

Contributed by Linley Denson, Psychology, University of Adelaide

Master of Psychology (Health) 7101A/B Adult Clinical Psychology 2008 Take Home Exam 16th May 2008

Aims of the Exam (70% of course grade)

The **aims** for this exam are that

- (i) you practice an activity central to your ongoing professional development in psychology,
- (ii) you review an important area of the literature (treatment of depression), &
- (iii) you demonstrate mastery of the critical and scientific skills needed to use others' research to guide your practice.

Please do not discuss the content of this exam with anyone else until after 5pm on Monday 2nd June. Please identify your exam with your **STUDENT NUMBER, NOT WITH YOUR NAME**, and submit a hard copy to the School of Psychology Office by **3pm Monday 26th May**.

If you have any queries please email me as soon as possible- linley.denson@adelaide.edu.au

Thanks, Linley.

Your Task

Please imagine that you have just graduated from the Master of Psychology program with excellent skills in cognitive behaviour therapy but limited skills in other therapy modalities. You plan to undertake further training and broaden your therapy repertoire once you have more experience.

Three months ago you commenced your first psychology job, based in a general practice. You have been employed by a Division of General Practice specifically to provide treatment of depression. There is another psychologist employed by the Division who treats patients with anxiety problems. You have taken on a caseload of people for individual CBT and your next plan is to set up a CBT group program for treatment of depression. Many of your referrals come from GPs and other health professionals working in the general practice, but some come from a nearby homeless people's shelter and from local psychiatrists.

One day the Clinical Director of the Division (your manager) drops into your office and says that he and the Consumer Representative on the Management Committee for the Division have just returned from a mental health conference where a speaker recommended interpersonal psychotherapy (IPT) and problem-solving therapy as being better than CBT. He asks you why you don't provide IPT and says that following the conference, several consumers have expressed an interest in having IPT. He gives you a copy of an article by Wolf & Hopko (2008) and asks you what you think.

You offer to provide a brief written report to the next meeting of the Division's Mental Health Working Group, summarising the evidence and recommending the best course of action in the short and medium term. The Mental Health Working Group is a multidisciplinary committee including general practitioners, nurses, administrators, a psychiatrist, a psychologist, a social worker, a consumer and a carer. The next meeting is in 10 days' time.

Length of Report: Approximately 2,500 words + references. It can be longer or shorter, that's up to you. But remember that few busy people (such as Working Party or Committee Members) read long reports in full.

Assessment Rubric

The assessment rubric below provides you with a sense of the depth to which each criterion needs to be developed. *You may find the **bold words** a useful guide to required content.*

Assessment Criteria (linked to aims)	Level of performance		
	Excellent / Very good	Adequate	Unsatisfactory
1. Addresses the needs of the practice (clients, staff, funding body) in a professional and effective manner.	Addresses the issue and its context – provides specific information and recommendations, acknowledging the specific context and the broader issues, short and medium-term.	Addresses the issue from the Management Committee's perspective, in the context of what psychology can offer.	Only addresses the issue from psychology's /your own perspective. Only addresses management's needs and goals.
2. Synthesises and evaluates relevant literature as a brief literature review	Refers to, critiques and draws information from more than one systematic review and/or practice guideline. Provides a brief summary of evidence and its implications	Relevant information from literature presented and summarised. Some critical analysis & synthesis.	Little/no evidence of evaluation of cited literature. Relies solely on single empirical studies. No summary provided.
3. Uses appropriate language , and APA-5 th format	Uses lay vocabulary wherever possible. Defines all professional terms. APA-5 th format used.	Defines most professional terms used. APA 5 th format attempted	Uses psychological /scientific jargon without explanation. APA 5 th format not used.
4. Considers all 3 circles of evidence-based psychological practice : research evidence, clinical expertise, and patient preferences and characteristics.	Makes recommendations based on all 3 circles of EBPP	Mentions the 3 circles. May not fully address them all in the recommendations.	Considers only one of the 3 circles
5. Draws conclusions and makes clear concise recommendations based on the available evidence .	Clear concise recommendations linked to relevant evidence.	Lists recommendations.	Vague, inconclusive. Recommendations based on opinion/preferences.

Exam FAQs

Are these sources (the articles) the only sources we need to consult for the paper or are we expected to do further research for the take home exam? (A) *You will need to do some research of your own*

M.Psych Clin student: they keep coming thru saying theres errors opening the document. is everyone else having these probs? could these all be put on myuni instead? (A) *I would have liked to. But the MyUni area is accessible to everyone enrolled in the Adult Clin Psych course. So if I put the info on MyUNI, the Health students (whose exam doesn't begin until next Friday) would have a distinct advantage.*

Health Students: Now everyone has seen the exam, there is no issue about MyUni. So I have placed the Spring article and the Wolf & Hopko article on MyUNI (Adult Clin Psych /Course Materials). All articles are available via the University Library website & journals

Do I have to cover Problem-Solving Therapy as well as IPT? (A) *Optional extra. Your manager has only mentioned IPT, but the article (and conference speaker) mentioned Problem-Solving Therapy also. You can ignore it, mention it briefly, or address it in detail – up to you.*

Should my recommendations include others in the Division, or just myself? (A) *As in real life, you can choose how comprehensive you make your response. The important thing is to provide a rationale for the approach you have chosen.*

Resources

(Butler, Chapman, Forman, & Beck, 2006; Chambless & Hollon, 1998; Chambless & Ollendick, 2001; Kellett, Clarke, & Matthews, 2007; Luty et al., 2007; Spring, 2007; Wolf & Hopko, 2008)

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17-31.

Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66, 7-18.

Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: controversies and evidence. *Annual Review of Psychology*, 52, 685-716.

Kellett, S., Clarke, S., & Matthews, L. (2007). Delivering group psychoeducational CBT in primary care: Comparing outcomes with individual CBT and individual psychodynamic-interpersonal psychotherapy. *British Journal of Clinical Psychology*, 46(2), 211-222.

Luty, S. E., Carter, J. N., McKenzie, J. M., Rae, A. M., Frampton, C. M. A., Mulder, R. T., et al. (2007). Randomised controlled trial of interpersonal psychotherapy and cognitive-behavioural therapy for depression. *British Journal of Psychiatry*, 190, 496-502.

Spring, B. (2007). Evidence-based practice in clinical psychology: What it is, why it matters; What you need to know. *Journal of Clinical Psychology*, 63(7), 611-631.

Wolf, N. J., & Hopko, D. R. (2008). Psychosocial and pharmacological interventions for depressed adults in primary care: a critical review. *Clinical Psychology Review*, 28, 131-161.