UNIVERSITY OF SUSSEX
SCHOOL OF PSYCHOLOGY

Clinical Psychology
3rd Year: C8002
Spring Term 2014

Module Convenor: REBECCA GRIST

NOTE: Most of the questions you need answers to about this course are in this document. Please read it fully and carefully before your first seminar.

NOTE: This document concerns the structure and content of the course. If you have questions about procedures, please consult the School of Psychology Administration Office or via psyoff@sussex.ac.uk.

SCHOOL OF PSYCHOLOGY

Third Year Option 2013/14

CLINICAL PSYCHOLOGY (C8002)

TITLE: Clinical Psychology

TIMING AND DURATION: Year 3, running for 12 weeks during the Spring term.

CONTACT HOURS AND TEACHING METHODS: 2 x 1 hour lectures per week for the first 7 weeks, and three x 2 hour seminars following week 7.

TIME & PLACE:

Monday Lecture:	1600-1700pm RICH-AS3
Tuesday Lecture:	1100-1200am RICH-AS3
Seminar Groups:	Please check Sussex Direct for the times and locations of your seminar groups. There will be three 2hr seminar groups for each student sometime during weeks 8 - 12.

FULL COURSE OUTLINE:

This module will give students an insight into aetiology, assessment, treatment, and service provision in clinical psychology in the UK. Selected topics covering adult psychological disorders, child and adolescent problems, research and training in clinical psychology, and learning disabilities will be presented mainly by practicing clinical psychologists with expertise in these areas. At the end of the module students will be expected to be able to describe theories of the aetiology of a selected range of disorders, and compare treatment used across a range of disorders and client groups

LEARNING OUTCOMES:

At the end of the module the student should be able to:

1	**Describe and evaluate theories of the aetiology of a selected range of psychological disorders**
2	**Describe, compare and evaluate treatments and service provision across a range of client groups**
3	**Describe, compare and evaluate treatments used across a range of psychological disorders**
4	**Describe and evaluate the contribution made by clinical psychologists to the diagnosis, assessment, and treatment of psychological disorders in the UK**

FORMAL ASSESSMENT

Mode	Learning outcome	Duration/Word Length	Submission date	Relative weighting of sub-units of assessment
ESSAY	**1 - 4**	**3000**	**SUMMER TERM**	**80%**
PRESENTATION	**1 - 4**	**15 min**	**SPRING TERM (weeks 8-10)**	**20%**

COURSEWORK REQUIREMENTS

Task or requirement	Learning outcome	Duration/Word Length/ Comment	Submission date	
PRESENTATION	**1 - 4**	**15 MINS**	**Spring Term (Weeks 8-10)**	

METHOD OF STUDENT FEEDBACK:

Anonymous questionnaire at the end of the module.

MODULE CONVENOR:

REBECCA GRIST (School of Psychology)

Office No: Pevensey 1, 2C4
Email: R.M.Grist@sussex.ac.uk
Internal telephone No: 7696 or 8611

My office hour will be every Monday 2 – 3pm for the duration of the term. My office is Pevensey 1, 2C4

SEMINAR TUTORS:

Cassie Hazell (ch283@sussex.ac.uk)
Geoff Davies (gd92@sussex.ac.uk)
Lizzie Clark (L.Clark@sussex.ac.uk)
Becky Grist (R.M.Grist@sussex.ac.uk)
Sarah Fielding-Smith (sf267@sussex.ac.uk)

CLINICAL PSYCHOLOGY

Broad Overview of the Module

Clinical Psychology – Year 3 option
Convenor: Rebecca Grist
Spring Term 2014
Lectures: Monday 1600-1700pm RICH – AS3; Tuesday 1100-1200am RICH-AS3

Week	Topic	Lecture	Date	Lecture Title	Lecturer
1	Introduction	1	Mon 20th Jan	Introduction To The Course	Rebecca Grist
1	Introduction	2	Tues 21 Jan	Clinical Psychology Training	Fergal Jones*
2	Introduction	3	Mon 27th Jan	An Understanding of What Clinical Psychologists Do	Fergal Jones*
2			Tues 28th Jan	NO LECTURE	
3	Adult Mental Health	4	Mon 3rd Feb	Low intensity CBT for Common Mental Health problems	Kate Cavanagh
3	Childhood & Developmental Disorders	5	Tues 4th Feb	Understanding psychotic experiences	Mark Hayward
4	Adult Mental Health	6	Mon 10th Feb	Family therapy approaches to child and adolescent mental health	Warren Matofsky*
4	Adult Mental Health	7	Tues 11th Feb	Working within clinical health psychology	Alesia Moulton-Perkins*
5	Adult Mental Health	8	Mon 17th Feb	Self-Harm & Suicidality	Susy Brown-Jones*
5	Adult Mental Health	9	Tues 18th Feb	Introduction to Personality Disorders	Katherine Preedy*
6	Adult Mental Health	10	Mon 24th Feb	Clinical Psychology in the Community	Jane Clatworthy*

6	Research & Training	11	Tues 25th Feb	Doing Clinical Psychology Research in the NHS	Mark Hayward
7	Learning Disabilities	12	Mon 3rd Mar	The Aetiology & Epidemiology of Learning Disabilities	Diane Deignan*
7	Learning Disabilities	13	Tues 4th Mar	Assessment & Service Provision for Learning Disabilities	Diane Deignan*
8.	Childhood & Developmental Disorders	14	Mon 10th Mar	Play Therapy & Parenting Approaches	Susy Brown-Jones*

CLINICAL PSYCHOLOGY – SPRING TERM 2014

LECTURE SYNOPSIS

LECTURE 1

INTRODUCTION TO THE COURSE

REBECCA GRIST – UNIVERSITY OF SUSSEX

This lecture will be an Introduction to the course and will describe the structure of the course, its learning outcomes, the assessments and coursework requirements, and the lecture and seminar structure. The course basically attempts to cover many aspects of Abnormal Psychology within the framework of professional Clinical Psychology, and is presented primarily by practicing clinical psychologists.

Davey GCL (Ed) (2008) *Clinical Psychology*. Hodder HE

Davey GCL (2008) *Psychopathology: Research, Assessment & Treatment in Clinical Psychology*. BPS Wiley-Blackwell

Bennett P. (2006) *Abnormal & Clinical Psychology*: An Introductory Textbook. Buckingham: Open University Press. Second Edition.

Hall J & Llewelyn S (2006) *What is clinical psychology?* OUP Oxford.

Cheshire K. & Pilgrim D. (2004) *A Short Introduction to Clinical Psychology*. Sage Publications.

LEARNING OUTCOMES: NONE

LECTURE 2

DR. FERGAL JONES, CANTERBURY CHRIST CHURCH UNIVERSITY & SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

CLINICAL PSYCHOLOGY TRAINING

This lecture will give an overview of the training process for clinical psychologists and the entry requirements for clinical psychology training courses.

Hall, J., & Marzillier, J. (1999). What is clinical psychology?. In J. Marzillier, & J. Hall, *What is clinical psychology?* (3rd ed.) (pp. 1-31). Oxford University Press.

Huey, D.A., & Britton, P.G. (2002). A portrait of clinical psychology. *Journal of Interprofessional Care, 16,* 69-78.

Papworth, M. (2004). Getting on clinical psychology training courses: responses to frequently asked questions. *Clinical Psychology, 42,* 32-36.

Learning Outcomes: An understanding of what clinical psychology training involves and how to become a clinical psychologist.

LECTURE 3

AN UNDERSTANDING OF WHAT CLINICAL PSYCHOLOGISTS DO

DR. FERGAL JONES, CANTERBURY CHRIST CHURCH UNIVERSITY & SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

Jones F (2008) What is Clinical Psychology? Training & Practice. In G Davey (Ed) Clinical Psychology. Hodder HE.

Marzillier J & Marzillier S (2008) general principles of Clinical Practice: Assessment, Formulation, Intervention & Evaluation. In G Davey (Ed) Clinical psychology. Hodder HE.

Hall, J., & Marzillier, J. (1999). What is clinical psychology?. In J. Marzillier, & J. Hall, *What is clinical psychology?* (3rd ed.) (pp. 1-31). Oxford University Press.

Huey, D.A., & Britton, P.G. (2002). A portrait of clinical psychology. *Journal of Interprofessional Care, 16,* 69-78.

Papworth, M. (2004). Getting on clinical psychology training courses: responses to frequently asked questions. *Clinical Psychology, 42,* 32-36.

Learning Outcomes: This lecture will give an overview of what it means to be a clinical psychologist and cover some of the different services that clinical psychologists can provide.

LECTURE 4

LOW INTENSITY CBT FOR COMMON MENTAL HEALTH PROBLEMS

DR. KATE CAVANAGH, UNIVERSITY OF SUSSEX

The National Institute for Clinical Excellence has recommended that Cognitive Behavioural Therapies (CBT) be available to people suffering from anxiety or depression via the NHS. Over the past 5 years new psychology services have been commissioned in order to increase access to CBT for these common mental health problems.

This lecture is an introduction to CBT for common mental health problems in the context of Increasing Access to Psychological Therapies (IAPT) Services. For mild-to-moderate anxiety and depression, High Intensity and Low Intensity services are available within the NHS. High Intensity work is characterised by 8-20 sessions of traditional CBT, delivered by a CBT therapist. Low Intensity work is characterised by guiding and monitoring self-help interventions such as workbooks and computer-based therapy programmes based on the principles of CBT and is delivered by Psychological Wellbeing Practitioners. This lecture will introduce the IAPT model, describe the interventions used and evaluate the evidence base for these kinds of services.

Andrews, G., Cuijpers, P., Craske, M., McEvoy, P., & Titov, N. (2010). Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: A meta-analysis. *PLoS ONE, 5*: e13196.

