



University
of Exeter

Cedar

PGDip Senior Wellbeing Practitioner for
Children, Young People and Families (Low
Intensity Cognitive Behavioural Therapy)

Programme Handbook – Year 2

2024-2025

Contents

Contents.....	2
Welcome to the University of Exeter	3
Supervisors Course Team.....	5
PGDip Senior Wellbeing Practitioner for Children, Young People and Families (Low Intensity Cognitive Behavioural Therapy)	7
Programme Aims.....	7
Learning Outcomes	9
Acronyms	10
Programme Structure.....	11
Supervision expectations	12
Tutorials.....	13
Assignment overview	18
Cases (requirements)	18
Formative and Summative Intervention tape submissions	19
Module 3 assessments	20
Module 4 assessments	21
Practice portfolio	23
Practice Outcomes Document	23
Assessment Hand-In Procedure.....	24
Attendance Policy.....	26
Self-reflection form	32
Module descriptors	33
Professional Practice & Fitness to Practice Guidelines.....	42

The handbook and timetable are subject to change so please check ELE regularly for updates:
[Exeter Learning Environment](#)

Welcome to the University of Exeter

College of Life and Environmental Sciences, Psychology, and Improving Access to Psychological Therapies

We are extremely excited to bring you the University of Exeter's Postgraduate Certificate programme in Senior Wellbeing Practitioner in Evidence-Based Low Intensity Psychological Interventions for Children and Young People. The training complements CEDAR's highly successful and expanding portfolio of children, young people and families clinical training programmes and contributes to our wider clinical training portfolio. We have a firm commitment to evidence based clinical practice and as such we endeavour to ensure all our training programmes are firmly embedded within current research.

These are exciting but challenging times for us all. The team of highly experienced clinical trainers will endeavour to deliver the highest quality training to enable you to become and competently and effective supervisors.

It is likely that you will find the training intensive and challenging, but hopefully enjoyable and especially practice enhancing.

Prof. Catherine Gallop



Director of Post Graduate Taught Programmes

CEDAR | University of Exeter

Welcome to the PGDip Senior Wellbeing Practitioner for Children, Young People and Families (Low Intensity Cognitive Behavioural Therapy)

A very warm welcome to the Senior Wellbeing Practitioner in Evidence-Based Low Intensity Psychological Interventions for Children and Young People programme. This programme forms a key part of the national mental health workforce ambitions as set out on the Five Year Forward View (DoH, 2017) and the NHS Long Term Plan (DoH, 2019). Through effective community engagement, the CWP programme aims to promote psychological wellbeing through the application of early intervention and prevention for children, young people, and families. Effective and sustainable supervision sits at the centre of the project's ambitions, with the supervisory role acting as a cornerstone of support for the development for the trainee CWP role.

This course will equip supervisors with the skills associated with the CWP role including the significance of low intensity case management and clinical skills supervision. The second year of the course aims to upskill LI CBT practitioners in understanding more complex mental health difficulties and working with a diverse group of clients. This training programme is rooted in the development of the knowledge and clinical skills required to support and develop low-intensity, evidenced-based therapies.

Successful completion of the clinical and written assignments and appropriate participation in tutorials, workshops and supervision will lead to the award of a Post Graduate Certificate. We hope that this training will enable you to act as advocates of the training and the wider programmes principles and priorities. Upon successful completion of both years of the training, you will be awarded a Postgraduate Diploma.

A major contributing resource to the programme is the knowledge and experiences that you as programme members bring. We intend to draw upon and honour this knowledge and experience to develop your supervision skills and increase awareness and theoretical understanding. It is important however, that understanding, and use of theory is integrated with clinical application in a rigorous and constructively critical manner.

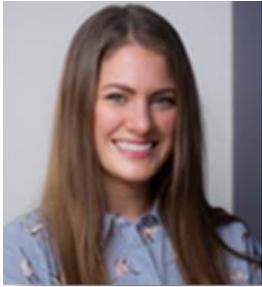
We hope you enjoy the training and look forward to working with you over the coming months.

Jonathan Parker
Director of Portfolio
Project Lead
EMHP and CWP Programmes
CEDAR | University of Exeter



Supervisors Course Team

Meet the CWP, EMHP and SWP team

<p>Dr Catherine Gallop</p>		<p>Director of Clinical Training in Clinical Psychology</p>	<p>C.A.Gallop@exeter.ac.uk</p>
<p>Jonathan Parker</p>		<p>Director of Portfolio & Project Lead</p>	<p>J.Parker5@exeter.ac.uk</p>
<p>Kirsty Roberts</p>		<p>CWP and EMHP Programme Lead (SWP Programme Lead maternity cover)</p>	<p>K.Saville@exeter.ac.uk</p>
<p>Dr Claire Howarth</p>		<p>SWP Programme Lead (maternity leave)</p>	<p>C.Howarth@exeter.ac.uk</p>
<p>Krissie Ivanova (maternity cover)</p>		<p>Academic Lead (EMHP, CWP, and SWP – maternity cover)</p>	<p>K.Ivanova2@exeter.ac.uk</p>

			
Melissa Ellis Willcocks		SWP Lecturer/Tutor	M.E.Willcocks@exeter.ac.uk
Morgan Craig		Programme Administrator	CWP-EMHP@exeter.ac.uk

PGDip Senior Wellbeing Practitioner for Children, Young People and Families (Low Intensity Cognitive Behavioural Therapy)

Programme Aims

The aim of this programme is to develop an advanced knowledge, understanding and competency in the skills required to supervise Low Intensity Wellbeing Practitioners, working in Education settings and to deliver LI CBT interventions with appropriate adaptations when working with complexity and diversity. Drawn from the Roth and Pilling supervision competency framework, this involves both broad supervision skills as well as specific skills related to Low Intensity Wellbeing practice, as well as the specifics of supervising practitioners working in Education Settings. These supervision skills will extend beyond the individual work of the practitioner, into supervising and supporting the implementation of wider school initiatives to provide mental health support.

These aims are achieved via attendance at the University or online, supervisory practice of practitioners, engagement in supervision of supervision with the University, and the completion of programme assessments.

Trainee supervisors attend teaching, alongside monthly supervision of supervision, and tutorials. Trainee supervisors are required to complete a series of assessments and it is expected that study time will be provided by the host service to support them in this. For a PGCert level the University standard is 10 days, this is to be agreed with your service.

It is our intention that students from all diverse backgrounds and perspectives be well served by this course, that students' learning needs be addressed both in and out of teaching sessions, and that the diversity that students bring to this cohort be viewed as a resource, strength, and benefit. It is our intention to present materials and activities that are respectful of diversity: gender and gender identify, sexuality, disability, age, socioeconomic status, ethnicity, race, and culture. Your suggestions are invited, encouraged, and appreciated. Please let us know ways to improve the effectiveness of the course for you personally or for other students or student groups. In addition, if any of our training sessions conflict with your

religious events, or if you have a disability or other condition necessitating accommodation, please let us know so that we can make the necessary arrangements for you.

(Adapted from a diversity statement from the University of Iowa, College of Education)

Our goal as a learning community is to create a safe environment that fosters open and honest dialogue. We are all expected to contribute to creating a respectful, welcoming, and inclusive environment. To this end, classroom discussions should always be conducted in a way that shows respect and dignity to all members of the class. Moreover, disagreements should be pursued without personal attack and aggression, and instead, should be handled with grace and care. This will allow for rigorous intellectual engagement and a deeper learning experience for all.

