong>MID TERM BREAK</strong></td>
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<tr>
<td>Friday, 3rd March</td>
<td>09:30 – 4:30pm</td>
<td><strong>Self-Practice/ Self Reflection Tutorial</strong></td>
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<td><strong>Exercise 5</strong></td>
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<td><strong>Ms Fionnula MacLiam &amp; Ms Martina Gibbons</strong></td>
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<tr>
<td>Medical Teaching Centre</td>
<td>4:00 – 5:30pm</td>
<td><strong>CBT for Generalised Anxiety Disorder</strong></td>
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<tr>
<td>Computer Room</td>
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<td>- Salkovski’s Anxiety Formula</td>
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<td>- Worrying vs GAD</td>
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<td>- Cognitive Factors</td>
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<td>- 3 Models of GAD:Dugas – IoU, Borkovec – Avoidance, Wells Metacognitive.</td>
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<td>- Treatment &amp; Specific techniques</td>
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<td><strong>Ms Fionnula MacLiam</strong></td>
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<tr>
<td>Examiners’ meeting for the</td>
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<td><strong>Examiners’ meeting for the Essays</strong></td>
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<td>Date</td>
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<td><strong>Friday, 10th March</strong></td>
<td>9:30am – 11:00am</td>
<td>Case Presentations</td>
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<td>11:30am – 4:30pm</td>
<td>Managing Perfectionism</td>
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<td>• Understanding perfectionism</td>
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<td>• Types of perfectionism</td>
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<td></td>
<td>• Managing perfectionism in patients and</td>
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<td></td>
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<td>therapists</td>
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<td><strong>Friday, 17th March</strong></td>
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<td>St. Patrick’s Day</td>
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<tr>
<td><strong>Friday, 24th March</strong></td>
<td>9:30am – 4:30pm</td>
<td>CBT For Older Adults</td>
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<td></td>
<td></td>
<td>• Life stage challenges</td>
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<td>• Adapting the model for older adults</td>
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<td></td>
<td>• Managing hopelessness/pessimism</td>
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<td><strong>Friday, 31st March</strong></td>
<td>9:30 – 11:00am</td>
<td>Self-Practice/ Self Reflection Tutorial</td>
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<td>Exercise 6</td>
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<td>11:30am – 4:30pm</td>
<td>CBT for Low Self-Esteem</td>
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<td>• Melanie Fennell Model</td>
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<td>• Schema and Bottom-Line</td>
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<td>• Challenges working with low self esteem</td>
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**Examiners’ meeting for Term 2 Case Study and Recording**

- **Friday, 7th April**
  - Medical Teaching Centre, SPUH
  - 3:00 – 5:30pm

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**EASTER BREAK**

- **Friday, 7th April**
- **Friday, 21st April**
- **Friday, 14th April**

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### Workshops for Trinity Term (Term 3)

#### Friday, 28th April

- **9:30am – 1:00pm**
  - CBT and Mindfulness
  - Ms Debbie Von Tonder

- **2:00 – 4:30pm**
  - Acceptance & Commitment Therapy (ACT)
  - Ms Judy Moran

#### Friday, 5th May

- **9:30am – 4:30pm**
  - CBT Master class
    - An opportunity to bring cases, queries and questions arising from the various aspects of CBT covered in the course.
  - Dr Stirling Moorey
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Session</th>
<th>Facilitators/Topics</th>
</tr>
</thead>
</table>
| **Friday, 12th May** | 9:30am – 4:30pm | Chronic Depression and Hopelessness                | - Common themes in Chronic Depression  
- Managing Hopelessness  
- Therapist Challenges  
Facilitator to be confirmed |
| **Friday, 19th May** | 9:30am – 4:30pm | Reflective Class Presentations                    | Dr Brian Fitzmaurice and Dr Craig Chigwedere                                         |
| **Friday, 26th May** | 9:30 – 11:00am  | Self-Practice/ Self Reflection Tutorial            | Ms Fionnula MacLiam & Ms Martina Gibbons                                             |
|                  | 1:30 – 1:00pm   | Review of Year/ Future Training Options           | - Feedback on course structure and delivery  
- Outline of accreditation process and future training options  
Dr Brian Fitzmaurice |
|                  | 2:00 – 4:30pm   | CBT within multidisciplinary teams                | - Consolidating your skills in an MDT  
- Challenges to developing your CBT practice  
Dr Ann O’Grady-Walshe |
<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Thursday, 8th June</td>
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<td>Location to be confirmed</td>
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<td>3:00 – 4:00pm</td>
<td><strong>Course Advisory Committee Meeting</strong></td>
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<td><em>(Class Rep should attend if possible or else submit feedback to the course administrator)</em></td>
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<td>4:00 – 5:30pm</td>
<td><strong>Final Court of Examiners</strong></td>
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<td>Friday, 22nd June</td>
<td><strong>Release of course results</strong></td>
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</table>
Assignments and Evaluation

