



Improving Access to Psychological Therapies

Postgraduate Certificate in Low Intensity Psychological Interventions

Guidelines for the Practice Portfolio

March 2021

Guidelines for the Practice Portfolio

The Practice Portfolio is an essential component of the PWP training programme, as it records the clinical and supervision activities of trainee PWPs, knowledge outcomes and also assessments of competency by clinical supervisors. All aspects of the Practice Portfolio must be passed in order to achieve the award of the *Postgraduate Certificate in Low-Intensity Psychological Interventions (IAPT)*. Trainees will only receive one further opportunity to submit should the first submission be failed.

If you would like to continue using Pebblepad once you have finished the course, then you can create an alumni account which enables to keep all the documents you have created.

The details on how to do this are here:

<https://www.sheffield.ac.uk/apse/digital/pebblepad/alumni>

The following must be completed and submitted **via Pebblepad**. **Failure to submit all of the following sections by the submission date will result in a fail.**

- Signed front sheet in 'Introduction' tab
- A signed supervision contract for case management
- A signed supervision contract for clinical supervision
- Evidence of the required **80 hours** of clinical practice
- Completed and signed supervision logs and records
- Record of Clinical hours and case recording
- Associated analyses of change (i.e. change rates, Jacobson plots and effects sizes).
- Completed 20 days supervised learning in the workplace document and SP/SR engagement statement summary
- Evidence of the required **40 hours** of supervision (**20 hours of case management and 20 clinical supervision**)
- Completed and signed copy of the mid-year Interim Supervisor's report
- Completed and signed copy of the end of year Final Supervisor's report and the final statement of achievement
- **6 sessions rated by your supervisor** on the assessment and treatment competency ratings sheet – all 6 must pass.
- Catch-up forms from missed teaching sessions.
- Declarative knowledge exercises
- Completed course Learning Log (3,000 words)

***** It is strongly recommended that all PWP trainees and clinical supervisors plan for the Practice Portfolio submission throughout the year. The PWP should take this document therefore to an early supervision session for discussion and subsequent sessions when appropriate for updates. The Practice Portfolio should be completed contemporaneously**

throughout the year. This will prevent any problems close to the hand on date, as extensions will only be granted for clear extenuating circumstances according to University Policy ***

Outcomes for the PWP programme

By the end of the programme PWPs are required to demonstrate competence in the following:

- 1) Competency in patient centred assessments appropriate to the identified needs of patients within a step 2 framework based on behaviour change theory and the COM-B model.
- 2) Demonstrating the common and specific factor competencies necessary to develop individualised therapeutic alliances that enable patients (and where appropriate their carers) to be purposefully involved in a partnership of care.
- 3) The identification of the patient's current presenting problem, and the management of patients' emotional distress through the use of interpersonal skills and evidence-based PWP self-help interventions.
- 4) Demonstrating the common and specific factor competencies necessary to maintain individualised therapeutic alliances that enable patients (and where appropriate their carers) to be purposefully involved in a partnership of care.
- 5) Competency in PWP evidenced based self-help interventions based on behaviour change theory and the COM-B model.
- 6) High-quality case recording and systematic evaluation of the processes and outcomes of PWP interventions, adapting care on the basis of this evaluation and evidence.
- 7) The effective engagement of people from a range of diverse cultural and social groups in PWP treatments and demonstration of cultural competence and respect for different cultural values.
- 8) Where appropriate, displaying competence in the use of face-to-face and telephone translation services for people whose first language is not English.
- 9) The effective management of a caseload to ensure prompt and efficient access to care for patients on the PWP's caseload, including referral to step-up and signposted services.
- 10) Demonstrating the ability to use regular scheduled case management supervision to facilitate caseload management and clinical supervision to facilitate learning of the PWP approach and method.
- 11) Integration of worklessness and employment initiatives into daily clinical practice to the benefit of all patients.