(Adapted from a diversity statement from Yale University - Dr. Carolyn Roberts, Assistant Professor, History of Science & History of Medicine, and African American Studies)

Learning Outcomes

Module 3: Enhanced Practice in Early Intervention

The CYP LI specialist workforce is proving invaluable in working with mild to moderate mental health conditions. This module aims to expand the scope and breadth of the conditions that CYP LI practitioners can work with. This module will therefore enhance competency across a range of early interventions and expand the breadth of low intensity support available for children, young people and families experiencing the impact of common mental health difficulties. Specifically, practitioners will develop an understanding of, and interventions for, advanced anxiety presentations, trauma informed practice principles and approaches and difficulties relating to school anxiety. The practitioner will develop the knowledge and understanding of 9 the key characteristics of these presentations before establishing and demonstrating clinical competency in delivering the appropriate, evidenced based early intervention support. Whilst there is an increase in the breadth of conditions, it is critical that the focus remains on the fidelity to mild/moderate conditions aimed at the Thrive stages of *Getting advice and getting help*. The guidelines set out the national expectations for the conditions that are recommended to expand in to, however, small variations to meet to idiosyncratic needs of local service pathways may be needed and evaluated.

Module 4: Adapting Low Intensity Practice with CYP (and families) with neurodiversity including AUTISM / LD

This module will provide an appropriate introduction to working with CYP with Autism and Learning Disability within the context of low intensity practice. CWPs/EMHPs will need to extend low intensity support where a child or young person has autism, ADHD, or a learning disability. They will develop an understanding of the core features of Autism, Learning Disabilities, and associated conditions. They will also need knowledge of relevant legislation, medical and social models of disability and practice as well as the types of reasonable adjustments required in low intensity practice to meet the needs of this group. They will learn to deliver effective low intensity interventions with this client group.

On successful completion of the SWP course, you should be able to:

- Deliver effective brief LI CBT interventions for CYP and families experiencing advanced anxiety presentations, based on the most up to date evidence.
- Assess and provide psychoeducation support through trauma-informed practice and principles in relation to traumatic events.
- Implement LI CBT psychoeducation for self-harm as part of intervention.
- Work with school anxiety
- Support autistic CYP and their parents/carers within a low-intensity framework
- Support CYP and their parent/carers with learning difficulties within a low intensity framework
- Provide effective LI CBT support/interventions for autistic CYP and/or CYP experiencing learning difficulties, in relation to anxiety, depression, behaviours of concern, and cognitive difficulties.

Further information on learning outcomes for individual teaching can be found on the Summary of interventions and case planning padlet:

<https://exeter.padlet.org/ch880/summary-of-presentations-and-interventions-taught-on-swp-y2-brkyfwv5qr0dyjnk>

Acronyms

Throughout the course you will encounter several abbreviations. Please find a list of the most frequently used.

ABCEs – Autonomics, Behaviours, Cognitions, & Emotions

BPS – British Psychological Society

BABCP – British Association for Behavioural and Cognitive Psychotherapies

CAMHS – Children and Adolescent Mental Health Services

CEDAR – Clinical Education Research and Development

CBT – Cognitive Behavioural Therapy

CM – Case Management



CMSA – Case Management Supervisor Assessment

CS – Clinical Skills

CWP – Children’s Well-being Practitioner

CYP – Children and Young People

EBP – Evidence Based Practice

EMHP – Education Mental Health Practitioner

ESQ – Experience of Service Questionnaire

GSH – Guided Self Help

HEE – Health Education England

IAPT – Improving Access to Psychological Therapies

LI – Low intensity

PEG – Psychoeducational Group

POD – Practice Outcomes Document

RC – Reflective Commentary

ROMs – Routine Outcome Measurement

RCADS – Revised Children’s Anxiety and Depression Scale

RCT – Randomised Control Trial

SFQ – Session Feedback Questionnaire

SPSR – Self Practice / Self Reflection

WSA – Whole School Approach

Programme Structure

Programme Dates

Induction: Tuesday 23rd & Wednesday 24th January 2024

First teaching Days: Tuesday 30th and Wednesday 31st January 2024

Half term: Monday 12th- Friday 16th February 2024

Spring Break: Monday 29th March – Friday 12th April 2024

Half term: Monday 27th- Friday 31st May 2024

Summer break: Monday 29th July – Friday 2nd September 2024

Half Term: Monday 28th October – Friday 1st November 2024

Winter Break: Teaching ends Tuesday 3rd December 2024

Teaching timings

The timing of the teaching sessions are as follows unless you are informed otherwise.

Session 1: 9:45 to 11:00

Morning break: 11:00 to 11:30

Session 2: 11:30 to 12:30

Break: 12:30 to 1:30

Session 3: 1:30 to 2:45

Afternoon break: 2:45 to 3:00

Session 4: 3:00 to 4:00

Study days

You have 10 study days in addition to your teaching sessions from the University, 5 of which have been scheduled within the timetable. Please discuss the study days with your service to ensure they are mutually convenient and book the remaining 5 when needed.

Supervision expectations

It is a requirement of your service to ensure that you are receiving appropriate supervision within your service delivered by an experienced clinician and supervisor. They must have experience of working with the topics and themes explored in the second year of your course. Please ensure that you provide them with any relevant materials that are shared with you on the course and highlight any challenges and barriers with your academic tutor.

Tutorials

Individual 1-1 Tutorials

You will be allocated an academic tutor at the university, who will be a member of the course team. Your tutor will offer you two tutorials over the duration of the course; these are already scheduled on your timetable.

Mid-term review

You will also have a mid-term review tutorial which will be between yourself, your University Supervisor, and your Service Manager or supervisor.

The tutorials aim to give you the opportunity to link with your tutor to:

- Review and reflect on your development and the course
- Give and receive feedback on assessed work
- Give and receive feedback on the course
- Review your clinical portfolio and practice
- Have a safe environment for addressing personal development

NB: If trainees have any concerns or issues that may be impacting on their ability to participate fully in the training or causing them any distress or concern, trainees are strongly encouraged to notify either their tutor or any member of the course team as soon as possible, rather than wait for their 1:1 tutorial.

The tutorial form will be available on ELE.

Timetable

As the timetable is subject to change, this document is provided separately at the start of the course. An up-to-date copy will always be available on ELE.

- Please note for a PGCert you have been allocated 5 university study days. We have timetabled these in to support with assignment submissions. Please discuss these with your service if you need to negotiate different days. Please book the remaining 5 days as needed.
- Please make your service manager is aware that the mid-course review days are scheduled for **the week commencing 18th June 2024** – if there is a foreseeable issue with availability on these days (such as manager’s non-working day) please notify your university tutor ASAP.

Senior Wellbeing Practitioner Assignment deadlines 2024/25 Module 3 PYCM124 & Module 4 PYCM125									
Assessment	Requirements	% of marks	Deadline	Return date	Deferred deadline 1	Deferred return date 1	Deferred deadline 2	Deferred return date 2	Notes
Formative intervention session (Recording)	45 minutes	0	07/05/24 + 2 weeks mitigation deadline 21/05/24	04/06/24 +2 weeks if mitigated 19/05/23	04/06/24	02/07/24	18/06/24	16/07/24	1 extra day for mitigated marking deadline due to bank holiday
Formative reflective commentary	Up to 1000 words	0	07/05/24 + 2 weeks mitigation deadline 21/05/24	04/06/24 +2 weeks if mitigated 19/05/23	04/06/24	02/07/24	18/06/24	16/07/24	1 extra day for mitigated marking deadline due to bank holiday
Summative clinical case presentation	Up to 20 minutes	40	04/06/23 +2 weeks mitigation deadline 18/06/24	25/06/24 +2 weeks if mitigated 09/07/24	02/07/24	23/07/24	16/07/24	06/08/24	