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

Details of all assignments and marking are as follows:

<table>
<thead>
<tr>
<th>Term 1</th>
<th>Assignment</th>
<th>Deadline</th>
<th>% of final mark</th>
<th>Instructions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Case study 1</td>
<td>Friday 16/12/16</td>
<td>5%</td>
<td>Submit 2 printed copies to the course administrator and email electronic copy.</td>
</tr>
<tr>
<td></td>
<td>Recording 1</td>
<td>Friday 16/12/16</td>
<td>5%</td>
<td>Submit 2 recordings: 1 directly to supervisor who will sign in logbook and sign over 1 to course administrator / send by registered post to arrive on this date</td>
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<tr>
<td></td>
<td>Essay Plan</td>
<td>Friday 16/12/16</td>
<td>Guidance only</td>
<td>Submit 2 printed copies to the course administrator and email electronic copy.</td>
</tr>
<tr>
<td></td>
<td>Supervisor’s Report</td>
<td>Friday 16/12/16</td>
<td>2.2%</td>
<td>Email to the course administrator.</td>
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<tr>
<td></td>
<td>Feedback on Supervision</td>
<td>Friday 16/12/16</td>
<td>Guidance only</td>
<td>Email to the course administrator.</td>
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<p>| Term 2 | Final Essay       | Wednesday 01/02/17 | 16.6%           | Submit 3 printed copies of to the course administrator and email electronic copy.                                                             |
|        | Case study 2      | Wednesday 08/03/17 | 16.6%           | Submit 3 printed copies of to the course administrator and email electronic copy.                                                             |</p>
<table>
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<tr>
<th><strong>Term 3</strong></th>
<th><strong>Recording 3</strong></th>
<th><strong>Friday 12/05/17</strong></th>
<th>16.6%</th>
<th>Sign over 3 recordings to the course administrator / send by registered post to arrive on this date.</th>
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<tbody>
<tr>
<td><strong>Reflective Class presentation</strong></td>
<td><strong>Friday 19/05/17</strong></td>
<td>10%</td>
<td>In-class presentation</td>
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<tr>
<td><strong>Reflective Diary</strong></td>
<td><strong>Wednesday 24/05/16</strong></td>
<td>5%</td>
<td>Submit 2 printed copies to the course administrator.</td>
<td></td>
</tr>
<tr>
<td><strong>Supervisor’s Report</strong></td>
<td><strong>Friday 26/05/17</strong></td>
<td>2.2%</td>
<td>Email to the course administrator.</td>
<td></td>
</tr>
<tr>
<td><strong>Sign-in sheets from Workshops</strong></td>
<td><strong>Friday 26/05/17</strong></td>
<td>2.2%</td>
<td>Sign for morning and afternoon sessions for each workshop.</td>
<td></td>
</tr>
<tr>
<td><strong>Sign-in sheets from SP/SR tutorials</strong></td>
<td><strong>Friday 26/05/17</strong></td>
<td>1.6%</td>
<td>Sign sheets at each session</td>
<td></td>
</tr>
<tr>
<td><strong>Feedback on Supervision</strong></td>
<td><strong>Friday 26/05/17</strong></td>
<td>Guidance only</td>
<td>Email to the course administrator.</td>
<td></td>
</tr>
<tr>
<td><strong>Logbook</strong></td>
<td><strong>Friday 18/08/17</strong></td>
<td>Compulsory</td>
<td>When client work is complete and supervision is ended</td>
<td></td>
</tr>
<tr>
<td>Declaration that student/supervisor has destroyed all clinical material</td>
<td>Friday 18/08/17</td>
<td>Compulsory</td>
<td>Submit to the course administrator when client work/supervision/marking is complete.</td>
<td>submit photocopies of logbook entries for cases seen during course signed off by your supervisor. These need to be submitted to the course administrator and students keep the Logbook for their own personal records.</td>
</tr>
</tbody>
</table>
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