Role of the PWP Clinical Supervisor

As well as providing professional support to the trainee PWP, the role of the PWP Clinical Supervisor involves assessing the developing clinical skills of the trainee PWP. This is achieved via a variety of methods. Supervisors will be provided with a PWP Supervisor's Handbook to help to guide them in this process (this is available on Blackboard). Case management and clinical supervision are essential to support competency development in PWPs undertaking the programme. The Clinical Supervisor also therefore act as a 'gate-keeper' regarding the safety, professionalism and effectiveness of the trainee PWP.

Specific roles of the PWP Clinical Supervisor:

- Enable opportunities for the trainee PWP to shadow at least 6 assessment and 6 treatment sessions over the course of the training.
- Negotiate, sign and date a supervision contract for both case management and clinical supervision clarifying boundaries, expectations and responsibilities for the clinical supervisor and PWP supervisee.
- Use a range of strategies to support the case management supervision process, including informatics web-based supervision using Insight/PC-MIS or other such system.
- Facilitate ongoing clinical experience for the PWP trainee in order to ensure they have the opportunity to develop appropriate competence in clinical skills.
- Each trainee needs to have 6 sessions competency rated (1 assessment and 5 treatment).
- To record a sample of case management supervision sessions to enable the trainee to complete a process analysis.
- Help the trainee identify a suitable recorded treatment session for submission, where adjustments have been used to meet the needs of the patient.
- Identify the trainee PWP's strengths and any shortfalls in development, identifying objectives with the PWP and how these may be achieved, and discussing with academic staff where difficulty is envisaged or encountered
- Ensure that summative assessment of the clinical practice outcomes is completed within the stated period of the assessment document, and that appropriate records are made.
- Where necessary, to raise issues or concerns regarding a trainee PWP's progress with appropriate members of academic staff and clinical service management.
- Ensure with the trainee PWP that supervision records are completed.
- Complete an interim report on progress at the halfway point and a final written report at the end of the course.
- Make a final decision on the competency of the trainee PWP in achieving the clinical practice outcomes.

****The Supervisor's Handbook is provided on Blackboard and contains all the Supervision Documents required by a clinical supervisor. It is the trainee's responsibility to ensure they make this available to their supervisor.****

Service Supervisor's Interim and Final Report

PWP trainee service supervisors will be required to submit a report on trainees' competency and progress at two points; mid-way through the course (interim report) and at the end of the course (final report).

The aim of the interim report is to assess and review a trainee's progress to ensure they are on track to complete the clinical requirements of the course and provide an opportunity to address any arising issues. The final report is for supervisors to make a final decision on the competency of the trainee PWP in achieving the clinical practice outcomes and therefore be eligible for passing the course.

Both the interim and final report need to be passed for the trainee to pass the PWP course. As per the Course Handbook, a trainee will be allowed (under normal circumstances) to resubmit the supervisor's report on one further occasion, if the first submission is rated as a fail.

The dates for submission are 11/08/21 for the interim report and for the final report 8/12/21 (included as part of the Pebblepad Portfolio submission). Please submit by 1.30pm on the indicated dates.

Please note, you must ensure no patient identifiable information is provided in your Practice Portfolio.

Supervisor's Report Submission Guidelines

It is the trainee's responsibility to ensure that the clinical supervisor's reports are submitted on time and in sufficient detail. The Interim and Final Report are submitted in the relevant sections on Pebblepad.

Requirements for completing the reports:

- To submit the **Interim Report** trainees must have accrued a **minimum of 25 clinical client contact hours and a suggested maximum of 45 hours** in order for trainee's skills and competency to be adequately assessed and deemed a pass. If a trainee will not have accrued the required hours by the submission date, they will need to request an extension prior to the deadline (using the extension request form in the Course Handbook), explaining the reason for not meeting the minimum hours and suggesting a date by which they will have met the requirements. The most frequent reason for low hours is usually due to trainees failing one of the OSCE's resulting in the delayed start of clinics.

- Supervisors **MUST** state whether the trainee is rated as a PASS or a FAIL in the final box. If this is not present, the report will be returned.
- The report **MUST** be signed by both the supervisor and the trainee.

Competency Assessment in the Service

An aspect of the PWP training is that your clinical supervisor assesses the fidelity of your practice to established competency benchmarks. Therefore, trainee PWP need to ensure that 6 sessions of your clinical practice are recorded or observed directly by supervisor. **The six recording or observations are made up of ONE assessment session and FIVE treatment sessions.**

A minimum of 6 clinical sessions must be rated by your supervisor. 3 must be genuine clients, 3 can be role plays if genuine clients are inaccessible. **The assessment tape MUST be a genuine client.** The sessions can be recorded or live are required to facilitate learning and assessment of the PWP clinical method. These need to be assessed by your supervisor using the PWP assessment and treatment competency tools (on Blackboard). To evidence this for the portfolio, trainees must submit 6 completed competency rating scales signed by their supervisor. **All 6 rated sessions must pass.** The sessions **cannot** include the session rated for your treatment tape practice day, or your treatment tape submission.

The six tapes observed or live sessions **can now include role plays for the change methods as indicated below:**

- **An assessment session – genuine client- must be a genuine client**

The remaining tapes must have a further 2 genuine clients (3 in total to include the assessment) and 3 can be role play. The 3 you use for role play are no longer limited to the specific intervention.

- A problem solving session – role play session or genuine client
- A worry management session – role play session or genuine client
- Exposure for Panic, OCD, Specific phobia or Agoraphobia – role play session or genuine client
- Cognitive restructuring – role play session or genuine client
- A behavioural activation session – role play session or genuine client

For role play assessed sessions, the session must be rated by your supervisor. The competency framework must be completed. If you are able to complete with a genuine client, this would be preferable to a role play session.

PWP trainees need to be rated by their clinical supervisors using the low intensity cognitive behavioural assessment competency scale or the low intensity cognitive behavioural treatment competency scale. The scales are included on Blackboard in the Portfolio folder

and in the Supervisors folder. This is submitted as part of the Portfolio. PWP trainees must follow the structure and steps for each for the interventions as taught on the course.

All six need to pass and be rated as competent using the marking grid.

Case Management and Clinical Supervision Log

You will need to keep a log of your engagement in case management and clinical supervision during your training year. This is on Pebblepad as 'Log of activity' and will be signed off as part of your portfolio submission by your supervisor.

Record of Clinical Supervision

Under the Clinical Supervision tab on Pebblepad you will submit your records of clinical supervision. This will include an outline of the nature of supervision (individual, group), the methods used (role play, case discussion etc) and the agenda, feedback and action points arising. This will be signed off as part of your portfolio submission by your supervisor.

Following completion of the required 20 hours of Clinical Supervision you should continue to record the discussion until final submission of the portfolio or all portfolio pages available are filled. If you run out sheets before completing and evidencing the required hours please contact admin.

Record of Case Management Supervision

Your Case Management records will be completed on Pebblepad in the Case Management supervision tab.

During Case Management supervision trainees should provide Case Management Information Giving – this information does not need to be documented in these logs (gender, age, problem statement, risk, onset, duration, past episodes & treatment, clinical scores, co-morbidity, employment status, cultural, language or disability considerations, treatment from others, PWP treatment plan, actions already taken).

Additional information for selected cases includes reason for supervision (e.g. new case, risk, 4-week review), number & duration of contacts, continuation of clinical scores, intervention summary, patient engagement & response to treatment, summary of contacts.

Following completion of the required 20 hours of Case Management supervision you should continue to record the discussion until final submission of the portfolio or all portfolio pages available are filled. If you run out sheets before completing and evidencing the required hours please contact admin.

Record of Clinical Hours and Case Recording

In addition to the log of activity, you will also need to upload your caseload flowchart to Pebblepad under the 'log of activity tab'. A template for this can be seen below:

Record of Clinical Hours and Case Recording

Name of trainee:

Client ID (not patient identifiable)	Presenting Problem	Mode of Delivery	PWP Intervention	Diverse need and detail of adaptation made	Pre-scores	Post-scores	No. of sessions	Number and Duration of Assessment	Number and Duration of Treatment	Total Hours
<i>e.g. Client 1</i>	<i>Depression</i>	<i>Telephone</i>	<i>BA</i>	<i>n/a</i>	<i>Phq-9 :15 Gad7 : 11</i>	<i>Phq9 :7 Gad7:5</i>	<i>6</i>	<i>1 x 45 min</i>	<i>4 x 30 mins</i>	<i>2 hours 45 mins</i>
<i>Client 2</i>	<i>OCD</i>	<i>Face to face</i>	<i>Exposure</i>	<i>Interpreter used as patient speaks only Urdu</i>	<i>Phq9 :13 Gad7: 15</i>	<i>Phq9 :9 Gad7:7</i>	<i>5</i>	<i>1 x 1 hour</i>	<i>4 x 1 hour</i>	<i>5 hours</i>
<i>Stress Control (55 attendees)</i>	<i>Depression and anxiety</i>	<i>Psycho education group</i>	<i>Stress control</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>6</i>	<i>n/a</i>	<i>6 x 1.5 hours</i>	<i>9 hours</i>
<i>Depression group (6 attendees)</i>	<i>Depression</i>	<i>Psycho education groups</i>	<i>BA and Cog restructuring</i>	<i>Translated materials provided</i>	<i>n/a</i>	<i>n/a</i>	<i>4</i>	<i>n/a</i>	<i>4 x 2 hours</i>	<i>8 hours</i>
Total clinical hours across all patients										7 hours 45 mins

Calculating PWP Caseload Change Rates

Recovery in IAPT is measured in terms of 'caseness' – a term which means a referral has severe enough symptoms of anxiety or depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment ('at caseness') and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition. Caseness on the PHQ-9 is a score equal to or greater than 10 and caseness on the GAD-7 is a score equal to or greater than 8.

In addition to recovery, there are two other measures of outcome in IAPT: reliable improvement/deterioration and reliable recovery. A referral has shown reliable improvement or deterioration if there is a significant improvement or deterioration in their condition following a course of guided self-help, measured by the difference between their first and last scores on questionnaires tailored to their specific condition. The reliable change index on the PHQ-9 is a score that changes by more than 6 points between first and last measurement point. The reliable change index on the GAD-7 is a score that changes by more than 4 points between first and last measurement point.

A referral has reliably recovered if they meet the criteria for both the recovery and reliable improvement. That is, they have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment, and there has also been a significant improvement in their condition.

Therefore, for your **first ten anxiety patients** that you engage in treatment and your **first ten depression** patients that you engage in treatment work out the following:

Depression cases recovery rate on the PHQ-9	
Anxiety cases recovery rate on the GAD-7	
Depression cases reliable improvement rate on the PHQ-9	
Anxiety cases reliable improvement rate on the GAD-7	
Depression cases reliable deterioration rate on the PHQ-9	
Anxiety cases reliable deterioration rate on the GAD-7	

Depression cases reliable recovery rate	
Anxiety cases reliable recovery rate	
Depression effect size (and interpretation)	
Anxiety effect size (and interpretation)	

All cases used in this analysis need to be those that have completed treatment.

For cases that present with symptoms of both depression and anxiety, classify them in terms of the intervention used. For example, if the patient presents with symptoms of depression and anxiety but you choose to implement behavioural activation, this would count as a depression case.

For those cases where more than one intervention is used, classify the patient based on the predominant intervention used.

Disorder-specific Jacobson Plots

One of the aims of the course is that PWP trainees learn to appreciate the value of patient feedback in terms of clinical outcomes and be able to understand and reflect upon the outcomes they are facilitating. Trainees need to produce two Jacobson plots – one for their first ten patients presenting with depression (completed treatment) and one for the first ten patients presenting with anxiety (completed treatment). For each plot, identify the intervention used.

The Jacobson graphs on which to plot the outcomes are included on Blackboard and teaching is provided on how to produce and interpret the plots.

Disorder specific effect size calculations

PWP trainees are expected to calculate a disorder specific effect size for the first ten depression treatment cases and the first ten anxiety treatment cases in the training year. Use the first and last measures for these analyses.