Summative intervention session (Recording)	45 minutes	40	23/07/24 +2 weeks mitigation deadline 06/08/24	20/08/24 +2 weeks if mitigated 04/09/24	20/08/24	18/09/24	03/09/24	01/10/24	Extra day for marking due to bank holiday (mitigation and deferred 1)
Summative reflective commentary	Up to 1000 words	20	23/07/24 +2 weeks mitigation deadline 06/08/24	20/08/24 +2 weeks if mitigated 04/09/24	20/08/24	18/09/24	03/09/24	01/10/24	Extra day for marking due to bank holiday for D1
Formative intervention session (Recording)	45 minutes	0	17/09/24 +2 weeks mitigation deadline 01/10/24	15/10/24 +2 weeks if mitigated 29/10/24	15/10/24	12/11/24	29/10/24	26/11/24	
Formative reflective commentary	Up to 1000 words	0	17/09/24 +2 weeks mitigation deadline 01/10/24	15/10/24 +2 weeks if mitigated 29/10/24	15/10/24	12/11/24	29/10/24	26/11/24	
Summative clinical case presentation	Up to 20 minutes	40	05/11/24 +2 weeks mitigation deadline 19/11/24	26/11/24 +2 weeks if mitigated 10/12/23	03/12/24	01/01/25	17/12/24	07/01/25	Extra marking time due to winter break
Summative intervention	45 minutes	40	12/11/24	10/12/24	10/12/24	14/01/25	07/01/25	04/02/24	Extra marking time due to winter break

session (Recording)			+2 weeks mitigation deadline 26/11/24	+2 weeks if mitigated 07/01/25					
Summative reflective commentary	Up to 1000 words	20	12/11/24 +2 weeks mitigation deadline 26/11/24	10/12/24 +2 weeks if mitigated 07/01/25	10/12/24	14/01/25	07/01/25	04/02/24	Extra marking time due to winter break
Supervision portfolio	Pass/Fail	0	10/12/24 +2 weeks mitigation deadline 23/12/24	14/01/25 +2 weeks if mitigated 28/01/25	07/01/25	04/02/24	21/01/25	18/02/25	Extra marking time due to winter break
Practice outcomes document (POD)	Pass/Fail	0	10/12/24 +2 weeks mitigation deadline 23/12/24	14/01/25 +2 weeks if mitigated 28/01/25	07/01/25	04/02/24	21/01/25	18/02/25	Extra marking time due to winter break

Module 3 – PYCM124	Enhanced Practice in Early Interventions
Module 4 – PYCM125	Adapting Low Intensity Practice with Children and Young People (and Families) with Neurodiversity



University
of Exeter

Cedar

Assignment overview

Please note that previous exemplars are available on ELE (adapted from other courses). Furthermore, there is a padlet for each assignment along with exemplars and a short video introducing the assignment.

Links to individual assignment padlets can be found on this link:

<https://exeter.padlet.org/ch880/swp-year-2-assignments-overview-2zgoezfk6gn6ayo9>

Cases (requirements)

All students will be required to have a minimum case load and provide low intensity advanced interventions for mild to moderate anxiety, including trauma-informed interventions, Obsessive-Compulsive Disorder, Social Anxiety, EBSNA and self-harm. Furthermore, working with neuro diverse CYP with and their families, including those with ASC and LD.

Therefore, it would be advisable to consider how these varied caseloads can be reached, preferably by the start of the second year in January 2024.

Modules 3: Enhanced Practice in Early Intervention

Trainees will be required to apply **at least four** of the topics / interventions covered in module 3. They will therefore need to evidence of a minimum of four completed cases. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions.

Module 4: Adapting Low Intensity Practice with CYP (and families) with neurodiversity including Autism/Learning Difficulties/ADHD

Trainees must work with a minimum **of three cases** in module 4. The CYP seen as part of module 4 must have a suspected or given diagnosis of Learning Disability, Autism or ADHD.

At least **one case** must be a low intensity intervention (e.g., group work for ADHD) or adapted LI CBT for anxiety or depression and the other case must be working with behaviours of concern or problem solving for executive functioning.

They will therefore need evidence of a minimum of **three completed cases**. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as

needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions.

Formative and Summative Intervention tape submissions

Along with your tape recording you must include the following;

- Cover sheet
- Consent to record form
- 1000-word reflective commentary

You will have to submit **four** different video recordings over the year (two formative and two summative). Each tape must be with a different client.

Guidance on Recording Sessions

It is essential that you obtain the consent of your CYP for the recording to be used for supervision and/or assessment and submit this paperwork with your competency tapes. Verbal consent to record must be gained from your CYP within the first fifteen minutes of the recording. Failure to do so, will result in the assignment being auto failed. The consent form also asks whether your CYP will be willing for the recording to be used in future training. You should consult your placement supervisor / manager about your Trust's policies on storing and transporting / transferring the recordings.

Recording Equipment

All services should provide supervisors with recording equipment. Where possible these should enable trainees to make video recordings.

Marking Criteria

This will be available on ELE and on the padlet specific to each submission.

Formative Guidance

Your formative recordings must be submitted by the deadline unless mitigation has been granted. The videos must be clearly audible and be of a complete session of **no more than 45 minutes**. You must submit your video along with a completed front cover sheet confirming that the work is completed by you.

Summative Guidance

Your final summative video must be submitted by the deadline unless mitigation has been granted. The video must be clearly audible and be of a complete session of **no more than one hour**. Minutes over 60 will not be marked. Trainees **MUST** achieve an overall mark of 50%. **A pass mark of 50% on this measure will need to be achieved on the final summative tape.**

Consent is ESSENTIAL. You must confirm verbal consent to record and have written consent form which also must be submitted to the university.

Module 3 assessments

Formative and summative intervention session recording

Assignment task

This is a competency assessment in undertaking a low intensity CBT Intervention session. The purpose of the assessment is to ensure that a minimum level of clinical competency is demonstrated that would enable safe and effective clinical practice. The recording should be one tape which is no longer than 45 minutes. You must gain verbal consent to record within the first 15minutes of the recording, if verbal consent is not gained the marking will stop at 15minutes.

Note the specific requirements for this module (in section, CASES (requirements) and regulations around **consent** (outlined above).

How your work will be assessed

Your work will be assessed on the extent at which you demonstrate your ability to meet the criteria on the intervention session marksheet. This includes detailed discussions around risk, which must be discussed with the client as well as the suitability and quality of the intervention. If there is no risk discussion or if the risk discussion is vague this will automatically fail.

Formative failed submissions do not require resubmission. Resubmissions of summative will be capped at 50%. This module will also be capped at that percentage.

Formative and summative reflective commentary

Assignment task

The aim of this 1000-word, written reflective commentary is to support students in reflecting upon the strengths and weaknesses of their clinical work. Reflective practice is an essential skill that supports continued professional and clinical development. NB – Marking will stop at 1000 words.

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment and against other key criteria, as defined in the reflective commentary guidance document and mark scheme. Formative failed submissions do not require resubmission. Resubmissions of summative will be capped at 50%. This module will also be capped at that percentage.

Summative case presentation
<p>Assignment task</p> <p>The aim of this 20-minute presentation is for students to demonstrate the ability to work with a range of enhanced low-intensity interventions and the support you can deliver for children, young people and families experiencing the impact of common mental health difficulties.</p> <p>Demonstrating clinical competency in delivering the appropriate, evidenced based early intervention support. You will be able to maintain a clinical focus on the fidelity to mild/moderate conditions. This includes a short case presentation, interventions selected and why, case outcomes (using any measures utilised) 3-4 slides maximum.</p>
<p>How your work will be assessed</p> <p>Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment and against other key criteria, as defined in the presentation guidance document and mark scheme. Resubmissions of the summative submission will be capped at 50%. This module will also be capped at that percentage.</p>

Module 4 assessments

Formative and summative intervention session recording
<p>Assignment task</p> <p>This is a competency assessment in undertaking a low intensity CBT Intervention session. The purpose of the assessment is to ensure that a minimum level of clinical competency is demonstrated that would enable safe and effective clinical practice.</p> <p>The recording should be one tape which is no longer than 45 minutes. You must gain verbal consent to record within the first 15minutes of the recording, if verbal consent is not gained the marking will stop at 15minutes.</p> <p>Note the specific requirements for this module (in section, CASES (requirements) and regulations around consent (outlined above).</p>
<p>How your work will be assessed</p> <p>Your work will be assessed on the extent at which you demonstrate your ability to meet the criteria on the intervention session marksheet. This includes detailed discussions around risk, which must be discussed with the client as well as the suitability and quality of the intervention. If there is no risk discussion or if the risk discussion is vague this will automatically fail.</p> <p>Formative failed submissions do not require resubmission. Resubmissions of summative will be capped at 50%. This module will also be capped at that percentage.</p>



Formative and summative reflective commentary

Assignment task

The aim of this 1000-word, written reflective commentary is to support students in reflecting upon the strengths and weaknesses of their clinical work. Reflective practice is an essential skill that supports continued professional and clinical development. NB – Marking will stop at 1000 words.