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

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

3 hard copies of all written assignments should be submitted to the course administrator. These copies should be unbound, and, of course, the 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

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

- Contents page
- Introduction
- Presenting problem
- Conceptualisation
- Course of therapy
- Outcome
- Discussion

See Appendix ‘Case Study Checklist’ for more detailed information

The cover page should include the following information:

- Full title of case study
- Term
- Word count – must not exceed 3,500 words
- Your name
- Plagiarism declaration

Essay Plan and Final Essay

An essay plan with literature review is to be submitted at the beginning of Term 2. This should include an outline of the structure of your final essays e.g. introduction, historical perspective, recent evidence, limitations in evidence, models and theory, clinical relevance, future directions, discussion, conclusions.

The essay plan should not exceed 2000 words and may be considerably shorter, however, an essay plan that is a bullet points of proposed headings with no clear references to relevant literature would not be detailed enough to give useful feedback. Its purpose is to demonstrate that you have selected an essay title and
begun to research your topic for the final essay. Feedback given on the essay plan and literature review will help to reshape and develop your final essay.

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

The cover page should include the following information:
- Full title of the essay
- Word count
- Your name
- Plagiarism declaration

**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 third term, each student makes an oral presentation to the class demonstrating how they have integrated CBT into their own practice. The time allowed for this is 15 minutes per students. This is a personal reflection based on your learning throughout the course and your honesty and creativity is valued. There is no set format. The Reflective Diary kept throughout the course should be a useful source of inspiration. The Reflective Class Presentation is marked by two assessors and accounts for 10% of the final mark. More detailed guidelinelines 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.
• Marks may be deducted from recorded material submitted late (1 mark deducted from CTS-R score for every week after deadline up to a maximum of 4 marks)
• Failure to submit a written assignment or recording after 5 weeks post-deadline will mean that assignment is failed.
Failed Assignments

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

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

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

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

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

Feedback on Assignments

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

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
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 all 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 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

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/ 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](http://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](mailto: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](https://www.tcd.ie/itservices/internet/office-proplus.php)
The nearest College computer room for students is located on the ground floor of the Trinity Centre for Health Sciences Building, at St James’s’ Hospital.

**E-Learning Resources**

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

You should have been automatically enrolled by IT services in six modules. Content should be visible under PR701 – 704, and there is no content hosted under PR705-6. Here you will find updated weekly PDF files of materials used during workshops and also materials from previous workshops posted by the course administrator. If you encounter difficulties with accessing the site you should contact IT services for assistance. If you have queries about any of the content on the website you should contact the course administrator.

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

**Study Time**

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

**Good Practice**

The course endorses good clinical practice through informing students of relevant literature and current research and promoting the systematic evaluation of therapy interventions. At all times, reflection and creativity is encouraged in adapting the model to the unique circumstances of each patient and to the therapists individual style.
We encourage all students to join the Irish Association of Behavioural and Cognitive Psychotherapies (IABCP) 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/](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.

**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>
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<td><a href="mailto:ckearns@stpatsmail.com">ckearns@stpatsmail.com</a></td>
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<td>Email</td>
<td>Position</td>
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<td>-----------------------</td>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<td><a href="mailto:Martinamcelligott@eircom.net">Martinamcelligott@eircom.net</a></td>
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</tr>
<tr>
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<td><a href="mailto:Steve.Smith@tcd.ie">Steve.Smith@tcd.ie</a></td>
<td>Postgraduate Director of Teaching and Learning, Trinity College School of Medicine</td>
</tr>
</tbody>
</table>
Appendices
Reading List 16-17

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
How to Use the Harvard Referencing System

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Example
Gold (1998a, 1998b) has suggested that...