The depression cases instructions for this are as follows:

1. Identify your depression cases.

2. Calculate the mean (M1) and standard deviation (SD) for the first score
<https://www.calculatorsoup.com/calculators/statistics/standard-deviation-calculator.php>
3. Calculate the mean for final scores (M2).
4. Minus the second score from the first score and divide by the standard deviation of the first score (i.e. $M1 - M2$ divided by SD of M1)
5. Report the effect size

The anxiety cases instructions for this are as follows:

1. Identify your anxiety cases.
2. Calculate the mean (M1) and standard deviation (SD) for the first score
<https://www.calculatorsoup.com/calculators/statistics/standard-deviation-calculator.php>
3. Calculate the mean for final scores (M2).
4. Minus the second score from the first score and divide by the standard deviation of the first score (i.e. $M1 - M2$ divided by SD of M1)
5. Report the effect size

To complete this aspect of the portfolio you will need a minimum of 10 anxiety cases and 10 depression cases. The cases **CAN** be from any 1:1 step treatment, including c-cbt but excluding groups.

Catch-up Form for Missed Teaching Sessions

For any missed teaching sessions, you will need to complete a catch-up form on Pebblepad which will be signed off by your University Tutor. If you need more forms, please contact admin.

PWPs supervised learning in the workplace

To complete the training (and in line with the revised national curriculum guidance from the British Psychological Society), trainee PWPs are required to receive 20 days supervised learning in the workplace during their training year. This should be protected non-clinical time and a core component of learning the PWP role in practice. The focus of the 20 days of supervised learning consolidates the learning experience of the trainees and strengthens low intensity theory-practice links. The content and key tasks of the protected days are detailed in the separate document.

The timing of the 20 protected non-clinical days are to be negotiated with line managers to take into consideration the service's local demands. However, the course would recommend

that the days be timetabled into the trainee's work calendar throughout the academic year to enable regular skills consolidation and learning opportunities. The University would also advise that a higher proportion of the protected non-clinical time is timetabled prior to the trainee's Observed Structured Clinical Examinations (OSCEs) to allow practice to aid skills development.

The course requires that trainees observe a minimum of six PWP assessment sessions and six PWP treatment sessions. Trainees are required to complete the '20 days supervised learning in the workplace' document on Pebblepad.

Self-Practice / Self-Reflection

In the second module, the clinical skills groups change their focus to supporting and developing resilience in trainee PWPs by having a self-practice and self-reflection (SP/SR) focus. A separate document will be distributed to use in these sessions, which includes the homework and preparation required to participate in this group. This document will include personal information and we do not expect you to submit this as part of your Practice Portfolio. Your engagement with and attendance of the SP/SR groups is an essential part of the course and will be signed off on Pebblepad by your University tutor.

Declarative knowledge exercises

For each of the declarative knowledge exercises you should provide a headed and referenced summary on Pebblepad. These exercises should demonstrate the wider reading you have undertaken during your training. You are required to demonstrate a consideration of the relevant literature, sources, theory and evidence base. This work is to be completed in the 20 days supervised learning in the workplace. Trainees should start the declarative knowledge exercises early in the course (e.g. the signs and symptoms of common mental health problems). Should a trainee PWP fail to meet one or a selection of the declarative knowledge exercises, they will be given 4 weeks from the submission date to resubmit. Example declarative knowledge examples can be taken to tutorials for advice. A second failure of the knowledge exercises will usually lead to a recommendation for discontinuation of the course being made to the Student Engagement and Progress team by the Board of Examiners. Please support each account with appropriate referencing (the references are not included in the word count). The summary should certainly always draw on appropriate evidence/research/policy/guidelines.

