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**DOCTOR OF CLINICAL PSYCHOLOGY**

**TRAINEE LOGBOOK AND PORTFOLIO OF CLINICAL EXPERIENCE**

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Placement** |  |
|  |  |
| **Dates** |  |
|  |  |
| **No. Substantive Cases** |  |
|  |  |
| **No. Hours Client Contact** |  |
|  |  |
| **No. Supervision Hours** |  |

**Guidelines for Completion**

1. **CLIENT CONTACT LOG – therapeutic assessment and/or intervention**
   1. There are 2 sections for each placement. One section should be used to log client contact where the trainee is the *principal* or *joint* therapist and the other to record client contact where the trainee is in an observer or other role. At the top of the page, the placement number (e.g. 1, 2) etc and placement description (e.g. Adult Mental Health, Child etc.) should be recorded.
   2. All client contact should be logged. For each client, family, group, consultancy contact the trainee should note:

**Date:**  Date at which the client was first seen / contacted

**Gender Age:** Client’s gender and age (e.g. M42)

**Presentation:** Presentation identified or addressed by the trainee

**Assessment:** Brief summary of assessment methods (e.g. family interview, school observation, neurodevelopmental assessment, case note analysis).

**Intervention:** Brief summary of any interventions undertaken with the client, family, carers, other professionals etc. (e.g. systemic therapy, CBT, consultancy, indirect work with staff etc).

**Client Contact**

**Hours:** Number of hours the client (family, carers etc.) was seen in face-to face contact. Each client should have only one entry with the number of hours totaled at the end (e.g. 10)

**Consultation**

**Hours:** Number of hours spent consulting with staff, school; etc.

**Role:** The level at which the trainee was involved whether (P) as the principal or only therapist, (J) in joint work with a co-therapist, (A) in an assistant or secondary role such as conducting a specific intervention (e.g. psychometric assessment) as part of the supervisor’s overall management of the client, (O) only as an observer. ***Remember to use*** ***separate sections to record contact where the trainee has a principal, joint, or assistant role as opposed to observer, discussion or other role.***

**Supervisor:** The supervisor’s name, initials or signature. Entries will need to be authenticated by a supervisor’s signature.

1. **PSYCHOMETRIC TEST COMPENTENCE LOG**
   1. Log all psychometric tests administered. At the top of the page, the placement number (e.g. 1, 2) etc and principal client groups (e.g. Adult, Child etc) should be clearly written. Record date, gender and age of client as above. Record reason / rationale for assessment and full details of test used. *At least* one full Wechsler intelligence scale with adults and children (WAIS / WISC / WPPSI) must be administered observed by the supervisor, and interpreted appropriately, across the first two years of training. This should be noted where this occurs with supervisor signing as test pass out.
2. **CLINICAL WORK OTHER THAN CLIENT CONTACT LOG**

This section should be used to list other types of clinical activity such as teaching, multidisciplinary work, visits to centres or types of experiences relevant to training.

1. **PORTFOLIO OF CLINICAL EXPERIENCE**

You should use a ‘Placement Number’ sheet to record your experience on each placement AND THE “Cumulative Portfolio” to record your cumulative experiences across training. Up to date cumulative portfolios should be submitted at the end of each placement. If you complete five placements you will have five placement records by the end of training.

Recording should be done by shading a box each time a given experience has been accrued. This process should be completed through discussion with your supervisor in preparation for mid-placement and end of placement meetings. Note that each column represents an experience gained rather than referred to a specific client.

The record should be signed by you and your supervisor at the end of placement and will be used to plan further placement experiences.

These records must be consistent with the information recorded in your Logboos, which may be used by course staff to cross reference.