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment and against other key criteria, as defined in the reflective commentary guidance document and mark scheme. Formative failed submissions do not require resubmission. Resubmissions of summative will be capped at 50%. This module will also be capped at that percentage.

Summative case presentation

Assignment task

The aim of this 20-minute presentation is for students to demonstrate the ability to work with a range of enhanced low-intensity interventions and the support you can deliver for children, young people and families experiencing the impact of ASD/LD difficulties.

Demonstrating clinical competency in delivering the appropriate, evidenced based early intervention support. You will be able to maintain a clinical focus on the fidelity to mild/moderate conditions. This includes a short case presentation, interventions selected and why, case outcomes (using any measures utilised) 3-4 slides maximum.

How your work will be assessed

Your work will be assessed on the extent to which it demonstrates your achievement of the stated learning outcomes for this assignment and against other key criteria, as defined in the presentation guidance document and mark scheme. Resubmissions of the summative submission will be capped at 50%. This module will also be capped at that percentage.

Practice portfolio

Supervision portfolio
<p>Assignment task</p> <p>The portfolio collates key documents from your clinical work which includes evidence of your experience, development, and best practice. The portfolio checklist, which can be found on the padlet link, contains a breakdown of the documents to be included.</p>
<p>How your work will be assessed</p> <p>Your work will be assessed on the extent to which it demonstrates your clinical practice through the inclusion of your relevant documents and evidence. Ideally you will have gained consent from your clients to share anonymised documents. All identifiable information should be redacted.</p>

Practice Outcomes Document

Practice outcomes document (POD)
<p>Assignment task</p> <p>The POD consists of 6 outcomes which relate to the key learning outcomes of the course. You are required to describe and evidence how you have met each of these competencies during your supervision training. The POD outcomes can be found on the padlet link.</p> <p>There is no word count for this piece, however, it is recommended that you write around 500 words per outcome.</p>
<p>How your work will be assessed</p> <p>Your work will be assessed on the extent to which you demonstrate that you have met the competencies. A consideration will be made to the quality of evidence included for each outcome.</p> <p>Ideally you will have gained consent from your clients to share anonymised documents. All identifiable information should be redacted.</p> <p>Within the year, complete one POD outcome, send it to your academic tutor for formative feedback. All 6 outcomes of the completed POD will be submitted along with the portfolio on the assignment deadline date.</p>



Assessment Hand-In Procedure

All online written submissions must be done via ELE2 where a plagiarism check will automatically take place (via the Turnitin software).

Cover sheets are only required when submitting a tape.

Prior to your first submission you will be sent submission guidance to your student email address, alternatively this information is all available on ELE2.

Competency Recordings and Reflective Commentary

- Recording submissions and consent forms are currently submitted via MS Forms. A link to the upload form will be shared with you by your programme administrator.
- You must submit all supporting documents (i.e. reflective commentary, cover sheet) electronically via ELE2 as instructed by your administrator by 1pm on the date given for submission.

All other submissions:

- All other submissions must be submitted to ELE2 by 1pm on the date given for submission.

Management of work submitted late and mitigation issues

First Attempts:	
Submitted on time	No penalty applied.
Submitted within 1 hour of the deadline	Penalty of 5% of the total marks available (down to a pass mark) applied. If student has not achieved a pass mark the penalty of 5% of the total marks will not be applied.
Submitted between 1 hour and 24 hours of the deadline	Penalty is mark will be capped at a pass mark.
Submitted later than 24 hours after the deadline	Penalty is a mark of 0 will be applied.
Resubmissions/Referred Attempts:	

Submitted on time	No penalty applied.
Submitted any time after the deadline	Penalty is a mark of 0 will be applied. For CEDAR students' failure of a referred assignment will result in failure of the module and the programme.
First Attempts where 3-week mitigation has been granted (excludes Deferred deadlines):	
Submitted on time	No penalty applied.
Submitted any time after the deadline	Penalty is a mark of 0 will be applied.

These penalties will not, however, be imposed if you have legitimate grounds for claiming an extension.

All mitigation requests must be submitted by sending a completed mitigation form within ONE working day to CEDAR-mitigations@exeter.ac.uk. For details about the documentation needed to support such a claim, what constitutes 'good cause' for late submission and the procedure to be followed, please read http://vle.exeter.ac.uk/pluginfile.php/266164/mod_resource/content/2/20101110-PSY_good_causes-GG.pdf

Guidance on CEDAR Mitigation Process can be found here: [Course: CEDAR PGT Handbook, Forms, Policies and Procedures \(exeter.ac.uk\)](#)

Acceptable grounds for mitigation are also available here: [FAQ | Student hubs | University of Exeter](#)

Resubmissions

Re-assessment Procedures

Referral: A referral is a further attempt permitted by the examiners, following initial failure of an individual module, at the assessment(s) or examination(s) for that module. There is no requirement to repeat attendance. Marks following referral are capped at the pass mark of 40% (undergraduate degree) or 50% (postgraduate). For any assessment, candidates have a right to be referred on one occasion only. Where the Board of Examiners decides there are adequate grounds, such as medical reasons or exceptional personal circumstances, it may allow a deferral (i.e., re-assessment without the mark being capped), or permit a further referral.

In the event of any piece of work being referred it will be returned to the programme member

with the following information:

Resubmission Instructions

The internal markers have assessed your work. Unfortunately, it has not passed and has been sent to the external marker. You will have X weeks to resubmit.

Where assessments for part or all of a module are referred the whole module must be capped at 40% for undergraduate modules and 50% for postgraduate modules.

Resubmitted work should be submitted alongside:

- A cover sheet that shows how you have addressed the issues identified (see overleaf)

Candidates referred in a module must submit new work to be assessed, or re-sit examinations, at a time agreed by the programme team. Exceptionally, the Examiners may direct that referral be limited to particular components of a module.

Candidates referred in any of the taught modules will normally be required to complete revised assessments for those modules by the dates specified by the IAPT Programme Director which will be up to one month following receipt of the failed assessment.

Attendance Policy

Taught Student Attendance and Engagement Policy

1. Principles and expectations

1.1 Students Registered on University of Exeter programmes are required to:

- be in attendance during academic terms and present at all scheduled learning and teaching activities required by the module and/or programme
- engage with and participate in all guided independent and group study, assessment and feedback, and any other activities required by the module and/or programme
- attend examinations, submit work when required, and otherwise fulfil the academic requirements of their modules and programme

1.2 The requirements above are recognised by the University of Exeter as important due to the positive impact they can have upon the following:

- ensuring support for students' welfare, health and wellbeing, for example through implementation of Individual Learning Plans (ILPs) and the Health, Wellbeing and Support for Study Procedures
- enhancing a sense of community and enriching the student experience as a result of participation in collaborative learning, social interaction with staff and fellow students, and support from peers
- promoting success for all students, regardless of background and/or characteristic
- improving academic performance/attainment
- improving graduate employment outcomes
- heightening student satisfaction in relation to the quality and standard of teaching and learning experiences, academic support, etc

1.3 'Attendance' encompasses the activity of being present at scheduled learning, teaching and other activities required by the module and/or programme. This **may** include:

- physical attendance at face-to-face scheduled teaching and/or other learning events as required by the programmes (e.g. lectures, seminars, laboratory sessions, tutorials, fieldtrips and examinations)
- virtual attendance at synchronous teaching and/or other learning events as required by the programmes (e.g. video conferencing of live sessions and synchronous participation in an online forum)

1.4 'Engagement' encompasses the activity of engaging with, and participating in, guided independent or group study activities, assessment and feedback, and any other activities required by the module and/or programme. Such activities **may** include:

- submitting formative and/or summative assessment
- accessing and/or interacting asynchronously with online learning materials, including viewing recap recordings, and completing tasks in virtual learning environments
- undertaking placements or study abroad
- attending Academic Personal Tutorial meetings

Engagement has been defined differently from attendance because not all forms of engagement require students to be present, either physically or virtually, at a particular time and place.