Module 1: Knowledge question 1 (500 words)

Describe the signs and symptoms of unipolar depression

Module 1: Knowledge question 2 (250 words)

Describe the signs and symptoms of generalised anxiety disorder

Module 1: Knowledge question 3 (250 words)

Describe the signs and symptoms of panic disorder

Module 1: Knowledge question 4 (250 words)

Describe the signs and symptoms of health anxiety

Module 1: Knowledge question 5 (250 words)

Describe the signs and symptoms of OCD and BDD

Module 1: Knowledge question 6 (250 words)

Describe the signs and symptoms of a specific phobia

Module 1: Knowledge question 7 (250 words)

Describe the signs and symptoms of PTSD

Module 1: Knowledge question 8 (250 words)

Describe the signs and symptoms of social anxiety

Module 2: Knowledge question 9 (500 words)

Describe and reflect on the role(s) that you take up in your IAPT team.

Module 2: Knowledge question 10 (500 words)

How can power be negotiated during self-help treatments?

Module 2: Knowledge question 11 (500 words)

Describe the essential features of information governance

Module 2: Knowledge question 12 (500 words)

Describe the essential differences between low and high intensity CBT.

Module 2: Knowledge question 13 (500 words)

Describe the main differences between case management and clinical supervision.

Module 2: Knowledge question 6 (500 words)

Describe and critique cultural competency.

Clinical Supervisor's Mid-Term Interim Report

1. Guidance on completing the report

- a) This is one of two reports required for the satisfactory completion of the Post-Graduate Certificate in Low Intensity Psychological Interventions. The aim of this report is to provide an opportunity for you to formally assess the practice of your PWP trainees and how trainees are progressing. It can also be used as a reflective tool with the trainee.
- b) The mid term report is completed and submitted via Pebblepad.
- c) Trainees **MUST** have accrued a **minimum of 25 clinical client contact hours** in order to submit the interim report. If the required minimum number of hours has not been accrued by the deadline, the trainee will need to request an extension, explaining the reason for low hours.
- d) If a trainee has accrued over 80 clinical contact hours (the amount required upon completion of the course), this should be flagged with the appropriate team leader/manager as is above what would be expected at this point of training and should prompt a review of the trainee placement procedures.
- e) Please use the reports as a discussion forum with your trainee and particularly inform them of concerns you have about their professionalism or competence.
- f) There are five sections to this report, which correspond with practice competencies associated with each of the course modules and the use of supervision. These competencies linked to the modules, should form an important part of trainees ongoing day-to-day clinical practice.
- g) When completing the report please use a mixture of qualitative comments, along with possible sources of evidence below, to qualify your final mid-course rating.
- h) Please ensure you clearly state whether your trainee is rated as a PASS or a FAIL, i.e. do you feel that the trainee is working at a standard to be expected at this part of their training? If this is not present, the report will have to be returned.

2. Possible sources of evidence

Clinical supervisors need to satisfy themselves that they have sufficient evidence of competence by the PWP supervisee in order to sign off the achievements of the practice-based outcomes. Sources of evidence could include:

- a) Direct observation of the supervisee, either face-to-face or via audio/video recordings.
- b) Discussion of supervisee's clinical records and discussion of cases.
- c) Observation of supervisee's in simulated practice.
- d) Reflective commentaries by supervisees on their clinical work.
- e) Testimony from other colleagues

- f) Testimony volunteered by patients.

Supervisor's End of Course Report & Final Statement of Achievement

Supervisor's Report

Please note that it will assist you if you have the Clinical Supervision Progress forms and other relevant material to hand when completing this report. Please comment on each of the areas included in the End of Course reports section on Pebblepad under 'Supervisor's Report'.

The feedback form is designed to provide a framework for assessing your supervisee's development in the trainee role across the year and is designed to be completed in collaboration with your supervisee. It is designed to assist you in assessing how the supervisee PWP has progressed throughout the course regarding their low intensity clinical practice and to formally assess their clinical and organisational competencies at this point. Examples of their clinical work and decision making to evidence competency development and areas of good practice would be useful to include.

Trainee PWP Final Statement of Achievement

Clinical Practice Outcomes

Please indicate as successful/unsuccessful on the Final Clinical Practice Outcomes in the End of Course reports section whether you feel that the trainee has made successful progress over the year and are ready to be a qualified PWP.