UNIVERSITY OF SUSSEX
SCHOOL OF PSYCHOLOGY

Clinical Psychology
3rd Year: C8002
Spring Term 2015

Course Convenor: GRAHAM DAVEY

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 2014/15

CLINICAL PSYCHOLOGY (C8002)

TITLE: Clinical Psychology

TIMING AND DURATION: Year 3, running for 13 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:	1700-1800pm Arts A A002
Wednesday Lecture:	0900-1000am Arts A A002
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 8-13.

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%**

COURSEWORK ASSESSMENT

Task or requirement	Learning outcome	Duration/Word Length/Comment	Submission date	
PRESENTATION	**1-4**	**15 MINS**	**Spring Term (Weeks 8-13)**	

METHOD OF STUDENT FEEDBACK:

Anonymous questionnaire at the end of the module.

MODULE CONVENOR:

GRAHAM DAVEY (School of Psychology)

Office No.: PEV 1 2B6
Email: grahamda@sussex.ac.uk
Internal telephone No.: 8485

SEMINAR TUTORS:

Cassie Hazell: ch283@sussex.ac.uk

Geoff Davies: Geoff.Davies@sussex.ac.uk

Becky Grist: R.M.Grist@sussex.ac.uk

ASSESSMENT INFORMATION

Assessment criteria are given at:
http://www.sussex.ac.uk/psychology/internal/students/examinationsandassessment

Late Submissions and Mitigating Evidence
What happens if I miss an assessment deadline?

Where applicable you may still submit the assessment within 7 days of the published deadline. This will incur a penalty, as follows:

- Work submitted up to 24 hours late shall incur a penalty deduction of 5 percentage points (not 5% of the actual mark).

- Work submitted after 24 hours and up to 7 days late shall incur a penalty deduction of 10 percentage points (not 10% of the actual mark)

- No work shall be accepted after the 7 day penalty period has elapsed

Please consult your assessment deadlines timetable on Sussex Direct;

- https://direct.sussex.ac.uk

For any piece of late work where the student wishes to claim mitigating circumstances or impairment a MEC claim needs to be completed and submitted to the Student Life Centre.

Please access the links for further information.

- http://www.sussex.ac.uk/studentlifecentre/mitigation
- http://www.sussex.ac.uk/academicoffice/documentsandpolicies/examinationandassessmenthandbooks

Plagiarism and Collusion

Plagiarism is the use, without acknowledgement, of the intellectual work of other people and the act of representing the ideas or discoveries of another as one's own written work submitted for assessment.

Collusion is the preparation or production of work for assessment jointly with another person or persons unless explicitly permitted by the examiners. An act of collusion is understood to encompass those who actively assist others as well as those who derive benefit from others.

Information on how to avoid plagiarism and collusion can be found here;

http://www.sussex.ac.uk/s3/?id=33

http://www.sussex.ac.uk/academicoffice/documentsandpolicies/examinationandassessmenthandbooks

CLINICAL PSYCHOLOGY

Broad Overview of the Module

Clinical Psychology – Year 3 Option
Convenor: Graham Davey
Spring Term 2015
Lectures: Monday 1700-1800pm Arts A A002; Wednesday 0900-1000am Arts A A002

Week	Topic	Lecture	Date	Lecture Title	Lecturer
1	Introduction	1	Mon 19 Jan	Introduction To The Module	Graham Davey
1	NO LECTURE		Weds 21 Jan	NO LECTURE	
2	Introduction	2 and 3	Mon 26 Jan	Clinical Psychology Training/An Understanding of What Clinical Psychologists Do	Fergal Jones*
2	Childhood & Developmental Disorders	4	Weds 28 Jan	Play Therapy & Parenting Approaches	Susy Brown-Jones*
3	Childhood & Developmental Disorders	5	Mon 2 Feb	Family therapy approaches to child and adolescent mental health	Warren Matofsky*
3	Childhood & Developmental Disorders	6	Weds 4 Feb	Self-Harm & Suicidality	Susy Brown-Jones*
4	Adult Mental Health	7	Mon 9 Feb	Understanding psychotic experiences	Mark Hayward
4	NO LECTURE		Weds 11 Feb	NO LECTURE	
5	Adult Mental Health	8	Mon 16 Feb	Personality Disorders	Beverley Moss-Morris*
5	Adult Mental Health	9	Weds 18 Feb	Doing Clinical Psychology Research in the NHS	Mark Hayward
6	Research & Training	10	Mon 23 Feb	Post-Traumatic Stress Disorder	Laura Pipon-Young*