Clark, D.M., Layard, R., Smithies, R., Richards, D.A., Suckling, R. & Wright, B. (2009). Improving access to psychological therapy: initial evaluation of two UK demonstration sites. *Behaviour Research and Therapy*, 47, 910-920.
Cuijpers, P, Marks, IM., van Straten, A, Cavanagh, K, Gega, L and Andersson, G (2009) Computer-Aided Psychotherapy for Anxiety Disorders: A Meta-Analytic Review. *Cognitive Behaviour Therapy,38*, 66- 82.

Cuijpers P, Smit F, Bohlmeijer ET, Hollon SD, Andersson G (2010). Is the efficacy of cognitive behaviour therapy and other psychological treatments for adult depression overestimated? A meta-analytic study of publication bias. British Journal of Psychiatry, 196, 173-178.

Cuijpers P, van Straten A, Andersson G, van Oppen P (2008). Psychotherapy for depression in adults: A meta-analysis of comparative outcome studies. *Journal of Consulting and Clinical Psychology*, 76, 909-922.

Department of Health (2011) *Talking therapies: 4 year plan.* London: Department of Health.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123759

Increasing Access to Psychological Therapies: http://www.iapt.nhs.uk/iapt/
Mains, J. A. and Scogin, F. R. (2003), The effectiveness of self-administered

treatments: A practice-friendly review of the research. *Journal of Clinical Psychology, 59:* 237–246.
National Institute for Health and Clinical Excellence (2009) *Depression: the treatment and management of depression in adults (update).* http://www.nice.org.uk/CG90

Proudfoot, J., Ryden, C., Everitt, B., Shapiro, D., Goldberg, D., Mann, A., et al. (2004). Clinical effectiveness of computer-aided cognitive behavioural therapy for anxiety and depression in primary care. *British Journal of Psychiatry, 185,* 56–62.

Richardson, R., & Richards, D. A. (2006). Self-help: Towards the next generation. *Behavioural and Cognitive Psychotherapy, 34*, 13–23.

Shafran R, Clark DM, Fairburn CG, Arntz A, Barlow DH, Ehlers A, Freeston M, Garety PA, Hollon SD, Ost LG, Salkovskis PM, Wilson GT, Williams JMG. Mind the gap: Improving the dissemination of CBT. Behaviour Research and Therapy 2009; 47: 902-909.

Westbrook and Kirk (2005). The clinical effectiveness of cognitive behaviour therapy: outcome for a large sample of adults treated in routine practice. *Behaviour Research and Therapy 43,* 1243-1261

Williams, C. & Martinez, R. (2008) Increasing Access to CBT: Stepped Care and CBT Self-Help Models in Practice. *Behavioural and Cognitive Psychotherapy*, 36, 675–683

LEARNING OUTCOMES: At the end of this lecture students should be aware of the definition of common mental health problems and of how Increasing Access to Psychological Therapies services work for people with these difficulties. Students will be able to describe and evaluate key research findings regarding the effectiveness of low and high intensity CBT interventions for anxiety and depression in research trials and in practice

LECTURE 5

UNDERSTANDING PSYCHOTIC EXPERIENCES

DR. MARK HAYWARD, UNIVERSITY OF SUSSEX & SUSSEXPARTNERSHIP TRUST

This lecture will take a symptom (rather than a syndrome) approach to understanding psychotic experiences. Specifically, the experience of hearing voices will be explored with reference to cognitive and relational models. Attention will be drawn to the meaning of the voice hearing experiences and how this influences therapeutic responses.

Developing a cognitive understanding

Chadwick, P. D. J. & Birchwood, M. J. (1994). 'Challenging the omnipotence of voices: A cognitive approach to auditory hallucinations', *British Journal of Psychiatry, 164,* 190-201.

Chadwick, P., Birchwood, M. & Trower, P. (1996). *Cognitive Therapy for Delusions, Voices and Paranoia.* Chichester; Wiley.

Chadwick, P., Sambrooke, S., Rasch, S. & Davies, E. (2000). Challenging the omnipotence of voices: group cognitive behaviour therapy for voices. *Behaviour Research and Therapy, 38*, 993-1003.

Wykes, T., Hayward, P., Thomas, N., Green, N., Surguladze, S., Fannon, D, *et al* (2005). What are the effects of group cognitive behaviour therapy for voices? A randomised control trial, *Schizophrenia Research, 77,* 201-210.

Dannahy, L., Hayward, M., Strauss, C., Turton, W., Harding, E. & Chadwick, P. (2011). Group Person-Based Cognitive Therapy for distressing voices: Pilot data from nine groups. *Journal of Behavior Therapy & Experimental Psychiatry, 42*, 111-116.

Using a relational framework

Benjamin, L.S. (1989). Is chronicity a function of the relationship between the person and the auditory hallucination? *Schizophrenia Bulletin, 15*, 291-310.