This principle also applies to different authors with the same surname and same year of publication.
2. Using quotations

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

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

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

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

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

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

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

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

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

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

3. Using primary and secondary sources

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

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

Secondary source in the reference list

4. How to write a bibliography

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

5. How to write a reference list

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

Definitions of phrases used within this section.

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

Sentence case:
Capitalise the first letter of the first word and use lower case letters for all other word, except where the word would normally have a capital letter e.g. name of country
Example 1
The research process in nursing
Example 2
Understanding pain and its relief in labour

5.1 Referencing a book

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

Example - please take note of the punctuation used:

5.2 Referencing a chapter in an edited book

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

Example 1 - please take note of the punctuation used:

Example 2 - please take note of the punctuation used:
5.3 Referencing a journal article

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

Example 1 - please take note of the punctuation used:

Example 2 - please take note of the punctuation used:

5.4 Referencing a publication by a government agency or other organisation

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

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

Examples - please take note of the punctuation used: In the text

Example 1
The main issues of concern here are... (Department of Health, 1994).

Example 2
A report was carried out and found that... (Department of Health UK, 1993).
Example 3
Mac Glennain (1983) found...

In the Reference list


5.5 Referencing a dictionary/directory/encyclopaedia

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

Example - please take note of the punctuation used:

5.6 Referencing an open learning package

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

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

5.7 Referencing a video

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

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

5.8 Referencing unpublished sources/theses/dissertations

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

Examples - please take note of the punctuation used:

In the text
Decreased serum levels of IL-6 was found in this small patient group post prednisolone treatment (Clemenger, 1996).
“Participants identified that the initial experience was a difficult, but a satisfying and interesting one, and that utilising the framework became easier with practice and gave them confidence” (Fleming, 1997:75)

In the reference list


5.9 Referencing a personal communication

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

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

In the reference list

5.10 Referencing reprints

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

Examples - please take note of the punctuation used:

In the text
Levy (1999) states that in order to make choices, women needed information that they trusted.

Turner and Sloper (1996) found that...

In the reference list

5.11 Referencing a newspaper

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

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

Example 1 - please take note of the punctuation used:

5.12 Referencing from the Internet and other electronic sources

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

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

5.12.1 Referencing a journal article from the Internet

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

In the reference list:

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

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

Example - please take note of the punctuation used:

5.12.2 Referencing a World Wide Web (www) page

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

Example - please take note of the punctuation used:
Supervision Contract
(Adapted from Newcastle Cognitive Therapy Centre Supervision Contract)

Section 1 Nature of Supervision

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

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

(Delete any that do not apply)
1) Assessment issues including suitability
2) Diagnostic issues and their implications
3) Risk to patient, therapist, staff or others
4) Case conceptualisation / formulation
5) Therapeutic relationship and engagement issues
6) Treatment planning including relapse prevention, discharge, boosters and follow-up
7) Fundamental therapeutic skills and techniques
8) In session practice or rehearsal of skills / techniques
9) Discussion of therapeutic strategies
10) Review of video or audio tapes
11) Direct observation
12) Supervision homework
13) Reading
14) The therapist’s own reactions to and beliefs about aspects of their clinical or professional practice
15) Factors that may interfere with the therapist’s ability to act in a competent or professional manner
16) Clinical guidelines, manuals, patient material, etc.
17) The supervisory relationship, as necessary
Contextual or organisational issues that may impact on practice or supervision

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

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

Section 2  Responsibility and Indemnity

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

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

Person holding clinical responsibility:

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

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

Supervisee Insured?
Supervisor Insured?

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

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

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

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

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

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

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

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

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

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

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

Name __________________________________
Role ___________________________________
Name __________________________________
Role ___________________________________

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

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

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

Name ____________________________________________
Role ____________________________________________

Name ____________________________________________
Role ____________________________________________

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

3D. Explicit discussion of supervision of supervision.

