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**Graduate/Postgraduate Certificate in Evidence-Based Psychological Treatment - IAPT pathway (PWP training)**

**Guidelines for suitable cases for PWP training for self-funding and sponsored students**

**Course requirements**

Trainees undertaking the PWP training programme will need to see at least eight guided self-help treatment cases with adult clients. During training, a full-length recording of one subsequent treatment session (30 minutes) will need to be submitted for assessment as part of Module 2.

Trainees should specify the low-intensity intervention used with each of the eight treatment cases; the interventions must be evidence-based i.e., the ones taught on the programme from the national PWP curriculum. To maximise their learning, we encourage PWP trainees see a variety of different disorders in their training caseload, and to use a variety of low intensity interventions as appropriate. The recommended caseload for trainees should never exceed 80% of the caseload of a Qualified PWP.

Trainees will need to complete a minimum of 80 clinical hours over the course of the year. This must include eight guided self-help treatment cases using a Step 2 intervention taught on the course. **At least** 40 hours of the clinical contact time **must** be dedicated to assessments. The remaining additional hours can include guided self-help treatment sessions delivered one-to-one delivered via telephone, video, face-to-face, and computerised methods. Up to 10 of the intervention hours may be made up of psychoeducational group work.

**It is important to note that university supervisors do not take over clinical responsibility of the cases being supervised. This responsibility will remain within your place of work/placement and your workplace/placement supervisor.**

Trainees are required to engage in ongoing supervised therapeutic work with appropriate cases. It is therefore necessary that trainees have access to the right type and number of appropriate cases within their employing services. The university supervisor must approve all training cases.

**The following factors should be considered when assessing suitability:**

* Does the client have a primary diagnosis of mild to moderate depression, OCD, or an anxiety disorder (i.e., panic disorder, specific phobia or generalised anxiety disorder)?
* To access CBT, the client needs to access their thoughts and recognise and describe emotions. Are they able to do so?
* Does the client recognise the role that their efforts play in the change process and accept some responsibility for change?
* CBT is an active treatment, and the client is required to take part collaboratively in the therapy as well as in tasks between sessions.  Does the client see the value of important tasks such as homework?

If the answer is ‘yes’ to all the above, they are likely to be appropriate cases if there is not a high level of clinical risk or complexity (see below).

Cases are not suitable for PWP training **where the primary presenting problem is PTSD, social anxiety or health anxiety**. They will not be suitable **where there is** **significant current risk** either to the client from themselves (e.g. self-harm needing medical attention, recent suicide attempt with high intent or current active suicidal intent), to others (e.g. forensic history, carrying of weapon, thoughts of harming others), or from others (e.g. recent sexual assault or grooming, ongoing domestic violence or severe neglect).

Where the client presentation is complex, with moderate to high levels of anxiety or depression, and/or high levels of distress or co-morbidity (including eating disorders) or complicating systemic factors with ongoing risk the client would be considered too complex as a training case.

Some good types of training cases would be clients experiencing **mild to moderate** presentations of:

* GAD
* Specific phobia
* Panic disorder
* Depression
* OCD

**Inappropriate training cases** would be clients experiencing **moderate to severe** presentations of:

* GAD
* Specific phobia
* Panic disorder
* Depression
* OCD

Or:

* Chronic, long-standing depression with multiple treatment failures
* PTSD
* Social anxiety
* Health anxiety
* Eating disorders
* Unshared experiences (delusions / hallucinations) or psychosis
* Adjustment or bereavement reactions with no maintenance cycle or depression present (as per diagnostic criteria).
* Anything co-morbid with personality disorder
* Significant ongoing social problems – legal, housing, domestic violence
* Significant substance misuse in client or parents/carers

***The above are meant as guidelines only and in no way meant to capture all the idiosyncratic variances that will guide the decision as to whether a case is approved as a “training case” by your university supervisor.***