Birchwood, M., Gilbert, P., Gilbert, J., Trower, P., Meaden, A., Hay, J., Murray, E. & Miles, J.N.V. (2004). Interpersonal and role related schema influence the relationship with the dominant 'voice' in schizophrenia: a comparison of three models. *Psychological Medicine, 34,* 1571-1580.

Chin, J., Hayward, M. & Drinnan, A. (2009). Relating to voices: exploring the relevance of this concept to people who hear voices. *Psychology and Psychotherapy: Theory, Research and Practice, 82*, 1-17.

Hayward, M. (2003). Interpersonal relating and voice hearing: To what extent does relating to the voice reflect social relating? *Psychology and Psychotherapy: Theory, Research and Practice, 76*, 369-383.

Hayward, M., Overton, J., Dorey, T. & Denney, J. (2009). Relating Therapy for

people who hear voices: a case series. *Clinical Psychology & Psychotherapy, 16,* 216-227*.*

Thomas, N., McLeod, H.J. & Brewin, C.R. (2009). Interpersonal complementarity in responses to auditory hallucinations in psychosis. *British Journal of Clinical Psychology, 48*, 411-424.

Phenomenological understandings

Garrett, M. & Silva, R. (2003). Auditory hallucinations, source monitoring, and the belief that "voices" are real. *Schizophrenia Bulletin, 29*, 445 – 457.

Nayani, T.H. & David, A.S. (1996). The auditory hallucination: a phenomenological survey. *Psychological Medicine, 26*, 177-189.

Learning Outcomes: By the end of the lecture the students will: (1) be able to describe at least one model for understanding voice hearing experiences, and (2) have a framework for understanding therapeutic responses to distressing voices.

LECTURE 6

FAMILY THERAPY APPROACHES TO CHILD AND ADOLESCENT MENTAL HEALTH

DR WARREN MATOFSKY, SUSSEX PARTNERSHIP FOUNDATION TRUST

Psychology has often been criticised for being too focused on the individual and thereby obscuring the familial, social, economic and cultural roots of distress. The lecture will explore how the concepts and practices of family (or systemic) therapy can serve as a buffer against such thinking and inform clinical work with young people, their families and communities. Case study material will be used to show how systemic hypotheses are constructed and techniques employed in therapeutic conversations.

Asen, E. (2006). Systemic approaches- critique and scope. In S. Timimi, & B. Maitra (Eds). *Critical Voices in Child & Adolescent Mental Health.* London: Free Association Books

Morgan, A. (2000) *What is narrative therapy? An easy to read introduction.* Adelaide: Dulwich centre publication.

Vetere, A. & Dallos, R. (2003). *Working Systemically with Families: Formulation, Intervention and Evaluation*.

Timimi S. (2009) A Straight-Talking Introduction to Children's Mental Health Problems. PCCS Books: London

LEARNING OUTCOMES: Students should have awareness of some of the main ideas in family therapy and how they can be applied in working with families

LECTURE 7

WORKING WITHIN CLINICAL HEALTH PSYCHOLOGY

ALESIA MOULTON-PERKINS, SUSSEXPARTNERSHIP TRUST

This lecture will introduce you to the work of a clinical psychologist in pain management within an acute hospital setting. This work will be situated in its NHS organisational context: namely the unique position that clinical health psychology occupies at the juncture between physical and mental health. Potential career paths into clinical health psychology are described and contrasted with the alternative career of health psychologist. Engel's (1977) biopsychosocial model, and Folkman and Greer's (2000) stress coping model are introduced as potential ways to make sense of the distress experienced by people with a medical illness. A flavour of the varied roles of a clinical psychologist in these settings is given by describing a 'typical day in the life'. The lecture then concludes with an example of a piece of individual therapeutic work with a woman with chronic pain and depression.

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196*(4286), 129-136.

Faculty of Clinical Health Psychology. (2009). *DCP Briefing Paper No. 27: Clinical*

Health Psychologists in the NHS. Leicester: British Psychological Society.
Folkman, S., & Greer, S. (2000). Promoting psychological well-being in the face of serious illness: when theory, research and practice inform each other. Psycho-Oncology, 9(1), 11-19.
Improving Access to Psychological Therapies. (2008a). *Long term conditions positive practice guide*. London: IAPT.
Latchford, G., & Unwin, J. (2009). Special issue: Clinical Health Psychology. *Clinical Psychology Forum, 199*.
National Institute of Clinical Excellence. (2009). Depression in adults with a chronic physical health problem. London: NICE.
National Institute of Clinical Excellence (NICE). (2009). Low back pain: Early management of persistent non-specific low back pain. London: NICE.
Rolland, J. S. (1987). Chronic illness and the life cycle: A conceptual framework. Family process, 26(2), 203-221).
White, C. A. (2001). Cognitive behaviour therapy for chronic medical problems: A guide to assessment and treatment in practice. John Wiley & Sons Ltd.

Learning outcomes: To gain a basic understanding of the NHS context and role occupied by a clinical psychologist working in clinical health psychology. To develop a basic understanding of the biopsychosocial and stress coping models as applied to psychological problems experienced by patients with a medical illness

LECTURE 8

SELF-HARM & SUICIDALITY

DR. SUSAN BROWN-JONES, SUSSEX PARTNERSHIP NHS TRUST, CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

Provides an overview of self-harm particularly but also will discuss and contrast this with suicidality.

Feldman, M and Wilson, A. (1997) 'Adolescent suicidality in urban minorities and its relationship to conduct disorders, depression and separation anxiety'. *Journal of the American Academy of Child and Adolescent Psychiatry* 36, 75-84.

Fox, C. and Hawton, K. (2004). *Deliberate Self-Harm in Adolescence*. Jessica Kingsley Publishers: London.

Harrington, R., Kerfoot, M., Dyer, E., McNiven, F., Gill, J., Harrington, V. and Woodham, A. (2000) 'Deliberate self-poisoning in adolescence: Why does a brief family intervention work in some cases and not others?' *Journal of Adolescence* 23, 13-20.

Hawton, K., Kingsbury, S., Steinhardt, K., James, A. and Fagg, J. (1999) 'Repetition of deliberate self-harm by adolescents: The role of psychological factors'. *Journal of Adolescence* 22, 369-78.

Klonsky, E.D. and Glenn, C. (2008) 'Resisting urges to self-injure.' *Behavioural and Cognitive Psychotherapy* 36, 211-220.

Miller, A., Rathus, J, and Linehan, M. (2007) 'Suicidal behaviours in adolescents: who is most at risk?' In Dialectical Behavior Therapy with Suicidal Adolescents (7-27). London: The Guilford Press.

Rudd, M., Joiner, T., Hasan Rajab, M. (2001) *Treating Suicidal Behaviour. An Effective Time-limited Approac*h. Guilford Press: New York.

Shaffer, D. and Craft, L. (1999). 'Methods of adolescent suicide prevention'. *Journal of Clinical Psychiatry* 60, 70-4.

Learning Outcomes: Increased understanding of self-harm and suicidality and factors linked with both. Differences and links between self-harm and suicidality. Understanding of treatment approaches

LECTURE 9

INTRODUCTION TO PERSONALITY DISORDERS

DR. KATHERINE PREEDY, SUSSEXPARTNERSHIP MENTAL HEALTH TRUST

Reading List

1. *Understanding Personality Disorder: A* Professional Practice Board Report by the British Psychological Society. Published by The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR.
Available at : http://www.bps.org.uk/content/understanding-personality-disorder-report-british-psychological-society

2. Beck, A.T, Freeman, A., Davis, D.D. et al. (2004) *Cognitive Therapy of Personality Disorders.* New York, The Guilford Press. Chapter 2: Theory of Personality Disorders.

Learning outcomes: To gain an understanding of what is meant by the term 'personality disorder', and an introduction to some of the challenges and controversies around the concept itself as well as working with this client group in the clinical field
LECTURE 10
CLINICAL PSYCHOLOGY IN THE COMMUNITY
DR JANE CLATWORTHY, UNIVERSITY OF SUSSEX/ GROW2GROW
Lecture summary This lecture will highlight some of the challenges of meeting mental health needs within traditional service settings and will describe a variety of community-based interventions led by clinical psychologists, including 'street therapy' with gangs and 'green therapies' such as gardening-based interventions.
Reading List Holmes, G. (2010). *Psychology in the Real World: Community-based groupwork*. PCCS Books: Llangaron Mind. (2007). *Ecotherapy: The green agenda for mental health*. London: Mind. Newnes, C., Holmes, G. & Dunn, C. (1999). *This is madness: A critical look at psychiatry and the future of mental health services.* Ross-on-Wye: PCCS Books. Orford, J. (1992). *Community psychology: Theory and practice*. New York: Wiley.
Learning Outcome(s) Students will have an awareness of critical/community psychological perspectives on mental health and an understanding of the broad range of settings that clinical psychologists may work within.
LECTURE 11
DOING CLINICAL PSYCHOLOGY RESEARCH IN THE NHS
DR MARK HAYWARD, UNIVERSITY OF SUSSEX & SUSSEXPARTNERSHIP TRUST
This lecture will define the nature, landscape and processes of research within the NHS. Specifically, the relationship between clinical psychology and research

within the NHS will be considered. Attention will be drawn to the limited research activity of many clinical psychologists, and the possible barriers to participation.

Cooper, M., & Turpin, G. (2007). Clinical psychology trainees' research productivity and publications: An initial survey and contributing factors. *Clinical Psychology and Psychotherapy, 14*, 54-62.

Corrie, S., & Callanan, M. M. (2001). Therapist's beliefs about research and the scientist-practitioner model in an evidence-based healthcare climate: A qualitative study. *British Journal of Medical Psychology, 74*, 135-149.

Davey, G. (2002). Clinical research-worth our support. *The Psychologist, 15*, 331.