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

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

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

We recognise that supervisors and course directors have a duty of care toward supervisees and those affected by their actions. Notwithstanding the statements above concerning confidentiality of supervision, we agree that in line with the goal of aiding supervisees to meet the requirements of the course and facilitate learning, it would be appropriate for the supervisor to provide summary feedback to the course director 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 supervivison

**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 No of copies provided:

Format as per guidelines on submitting recordings: YES / NO

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

Session number with this client: _____________________________

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

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Checklist for Case Studies

To be included with written submissions

Student name: ______________________________________

Date of Submission: ______________________

Case Study: 1\textsuperscript{st} Term / 2\textsuperscript{nd} Term / 3\textsuperscript{rd} 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

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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](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](http://tcd-ie.libguides.com/plagiarism/ready-steady-write)
Checklist for Essay

To be included with essay:

Student name: ______________________________________

Date of Submission: ______________________

Essay Plan/Essay

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>
</thead>
<tbody>
<tr>
<td>1. Agenda setting and adherence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the therapist set a good</td>
<td></td>
<td></td>
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<tr>
<td>agenda and adhere to it?</td>
<td></td>
<td></td>
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<tr>
<td>2. Feedback</td>
<td></td>
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<tr>
<td>Did the therapist regularly provide and elicit feedback?</td>
<td></td>
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<td>Was good teamwork evident?</td>
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<td>4. Pacing efficient use of time.</td>
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<tr>
<td>Was the session well-paced and</td>
<td></td>
<td></td>
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<tr>
<td>the time used efficiently?</td>
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<tr>
<td>5. Interpersonal effectiveness.</td>
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<td>Was a good therapeutic alliance</td>
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<td>evident?</td>
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<tr>
<td>6. <strong>Eliciting appropriate emotional expression.</strong></td>
<td>Did the therapist elicit relevant emotions and promote an effective emotional ambiance?</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>
</tr>
<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>
</tr>
<tr>
<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>
</tbody>
</table>

Further Comments:

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

**Example:** Your name_Term 2_CTS-R Scoresheet_student name
# Student Self Rating using CTS-R Scale

Student name: ________________________________

Tape Name & Term: _________________________________________________

Date of submission: ________________________________________________

**Total CTS-R Scale Score:** __________

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

**Important**

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

<table>
<thead>
<tr>
<th>CTS-R Items</th>
<th>Score</th>
<th>Comments Regarding Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agenda setting and adherence.</td>
<td></td>
<td></td>
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<tr>
<td>Did the therapist set a good agenda</td>
<td></td>
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<tr>
<td>and adhere to it?</td>
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<tr>
<td>2. Feedback</td>
<td></td>
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<tr>
<td>Did the therapist regularly provide</td>
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<tr>
<td>and elicit feedback?</td>
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<tr>
<td>Was good teamwork evident?</td>
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<tr>
<td>4. Pacing efficient use of time.</td>
<td></td>
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<tr>
<td>Was the session well-paced and the</td>
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<tr>
<td>time used efficiently?</td>
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<tr>
<td>5. Interpersonal effectiveness.</td>
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<td>Was a good therapeutic alliance</td>
<td></td>
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<td>evident?</td>
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<tr>
<td>6. Eliciting appropriate emotional</td>
<td></td>
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<tr>
<td>expression.</td>
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<tr>
<td>Did the therapist elicit relevant</td>
<td></td>
<td></td>
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<tr>
<td>expression?</td>
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</tbody>
</table>
emotions and promote an effective emotional ambiance?