6	Learning Disabilities	11	Weds 25 Feb	An Introduction to Eating Disorders	Nicky Gilbert*
7	Learning Disabilities	12	Mon 2 Mar	The Aetiology & Epidemiology of Learning Disabilities	Diane Deignan*
7	Learning Disabilities	13	Weds 4 Mar	Assessment & Service Provision for Learning Disabilities	Diane Deignan*

* denotes external lecturer

CLINICAL PSYCHOLOGY – SPRING TERM 2015

LECTURE SYNOPSIS

LECTURE 1
INTRODUCTION TO THE MODULE
GRAHAM DAVEY – UNIVERSITY OF 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 (2014) *Psychopathology: Research, Assessment & Treatment in Clinical Psychology*. BPS Wiley-Blackwell. Second Edition. 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

CLINICAL PSYCHOLOGY TRAINING

FERGAL JONES - CANTERBURY CHRIST CHURCH UNIVERSITY & SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

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

FERGAL JONES - CANTERBURY CHRIST CHURCH UNIVERSITY & SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

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.

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: A broad understanding of what clinical psychologists do and their role in providing services for individuals with mental health problems

LECTURE 4

PLAY THERAPY & PARENTING APPROACHES

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

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

LECTURE 5

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 6

SELF-HARM & SUICIDALITY

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 7

UNDERSTANDING PSYCHOTIC EXPERIENCES

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.

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.

Thomas, N., Hayward' M., Peters' E., van der Gaag' M., Bentall' R.P., Jenner' J. et al (2014).
Psychological Therapies for Auditory Hallucinations (Voices): Current Status and Key Directions for Future Research. *Schizophrenia Bulletin*, *40 (suppl. 4)*, S202-S212.

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.

Hartigan, N., McCarthy-Jones, S. & Hayward, M. (2014). Hear today, not gone tomorrow? An exploratory longitudinal study of auditory verbal hallucinations ('hearing voices'). *Behavioural & Cognitive Psychotherapy, 42*, 117-123.

Hayward, M., Berry, K. & Ashton, A. (2011). Applying interpersonal theories to the understanding of and therapy for auditory hallucinations: A review of the literature and directions for further research. *Clinical Psychology Review, 31,* 1313-1323.

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.

<u>Phenomenological understandings</u>

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

McCarthy-Jones, S., Trauer, T., McKinnon, A., Sims, E., Thomas, N. & Copolov, D.L. (2012). A new phenomenological survey of auditory hallucinations: Evidence for subtypes and implications for therapy and practice. *Schizophrenia Bulletin, 40*, 225-235.

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 8
PERSONALITY DISORDER
BEVERLEY MOSS-MORRIS - **SUSSEXPARTNERSHIP MENTAL HEALTH TRUST**
An introduction to what is meant by the term 'personality disorders' including discussion of some of the challenges and controversies surrounding the concept as well as issues involved in working with this client group in clinical settings.
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 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 9

DOING CLINICAL PSYCHOLOGY RESEARCH IN THE NHS

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

Eke, G., Holttum, S. & Hayward, M. (2012). Testing a Model of Research Intention among UK Clinical Psychologists: A Logistic Regression Analysis. *Journal of Clinical Psychology, 68,* 263-278.