In the context of this policy only activities stipulated as module/programme requirements will be defined as either 'attendance' or 'engagement.'

1.5 Regular and appropriate attendance and engagement is stipulated in the General Regulations for Students and Ordinance 6 of the University of Exeter's Regulations.

1.6 Attendance and engagement requirements should be stipulated in programme specifications, module descriptors, student handbooks and/or other accessible means,

clarifying what is expected of students while registered on modules/programmes and what the University can be expected to provide in support.

1.7 Attendance and engagement expectations will be adjusted as required on health and wellbeing grounds where supported by Wellbeing and Welfare Services. This may arise because of emerging health issues known to the service or be supported by recommendations contained within Individual Learning Plans (ILPs) or as part of the Health, Wellbeing and Support for Study (HWSS) Procedure.

1.8 The University's monitoring of student attendance and engagement, and intervention where necessary, will be based on digital records (where available). These will be aligned to the requirements stipulated by modules/programmes and as communicated to students. Where a digital record of required attendance and/or engagement does not exist, alternative manual monitoring processes may be undertaken.

1.9 As a Tier 4 Sponsor License holder, the University of Exeter is required to adhere to the Tier 4 Sponsor Guidance issued by UK Visas and Immigration (UKVI). The monitoring process outlined in this policy ensure that the University meets the requirements of the Tier 4 Sponsor Guidance with regards to reporting non-attendance and engagement.

1.10 Programmes accredited by professional, statutory, or regulatory statutory bodies (PSRBs) may have their own attendance and engagement requirements, which must be met to fulfil the standards of their degree. The University of Exeter expects students to meet these requirements where applicable.

2. Monitoring

2.1 Students should seek approval for absence/non-engagement through the Taught Student Illness Procedure. Normally, absences will be approved for the following reasons:

- disability (in accordance with ILP and HWSS recommendations)
- illness
- medical appointments
- bereavement or other compassionate grounds
- police incident
- jury service
- unforeseen emergencies
- interview/career related appointments
- attendance at Buna camp (or equivalent) (in line with the conditions)
- approved University visits, courses, and exchanges

2.2 The attendance of students at scheduled learning and teaching activities and engagement with activities required of the programmes/module will be monitored during the academic year. Where data confirms that a student has failed to meet the University of Exeter's expectations on attendance and engagement at the appropriate threshold, automated communications will be sent to students to encourage their attendance and engagement, and to provide guidance on the sources of support that are available to all students at the University of Exeter. The email will also reiterate University of Exeter policy on attendance and engagement.

2.3 Where the defined thresholds are not met, the University may offer appropriate support options. Students may additionally be referred to the Health Wellbeing and Support for Study Procedures or the Unsatisfactory Student Progress and Engagement: Code of Good Practice.

2.4 To ensure that the University of Exeter meets the requirements of the Tier 4 Sponsor Guidance, contact points for Tier 4 students will be monitored. Where a Tier 4 student is absent from eight consecutive contact points a final warning will be issued as per the Unsatisfactory Student Progress and Engagement Code of Good Practice.

2.5 During periods of study off campus (e.g. study abroad and industrial/professional placements), the University of Exeter will continue to expect all students to attend and engage satisfactorily with this element of their programme. Attendance during these periods will be monitored for Tier 4 students and a minimum of ten contact points per year will be required.

3 Responsibilities

This section sets out the responsibilities of students and staff in relation to attendance and engagement, as well as those of the University:

3.1 Responsibilities of Students

Students will:

- attend all scheduled learning and teaching activities, and any other activities required by their modules and/or programme
- engage with all guided independent study, assessment and feedback, and any other activities required of their module and/or programme
- participate in the University of Exeter's attendance monitoring processes
- exhibit the characteristics of professionalism
- notify their discipline if they are unable to fulfil the requirements of their programme (inclusive of attendance at scheduled learning and teaching activities) for sickness or other reasons. Further guidance on this can be found in the Taught Student Illness procedure and International Student Support Attendance policy
- engage with the Health Wellbeing and Support for Study Procedures or Unsatisfactory Student Progress and Engagement Code of Good Practice when a referral has been made considering unsatisfactory levels of attendance and/or engagement

- meet any PSRB attendance and engagement requirements where these are applicable to the programme

3.2 Responsibilities of Academic Staff

Academic Personal Tutors will:

- investigate and support their tutees attendance and engagement where data confirms that they have failed to meet the University of Exeter's expectations at the appropriate threshold
- discuss the attendance and engagement of their tutees on a regular basis in 1:1 tutorial meetings throughout the academic year and, where there is felt to be cause for concern, hold informal discussions with the student in the first instance to direct them to additional support or guidance
- where appropriate, in the light of module/programme requirements, actively take steps to contact students directly where sessions are missed
- follow and engage with the Academic Personal Tutoring Guidance to best support students to attend and engage appropriately
- communicate as appropriate with staff where there are structural problems militating against students being able to attend and/or engagement with programmes/modules

Module Convenors and Module Tutors will:

- support and encourage student participation in attendance monitoring processes during scheduled learning and teaching activities
- refer students who experience difficulties participating in attendance monitoring processes to support services
- review attendance and engagement data as necessary, taking steps to notify staff and students where expectations are not being met

Directors of Education, Programme Leaders and/or equivalent will:

- maintain oversight of attendance and engagement requirements within their programmes/disciplines
- support and encourage academic staff participation in attendance and engagement monitoring processes
- review attendance and engagement data as necessary

3.3 Responsibilities of Professional Services Staff

Education and Student Experience Staff will:

- manage and maintain all relevant processes and systems and support Directors of Education, Programme Leaders, Academic Personal Tutors, and Module Convenors (and equivalents of such) to ensure full compliance with the Taught Student Attendance and Engagement Policy.

Education Support Advisors (Welfare) will:

- receive referrals from Academic/Personal Tutors/Education Support Teams where there may be welfare concerns and arrange to provide or signpost to any necessary support
- signpost to ILP process where reasonable adjustments related to attendance may be helpful
- initiate the Health, Wellbeing and Support for Study process if appropriate

3.4 Responsibilities of the University of Exeter

The University of Exeter will:

- be transparent about the attendance and engagement data that we collect and wherever possible, share this data with our students
- provide guidance for our staff and students on how to use, interpret and act on this data
- use data to improve student support and the services we provide
- ensure compliance with the monitoring and reporting requirements of external organisations such as the UKVI and PSRBs

CEDAR PGT Handbook

Please see link for up-to-date version.

<https://vle.exeter.ac.uk/course/view.php?id=8259>

Self-reflection form

To evidence attendance (self-guided when missing teaching days), learning and action points

Programme Member:

Date:

Module / session:

Title:

- 1. From the learning in the session I reviewed, what made me stop and think? What are my personal learning points from the session?**
- 2. What specifically can I take forward from the session into my role today?**
- 3. What specifically do I want to take away and learn more about? Are there any tasks which arise from the session?**
- 4. What action plan do I have regarding this?**
- 5. Following completion of these tasks/action points, what am I taking away? (e.g. new learning, personal insights, impact on personal goals, practice etc).**



Module descriptors

Module 3



MODULE TITLE	Enhanced Practice in Early Intervention			CREDIT VALUE	30
MODULE CODE	PYCM124	MODULE CONVENER		Dr Catherine Gallop	
DURATION	TERM	1	2	3	Number Students Taking Module (anticipated)
	WEEKS	10	9	2	

DESCRIPTION – summary of the module content

This module will enable you to build on your training and qualification as a low-intensity practitioner for children, young people, and families (EMHP or CWP) and develop the knowledge and skills in effective, evidenced-based low-intensity interventions for Children, Young People and Families experiencing advanced anxiety presentations. This module will provide you with a comprehensive overview and understanding of a range of advanced anxiety presentations and the scope and practice of recommended low-intensity resources, interventions, and materials. This module will also enable you to enhance your knowledge and practice when working with emerging self-harm and difficulties associated with school anxiety. On completion of this module, and building on your prior low-intensity practice, you will have developed competency and confidence in your knowledge, understanding and clinical skills in enhanced low-intensity practice.