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<tbody>
<tr>
<td><strong>7. Eliciting key cognitions.</strong></td>
<td>Did the therapist elicit relevant cognitions? (thoughts, beliefs, etc.)</td>
</tr>
<tr>
<td><strong>8. Eliciting Behaviours</strong></td>
<td>Appropriate behaviours focused on? Links with emotions/problems made clear? Elicited and verbal or written format?</td>
</tr>
<tr>
<td><strong>9. Guided Discovery.</strong></td>
<td>Did the therapist’s approach enable the patient to make his/her own connections and discoveries?</td>
</tr>
<tr>
<td><strong>10. Conceptual integration.</strong></td>
<td>Did the therapist make explicit the overarching cognitive rationale and formulation?</td>
</tr>
<tr>
<td><strong>11. Application of change methods.</strong></td>
<td>Therapist applies a range of cognitive or behavioural methods with skill and flexibility?</td>
</tr>
<tr>
<td><strong>12. Homework setting</strong></td>
<td>Did the therapist set an appropriate homework?</td>
</tr>
</tbody>
</table>

Further Comments:
### My CTSR Profile

<table>
<thead>
<tr>
<th></th>
<th>0-1</th>
<th>1-2</th>
<th>2-3</th>
<th>3-4</th>
<th>4-5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda</td>
<td>This is a real weak spot for me</td>
<td>I keep getting 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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<td>F/B</td>
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<td>Collaboration</td>
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<td>Pacing</td>
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<td>IP effective...</td>
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<tr>
<td>Emotion</td>
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<tr>
<td>Cognition</td>
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<td>Behaviour</td>
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<tr>
<td>Guided Disc.</td>
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<td>Conceptual...</td>
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<td>Change</td>
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<td>H/W</td>
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</table>

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

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

**CONTENT**

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

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

**STYLE**

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

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

Example: Your name_Term 2_Case Study Scoresheet_student name
Case Studies Feedback for Trainees

Case Studies are marked on this scale:

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
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<td>Pass</td>
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<td></td>
<td></td>
<td>Distinction</td>
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</table>

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 how the subject is addressed in the cognitive therapy literature.
• Themes poorly integrated with insufficient effort to bring together / reflect upon a range of important themes.
• Basic presentation with many errors / omissions

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

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

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

**Example:** Your name_Term 2_Essay Scoresheet_student name

<table>
<thead>
<tr>
<th>1. Content of Essay</th>
<th>Comments:</th>
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<th>2. Structure of Essay</th>
<th>Comments:</th>
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<th>3. Presentation Skills</th>
<th>Comments:</th>
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<tr>
<th>OVERALL SCORE</th>
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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: ______________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

87
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:  ………………………………………………….
……………………………………………….
……………………………………………….
……………………………………………….

Proposed Actions:

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

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

Academic

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

Proposed Actions:

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

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

Review date for resolution:  ……………………………

Contingencies if not resolved:………………………………
………………………………

Completed by ………………………… Date ………………….
Signed by Course Director………………… Date ………………….

89
Feedback for Supervisors – First Term/Second Term/Third Term

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 – First Term or Third Term

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

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)

<table>
<thead>
<tr>
<th>Your staff member</th>
<th>Not Valuable at all</th>
<th>Moderately Valuable</th>
<th>Extremely Valuable</th>
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<td>4   5   6   7</td>
<td>8   9   10</td>
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<tr>
<th>Their Team / Colleagues</th>
<th>Not Valuable at all</th>
<th>Moderately Valuable</th>
<th>Extremely Valuable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0       1   2   3</td>
<td>4   5   6   7</td>
<td>8   9   10</td>
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<table>
<thead>
<tr>
<th>The Overall Service / Organization</th>
<th>Not Valuable at all</th>
<th>Moderately Valuable</th>
<th>Extremely Valuable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0       1   2   3</td>
<td>4   5   6   7</td>
<td>8   9   10</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Definitely Not Support</th>
<th>Moderately Supportive</th>
<th>Extremely Supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td>0         1   2   3</td>
<td>4   5   6   7</td>
<td>8   9   10</td>
</tr>
</tbody>
</table>

Would you recommend this course to a member of your staff / team

<table>
<thead>
<tr>
<th>Would Not Recommend</th>
<th>Highly Recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>0       1   2   3</td>
<td>4   5   6   7</td>
</tr>
</tbody>
</table>
What is your role in your organization ........................................

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

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

Dr Brian Fitzmaurice       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