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, and (2) understand some of the variables that can enable and prohibit the research activity of clinical psychologists.

LECTURE 10

POST-TRAUMATIC STRESS DISORDER (PTSD): WHAT IS IT AND WHAT PSYCHOLOGICAL APPROACHES ARE AVAILABLE?

LAURA PIPON-YOUNG - SUSSEXPARTNERSHIP NHS FOUNDATION TRUST

This lecture will cover the topic of post-traumatic stress disorder (PTSD), beginning with the current DSM-V criteria for diagnosis, cross-cultural validity, what can cause PTSD and some of the ways PTSD presents in clinical practice. The different variants of PTSD will be discussed including so-called developmental trauma in childhood and complex PTSD. The main psychological treatment models for PTSD will be considered (e.g. CBT; EMDR) along with an evaluation of the current evidence base for these approaches. The high rates of PTSD symptomology in the development of certain psychological problems (e.g. borderline personality disorder) and clinical groups (e.g. forensic service users) as well as the role of protective factors such as resilience will also be highlighted and explored

Ehlers, A., Bisson, J., Clark, D.M., Creamer, M., Pilling, S., Richards, D., Schnurr, P.P., Turner, S., & Yule, W. (2010). Do all psychological treatments really work the same in posttraumatic stress disorder? *Clinical Psychology Review, 30(2),* 269 – 276.

Hinton, D.E., & Lewis-Fernandez, R. (2010). The cross-cultural validity of posttraumatic stress disorder: Implications for DSM-5. *Depression and Anxiety, 28(9),* 783-801.

Miller, M.W., Wolf E.J., & Keane, T.M. (2014). Posttraumatic stress disorder in DSM-5: New criteria and controversies. *Clinical Psychology Science & Practice*,

Morina, N., Wicherts, J.M., Lobbrecht, J. & Priebe. S. (2014). Remission from Post-Traumatic Stress Disorder in adults: A systematic review and meta- analysis of long term outcome studies. *Clinical Psychology Review, 34,* 249-255.

Nemeroff, C.B., Bremner, J.D., Foa, E.B., Mayberg, H.S., North, C.S., & Stein, M.B. (2006). Posttraumatic stress disorder: A state-of-the-science review. *Journal of Psychiatric Research, 40(1),* 1-21.

Turnbull, G.J. (1998). A review of post-traumatic stress disorder. Part I: Historical

development and classification. *Injury, 29(2),* 87-91.

Further Reading:

For those wanting a deeper understanding have a look at the following:

Courtois, C.A., & Ford, J.D. (2009). *Treating complex traumatic stress disorders: An evidence-based guide.* New York: Guildford Press.

Friedman, M., Keane, T., & Resick, P. (2014). *Handbook of PTSD: Science and Practice*. London: Guilford Press.

Learning outcomes: (1) To understand the construct of PTSD including its different developmental pathways, clinical presentations, variants and diagnostic controversies, and (2) To understand the main psychological treatment options for people with PTSD presentations and the evidence base for these.

LECTURE 11

AN INTRODUCTION TO EATING DISORDERS

NICKY GILBERT - SUSSEXPARTNERSHIP NHS FOUNDATION TRUST

The lecture will introduce students to the different eating disorder diagnoses. The state of the evidence base for treatment approaches will then be described along with some of the challenges involved in developing this evidence base. Finally, treatment approaches will be outlined along with ways to maximise the effectiveness of therapeutic work.

McIntosh VV, Jordan J, Carter FA, Luty SE, McKenzie JM, Bulik CM, Frampton CM, Joyce PR. Three psychotherapies for anorexia nervosa: a randomized, controlled trial. 2005 Am J Psychiatry.162(4):741-7.

Fairburn C, Cooper Z & Shafran R. Cognitive behaviour therapy for eating disorders: A Transdiagnostic Theory and Treatment. Behaviour Research and Therapy, 2003. 41: 509-528

Fairburn, C.G., Norman, P.A., Welch, S.L., O'Connor, M.E., Doll, H.A., & Peveler, R.C. (1995). A prospective study of outcome in bulimia nervosa and the long-term effects of three psychological treatments. *Archives of General Psychiatry, 52*, 304-312.

Treasure, Smith & Crane - Skills-based learning for caring for a loved one with an eating disorder: The New Maudsley Method.

Waller, G., Cordery, H., Corstorphine, E., Hinrichsen., Lawson, R., Mountford, V., & Russell, K. (2007). Cognitive behavioural therapy for eating disorders: A comprehensive treatment guide. Cambridge University Press.

National Institute of Clinical Excellence (NICE) Guidance 2004; Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders.

Learning outcomes: By the end of the lecture students will have a greater understanding of the different eating disorder diagnoses. They will be aware of the state of the evidence-base relating to treatment of eating disorders and able to

describe the challenges inherent in developing this base. They will have an idea of how a clinical psychologist might deliver treatment to support an individual presenting with an eating disorder.

LECTURE 12

THE AETIOLOGY & EPIDEMEIOLOGY OF LEARNING DISABILITIES

DIANE BISSMIRE - SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

This lecture will cover (1) what do we mean by Learning Disabilities? (2) Causes and syndromes of learning disabilities, (3) Epidemiology – and statistics, and (4) 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 outcomes: At the end of the lecture students will possess a broad understanding of the definition of Learning Disabilities, some causes and various syndromes of Learning Disabilities, and aspects of society's response to and support for people with Learning Disabilities.

LECTURE 13
THE ROLE OF PSYCHOLOGY IN LEARNING DISABILITY SERVICES
DIANE BISSMIRE - SUSSEX PARTNERSHIP NHS FOUNDATION TRUST
This lecture will cover the changing role of psychology in learning disability services, the range of psychological models used within Learning Disability Services (assessment techniques, formulation and interventions), and 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 outcomes: At the end of the lecture students will possess knowledge of the role of psychology in learning disability services, the main approaches to assessment and intervention, and the importance of working with systems in human services

CLINICAL PSYCHOLOGY

SEMINARS

You will attend three x 2-hour seminars during weeks 8-13 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 8-13 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 (2015)

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 4)

3. 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 5)

4. 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 5)

5. How is deliberate self-harm defined and what kinds of problems lead adolescents in particular to self-harm? (Lecture 6)

6. What are the risk factors for adolescent self-harm and can self-harm be predicted and prevented? (Lecture 6)

7. Psychosis – Madness or misunderstanding? (Lecture 7)

8. Why do many people suffering psychosis hear voices? (Lecture 7)

9. Should we diagnose personality disorders? Consider both the pros and cons of this issue. (Lecture 8)

10. How can personality disorders be treated? (Lecture 8)

11. Many clinical psychologists don't publish any research. Is this helpful to the profession? (Lecture 9)

12. Why do some people experience PTSD following a traumatic event and others do not? (Lecture 10)

13. What factors can protect an individual from developing PTSD after experiencing a severe traumatic experience? (Lecture 10)

14. Discuss the factors that might influence decision-making when it comes to determining a treatment approach for an individual with an eating disorder (Lecture 11)

15. What are the different eating disorder diagnoses and how do these disorders differ from each other? (Lecture 11)

16. 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)

17. 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)

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

6. 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?

7. What is meant by the term ‘personality disorder’? What is the evidence for treatment outcomes for personality disorders?

8. 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.

9. Does the current state of the evidence base for the treatment of eating disorders mean that Clinical Psychologists can do what they like when it comes to treating individuals presenting with an eating disorder?

10. What are the strengths and limitations of the main psychological interventions for PTSD?

Assessment Guidelines for Oral Presentations of single studies or literature reviews

Categorical Marks	Classification	Slides	Delivery
95	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, 75, 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.