Department of Health. (2006). Best research for best health: A new national health research strategy. Retrieved 24th November, 2010, from http://www.dh.gov.uk/researchstrategy

Holttum, S., & Goble, L. (2006). Factors influencing levels of research activity in clinical psychologists: A new model. *Clinical Psychology and Psychotherapy, 13*, 339 -351.

Milne, D., Keegan, D., Paxton, R. & Seth, K. (2000). Is the practice of psychological therapists evidence based? *International Journal of Health Care Quality Assurance, 13*, 8-14.

Peck, D. & Jones, A. (2004). Bureaucratic barriers to research and research training in the NHS. *Clinical Psychology, 36*, 7-10.

Thomas, G. V., Turpin, G., & Meyer, C. (2002). Clinical research under threat. *The Psychologist, 15*, 6, 286-289.

Learning Outcomes: By the end of the lecture the students will:

1) be able to define research within an NHS context.
2) understand some of the variables that can enable and prohibit the research activity of clinical psychologists.

LECTURE 12

THE AETIOLOGY & EPIDEMEIOLOGY OF LEARNING DISABILITIES

DR. DIANE BISSMIRE, SUSSEX PARTNERSHIP FOUNDATION TRUST

- What do we mean by Learning Disabilities?
- Causes and syndromes

• Epidemiology – and statistics • History of support services
• Ryan, J. & Thomas, F. *The Politics of Mental Handicap*. Free Association Books. Revised Edn. 1998 • British Psychological Society. *Learning Disabilities: Definitions and Contexts*. BPS. 2002 (Downloadable from the BPS website) • *Valuing People. A New Strategy for Learning Disability for the 21st Century*. Department of Health. March 2001 (Downloadable from the DOH website) • Baum, S. and Lynggaard, H. (Eds) (2006) *Intellectual Disabilities - A Systemic Approach.* Karnac
Learning Outcome: a broad understanding of: • The definition of Learning Disabilities, • Some causes and various syndromes • Aspects of society's response to and support for people with Learning Disabilities
LECTURE 13
THE ROLE OF PSYCHOLOGY IN LEARNING DISABILITY SERVICES
DR DIANE BISSMIRE, SUSSEX PARTNERSHIP FOUNDATION TRUST
• The changing role of psychology in learning disability services • The range of psychological models used within Learning Disability Services (assessment techniques, formulation and interventions) • Working with systems in human services
• Emerson, E., Hatton, C., Bromley, J. & Craine, A. (Eds). *Clinical Psychology and People with Intellectual Disabilities*, Wiley. 1998. • Kroese, B., Dagnan, D & Loumidis, K. *Cognitive-behaviour Therapy for People with Learning Disabilities*. Taylor & Francis Books. 1997. • Baum, S. and Lynggaard, H. (Eds) (2006) *Intellectual Disabilities - A Systemic Approach.* Karnac
Learning Outcome: knowledge of • The role of psychology in learning disability services • The main approaches to assessment and intervention • The importance of working with systems in human services

LECTURE 14

PLAY THERAPY & PARENTING APPROACHES

DR. SUSAN BROWN-JONES, SUSSEX PARTNERSHIP NHS TRUST, CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

This lecture will provide a broad overview of different types of play-based approaches and parenting interventions. There will be discussion of linking different types of presenting problems with the various therapeutic interventions

Reading List

Axline, V (1969). Play therapy. New York: Ballantine.

Fonagy, P., Target, M., Cottrell, D., Phillips, J., & Kurtz, Z. (2002). Conclusions and Implications (particularly pages 378-390). In What Works for Whom?: A Critical Review of Treatments for Children and Adolescents. (pp 371-403). London: The Guilford Press.

Hembree-Kigin, T.L. & McNeil, C.B. (1995). Parent-child Interaction Therapy. New York: Plenum Publishing Corporation.

Webster-Stratton, C. (2001). The Incredible Years: A Trouble-Shooting Guide for Parents of Children Aged 3-8. Toronto: Umbrella Press.

Wilson, K. & Ryan, V. (2005). Child therapy and nondirective play therapy, 1-24 In Play Therapy: A nondirective approach for children and adolescents, (2nd ed). (1-24). Edinburgh: Baillier-Tindall.

LEARNING OUTCOMES: From this lecture students should have an awareness of play-based therapies and parenting interventions that can be used with children, adolescents and their families

CLINICAL PSYCHOLOGY

SEMINARS

You will attend three x 2-hour seminars during weeks 8-12 of the Spring Term after the lecture course has finished. The purpose of these seminars is to discuss any issues that may arise from the lectures and for each student on the course to make their 10-15-min presentation that contributes 20% to the formal course assessment. It is important that you take advantage of these seminars, because it is unlikely that you will have direct access to any of the practitioners who are providing lectures, other than during the lectures themselves.