MODULE AIMS – intentions of the module

This module will enhance your capability across a range of enhanced low-intensity interventions and consequently expand the breadth of support you are able to deliver for children, young people and families experiencing the impact of common mental health difficulties. Specifically, you will develop an understanding of, and interventions for, advanced anxiety presentations, early intervention for self-harm and emerging eating difficulties as well as practice principles and approaches and difficulties relating to school refusal. You will develop the knowledge and understanding of the key characteristics of these presentations before establishing and demonstrating clinical competency in delivering the appropriate, evidenced based early intervention support. You will be able to maintain a clinical focus on the fidelity to mild/moderate conditions aimed at the [Thrive stages of 'getting advice' and 'getting help'](#) whilst effectively managing small variations to meet to idiosyncratic needs of local service pathways that may be needed.

INTENDED LEARNING OUTCOMES (ILOs) (see assessment section below for how ILOs will be assessed)

On successful completion of this module, **you should be able to:**

Module Specific Skills and Knowledge:

- 1 Synthesise theory and competencies in planning, delivering, and reflecting on enhanced low-intensity psychological interventions in community/education settings
- 2 Demonstrate specific competencies in enhanced low-intensity psychological interventions and psychoeducation in community/education settings as related to advanced anxiety presentations,

	school refusal, emerging self-harm, early onset eating difficulties and approaches to trauma informed practice
3	Identify how you meet the required competency standards for enhanced low-intensity psychological interventions in community/education settings
Discipline Specific Skills and Knowledge:	
4	Address the complexities of enhanced early intervention practice whilst supporting (under supervision) the implementation and delivery of enhanced low-intensity interventions in community/educational settings
5	Maintain and effectively manage high caseloads through effective engagements in structured case management and clinical skills supervision
6	To maintain fidelity to the low intensity model, whilst being able to adapt materials to suit a wide range of developmental ages and abilities
7	Describe the wider ethical and professional issues encountered within enhanced clinical practice
Personal and Key Transferable/ Employment Skills and Knowledge:	
8	Appraise your personal strengths and weaknesses in training and experience, and reflect upon the implications for your further training needs
9	Give accurate and constructive feedback
SYLLABUS PLAN – summary of the structure and academic content of the module	
<p>The module's precise content may vary from year to year and will be dependent on the pathway undertaken. An example of the overall structure is as follows;</p> <p>The taught content of this module will be delivered over 24 days, including a minimum of 4 days of university-based group supervision of enhanced clinical practice (clinical skills). The module will be run across 2 terms, to enrich personal reflection, ongoing embedding of learning and supporting the effective translation of theory into practice. Time in teaching will be a combination of theoretical teaching, case discussion, working with case studies, clinical simulation, peer discussion /review and reflective practice.</p> <p>Combined, these approaches will enhance your clinical skills, aptitude for reflection as well as ongoing professional action planning. The development of your clinical understanding of the application of enhanced low-intensity competences will be enhanced through group supervision sessions and you will be able to demonstrate your competencies through the assessment methods outlined below. You will have opportunities to deliver and reflect on your clinical skills through your practice placement supervision.</p> <p>Specific module teaching sessions will cover the following:</p> <ul style="list-style-type: none"> • Background and context drawn from psychological / relevant literature regarding an understanding and working knowledge of the range of specified presentations and difficulties • Development and enhancement of clinical knowledge and competency for the different specified presentations and associated evidenced based interventions e.g., establishing goals, problem solving, utilising assessment and ROM to inform treatment planning, accessing evidence-based information and appropriate developmental adaption of practice • A focus on key components of enhanced low-intensity practice, including conducting enhanced assessments, delivering, and appropriately adapting low-intensity interventions and facilitating group workshops • Effectively utilising a range of tools, materials and self-help resources as required for effective intervention and support for the range of specified mental health difficulties <p>University-based teaching incorporating declarative course content will be supplemented by a computer-mediated learning approach that includes required reading guidance, interactive learning and collaborative activities to support directed independent learning to supplement the University based teaching days.</p> <p>As a trainee, you will be required to clinically apply and demonstrate at least two of the interventions covered in this module. This will therefore need to be evidenced through a minimum of two completed cases. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions</p>	



LEARNING AND TEACHING					
LEARNING ACTIVITIES AND TEACHING METHODS (given in hours of study time)					
Scheduled Learning and Teaching activities	170	Guided independent study	50	Placement/study abroad	80
DETAILS OF LEARNING ACTIVITIES AND TEACHING METHODS					
Scheduled Learning and Teaching	142	Lectures (20x7 hours) Tutorial (2x1 hours)			
Scheduled Learning and Teaching	28	Clinical Supervision groups (4x7 hours)			
Guided Independent Study	50	Further reading, assignments, reading and preparation for learning groups / classes			
Placement	80	Work-based learning			
ASSESSMENT					
FORMATIVE ASSESSMENT - for feedback and development purposes; does not count towards module grade					
Form of Assessment	Size of the assessment e.g., duration/length		ILOs assessed	Feedback method	
Formative intervention Session (Recording)	45 minutes		1-9	Written	
Formative reflective commentary	1000 words		1-9	Written	
SUMMATIVE ASSESSMENT (% of credit)					
Coursework	100	Written exams	0	Practical exams	0
DETAILS OF SUMMATIVE ASSESSMENT					
Form of Assessment	% of credit	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method	
Summative Case Report This assessment must be passed; failure in this assessment will lead to failure in the module and the programme	40	1–2-page report	1-9	Written	
Summative intervention Session (Recording) This assessment must be passed; failure in this assessment will lead to failure in the module and the programme	40	45 minutes	1-9	Written	
Reflective commentary	20	1000 words	1-9	Written	



(As related to the summative intervention session)			
This assessment must be passed; failure in this assessment will lead to failure in the module and the programme			
DETAILS OF RE-ASSESSMENT (where required by referral or deferral)			
Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment
Summative Case Report (40%)	Summative Case Report	1-9	Four weeks from the date that the feedback was provided.
Summative intervention Session (40%)	Summative intervention Session	1-2, 4-5, 7-9	8 weeks for the date that feedback was provided
Reflective commentary (20%)	Reflective commentary	1-9	Four weeks from the date that feedback was provided
RE-ASSESSMENT NOTES			
<p>Three assessment components are required for this module. In all cases re-assessment will be the same as the original assessment. Where you have been referred/deferred for any form of practice skills assessment detailed above you will have the opportunity to retake within 8 weeks from the date that feedback was provided, following additional supervision sessions as necessary with the agreement of the Module Convenor.</p> <p>All assessment components must be passed. Failure in any of the components will lead to failure in the module. If you pass re-assessments taken following initial failure in the assessment, the overall module mark will be capped at 50%. If you fail re-assessments, you will be failed in the module and consequently you will be failed in the programme and your registration as a student at the University will be terminated.</p>			
RESOURCES			
INDICATIVE LEARNING RESOURCES - The following list is offered as an indication of the type and level of information that you are expected to consult. Further guidance will be provided by the Module Convenor.			
Core reading:			
<ul style="list-style-type: none"> Reading Specific to this module will be updated and provided closer to module delivery and be available within programme handbook and on ELE 			
Web-based and electronic resources:			
<ul style="list-style-type: none"> ELE page - TBC (All resources will be made available on ELE. This includes additional material covered in the tutorials, the required readings, information about assessment and additional material (e.g., videos).) 			
Other resources:			
<ul style="list-style-type: none"> video/audio competency clips from University of Exeter teaching team. 			
CREDIT VALUE	30	ECTS VALUE	10

