**HENW**

**Psychotherapy Logbook**

**CT2-3 Years(Supervised Cases)**

**Please ensure you read the minimum data set on the [HENW Psychotherapy Information webpage](https://www.nwpgmd.nhs.uk/Specialty_Schools/Psychiatry/psychotherapy-information) prior to completing.**

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| --- | --- | --- | --- |
|  | **Document** | **Page Number** | **X When included** |
| **1.** | Trainee Psychotherapy Training and Development Contract | **2** |  |
| **2.** | Individual Case: Patient Attendance Register | **5** |  |
| **3.** | Summary Record of Trainee Psychotherapy Case | **6** |  |
| **4.** | SAPE(s) completed in Portfolio Online |  |  |
| **5.** | PACE completed in Portfolio Online |  |  |

Complete a supervision contract, attendance register and summary record for each case.

1 SAPE is required for the short case and 2 for the long case.

1 PACE indicating competence (satisfactory scores/above) is required for each case.

**Introduction**

**Trainees will be required to attend the ARCP Panel if Psychotherapy competencies for that training year are not met.**

It is important that each trainee keeps their Psychotherapy Logbook up to date and presents it in its entirety as part of their ARCP evidence each year.

To aid trainees in collating and submitting their Psychotherapy competence evidence for each ARCP, guidance is provided on the **minimum data set** required. This checklist will be used by the Psychotherapy Assessor on the ARCP Panel each year, to assess each trainee’s evidence.

In order to coordinate the needs of trainees’ points of contact for trainees interested in psychotherapy are:

Merseycare: [Simon.Graham@merseycare.nhs.uk](mailto:Simon.Graham@merseycare.nhs.uk).

Cheshire & Wirral Partnership: [Sonia.Mangwana@cwp.nhs.uk](mailto:Sonia.Mangwana@cwp.nhs.uk)

North West Boroughs Healthcare: [Helen.Sowden@nwbh.nhs.uk](mailto:Helen.Sowden@nwbh.nhs.uk)

Lancashire Care: [Phil.Brown@lancashirecare.nhs.uk](mailto:Phil.Brown@lancashirecare.nhs.uk)

Pennine Care: [spandaraparambil@nhs.net](mailto:spandaraparambil@nhs.net)

Greater Manchester Mental Health: [Rosemary.Clarke@gmmh.nhs.uk](mailto:Rosemary.Clarke@gmmh.nhs.uk) or [Rachel.Jukes@gmmh.nhs.uk](mailto:Rachel.Jukes@gmmh.nhs.uk)

Cumbria: [mike.rigby@cumbria.nhs.uk](mailto:mike.rigby@cumbria.nhs.uk)

Mark Evans is Psychotherapy Training Programme Director (East) for ST4-6

Simon Graham is Psychotherapy Training Programme Director (West) for ST4-6.

Helen Sowden is Psychotherapy Tutor for HENW (West) (responsible for Psychotherapy training CT1-3).

Trainees are referred to the Psychotherapy Training Section of [The Royal College of Psychiatrists website](http://www.rcpsych.ac.uk/workinpsychiatry/faculties/medicalpsychotherapy/trainingandcpd.aspx) for fuller details of training requirements and competency measures.

The Psychotherapy Logbook is to be uploaded as a **single PDF** tagged as a “**Psychotherapy Form”** on the RCPsych Portfolio Online System. Signatures must be present where indicated.

**PSYCHOTHERAPY TRAINING AND DEVELOPMENT CONTRACT**

Please complete this form with your Psychotherapy Supervisor and Education Supervisor as you join each supervision group

|  |  |
| --- | --- |
| **Trainee Name:** |  |
| **Work Base:** |  |
| **Educational Supervisor:** |  |
| **Psychotherapy Supervisor:** |  |
| **Modality of Therapy:** |  |
| **Day and Frequency of Supervision:** |  |
| **Day and Time That Will See Psychotherapy Patient:** |  |
| **Duration of Psychotherapy Contract:** |  |
| **Trainee’s Perceived Areas of Strength:** |  |
| **Trainee’s Perceived Areas For Further Development:** |  |

|  |  |  |
| --- | --- | --- |
| **Goals for Psychotherapy Training:** | **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

**Initial Agreement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Signature:** |  | **Date:** |  |
| **Clinical Supervisor’s Signature:** |  | **Date:** |  |
| **Psychotherapy Supervisor’s Signature:** |  | **Date:** |  |

**Mid Term Review of Contract**

|  |  |
| --- | --- |
| **Number of sessions with patient so far:** |  |
| **Number of supervision sessions attended:** |  |
| **Progress with original psychotherapy goals:** |  |
| **Is there a need to set any new goals at this stage?** |  |
| **Trainee’s strengths:** |  |
| **Any areas identified for future development:** |  |
| **Plan to address any difficulties:** |  |
| **Do these need to be discussed with the Clinical Supervisor?** |  |

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| --- | --- | --- | --- |
| **Trainee Signature:** |  | **Date:** |  |
| **Psychotherapy Supervisor’s Signature:** |  | **Date:** |  |

**End of Contract Review**

|  |  |
| --- | --- |
| **Total number of sessions with patient:** |  |
| **Total number of supervision sessions attended:** |  |
| **Progress with original psychotherapy goals:** |  |
| **Trainee’s strengths:** |  |
| **Areas identified for future development:** |  |
| **Plan to address any difficulties:** |  |
| **Do these need to be discussed with the Clinical Supervisor?** |  |

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| **Supervisor’s recommendations for subsequent psychotherapy training:** |
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| **Trainee comment on training experience**: |
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| --- | --- | --- | --- |
| **Trainee Signature:** |  | **Date:** |  |
| **Psychotherapy Supervisor’s Signature:** |  | **Date:** |  |

**INDIVIDUAL CASE :**

**PATIENT ATTENDANCE REGISTER**

|  |  |  |
| --- | --- | --- |
| **Trainee Name:** |  | |
| **Patient Initials:** |  | |
| **Modality of Therapy:** |  | |
| **Signature of Supervisor at completion of case:** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Attended** | **Cancelled with Notice** | **Cancelled no Notice** | **Cancelled by Therapist** |
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**SUMMARY RECORD OF TRAINEE PSYCHOTHERAPY CASE**

**(500 words including formulation)**

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| --- | --- |
| **Trainee Name:** |  |
| **Name of Supervisor:** |  |
| **Patient Initials:** |  |
| **Treatment Modality:** |  |
| **Planned Duration of Treatment:** |  |
| **Actual Duration of Treatment:** |  |

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| **Brief Description of Patient:** |
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| **Brief Description of Course of Therapy:** |
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| **Supervisor’s Report on Treatment:** |
|  |

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| --- | --- | --- | --- |
| **Trainee Signature:** |  | **Date:** |  |
| **Supervisor’s Signature:** |  | **Date:** |  |