SEMINAR PRESENTATIONS

During weeks 8-12 in one of your seminar sessions you must give a 10-15 minute presentation based on one of the titles given below under "Presentation Topics". This must be a PowerPoint presentation and will be formally assessed by your seminar tutor according to the assessment guidelines for presentations given in Appendix 1. The timetable for individual student presentations will be organised during the term. Because you will only get access to the lecturers during their lectures, student-led presentations are a useful way for the class to supplement the lecture material on individual topics on the course. You should therefore treat the presentations as an important source of supplementary information.

You MUST also provide the Psychology School Office with a hardcopy print out of your PowerPoint presentation on the day of your presentation.

However, because there are a large number of students on the course and only a limited number of presentation slots, there are unlikely to be opportunities for those who miss their presentation slot to reschedule their presentation. If you fail to give your presentation in the pre-arranged time slot you should arrange to see a student advisor and take your evidence for missing the presentation with you to that meeting.

Your presentation and your end of year essay MUST be on topics from different lectures.

PRESENTATION TOPICS

1. Pick one approach to understanding and addressing mental health problems out of the following: cognitive-behavioural, psychodynamic and systemic. Describe the key principles of the approach that you have chosen and give examples of how these principles might be applied in clinical work. (Lecture 3).

2. What use might creativity, i.e. drawing, games, drama have in the application of CBT for use with children and young people? (Lecture 14)

3. How has society's response to people with learning disabilities changed over time? Consider this both in terms of the concept of learning disability and the types of service offered to this group of people (Lecture 12)

4. What might need to be taken into account when using a CBT model of intervention with someone with a learning disability, and what adaptations might need to be made? (Lecture 13)

5. What family therapy approaches could be used to help Homer and Marge Simpson who are concerned about their son, Bart, because of his defiant behaviour? Which other professionals (teacher, social worker, church youth worker etc) involved in Bart's life might it be useful to involve and why? (Lecture 6)

6. What do family therapists mean by reflexivity? Construct a genogram of your family and identify the main themes that arise in stories about your family. How might these stories have influenced your choice of degree and future career plans? (Lecture 6)

7. How is deliberate self-harm defined and what kinds of problems lead adolescents in particular to self-harm? (Lecture 8).

8. What are the risk factors for adolescent self-harm and can self-harm be predicted and prevented? (Lecture 8)

9. What are the advantages and disadvantages of low intensity cognitive behavioural interventions for common mental health problems? Given the pros and cons, how might you optimise their use in practice? (Lecture 4)

10. Do low intensity cognitive interventions for common mental health problems work? (Lecture 4)

11. Psychosis – Madness or misunderstanding? (Lecture 5)

12. Why do many people suffering psychosis hear voices? (Lecture 5)

13. Many clinical psychologists don't publish any research. Is this helpful to the profession? (Lecture 11)

13. Describe two factors that might prevent people from accessing mental health services. How might a community-based intervention help to reduce these barriers? (Lecture 10)

14. Should we diagnose personality disorders? A consideration of the pros and cons. (Lecture 9)

15. How can personality disorders be treated? (Lecture 9)

16. Compare and contrast the different settings and client groups a clinical health psychologist and a health psychologist may work. Comment on the relative advantages and disadvantages that these two distinct approaches provide in improving people's physical and mental health. (Lecture 7)

END OF YEAR ESSAY (80% of formal assessment)

For the end of year essay, you must choose one of the essay titles from the list below.

End-of year 3000 word assessed essay

The deadline date for submission is in May. The exact date and time of the deadline will be provided by the Psychology School Office and be made available on Study Direct in due course.

You should chose an essay topic that is DIFFERENT to that on which you gave your seminar presentation

Write an essay using ONE of the following essay titles

1. Often the clinical work of clinical psychologists is structured around four stages: assessment, formulation, intervention and evaluation. Describe what these four stages are and explain why they are each important. Support your description by giving examples of these stages drawn from some of the areas of clinical psychology covered in the lecture course.

2. Select either the field of play therapy or parenting approaches. Discuss historical developments, major schools of thought, and what types of clinical presentations/types of cases would be treated by this therapy.

3. Compare and contrast Deliberate Self-harm and Suicidality. Discuss effective treatments for these presenting problems.

4. Critically discuss the view that Learning Disabilities is a social construct and not a medical diagnosis.

5. Discuss and evaluate the view that low intensity cognitive behavioural interventions offer a clinically-effective and cost-effective solution to the majority of cases of mild to moderate depression?

6. Discuss the possible benefits of integrating cognitive and social/interpersonal understandings of distressing voices.

7. Between 1994 and 2004, prescriptions for stimulant medication [for use in the “treatment” of childhood ADHD] rose from 6000 to 350,000 (Newnes & Radcliffe, 2005). How do you account for this dramatic rise? What systemic theories and practices might a clinical psychologist employ in their work with children, families, schools & communities in responding to this problem?

8. What is meant by the term ‘personality disorder’. What are the challenges of working with client groups diagnosed with ‘personality disorders’?

9. Describe the different areas that are covered in clinical psychology training, and for each describe and evaluate how clinical psychologists might apply what they've learned once qualified.