PRE-REQUISITE MODULES	N/A		
CO-REQUISITE MODULES	N/A		
NQF LEVEL (FHEQ)	7	AVAILABLE AS DISTANCE LEARNING	No
ORIGIN DATE	22/10/2022	LAST REVISION DATE	3/11/2022
KEY WORDS SEARCH	Mental health, wellbeing, early intervention, low-intensity CBT, enhanced practice, reflective practice, low-intensity CBT workshops, anxiety, OCD, resiliency, advanced clinical practice		

Module 4



MODULE TITLE	Adapting Low Intensity Practice with Children and Young People (and Families) with Neurodiversity			CREDIT VALUE	30
MODULE CODE	PYCM125	MODULE CONVENER	Dr Claire Howarth		
DURATION	TERM	1	2	3	Number Students Taking Module (anticipated)
	WEEKS	10	9	2	

DESCRIPTION – summary of the module content

This module will build on your training and experience as a Low-Intensity practitioner for Children, Young People and Families (CWP or EMHP) and provide an overview and awareness of a range of neurodiverse presentations and characteristics and how low intensity practice can be adapted to provide effective support. This module will provide you with a foundational understanding of Autism, ADHD and learning difficulties including knowledge of diagnostic criteria, historical context, developmental considerations and co-morbidity and differential diagnosis. The module will provide knowledge and the subsequent application and influence of the relevant legislation and societal models associated with neurodiversity, whilst ensuring lived experience is central to the modules content and learning. Building on this foundational knowledge and awareness of neurodiversity, the module will equip you with the necessary skills to adapt and modify low-intensity interventions for the individual.

MODULE AIMS – intentions of the module

This module will provide you with a foundational introduction to working with children and young people (CYP) with neurodiversity. As a qualified CYP low-intensity practitioner, this module will enable you to extend low intensity support where a child or young person has autism, ADHD, or a learning disability. You will develop an understanding of the core features of Autism, ADHS and Learning Disabilities and associated conditions. You will also need knowledge of relevant legislation, medical and social models of disability and practice as well as the types of reasonable adjustments required in practice to meet the needs of this group. Once completed, you will have developed the confidence to deliver effective low intensity interventions with this client group.

Module Specific Skills and Knowledge:

- 1 Synthesise theory and competencies in planning, delivering, and reflecting on the adaptation of low-intensity psychological interventions for children and young people with Autism, ADHD, and Learning Disabilities (and associated conditions)
- 2 Demonstrate specific competencies in adapting low-intensity psychological interventions and psychoeducation for children and young people with Autism, ADHD, and Learning Disabilities (and associated conditions) for anxiety presentations, low mood and behavioural that challenges and cognitive difficulties.

3	Identify how you meet the required competency standards for adapted low-intensity psychological interventions for children and young people with Autism, ADHD, and Learning Disabilities (and associated conditions)
Discipline Specific Skills and Knowledge:	
4	Address the complexities of adapted early intervention practice whilst supporting (under supervision) the implementation and delivery of enhanced low-intensity interventions in the relevant community/educational settings
5	Maintain and effectively manage caseloads through effective engagements in structured case management and clinical skills supervision
6	To maintain fidelity to the low intensity model, whilst being able to adapt materials to suit a range of developmental ages and abilities and neurodiversity contained within this module
7	Understand and describe the wider ethical, legal, and professional issues and consideration encountered when working with children, young people and families with Autism, ADHD, and Learning Disabilities (and associated conditions)
Personal and Key Transferable/ Employment Skills and Knowledge:	
8	Appraise your personal strengths and weaknesses in training and experience, and reflect upon the implications for your further training needs
9	Give accurate and constructive feedback
SYLLABUS PLAN – summary of the structure and academic content of the module	
<p>The module's precise content may vary from year to year and will be dependent on the pathway undertaken. An example of the overall structure is as follows;</p> <p>The taught content of this module will be delivered over 20 days, including a minimum of 4 days of university-based group supervision of enhanced clinical practice (clinical skills). The module will be run across 2 terms, to enrich personal reflection, ongoing embedding of learning and supporting the effective translation of theory into practice. Time in teaching will be a combination of theoretical teaching, case discussion, working with case studies, clinical simulation, peer discussion /review and reflective practice.</p> <p>Combined, these approaches will enhance your clinical skills, aptitude for reflection as well as ongoing professional action planning. The development of your clinical understanding of the application of enhanced low-intensity competences will be enhanced through group supervision sessions and you will be able to demonstrate your competencies through the assessment methods outlined below. You will have opportunities to deliver and reflect on your clinical skills through your practice placement supervision.</p> <p>Specific module teaching sessions will cover the following:</p> <ul style="list-style-type: none"> • Background and context drawn from psychological / relevant literature regarding an understanding and working knowledge of the range of specified presentations and difficulties • Development and enhancement of clinical knowledge and competency for the different specified presentations and associated evidenced based interventions e.g., effective adaptations, establishing goals, problem solving, accessing evidence-based information and appropriate developmental adaption of practice • A focus on key components of adapted low-intensity practice, including conducting adapted assessments, delivering, and appropriately adapting low-intensity interventions and working with wider systems of support • Effectively utilising a range of tools, materials and self-help resources as required for effective intervention and support for the range of neurodiverse presentations <p>University-based teaching incorporating declarative course content will be supplemented by a computer-mediated learning approach that includes required reading guidance, interactive learning and collaborative activities to support directed independent learning to supplement the University based teaching days.</p> <p>As a trainee, you will be required to clinically apply and demonstrate at least two of the interventions covered in this module. This will therefore need to be evidenced through a minimum of two completed cases. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions</p>	



You must work with a minimum of two cases in this module. The CYP seen as part of this module must have a suspected or given diagnosis of Learning Disability, Autism or ADHD. At least one case must be a low intensity intervention (e.g. group work for ADHD) or adapted LI CBT for anxiety or depression and the other case must be working with behaviour that challenges or problem solving for executive functioning. You will therefore need to evidence a minimum of two completed cases. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions.

LEARNING AND TEACHING

LEARNING ACTIVITIES AND TEACHING METHODS (given in hours of study time)

Scheduled Learning and Teaching activities	142	Guided independent study	58	Placement/study abroad	100
--	-----	--------------------------	----	------------------------	-----

DETAILS OF LEARNING ACTIVITIES AND TEACHING METHODS

Scheduled Learning and Teaching	114	Lectures (16 x7 hours) Tutorial/ (2x1 hours)
Scheduled Learning and Teaching	28	Clinical Supervision groups (4x7 hours)
Guided Independent Study	58	Further reading, assignments, reading and preparation for learning groups / classes
Placement	100	Work-based learning

ASSESSMENT

FORMATIVE ASSESSMENT - for feedback and development purposes; does not count towards module grade

Form of Assessment	Size of the assessment e.g., duration/length	ILOs assessed	Feedback method
Formative intervention Session (Recording)	45 minutes	1-9	Written
Formative reflective commentary	1000 words	1-9	Written

SUMMATIVE ASSESSMENT (% of credit)

Coursework	100	Written exams	0	Practical exams	0
------------	-----	---------------	---	-----------------	---

DETAILS OF SUMMATIVE ASSESSMENT

Form of Assessment	% of credit	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Summative Case Report This assessment must be passed; failure in this assessment will lead to failure in the module and the programme	40	1–2-page report	1-9	Written
Summative intervention Session (Recording) (This assessment must be passed; failure in this assessment will lead to	40	45 minutes	1-9	Written



failure in the module and the programme				
Reflective commentary (As related to the summative intervention session) This assessment must be passed; failure in this assessment will lead to failure in the module and the programme	20	1000 words	1-9	Written
Practice Outcomes Document (POD) Pass/fail only (this assessment must be passed; failure in this assessment will lead to failure in the module and the programme)	0%	5000 Words	1-9	Written
Clinical Portfolio Pass/fail only (this assessment must be passed; failure in this assessment will lead to failure in the module and the programme)	0%	5000 Words	1-9	Written

DETAILS OF RE-ASSESSMENT (where required by referral or deferral)

Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment
Summative Case Report (40%)	Summative Case Report	1-9	Four weeks from the date that the feedback was provided.
Summative intervention Session (Recording) (40%)	Summative intervention Session	1-2, 4-5, 7-9	Four weeks from the date that feedback was provided
Reflective commentary (20%)	Reflective commentary	1-9	Four weeks from the date that feedback was provided
Practice Outcomes Document (POD) (0%)	Practice Outcomes Document (POD)	1-9	Four weeks from the date that feedback was provided
Clinical Portfolio (0%)	Clinical Portfolio	1-9	Four weeks from the date that feedback was provided

RE-ASSESSMENT NOTES

Five assessments are required for this module. In all cases re-assessment will be the same as the original assessment. Where you have been referred/deferred for any form of practice skills assessment detailed above you will have the opportunity to retake within 4 weeks from the date that feedback was provided, following additional supervision sessions as necessary with the agreement of the Module Convenor.

All assessment components must be passed. Failure in any of the components will lead to failure in the module. If you pass re-assessments taken following initial failure in the assessment, the overall module mark will be capped at 50% except for the clinical portfolio and practice outcomes document which will not result in a module cap. If you fail re-assessments, you will be failed in the module and consequently you will be failed in the programme and your registration as a student at the University will be terminated.

RESOURCES

INDICATIVE LEARNING RESOURCES - The following list is offered as an indication of the type and level of information that you are expected to consult. Further guidance will be provided by the Module Convener.

Core reading:

- Reading Specific to this module will be updated and provided closer to module delivery and be available within programme handbook and on ELE

Web-based and electronic resources:

- ELE page - [TBC](#) (All resources will be made available on ELE. This includes additional material covered in the tutorials, the required readings, information about assessment and additional material (e.g., videos).)

Other resources:

- video/audio competency clips from University of Exeter teaching team.

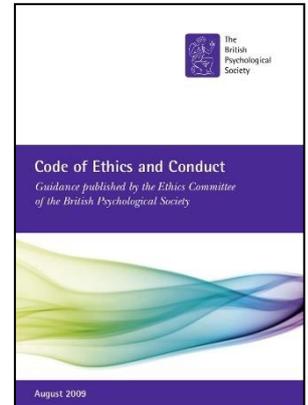
CREDIT VALUE	30	ECTS VALUE	10
PRE-REQUISITE MODULES	None		
CO-REQUISITE MODULES	None		
NQF LEVEL (FHEQ)	7	AVAILABLE AS DISTANCE LEARNING	No
ORIGIN DATE	22/10/2022	LAST REVISION DATE	3/11/2022
KEY WORDS SEARCH	Mental health, wellbeing, early intervention, low-intensity CBT, enhanced practice, Autism, ASC, LD, reflective practice, low-intensity CBT workshops, anxiety, Learning Difficulties, adapted clinical practice, ADHD		



Professional Practice & Fitness to Practice Guidelines

Code of Ethics and Conduct

*Guidance published by the Ethics Committee
of the British Psychological Society*



Students agree to adhere to these guidelines.

Psychologists/practitioners should:

- (i) Recognise that ethical dilemmas will inevitably arise during professional practice.
- (ii) Accept their responsibility to attempt to resolve such dilemmas with the combination of reflection (reflective practice), supervision, and consultation.

Please familiarize yourself with the University's fitness to practice procedures, this is particularly important within clinical training

<http://www.exeter.ac.uk/staff/policies/calendar/part1/otherregs/fitness/>

This link covers;

Part I: Introduction

[The University's Fitness to Practise Policy](#)

[Scope of this regulation](#)

[Fitness to Practise where programmes of studies are provided in partnership with other universities](#)

[Fitness to Practise during intercalated studies](#)

[Fitness to Practise for students studying for a University award employed by a body with its own](#)

[Fitness to Practise regulation](#)

[Responsibilities of the University for supporting Fitness to Practise](#)

[Responsibilities to applicants](#)

[Responsibilities to students](#)

[Responsibilities of students](#)

[Student support](#)

[Data protection and confidentiality](#)

[The Academic Lead for Fitness to Practise](#)

[The responsible Persons in Fitness to Practise matters](#)

[The Investigating Officer in Fitness to Practise matters](#)

[Monitoring the effectiveness of this regulation](#)

Part II: Reporting and receiving concerns

[Health and Wellbeing matters that might give rise to concerns about the Fitness to Practise of a student](#)

[Unprofessional conduct that may give rise to concerns about the Fitness to Practise of a student](#)

[The duty to raise concerns about the Fitness to Practise of a student](#)

[Reporting concerns when the student is at the University](#)

[Reporting concerns when the student is in a placement setting](#)

[Reporters](#)

[Anonymous reports of concern about the Fitness to Practise of a student on grounds of their health or](#)



[wellbeing](#)

Part III: Investigating concerns

[Temporary suspensions of students when there are concerns about their Fitness to Practise](#)

[Appointing an Investigating Officer](#)

[Informing the student of an investigation](#)

[Investigating concerns relating to unprofessional conduct](#)

[The Investigating Officer's report](#)

[Investigation and reporting by an OH Professional](#)

[Dealing with allegations of academic misconduct in the context of Fitness to Practise](#)

[Part IV: Preliminary hearings](#)

[Receiving reports from an OH Professional and/or an Investigating Officer](#)

[The purpose of a preliminary hearing](#)

[Hearings in absentia](#)

[Sequence of events](#)

[Outcomes of a preliminary hearing](#)

[Part V: Hearings by Fitness to Practise Panels](#)

[Status and purpose of Fitness to Practise Panels](#)

[Membership of a Fitness to Practise Panel](#)

[Training for Fitness to Practise Panel members](#)

[Attendance of the OH Professional, Investigating Officer and the Responsible Person](#)

[Notice to the student in Fitness to Practise proceedings and information that must be provided for them](#)

[Expert and legal advice](#)

[Preliminary matters for Fitness to Practise Panels](#)

[Hearings in absentia](#)

[Burden of proof and standard of proof in a Fitness to Practise Panel hearing](#)

[Sequence of events at a Fitness to Practise Panel hearing](#)

[How the Fitness to Practise Panel reaches its decision](#)

[The options open to a Fitness to Practise Panel](#)

[Reporting the findings and recommendation of a Fitness to Practise Panel](#)

[Status of the student following a hearing by a Fitness to Practise Panel](#)

[Part VI: Appeal against the confirmed findings of a Fitness to Practise Panel](#)

[Making an appeal against the findings and/or recommendations of a Fitness to Practise Panel that have been confirmed by the Pro-Vice Chancellor of a College](#)

[Grounds for an appeal against the findings and/or recommendations of a Fitness to Practise Panel](#)

[Appeals that do not fall within the grounds specified by the University](#)

[Convening a Fitness to Practise Appeal Panel](#)

[Membership of a Fitness to Practise Appeal Panel](#)

[Training for new members of Fitness to Practise Appeal Panels](#)

[Notice to the student and information that must be provided for them](#)

[Information that will be provided for a Fitness to Practise Appeal Panel](#)

[Expert and legal advice](#)

[The burden of proof and the standard of proof in an appeal against the findings of a Fitness to Practise Panel](#)

[Purpose of Fitness to Practise Appeal Panels](#)

[Preliminary matters for Fitness to Practise Appeal Panels](#)

[Hearings in absentia](#)

[The sequence of events at a hearing by a Fitness to Practise Appeal Panel](#)

[The options open to a Fitness to Practise Appeal Panel](#)

[Reporting the findings and recommendation of a Fitness to Practise Appeal Panel](#)

Appendices:

[Annex 1: Registration or regulatory bodies linked to University of Exeter programmes](#)

[Annex 2: Responsible Persons - Role description and person specification](#)

[Annex 3: Investigating Officers – Role description and person specification](#)

[Annex 4: Procedures for the temporary suspension of a student in connection with Fitness to Practise](#)

[Annex 5: Exceptions](#)



University
of Exeter

Cedar

