### Assignment ****Guidance:** Clinical Process Report (CPR)**

### Programme Requirements

Trainees must submit one clinical process report as a substitute for any of the three clinical activity reports. Clinical Process Reports must be composed of a transcript of a 10 minute segment of clinical work and a report. A recording of the entire session with the ten minute section clearly identified should be submitted with the report.

#### Word limit

The report should not exceed a **maximum of 5,000 words** including the transcript.

#### Focus and aims of the Clinical Process Report

The purpose of the process report is to assess both the trainee's sensitivity to the therapy process and their awareness of their ability to use therapeutic techniques and principles in practice.  Trainees will be assessed on their ability to

* identify an appropriate area to work on
* indicate how this will be achieved
* comment upon their ability to carry this out
* comment upon the impact this has had on both client and trainee

In writing the report the trainee's purpose is to demonstrate a representative piece of his/her therapy work as well as an awareness and understanding of the therapy process.  The idea is to demonstrate the ability to use therapy skills within the relevant theoretical framework and to provide evidence of the capacity to reflect critically on one's work as a therapist. Although the report will reflect client-therapist interaction, the emphasis should be on the therapist rather than on the client.  Include only those details of the client which are relevant to the therapy process. The process report should describe and discuss the moment to moment process of the 10 minute transcript.  The report should include:

* A statement describing the purpose of selecting the specific transcript, the intended piece of work and what the purpose of the work is
* The transcript
* A description of what is being achieved and critical commentary upon the use of therapy skills throughout the transcript
* Critical commentary on the impact on client and therapist of this specific transcript, throughout the transcript

**Frequently asked questions**

**Q – Does the CPR need to be based on a “good piece of clinical work”?**

A – Generally, the CPR benefits from being based on a relatively good piece of work in which you are confident that you demonstrate particular competencies. In the initial sections of the report, the lead in section, you need to reflect on the skills and competencies being demonstrated in the transcript. If the transcript is not connected to the lead in or fails to reflect these skills and competencies, the CPR will tend to get negative feedback from markers.

**Q – Does the CPR have to be CBT-based?**

A – No, the assignment can be based on any therapeutic modality. You must bear in mind that the 10-minute transcript needs to be relatively focused. In general, this means you need to focus on particular competencies related to particular therapeutic modalities.

**Q – How do I decide what to focus the CPR on?**

A - One way of guiding this focus of the CPR, is to refer to the competency frameworks for specific therapeutic modalities and to bear these in mind. As mentioned above, the CPR is a relatively focused piece of work. You can refer to competency frameworks (E.g. <http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm>) to guide the selection of specific competencies generally of relevance to this piece of work. Such frameworks offer only a starting point and may not necessarily apply to your particular client or piece of work. You need to be familiar with the scope of the above frameworks instead of trying to apply them inappropriately. Some trainees find it helpful to refer to therapy-specific competency rating scales in reflecting on their own competence. This is not a requirement for this assignment, but you may likewise find scales such as the Cognitive Therapy Scale-Revised (CTS-R), CCAT (for CAT) etc.

**Q – How do I protect my client’s confidentiality?**

A – As already indicated you must always anonymize material that could identify a client and failure to do so constitutes an academic offence. The CPR has the added complication that you should not write up clients who are clearly identifiable from the transcript. For instance, don’t select a transcript that has details about someone’s name / place of work etc. in it. All trainees should be able to find a 10 min segment that does not contain such material.

**Q – How should I structure the commentary on the transcript?**

A – We provide a made up example of dialogue and commentary here to supplement the guidance for the assignment already provided in the 2009 trainee handbook:

C1: So as I was saying, mmmm (5 s pause) you’re always giving me too much “homework” – I’m not at school. It’s like you don’t get what I’m telling you…Might as well...eh…be talking to my wife…

[Note: Transcribe pauses etc. as well]

[Leave blanks in between speakers]

T1: It sounds like you’re generally feeling I’m not understanding you – is that right?

C2: That’s it – no one really does. But it doesn’t help that you’re the one calling all the shots…

 [Each segment should be numbered in a way that is identifiable]

T2: It’s like I’m the one who controls you – just like your father used to perhaps?

*I may have “jumped in” too quickly here with an interpretation that prevented Sarah from exploring the issues further. I initially felt quite defensive about the implied criticism regarding burdening her with too much homework, as I had purposefully refrained from this; I was perhaps focusing more on my needs than hers at this time.*

[The commentary should follow the portion of transcript you’re commenting on. Additionally, it should be written in italics to distinguish it from the main text. This is then followed by the resumed transcript]

C3: Well – I wasn’t really thinking of him just now…

**Q – Where else can I get help with this assignment?**

A – We encourage trainees to discuss the CPR with their personal tutors. It may also be helpful to get advice from placement supervisors, who should in any event provide a signed letter / form giving confirmation that they have had sight of the client consent form agreeing to the release of the recording for supervision and assessment for educational purposes. Further guidance and examples / references from the literature will be made available on Moodle.

#### ****Content of the Clinical Process Report****

The Clinical Process Report should comprise the following:

#### **Theoretical Framework**

This section should be focused and succinct.  It serves to orient the reader to the theoretical basis of the psychological model being applied and should reflect the conceptual framework of the therapist in relation to the aims of the session.  A brief statement of the therapist's aims for the session should be included.

#### **Profile of Client**

This section should be succinct.  It serves to orientate the reader to the client.

* Personal details: refer to the client by first name only or by an initial; gender; age group; physical appearance and the therapist's first impression of the client should be included
* Referral: mention how the client was referred and the context/location of the referral
* Presenting problem
* Initial assessment: here it might be necessary to refer to the theoretical framework being employed
* Therapy plan

#### **Lead-in to the Transcript**

Specify the number of the session being reported (e.g. session No.3).  Describe how you got to where you are, immediately prior to the transcript and why you were intending to do this piece of work.  Describe the overall intention of the subsequent transcript e.g. 'what I was intending to do over the next ten minutes was to assess the meaning of x to the client', or 'I was attempting to use [technique] to further the client's understanding of y'.

#### **Transcript**

A transcript should be made of the selected 10 minute segment of an audio tape of the session.  The sample should be representative of the therapist's work with the client.  Speaker turns must be numbered to facilitate cross-referencing.  Leave a double space between each speaker turn or draw a line after each speaker turn.

#### **Commentary**

Each piece of commentary should be written immediately following the particular part of the dialogue it refers to.  The commentary should be in italics to distinguish it from the dialogue. The commentary should provide a process analysis and evaluation.  It should focus on the intention and impact of the therapist's interventions and responses.  'Intention' may reflect the explanatory frameworks or assumptions of the therapist relating to the intervention.  'Impact' refers to the client's response to the therapist's intervention and the extent to which the therapist's intention was achieved. In summary, the commentary section should include:

* Skills used
* Comment of paralinguistic information/body language
* Intention and impact of intervention
* The relationship of the therapist's intervention to the theoretical framework being applied
* Any relevant evaluation(-s)
* Suggestions for alternative interventions at critical points, if appropriate
* Therapist's thoughts and feelings at various points in the session, where relevant
* Evidence indicating that the client felt understood by the therapist
* Specific difficulties or dilemmas experienced by the therapist during the session

Remember that, throughout the transcript, markers will be focusing on why you did or did not act.  It is helpful to comment on examples where you consciously chose to say or do something and on examples that on reflection you believe you should have said or done something differently.  The marker is also interested in your awareness of the client's overt and potential responses i.e. where the client clearly reacts and where the client could have reacted to a given intervention.  For example, 'when I said x, the client could have construed this as meaning y.  I therefore followed this up / could have followed this up by checking their understanding of x.'

#### **Summary**

This should include an overview of the therapist's work with the client in the transcript in relation to the theoretical framework applied

#### **Self-assessment**

This should include a reflexive self-assessment of the therapist and an evaluation of the transcript.  This should be quite detailed and include examples of strengths and difficulties with the work and things to work on in supervision.  This section offers the opportunity to reflect on self-learning, positioning of self in relation to client work, and the competencies that have been developed through the process of doing the clinical process report.

#### **Recording the session and ethics**

The transcript should be made from a whole session, which has been audio-recorded.  The recording of the whole session should be submitted along with the report ensuring that sound quality is adequate.  A real therapy session should be recorded with the client's permission. Clients must be made aware that that the recording and commentary will be treated as confidential by the course tutors and if appropriate, an external examiner. Additionally, the recording must be accompanied by a signed letter from the supervisor giving confirmation that she/he has had sight of the consent form from the client agreeing to the release of the recording for supervision and educational assessment. A copy of the consent form is provided in Appendix 4.

All recordings should include the following introduction to the recording:

*I’ve provided you with our consent form relating to the recording of our sessions and we’ve agreed that we’ll record today’s session, to be used as agreed on the consent form. You can withdraw consent for making this recording at any point in the course of our session. Do you still consent to us making this recording today?*

*[Record client’s response]*

*Session continues as normal.*

Role-play is not acceptable.  Recordings should never be a 'one-off' event to meet assessment requirements; rather, recordings should be a routine, regular activity providing clients have given prior consent.

The transcript should be fully anonymised in every respect and failure to do so will be treated as an academic offence: Do not use real names in transcripts or any other information which might identify the client.

The fully anonymised client consent form, evidencing that the form was signed by all relevant parties including the placement supervisor should be provided in an appendix to the report. Note that a copy of the completed, signed consent form should be kept in the client’s case notes and that the placement supervisor should be provided with a copy of the completed form.

#### Mark sheet for Clinical Process Report (CPR)

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| **UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY (DClinPsych)****CLINICAL PROCESS REPORT (CPR) ASSESSMENT AND FEEDBACK FORM AF3\_1\_CPR\_2011****2011-Cohort** |
| **CPR Instead of CAR No.** |  | Date: |  | Candidate no.: |  |
| Title: |  |
| Marker: |  |
| **TOTAL MARK** **0 – 100** | Tick box(-s) | Result Classification (PASS / FAIL) |
|  |  | PASS (50%+) |
|  | FAIL – RESUBMISSION ALLOWED (0-50%) |
|  |  FAIL - Resubmission can be based on existing material |
|  |  FAIL - Resubmission must be based on new material |
|  |  FAIL – Due to breach of confidentiality as confirmed by Course Team |
|  | FAIL – 2nd submission failure  |
| Note : Comment boxes can be expanded in electronic version | **Mark** | **Total** |
| **1. Structure, presentation and referencing**Evidences a systematic, logical approach and stylistically and grammatically correct. Referencing and style in accordance with latest APA guidance. Transcript and commentary clearly and accurately presented.  |  | 10 |
|  |
| **2. Integration of theory and evidence-based frameworks**Provides critical overview of theory, related frameworks and guidelines, considering their limitations as applied to the piece of work; clearly defines salient terms; clearly describes contextual factors; throughout CPR demonstrates ability to make theory-practice links and link therapeutic skills as demonstrated in transcript to relevant theory. |  | 20 |
|  |
| **3. Formulation / Reformulation**Synthesis of complex ideas and psychological models which help to understand the clients issues (formulation) as described in client profile section and lead-in to transcript. Additionally, relates clinical practice and skills to formulation.  |  | 15 |
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| **4. Intervention** Intervention / clinical practice based on formulation and adapted to client; considers challenges, engagement and therapeutic relationship. Therapist demonstrates creative and critical thinking on recording and in transcript; Evidence of explicit use of generic therapy skills, e.g. empathetic listening, reflection etc. and skills related to particular framework(-s) chosen  |  | 20 |
|  |
| **5. Communication**Demonstrates awareness of verbal and non-verbal communication; adapts communication to audience / client; effective communication of psychological understanding and effectively ensuring that client understands (e.g. through use of feedback).  |  | 20 |
|  |
| **6. Reflective personal and professional practice**Considers learning related to piece of work; critically considers strengths and weaknesses of work; demonstrates autonomy and constructive use of supervision; evidences sensitivity to diversity issues and ethical practice (including confidentiality, boundaries, consent and risk management / safety) |  | 15 |
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| **ADDITIONAL FEEDBACK AND COMMENTS**IF a FAIL mark is awarded, state reason for FAIL and (for 1st attempt FAIL) what needs to be addressed (also whether resubmission should be based on existing or new material).  |
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