10. Describe the challenges of meeting mental health needs within traditional service settings and evaluate some of the methods used to address these challenges.

11. ‘Physical and mental health are inseparable’. Discuss in terms of the psychological problems potentially faced by patients with medical illness, and briefly indicate how these might be treated.

PRESENTATION ASSESSMENT GUIDELINES

Assessment Guidelines for Oral Presentations of single studies or literature reviews

Categorical Marks	Classification	Slides	Delivery
92, 98	Exceptional 1st	A truly exceptional presentation, combining a faultless presentation with very substantial novel insights. The presentation is similar in standard to that for a very good presentation at an international research conference.	Student delivers presentation with clarity and authority, within allocated time, showing evidence of knowledge and engagement. Able to answer questions confidently.
82, 88	Outstanding 1st	An outstanding presentation, with near-perfect delivery, excellent structure and use of visual aids. Single Study: All key aspects are clear, concise and precise, and there is substantial evidence of critical thinking and novel insights. Literature review: The review makes substantial use of novel material beyond the core reading. For the higher mark there is clear evidence of both insight and analysis and integration of novel work demonstrating outstanding research and presentation skills.	
72, 78	Clear 1st	The presentation is very clear and well presented. The background/rationale is presented clearly and concisely**.** There is a very clear structure with clearly identified sections. The use of figures and visual aids is excellent. The take-home message is very clearly stated. Single study: the key aspects of the method and results are highlighted without any clutter**.** There is evidence of critical insight regarding the implications of the studies. Literature review: The core material is covered well and presented in a logical sequence. For the higher mark there is substantial evidence of the student's insight and analysis of the literature OR integration of material beyond core reading**.**	

62, 65, 68	2.1	**The presentation is generally clear and well presented but could be improved.** The background/rationale is generally clear. The slides layout and organisation facilitates logical flow of content. The use of figures and visual aids is good. The take-home message is stated clearly. Single study: the key aspects of the methods and results are highlighted without too much clutter. The conclusions drawn are appropriate for the results obtained and reveal some evidence of independent thought. Literature review: the analysis of the literature is appropriate and explained well. The review shows evidence of wide reading and generally good use and understanding of material.	Student delivers presentation with clarity, and shows evidence of engagement, but 1 or 2 small gaps in knowledge. Presentation might be slightly too long or too short. Able to answer questions but not with complete confidence.
52, 55, 58	2.2	**The presentation is adequate but lacks clarity in a number of places.** The slides layout and organisation lack structure and do not facilitate the logical flow of the content**.** Sections may be too long or too short, or one section may be missing. The background/rationale is stated but lacks focus**.** There are too many/too few figures and visual aids OR the level of detail is inappropriate**.** The take-home message is stated but lacks clarity/focus. Single study: the method and results can be generally understood but require more explanation. There is a good level of detail in some areas but important aspects are missing. The conclusions drawn are appropriate for the results obtained but there is little evidence of independent thought. Literature review: the review is relevant, and there is reasonable coverage of core material, but the analysis but lacks depth**.**	Adequate delivery of presentation, with several gaps in knowledge, satisfactory engagement. Presentation might be significantly too long or too short. Limited ability to answer related questions.

42, 45, 48	3rd	**Some understanding of the material is evident, but the effectiveness of the presentation is limited by some of the following problems:** the background/rationale is unclear; the presentation lacks a clear structure; the presentation is insufficiently or overly detailed; the use of figures and other visual aids is inappropriate; there is evidence of significant confusion or omission of core material; there is no clear take-home message. Single study: Some basic information is provided but details of the method and results cannot be clearly discerned**.** Inappropriate use of figures and other visual aids. The conclusions drawn are sketchy and reveal a failure to understand core concepts**.** Literature review: there is a basic review of some relevant literature but it is scant and the analysis is problematic.	Some basic information is communicated but delivery is problematic, reflecting lack of preparation. Only able to answer questions on aspects directly related to presentation.
35, 38	Marginal Fail	**Very limited understanding of basic principles of oral presentation.** The presentation is very poor and either insufficiently or overly detailed**.** The use of figures and other visual aids is inappropriate**.** There is no take-home message. Single study: the methods and results sections lack basic details AND/OR the methods and results cannot be discerned**.** The conclusions drawn are not supported by the results**.** Literature review: the analysis of the papers is crude or inappropriate, suggesting little understanding of the topic.	Very poor delivery. Clear lack of understanding of the material presented in the presentation, with lack of engagement. Unable to answer any question related to the theme of the presentation.
0, 10, 20, 30	Absolute Fail	The presentation has little or no structure, and contains no appropriate material, or disconnected and mostly irrelevant fragments. There is minimal evidence of information beyond the level expected from a layperson.	

Note: These criteria are interpreted more generously for students in earlier stages of their degree course, in the sense that first- and second-year students are not expected to display the breadth of knowledge or maturity of judgement expected of finalists.