**Programme Requirements**

Trainees must submit one Clinical Process Report (CPR), in addition to two Clinical Activity Reports (CARs), over the course of their three years of training. Trainees can choose at which stage of training, and from which placement, they submit a CPR. CPRs must be composed of a transcript of a carefully selected 10-minute segment of clinical work and an accompanying report. A transcript of the section of the session should be included and if possible, a recording of the actual session and the report. We recognize that trusts are no longer allowing recordings of therapy sessions to be taken off site and therefore we allow a transcript of the session to be presented. The second year CAR or CPR should be systemic in nature, if you wish to obtain the foundation year of systemic training certificate, if not it can be written from any theoretical position. Similarly, if you wish to take part in the intermediary year of systemic training in the third year of the course then you should follow the submission guidelines given by the leads for the systemic pathway, and detailed in the systemic handbook.

**Word limit**

The transcript and the report together should not exceed a maximum of 5,000 words.

**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 a focal point on which they worked in the session, the reason they choose this particular focus, how that linked to the overall reason for referral or intervention and the therapeutic skill demonstrated in this section of therapy. Trainees should reflect and comment on their skill in undertaking the session, what they think they did well and what they would do differently next time.

With this report, trainees should demonstrate a representative piece of his/her therapy work as well as an awareness and understanding of the therapy process.  Trainees should evidence 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. 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.

**In addition to the usual sections of academic assignments, title page, table of contents and an abstract etc, the report should include:**

**A section of theoretical background which** describes the client and their problems and gives an overview of the theoretical framework used to understand this client, the therapeutic modality undertaken with this client and the goal of the work undertaken in this specific transcript, the intention in the session and segment presented and how that featured in the overall work undertaken.

**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

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.

**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 of a ten-minute segment of a clinical session. A real therapy session should be recorded with the client's permission and the appropriate permission from the trust where you are working. 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 assignment 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 transcript for supervision and educational assessment and that the transcript is an accurate transcript of the session. A copy of the consent form is provided in 8.5.

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 clinical 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 clinical supervisor should be provided with a copy of the completed form.

**Some frequently asked questions about the CPR:**

**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. In the second year the CPR should be systemic if you wish to obtain foundation level accreditation and in the third year it should also be systemic if you wish to obtain intermediary level of accreditation.

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

A - One way of guiding the focus of the CPR, is to refer to the competency frameworks for specific therapeutic modalities and to write the CPR with reference to these. 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/pals/research/cehp/research-groups/core/competence-frameworks>)

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) useful in informing the focus of the CPR.

**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. Where this is not possible, it is possible to edit the sound recording to mask or edit out any portions where such material is revealed. Freeware such as Audacity (<http://audacity.sourceforge.net/>) can be used to edit out such portions of dialogue.

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

A- We provide a made-up example of dialogue and commentary here:

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 clinical 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.