**LOG OF INDIVIDUAL CLIENT CONTACT -Trainee as Principal or Joint Therapist. Placement Number and Description:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Gender & Age** | **Clinical Presentation** | **Assessment** | **Intervention** | **Client Contact Hours** | **Consult Hours** | **Role** | **Supervisor** |
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**Signed by supervisor** *(please initial each page and sign last page of log)***:**

**Signed by trainee:**

**LOG OF GROUP CLIENT CONTACT -Trainee as Principal or Joint Therapist. Placement Number and Description:**

**Please record all group work activities on this page**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Clinical Presentation** | **Group work method or approach** | **Group Contact Hours** | **Group Preparation Hours** | **Role (lead, co-facilitator)** | **Supervisor** |
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**Signed by supervisor** *(please initial each page and sign last page of log)***:**

**Signed by trainee:**

**LOG OF CLIENT CONTACT - Trainee as Observer or Other role. Placement Number and Description:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Gender Age** | **Problem** | **Assessment** | **Intervention** | **No of**  Hrs | **Role** | **Supervisor** |
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**Signed by supervisor** *(please initial each page and sign last page of log)***:**

**Signed by trainee:LOG OF PSYCHOMETRIC ASSESSMENTS Placement Number and Description:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Gender / Age** | **Clinical Use/Reason for assessment?** | **Assessment – full details of tests used** | **Supervisor** |
|  |  |  |  |  |
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**Signed by supervisor** *(please initial each page and sign last page of log)***:**

**Signed by trainee:**

**Log of non-therapy experiences**

**Placement number and description:**

|  |  |
| --- | --- |
| **Key experiences** | **Brief summary of nature of experience undertaken in this placement** |
| **Teaching/training/**  **Supervision** |  |
| **Consultancy/ Indirect Work** |  |
| **Multidisciplinary/ Inter-professional work** |  |
| **Inter-agency liaison and influence** |  |
| **Organisational initiatives and interventions** |  |
| **Service user engagement** |  |

**Signed by supervisor:**

**Signed by train**

**Portfolio of Clinical Experience Placement care group:**

Shade a box for each clinical experience accrued on placement. For instance, if you worked with three clients with organic difficulties, shade boxes 1, 2 & 3 in the *Organic* row.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12+** |  |
| **Breadth and Diversity of presentation** | Acute |  |  |  |  |  |  |  |  |  |  |  |  | **Trainee’s Signature……………………………**  **Supervisors Signature………….........................**  **Date……………………..** |
| Enduring |  |  |  |  |  |  |  |  |  |  |  |  |
| Mild/Moderate |  |  |  |  |  |  |  |  |  |  |  |  |
| Severe |  |  |  |  |  |  |  |  |  |  |  |  |
| Organic |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychosocial |  |  |  |  |  |  |  |  |  |  |  |  |
| Coping / adaptation (e.g. to disability) |  |  |  |  |  |  |  |  |  |  |  |  |
| Problem amelioration |  |  |  |  |  |  |  |  |  |  |  |  |
| Significant challenging behaviour |  |  |  |  |  |  |  |  |  |  |  |  |
| Communication difficulties |  |  |  |  |  |  |  |  |  |  |  |  |
| **Age Range** | Pre-School / Infancy |  |  |  |  |  |  |  |  |  |  |  |  |
| Child |  |  |  |  |  |  |  |  |  |  |  |  |
| Adolescent |  |  |  |  |  |  |  |  |  |  |  |  |
| Adult |  |  |  |  |  |  |  |  |  |  |  |  |
| Older Adult |  |  |  |  |  |  |  |  |  |  |  |  |
| **Intellectual Functioning** | Average |  |  |  |  |  |  |  |  |  |  |  |  |
| Mild Intellectual disability or specific cognitive deficits |  |  |  |  |  |  |  |  |  |  |  |  |
| Moderate/Severe/Profound intellectual disability |  |  |  |  |  |  |  |  |  |  |  |  |
| **Service Delivery Systems** | Inpatient |  |  |  |  |  |  |  |  |  |  |  |  |
| Residential/Supported |  |  |  |  |  |  |  |  |  |  |  |  |
| Secondary |  |  |  |  |  |  |  |  |  |  |  |  |
| Primary care |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |
| **Levels of Intervention** | Individual |  |  |  |  |  |  |  |  |  |  |  |  |
| Family |  |  |  |  |  |  |  |  |  |  |  |  |
| Couple |  |  |  |  |  |  |  |  |  |  |  |  |
| Group |  |  |  |  |  |  |  |  |  |  |  |  |
| Organisational |  |  |  |  |  |  |  |  |  |  |  |  |
| Via carer |  |  |  |  |  |  |  |  |  |  |  |  |
| **Modes of Work** | Direct |  |  |  |  |  |  |  |  |  |  |  |  |
| Indirect – staff / carers / schools |  |  |  |  |  |  |  |  |  |  |  |  |
| Multi-disciplinary |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |
| **Psychological Model / Framework** | Cognitive Behaviour |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychodynamic |  |  |  |  |  |  |  |  |  |  |  |  |
| Systemic |  |  |  |  |  |  |  |  |  |  |  |  |
| Neuropsychological / psychometric |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |

**Cumulative Portfolio of Clinical Experience.**

Shade the relevant boxes for each clinical experience accrued on placements. For instance, if you have seen between 1 and 3 clients with Acute problems you would shade the first box. However, if you have now seen 4 clients with acute problems, you would shade both the first (1-3) and second (4-6) boxes. The cumulative portfolio is used to record experience across all placements and should match the data you provided on each portfolio of clinical experience submitted at the end of each placement.

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|  |  | **1-3** | **4-6** | **7-9** | **10-12** | **13-15** | **16-18** | **19-21** | **22-25** | **26-28** | **29-31** | **32-34** | **35+** |  |
| **Breadth and Diversity of presentation** | Acute |  |  |  |  |  |  |  |  |  |  |  |  | **Trainee’s Signature……………………….........**  **Date……………………..** |
| Enduring |  |  |  |  |  |  |  |  |  |  |  |  |
| Mild/Moderate |  |  |  |  |  |  |  |  |  |  |  |  |
| Severe |  |  |  |  |  |  |  |  |  |  |  |  |
| Organic |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychosocial |  |  |  |  |  |  |  |  |  |  |  |  |
| Coping / adaptation (e.g. to disability) |  |  |  |  |  |  |  |  |  |  |  |  |
| Problem amelioration |  |  |  |  |  |  |  |  |  |  |  |  |
| Significant challenging behaviour |  |  |  |  |  |  |  |  |  |  |  |  |
| Communication difficulties |  |  |  |  |  |  |  |  |  |  |  |  |
| **Age Range** | Pre-School / Infancy |  |  |  |  |  |  |  |  |  |  |  |  |
| Child |  |  |  |  |  |  |  |  |  |  |  |  |
| Adolescent |  |  |  |  |  |  |  |  |  |  |  |  |
| Adult |  |  |  |  |  |  |  |  |  |  |  |  |
| Older Adult |  |  |  |  |  |  |  |  |  |  |  |  |
| **Intellectual Functioning** | Average |  |  |  |  |  |  |  |  |  |  |  |  |
| Mild Intellectual disability or specific cognitive deficits |  |  |  |  |  |  |  |  |  |  |  |  |
| Moderate/Severe/Profound intellectual disability |  |  |  |  |  |  |  |  |  |  |  |  |
| **Service Delivery Systems** | Inpatient |  |  |  |  |  |  |  |  |  |  |  |  |
| Residential/Supported |  |  |  |  |  |  |  |  |  |  |  |  |
| Secondary |  |  |  |  |  |  |  |  |  |  |  |  |
| Primary care |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |
| **Levels of Intervention** | Individual |  |  |  |  |  |  |  |  |  |  |  |  |
| Family |  |  |  |  |  |  |  |  |  |  |  |  |
| Couple |  |  |  |  |  |  |  |  |  |  |  |  |
| Group |  |  |  |  |  |  |  |  |  |  |  |  |
| Organisational |  |  |  |  |  |  |  |  |  |  |  |  |
| Via carer |  |  |  |  |  |  |  |  |  |  |  |  |
| **Modes of Work** | Direct |  |  |  |  |  |  |  |  |  |  |  |  |
| Indirect – staff / carers / schools |  |  |  |  |  |  |  |  |  |  |  |  |
| Multi-disciplinary |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |
| **Psychological Model / Framework** | Cognitive Behaviour |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychodynamic |  |  |  |  |  |  |  |  |  |  |  |  |
| Systemic |  |  |  |  |  |  |  |  |  |  |  |  |
| Neuropsychological / psychometric |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |