

**Faculty of Medical and Human Sciences**  
School of Community Based Medicine

**Master of Science**  
**Forensic Mental Health**

**Course Unit Outlines**

**NB – these unit outlines may be subject to change**

<b>Units of Learning</b>	<b>Credits</b>	<b>New unit</b>	<b>Existing unit</b>
1. Introduction to forensic mental health and offending behaviour	15	✓	
2. Clinical assessment and clinical psychiatry	15		✓
3. Personality disorder assessment and intervention	15		
4. Clinical risk assessment, formulation & management	15	✓	
5. Law and mentally disordered offenders	15		✓
6. Research design	15		✓
7. Advanced risk analysis and management	15	✓	
<b>Optional modules</b>			
8. Cognitive behaviour therapy	15		✓
9. Family interventions	15		✓
10. Dual diagnosis	15		✓
11. Psychopharmacological interventions	15		✓
Dissertation	60	✓	

## 1. GENERAL INFORMATION

Title	<b>Introduction to forensic mental health and offending behaviour</b>
Unit code	<b>NEW</b>
Credit rating	15 credits
Level	7
Contact hours	52
Pre-requisite units	None
Co-requisite units	None
School responsible	Community Based Medicine
Member of staff responsible	Michael Doyle and Caroline Logan
ECT <sup>1</sup>	7.5
Notional hours of Learning <sup>2</sup>	150

## 2. AIMS

Enable students to develop an in-depth knowledge base and understanding of the historical background and development of contemporary forensic mental health services.

Enable students to develop skills to critically appraise the literature contributing to the evidence base for forensic mental health practice and develop students' capacity for original thinking in relation to current understanding of forensic mental health services.

Provide students with knowledge and skills to enable the application of good clinical, managerial and research practice to forensic mental health and social care settings.

## 3. BRIEF DESCRIPTION OF THE UNIT

This module considers what is known about the aetiology of antisocial and criminal behaviours and the links with mental disorder. The historical development and configuration of contemporary forensic services in hospitals, prisons and the community will be explored. The administrative and social network and the policies and legislation that shape modern forensic services will be reviewed. Importance of evidence-based practice will be covered. The challenge of developing ethical and recovery-orientated services will be a theme of the module leading to an analysis of how forensic mental health care can be developed and the access to effective services can be improved for both individuals and communities.

<sup>1</sup> ECT (European Credit Transfer and Accumulation System): There are 2 UK credits for every 1 ECT credit, in accordance with the Credit Framework (QAA). Therefore if a unit is worth 30 UK credits, this will equate to 15 ECT.

<sup>2</sup> Notional hours of learning: The number of hours which it is expected that a learner (at a particular level) will spend, on average, to achieve the specified learning outcomes at that level. It is expected that there will be 10 hours of notional study associated with every 1 credit achieved. Therefore if a unit is worth 30 credits, this will equate to 300 notional study hours, in accordance with the Credit Framework (QAA).

#### 4. INTENDED LEARNING OUTCOMES

Category of outcome	<i>Students should be able to:</i>
A. Knowledge and understanding	<p>A1 Critically evaluate legal, ethical and policy dimensions of modern multi-disciplinary forensic mental health practice and the culture, processes and organisational systems of forensic mental health care.</p> <p>A2 Demonstrate an in-depth, critical understanding of bio-psychosocial concepts, perspectives and explanatory models related to forensic mental health - epidemiology, causation, and impact on individuals, relatives, carers and society.</p> <p>A3 Critically appraise philosophies, models and frameworks for safe and competent multidisciplinary forensic mental health practice including effective communication, partnership (service users, carers, teams, external agencies), assessment, risk assessment, care planning and co-ordination, implementation and evaluation.</p> <p>A7 Demonstrate a critical understanding of theories and concepts relevant to forensic practice innovation, change and service development that takes appropriate account of user and carer perspectives and changing national and local policy and organisational structures.</p> <p>A8 Critically evaluate a range of systematic strategies to identify and overcome barriers and resistance to the implementation of evidence based practice at a practice and organisational level.</p>
B. Intellectual skills	<p>B1 Appraise and synthesise information from a variety of sources in order to develop a coherent critical analysis of issues relating to forensic mental health policy, practice and research.</p> <p>B2 Critically reflect on and challenge their own practice, the practice of others and the organisation and delivery of forensic mental health services in order to ensure use of appropriate values and best evidence in delivering patient and carer centred care and management.</p> <p>B3 Demonstrate an in-depth and critical understanding of service user and carer perspectives and apply these to the delivery and organisation of forensic mental health interventions and strategies.</p> <p>B7 Construct sound arguments and rationales for mental health practice based on a critical synthesis of current research, policy, theoretical dimensions and service user and carer perspectives.</p> <p>B8 Within the context of current forensic mental health and other related policy directives critically appraise the need for change and service development that meets the diverse needs of service users and their carers.</p> <p>B9 Critically evaluate and apply a range of leadership theories and styles in order to underpin strategies for practice innovation and service development that enhance access to and effectiveness of forensic mental health care.</p> <p>B10 Critically examine change theories, strategies and implementation research relevant to managing change within organisations and apply these to the development of mental health services that promote recovery and social inclusion.</p>
C. Practical skills	<p>C1 Manage and advance their own practice in accordance with professional, ethical, legal and policy frameworks, ensuring the primacy of patient (and where appropriate carer) interest and well-being.</p> <p>C2 Practise in a non-discriminatory manner, respecting and being responsive to the variety of beliefs, cultural practices and lived experiences of individuals and groups and challenging identified inequalities and discrimination.</p> <p>C3 Contribute to the advancement of effective multi-disciplinary working within the context of modern forensic mental health practice and service delivery that respects and utilises the contributions of the wider health and social care community and aims to promote recovery and social inclusion.</p> <p>C10 Utilise appropriate theoretical frameworks and evidence-based constructs to formulate proposals to advance mental health practice that is responsive to the diverse needs of service users and carers.</p> <p>C11 Contribute to the strategies for practice development and change at both a</p>

	team and organisational level to enhance access to and effectiveness of mental health services.
D. Transferable skills and personal qualities	D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals. D2 Effectively utilise information technology/health informatics. D3 Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice. D4 Work co-operatively and effectively with others as a member of a team. D5 Reflect on their own academic, clinical and managerial performance and utilise strategies to improve these. D6 Use logical and systematic approaches to problem-solving and decision-making.

## 5. LEARNING AND TEACHING PROCESSES (INCLUDING THE USE OF E-LEARNING)

The teaching and learning for this unit takes place over one semester. Learning methods utilised involve a blend of both online learning and face to face lectures/seminars and workshops. On line components will require students to engage with on-line materials developed for the purpose, including video clips of interviews with researchers, interactive demonstrations and guided activities. Directed study components comprise additional exercises and specified reading related to each session/seminar.

## 6. FURTHER BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Lectures/seminars (face-face)	20
Engagement with on-line Learning materials	25
Tutorials - group and/or individual	2
Practice based activities (including supervision/mentorship)	8
Directed study	50
Independent study including assignment preparation	50
<b>Total Hours</b>	<b>150</b>

## 7. ASSESSMENT (INCLUDING THE USE OF E-LEARNING)

Assessment task	Length	Weighting in unit
<u>Summative</u> An essay critically appraising the specific role of forensic mental health services in caring for people with mental health problems with an analysis of possible areas for development to improve services. Discussion Board grading	3,500 -	90% 10%
<u>Formative.</u> Formative assessment and feedback to students is a key feature of the on-line learning materials for this unit. Students will be required to engage in a wide range of interactive exercises to enhance their learning and test their developing knowledge and skills	NA	

## 8. INDICATIVE READING, WEBSITES ETC

Boardman, J. and Parsonage, M. (2007). Delivering the Government's Mental Health Policies: Services, staffing and costs. London: Sainsbury Centre for Mental Health.

Bowring-Lossock, E. (2006). The forensic mental health nurse – a literature review. *Journal of Psychiatric and Mental Health Nursing*, 13, 780–785.

Crichton, D. and Towl, G. (2005). *Psychology in probation services*. British Psychological Society, Blackwell, Oxford.

Douglas, K.S., Guy, L.S., & Hart, S.T. (2009). Psychosis as a risk factor for violence to others: a meta-analysis. *Psychological Bulletin*, 135(5), 679-706.

Fazel, S., Långström, N., Huern, J., Granin, M., & Lichtenstein, P. (2009). Schizophrenia, substance abuse, and violent crime. *JAMA*, 301, 2016-2023.

Fazel, S., Granin, M., Carlström, E., Lichtenstein, P., & Långström, N. (2009). Risk factors for violent crime in schizophrenia: A national cohort study of 13,806 patients. *Journal of Clinical Psychiatry*, 70(3), 362-369.

Hodgins, S. (2009). Editorial: The interface between general and forensic psychiatric services. *European Psychiatry*, September, 24, 6, 354-355.

Jewkes, Y. (2007) *Handbook on Prisons*. Willan Publishing, Devon.

Kramp, P., Gabrielsen, G. (2009). The organization of the psychiatric service and criminality committed by the mentally ill, *European Psychiatry*, 24, 6, 401-411.

McMurrin, M., Khalifa, N. & Gibbon, S. (2009). *Forensic Mental Health*. Willan Publishing, Devon.

National Confidential Inquiry (2006). Avoidable Deaths: Five year Report of the National Confidential Inquiry into Suicide and homicide by People with Mental Illness. University of Manchester. December.

NIMHE: National Institute for Mental Health in England (2005). Guiding Statement on Recovery. Retrieved March 14, 2010, from <http://www.nimhe.org.uk>.

Rutherford, M. and Duggan, C. (2007). *Forensic Mental Health Services: Facts and figures on current provision*. Sainsburys Centre for Mental Health.

Soothill, K., Rogers, P. & Dolan, M. (2008). *Handbook of Forensic Mental Health*. Willan Publishing, Devon.

Swanson, J.W., Swartz, M.S., Van Dorn, R.A., Elbogen, E.B., Wagner, H.R., Rosenheck, R.A., Stroup, T.S., McEvoy, J.P., & Lieberman, J.A. (2006). A national study of violent behavior in persons with schizophrenia. *Archives of General Psychiatry*, 63, 490-496.

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## 1. GENERAL INFORMATION

Title	Clinical Assessment and Clinical Psychiatry
Unit code	
Credit rating	15
Level	Masters
Contact hours	32
Pre-requisite units	Not applicable
Co-requisite units	Not applicable
School responsible	Community Based Medicine
Member of staff responsible	To be confirmed - in the interim, Dr Richard Gater
ECT*	7.5
Notional hours of Learning**	150

## 2. AIMS

The aim of the Clinical Assessment and Clinical Psychiatry Unit is that the student:

1. builds on their knowledge of common clinical conditions in psychiatry acquired in undergraduate studies;
2. extends their knowledge to a level necessary for basic clinical assessments in psychiatry;
3. is given the opportunity to work in groups and practice communication and presentation skills; and
4. is enabled to gain sufficient knowledge of clinical assessment and clinical psychiatry to pass Paper 1 of the Membership Examinations of the Royal College of Psychiatrists.

## 3. BRIEF DESCRIPTION OF THE UNIT

This unit prepares the student to conduct basic clinical assessments of patients with psychiatric problems. Students are trained in assessment methods and techniques and provided with teaching in clinical psychiatry, including psychiatric classification, common psychiatric conditions, and the legal, ethical and health care context of mental health care.

\* ECT (European Credit Transfer and Accumulation System): There are 2 UK credits for every 1 ECT credit, in accordance with the Credit Framework (QAA). Therefore if a unit is worth 30 UK credits, this will equate to 15 ECT.

\*\* Notional hours of learning: The number of hours which it is expected that a learner (at a particular level) will spend, on average, to achieve the specified learning outcomes at that level. It is expected that there will be 10 hours of notional study associated with every 1

credit achieved. Therefore if a unit is worth 30 credits, this will equate to 300 notional study hours, in accordance with the Credit Framework (QAA).

#### 4. INTENDED LEARNING OUTCOMES

Category of outcome	<i>Students should/will (please delete as appropriate) be able to:</i>
Knowledge and understanding	<p>At the end of this unit, the student will have a basic knowledge and understanding of:</p> <ol style="list-style-type: none"> <li>1. the assessment of suicide and deliberate self-harm, psychiatric emergencies, disorders of thought and speech, abnormal perceptions, disorders of emotions, alcohol related problems, and drugs and drug taking;</li> <li>2. psychiatric diagnostic classification and the diagnoses of affective disorders, schizophrenia, puerperal disorders, alcohol dependence, old age psychiatry, anxiety and panic disorder, personality disorders and somatisation;</li> <li>3. the Mental Health Act and ethics in relation to psychiatry;</li> <li>4. basic aspects of cognitive therapy and analytic psychopathology and their roles in psychiatry;</li> <li>5. basic investigation procedures in psychiatry, including neuroimaging; and</li> <li>6. the way psychiatry is practised in general practice.</li> </ol>
Intellectual skills	<p>At the end of this unit, the student will have enhanced their intellectual skills to:</p> <ol style="list-style-type: none"> <li>1. critically reflect on and challenge their own practice, the practice of others and the organisation and delivery of mental health services in order to ensure use of appropriate values and best evidence in delivering patient and carer centred care and management;</li> <li>2. critically evaluate a range of relevant assessment and intervention options which take account of people's needs and strengths to promote patient and family centred mental health care for individuals, families and communities;</li> <li>3. demonstrate and defend sound clinical judgements across a range of mental health and social care contexts;</li> <li>4. integrate and evaluate information from a variety of sources, utilising problem solving skills and synthesising and evaluating primary and secondary data;</li> <li>5. critically analyse literature using complex critical appraisal skills and integrating theory and practice; and</li> <li>6. solve multiple choice questions and extended matching questions in relation to the above topics.</li> </ol>
Practical skills	<p>At the end of this unit, the student will have enhanced their practical skills to:</p> <ol style="list-style-type: none"> <li>1. manage and advance their own practice in accordance with professional, ethical, legal and policy frameworks, ensuring the primacy of patient (and where appropriate carer) interest and well-being;</li> <li>2. through effective partnership working, contribute to the implementation and evaluation of a range of evidence based strategies and interventions to promote and enhance the mental health and social inclusion of individuals, groups and communities;</li> <li>3. utilise core skills in mental health practice to undertake and record systematic, accurate and comprehensive assessments of the needs and strengths of individual patients, groups and communities, formulate goals and devise treatment strategies based on best available evidence; and</li> <li>4. based on the assessed needs and strengths of individuals, families</li> </ol>

	and communities, implement, support and evaluate a range of psychosocial, evidence based mental health interventions.
Transferable skills and personal qualities	<p>At the end of this unit, the student will have enhanced their transferable skills and/or personal qualities to:</p> <ol style="list-style-type: none"> <li>1. communicate effectively (verbal, non-verbal, written) in small and large group settings;</li> <li>2. access and utilise information technology/health informatics;</li> <li>3. apply mathematical/statistical skills;</li> <li>4. employ logical and systematic approaches to problem-solving and decision-making;</li> <li>5. demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice;</li> <li>6. apply scientific methods in resolving future work dilemmas;</li> <li>7. work co-operatively and effectively with others as a member of a team;</li> <li>8. reflect on their own academic and professional performance and utilise strategies to improve these;</li> <li>9. learn effectively for the purpose of continuing professional development and in the wider context throughout their career;</li> <li>10. manage personal resources, to develop self-directed learning skills, and to recognise personal emotions and stress;</li> <li>11. acquire an open minded and creative attitude tempered with scientific discipline and social awareness; and</li> <li>12. understand career opportunities and challenges ahead and begin to plan career path.</li> </ol>

## 5. LEARNING AND TEACHING PROCESSES (INCLUDING THE USE OF E-LEARNING)

The teaching and learning for this unit takes place over one semester. Learning methods will involve a blend of online learning, and face to face lectures/seminars and workshops. On line components will require students to engage with on-line materials developed for the purpose, including online lectures, discussion board and formative assessments. Directed study components comprise additional exercises and specified reading related to reach session/seminar. As the current course is delivered in a traditional face to face format, it is anticipated that the methods used in the *online* component will be developed as the course evolves and new technology becomes available.

## 6. FURTHER BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Online lectures	35
Engagement with on-line learning materials and directed study	45
Interactive seminars (face-to face)	20
Independent study including assignment preparation	50
<b>Total Hours</b>	<b>150</b>

## 7. ASSESSMENT (INCLUDING THE USE OF E-LEARNING)

Assessment task	Length	Weighting in unit
<u>Summative</u>		
Multiple Choice and Extended Matching Question Examination	50 items	50%
Written Assignment	2,000 words	40%
Discussion Board grading	N/A	10%
<u>Formative.</u>		
Formative assessment and feedback to students is a key feature of the on-line learning materials and interactive seminars for this unit. Students will be required to engage in a range of interactive exercises to enhance their learning and test their developing knowledge and skills	N/A	N/A

<b>Date of current version</b>	July 2010
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### 1. INDICATIVE READING, WEBSITES ETC

**Shorter Oxford Textbook of Psychiatry**, Michael Gelder, Paul Harrison & Philip Cowen, OUP Oxford, 2006, ISBN-13: 978-0198566670.

**Psychiatry in Medical Practice**. Editors: David Goldberg, Sidney Benjamin and Francis Creed (1994). Routledge, an imprint of Taylor & Francis Books Ltd; ISBN: 0415106125. (an undergraduate textbook that is helpful as a first introductory textbook to use on arrival in UK)

**Companion to Psychiatric Studies**. Editors: Eve C. Johnstone, C.P.L. Freeman and A.K. Zealley (1998). Churchill Livingstone; ISBN: 0443057826

**Oxford Textbook of Psychiatry**. Editors: Michael Gelder, Dennis Gath, Richard Mayou and Philip Cowen (1996). Oxford University Press; ISBN: 0192625012.

**Psychology for Psychiatrists**. Editors: Deepa Gupta and Rajinder Gupta (2000). Whurr Publishers Ltd. ISBN: 1 86156 140 7

**Organic Psychiatry**. Editors: W.A. Lishman DPM MD FRCP FRCPsych (1997). Blackwell Science (UK); ISBN: 0865428204.

**Child and Adolescent Psychiatry: Modern Approaches**. Editors: M. Rutter MD FRCP FRCPsych DPM and L. Hersov MD FRCP FRCPsych DPM (1987). Blackwell Science (UK); ISBN: 0632012293

**Seminars in basic neurosciences**. Editors: Gethin Morgan and Stuart Buckler. Published by Gaskell Press (Royal College of Psychiatry Seminar Series).

**Psychiatric Genetics.** Editors: Peter McGuffin, Michael J. Owen, Michael C. O'Donovan, Anita Thappar and Irving I. Gottesman. Published by Gaskell Preston (Royal College of Psychiatrists Seminar Series).

**Common Mental Disorder** 1992. A biosocial model. Editors: David Goldberg and Peter Huxley. Published by Routledge.

**Seminars in Psychopharmacology.** Editor: David King. Gaskell Presss (Royal College of Psychiatry Seminar Series).

**Practical Forensic Psychiatry.** Editors: Derek Chiswick and Rosemary Cope. Gaskell Press (Royal College of Psychiatry Seminar Series).

**Diagnostic Criteria.** DSM IV. American Psychiatric Association 1994.

**ICD 10. Classification of Mental and Behavioural Disorders. Diagnostic criteria for Research.** World Health Organisation. Geneva.

**Biochemical Basis of Neuropharmacology.** Seventh Edition. Jack Cooper, Floyd Bloom, Robert Roth. Published by Oxford University Press. 1996.

**Clinical Epidemiology.** A Basic Science for Clinical Medicine. Editors: David Sackett, Brian Haynes and Peter Tugwell.

**Seminars in Psychology and Social Sciences.** Editors: Digby Tantum and Max Birchwood. Gaskell Press (Royal College of Psychologist Seminar Series).

**Textbook in Psychiatric Epidemiology.** Editors: Ming Tsuang, Maurico Tohen and Gwendolyne Zanher.

## 1. GENERAL INFORMATION

Title	<b>Clinical risk assessment, formulation and management</b>
Unit code	<b>NEW</b>
Credit rating	15 credits
Level	7
Contact hours	52
Pre-requisite units	None
Co-requisite units	None
School responsible	Community Based Medicine
Members of staff responsible	Caroline Logan and Michael Doyle
ECT <sup>3</sup>	7.5
Notional hours of Learning <sup>4</sup>	150

## 2. AIMS

Equip students with in-depth knowledge, understanding and advanced skills in a range of evidence-based approaches to the assessment, formulation and management of risk to self and others.

Enable students to contribute to innovation, change and service developments in clinical risk management.

Enhance best practice and maintenance of appropriate standards within forensic mental health care.

## 3. BRIEF DESCRIPTION OF THE UNIT

This module will be skills orientated and focus on evidence-based approaches to assessing, formulating and managing risk to self and others and related risks, making use of state of the art best practice methods and guidance. Structured frameworks for assessing, formulating & managing risk to self and others will be reviewed. Students will be trained in the use of structured professional guidelines including the HCR-20 and the START. The personal skills required for effective clinical practice will be considered and current best practice on communicating risk judgements effectively will be discussed.

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<sup>3</sup> ECT (European Credit Transfer and Accumulation System): There are 2 UK credits for every 1 ECT credit, in accordance with the Credit Framework (QAA). Therefore if a unit is worth 30 UK credits, this will equate to 15 ECT.

<sup>4</sup> Notional hours of learning: The number of hours which it is expected that a learner (at a particular level) will spend, on average, to achieve the specified learning outcomes at that level. It is expected that there will be 10 hours of notional study associated with every 1 credit achieved. Therefore if a unit is worth 30 credits, this will equate to 300 notional study hours, in accordance with the Credit Framework (QAA).

#### 4. INTENDED LEARNING OUTCOMES

<b>Category of outcome</b>	<i>Students should be able to:</i>
A. Knowledge and understanding	<p>A2 Demonstrate an in-depth, critical understanding of bio-psychosocial concepts, perspectives and explanatory models related to forensic mental health</p> <p>A3 Critically appraise philosophies, models and frameworks for safe and competent practice including effective communication.</p> <p>A4 Display a critical understanding of a range of evidence based approaches to assess the risk.</p> <p>A5 Demonstrate an in-depth and critical understanding of the importance and influence of individual diversity, culture and gender on risk assessment, formulation and management.</p> <p>A9 Demonstrate a critical understanding of the nature and value of different research approaches, designs and methods as applied to clinical risk management.</p> <p>A10 Systematically and critically examine hierarchies of research evidence that inform and underpin forensic mental health practice.</p>
B. Intellectual skills	<p>B3 Demonstrate an in-depth and critical understanding of service user and carer perspectives and apply these to their practice.</p> <p>B4 Demonstrate the ability to critically appraise and apply the evidence base for a range of specific bio-psychosocial interventions that promote health and recovery, service user empowerment and social inclusion.</p> <p>B6 Demonstrate and defend sound clinical judgements across a range of differing mental health and social care contexts.</p> <p>B7 Construct sound arguments and rationales for mental health practice based on a critical synthesis of current research, policy, theoretical dimensions and service user and carer perspectives.</p> <p>B11 Consider critically a variety of established techniques and methods of research and enquiry and how they relate to the advancement of evidence based forensic mental health knowledge and practice.</p>
C. Practical skills	<p>C1 Manage and advance their own practice in accordance with professional, ethical, legal and policy frameworks.</p> <p>C2 Practise in a non-discriminatory manner, respecting and being responsive to the variety of beliefs, cultural practices and lived experiences of individuals and groups and challenging identified inequalities and discrimination.</p> <p>C3 Contribute to the advancement of effective multi-disciplinary working within the context of modern forensic mental health practice and service delivery</p> <p>C4 Through effective partnership working, contribute to the implementation and evaluation of a range of evidence based strategies and interventions to promote and enhance the mental health and social inclusion of individuals, groups and communities.</p> <p>C5 Develop therapeutic relationships with individuals (and where appropriate care givers) that enable them to be purposefully involved in a partnership of care based on appropriate values and processes.</p> <p>C6 Demonstrate sensitivity, awareness and advanced skills in the process of engaging with people with mental health problems and/or their carers.</p> <p>C7 Utilise core skills in forensic mental health practice to undertake and record systematic, accurate and comprehensive assessments of the needs and strengths of individual patients.</p> <p>C8 Based on the assessed needs and strengths of individuals, implement, support and evaluate a range of interventions in a variety of practice settings.</p> <p>C9 Appropriately utilise practice supervision/mentorship to ensure interventions and care are optimum and tailored to patient, family and community needs.</p> <p>C12 Draw on their knowledge and understanding of different approaches to research to formulate appropriate questions and methods for research and/or evaluations into aspects of mental health practice.</p>
D. Transferable skills and personal qualities	<p>D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals.</p> <p>D2 Effectively utilise information technology/health informatics.</p>

	<p>D3 Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice.</p> <p>D4 Work co-operatively and effectively with others as a member of a team.</p> <p>D5 Reflect on their own academic, clinical and managerial performance and utilise strategies to improve these.</p> <p>D6 Use logical and systematic approaches to problem-solving and decision-making.</p>
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## 5. LEARNING AND TEACHING PROCESSES (INCLUDING THE USE OF E-LEARNING)

The teaching and learning for this unit takes place over one semester. Learning methods utilised involve a blend of both online learning and face to face lectures/seminars and workshops. On line components will require students to engage with on-line materials developed for the purpose, including video clips of interviews with researchers, interactive demonstrations and guided activities. Directed study components comprise additional exercises and specified reading related to each session/seminar.

## 6. FURTHER BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Lectures/seminars (face-face)	45
Engagement with on-line Learning materials	10
Tutorials - group and/or individual	2
Practice based activities (including supervision/mentorship)	8
Directed study	35
Independent study including assignment preparation	50
<b>Total Hours</b>	<b>150</b>

## 7. ASSESSMENT (INCLUDING THE USE OF E-LEARNING)

Assessment task	Length	Weighting in unit
A written analysis of the evidence base for the structured professional judgement approach to clinical risk management.	2500 words	50%
A written case report on a service user within the student's area of work that uses a structured professional judgement approach to include initial assessment, use of appropriate structured professional guidelines, concise formulation of risk to self and others and risk management plan.	2500 words	50%

## 8. INDICATIVE READING, WEBSITES ETC

Doyle, M. and Dolan, M. (2006). Predicting community violence from patients discharged from mental health services. *British Journal of Psychiatry*. 189, 520-526.

Elbogen, E. and Johnson, S. (2009). The Intricate Link Between Violence and Mental Disorder. *Archives of General Psychiatry*. 66: 2, 152-161.

Fasel, S., Langstrom, N., Hjern, A., Grann, M. and Lichtenstein, P. (2009). Schizophrenia, Substance Abuse and Violent Crime. *Journal of the American Medical Association*. 301: 19, 2016-2023.

Hart S., Cox D. & Hare R. (1995) *The Hare PCL: SV: Psychopathy checklist: Screening version*. New York: Multi-Health Systems Incorporated.

Hart, S.D., Michie, C. and Cooke, D.J. (2007) 'Precision of actuarial risk assessment instruments: Evaluating the 'margins of error' of group versus individual predictions of violence' *British Journal of Psychiatry*, 190 (suppl. 49): s60-s65.

Lewis, G. and Doyle, M. (2010). Risk Formulation: What are we doing and why? *International Journal of Forensic Mental Health*, 8: 286–292.

McMurrin, M., Khalifa, N. & Gibbon, S. (2009). *Forensic Mental Health*. Willan Publishing, Devon.

Monahan J. (1981) *Predicting violent behaviour*. Sage Library of Social Research.

Monahan, J. and Steadman, H. (Eds.) (1994) *Violence and mental disorder: developments in risk assessment*. University of Chicago Press, Chicago.

Monahan, J., Steadman, H. J., Silver, E., Appelbaum, P. S., Robbins, P. C., Mulvey, E. P., et al. (2001). *Rethinking risk assessment: The MacArthur study of mental disorder and violence*. New York: Oxford University Press.

National Confidential Inquiry (2006). *Avoidable Deaths: Five year Report of the National Confidential Inquiry into Suicide and homicide by People with Mental Illness*. University of Manchester. December.

Reed J. (1997) Risk assessment and clinical risk management: the lessons from recent inquiries. *British Journal of Psychiatry*. 170, (supp. 32), pp 4-7.

Royal College of Psychiatrists (2008). *Rethinking risk to others in mental health services. Final report of scoping group*. CR150. June. RCP London.

Soothill, K., Rogers, P. & Dolan, M. (2008). *Handbook of Forensic Mental Health*. Willan Publishing, Devon.

Webster C.D, Douglas K., Eaves D. & Hart, S. (1997). *HCR-20: Assessing risk for violence - version 2*. Simon Fraser University, British Columbia, Canada.

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## 1. GENERAL INFORMATION

Title	<b>Personality Disorder assessment and intervention</b>
Unit code	<b>NEW</b>
Credit rating	15 credits
Level	7
Contact hours	52
Pre-requisite units	None
Co-requisite units	None
School responsible	Community Based Medicine
Member of staff responsible	Caroline Logan and Michael Doyle
ECT <sup>5</sup>	7.5
Notional hours of Learning <sup>6</sup>	150

## 2. AIMS

To enable students to develop their knowledge and understanding about personality disorder and the relationship between personality disorder and risk management.

To enable students to further develop their skills in critically appraising the literature on personality disorder and to develop students' capacity for original thinking.

To enable students to think about the practical implications of working with personality disordered individuals who are at risk of harming themselves and/or others.

## 3. BRIEF DESCRIPTION OF THE UNIT

This module on personality disorder examines personality disorder, its relationship to 'normal' personality, and why it is that personality disorder has come to be associated with risk of harm. This module will pick up on themes introduced in the introductory module and will begin with an overview of the personality and personality disorder literatures, key concepts and classification systems. The different disorders will be illustrated with case studies and video recordings of clinical interviews with clients presenting with the different conditions. There will then be an overview of treatment options and issues, focusing primarily on those relevant to forensic mental health services. The challenge of developing services for personality disordered individuals will be explored. The module will conclude with a review of psychopathy and its relationship to personality disorder, its assessment, treatment and management.

<sup>5</sup> ECT (European Credit Transfer and Accumulation System): There are 2 UK credits for every 1 ECT credit, in accordance with the Credit Framework (QAA). Therefore if a unit is worth 30 UK credits, this will equate to 15 ECT.

<sup>6</sup> Notional hours of learning: The number of hours which it is expected that a learner (at a particular level) will spend, on average, to achieve the specified learning outcomes at that level. It is expected that there will be 10 hours of notional study associated with every 1 credit achieved. Therefore if a unit is worth 30 credits, this will equate to 300 notional study hours, in accordance with the Credit Framework (QAA).

#### 4. INTENDED LEARNING OUTCOMES

Category of outcome	<i>Students should be able to:</i>
A. Knowledge and understanding	<p>A1 Critically evaluate legal, ethical and policy dimensions of modern multi-disciplinary forensic mental health practice and the culture, processes and organisational systems of forensic mental health care.</p> <p>A2 Demonstrate an in-depth, critical understanding of bio-psychosocial concepts, perspectives, and explanatory models related to forensic mental health - epidemiology, causation, and impact on individuals, relatives, carers and society.</p> <p>A3 Critically appraise philosophies, models and frameworks for safe and competent multidisciplinary forensic mental health practice including effective communication, partnership (service users, carers, teams, external agencies), assessment, risk assessment, care planning and co-ordination, implementation and evaluation.</p> <p>A7 Demonstrate a critical understanding of theories and concepts relevant to forensic practice innovation, change and service development that takes appropriate account of user and carer perspectives and changing national and local policy and organisational structures.</p> <p>A8 Critically evaluate a range of systematic strategies to identify and overcome barriers and resistance to the implementation of evidence based practice at a practice and organisational level.</p>
B. Intellectual skills	<p>B1 Appraise and synthesise information from a variety of sources in order to develop a coherent critical analysis of issues relating to forensic mental health policy, practice and research.</p> <p>B2 Critically reflect on and challenge their own practice, the practice of others and the organisation and delivery of forensic mental health services in order to ensure use of appropriate values and best evidence in delivering patient and carer centred care and management.</p> <p>B3 Demonstrate an in-depth and critical understanding of service user and carer perspectives and apply these to the delivery and organisation of forensic mental health interventions and strategies.</p> <p>B7 Construct sound arguments and rationales for mental health practice based on a critical synthesis of current research, policy, theoretical dimensions and service user and carer perspectives.</p> <p>B8 Within the context of current forensic mental health and other related policy directives critically appraise the need for change and service development that meets the diverse needs of service users and their carers.</p> <p>B9 Critically evaluate and apply a range of leadership theories and styles in order to underpin strategies for practice innovation and service development that enhance access to and effectiveness of forensic mental health care.</p> <p>B10 Critically examine change theories, strategies and implementation research relevant to managing change within organisations and apply these to the development of mental health services that promote recovery and social inclusion.</p>
C. Practical skills	<p>C1 Manage and advance their own practice in accordance with professional, ethical, legal and policy frameworks, ensuring the primacy of patient (and where appropriate carer) interest and well-being.</p> <p>C2 Practise in a non-discriminatory manner, respecting and being responsive to the variety of beliefs, cultural practices and lived experiences of individuals and groups and challenging identified inequalities and discrimination.</p> <p>C3 Contribute to the advancement of effective multi-disciplinary working within the context of modern forensic mental health practice and service delivery that respects and utilises the contributions of the wider health and social care community and aims to promote recovery and social inclusion.</p> <p>C10 Utilise appropriate theoretical frameworks and evidence-based constructs to formulate proposals to advance mental health practice that is responsive to the diverse needs of service users and carers.</p> <p>C11 Contribute to the strategies for practice development and change at both a team and organisational level to enhance access to and effectiveness of</p>

	mental health services.
D. Transferable skills and personal qualities	D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals. D2 Effectively utilise information technology/health informatics. D3 Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice. D4 Work co-operatively and effectively with others as a member of a team. D5 Reflect on their own academic, clinical and managerial performance and utilise strategies to improve these. D6 Use logical and systematic approaches to problem-solving and decision-making.

## 5. LEARNING AND TEACHING PROCESSES (INCLUDING THE USE OF E-LEARNING)

The teaching and learning for this unit takes place over one semester (semester 2). Learning methods utilised involve a blend of both online learning and face to face lectures/seminars and workshops. Online components will require students to engage with on-line materials developed for the purpose, including video clips of interviews with researchers, interactive demonstrations, and guided activities. Directed study components comprise additional exercises and specified reading related to each session/seminar.

## 6. FURTHER BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Lectures/seminars (face-face)	25
Engagement with on-line Learning materials	20
Tutorials - group and/or individual	2
Practice based activities (including supervision/mentorship)	8
Directed study	45
Independent study including assignment preparation	50
<b>Total Hours</b>	<b>150</b>

## 7. ASSESSMENT (INCLUDING THE USE OF E-LEARNING)

Assessment task	Length	Weighting in unit
A written analysis of the evidence base for bio-psychosocial interventions for a specific personality disorder diagnosis (e.g. anti-social, borderline, psychopathic).	2500 words	50%
A written case report on a service user with an actual or suspected PD within the student's area of work that highlights an assessment and formulation of needs and risks and a structured intervention plan.	2500 words	50%

## 8. INDICATIVE READING, WEBSITES ETC

American Psychiatric Association (2000) *Diagnostic and Statistical Manual of Mental Disorders* 4<sup>th</sup> edn. text revised version, Washington, DC: APA.

American Psychiatric Association (2010) *Personality and Personality Disorders*. Available from [www.dsm5.org/ProposedRevisions/Pages/PersonalityandPersonalityDisorders.aspx](http://www.dsm5.org/ProposedRevisions/Pages/PersonalityandPersonalityDisorders.aspx).

- British Psychological Society (2006) *Understanding Personality Disorder: A report by the British Psychological Society*, Leicester: The British Psychological Society.
- Davidson, K. (2007) *Cognitive Therapy for Personality Disorders: A guide for clinicians*, London: Routledge.
- Department of Health (2009a) *Recognising Complexity: Commissioning guidance for personality disorder services*, London: DH.
- Dowsett, J. and Craissati, J. (2008) *Managing personality disordered offenders in the community: A Psychological approach*, London: Routledge.
- Fazel, S. and Danesh, J. (2002) 'Serious mental disorder in 23000 prisoners: A systematic review of 62 surveys' *Lancet*, 359: 545-50.
- Hare, R.D. (2003) *The Hare Psychopathy Checklist-Revised*, 2<sup>nd</sup> edn, Toronto, OH: Multi-Health Systems.
- Hart, S.D., Michie, C. and Cooke, D.J. (2007) 'Precision of actuarial risk assessment instruments: Evaluating the 'margins of error' of group versus individual predictions of violence' *British Journal of Psychiatry*, 190 (suppl. 49): s60-s65.
- Hemphill, J.F., Hare, R.D. and Wong, S. (1998) 'Psychopathy and recidivism: A review', *Legal and Criminological Psychology*, 3: 139-170.
- Livesley, J. (2003) *Practical Management of Personality Disorder*, New York: Guilford Press.
- Livesley, J. (2008) 'Integrated therapy for complex cases of personality disorder' *Journal of Clinical Psychology*, 64: 207-221.
- Logan, C. and Johnstone, L. (in press) 'Personality disorder and violence: Making the link through risk formulation' *Journal of Personality Disorder*.
- McMurrin, M. and Howard, R. (eds) (2009) *Personality, Personality Disorder and Violence*, Chichester: Wiley-Blackwell.
- McMurrin, M., Khalifa, N. and Gibbon, S. (2009) *Forensic Mental Health*, Cullompton. Willan Publishing.
- Otto, R.K. and Douglas, K.S. (2010) *Handbook of Violence Risk Assessment*, New York: Routledge.

<b>Date of current version</b>	May 2010
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## 1. GENERAL INFORMATION

Title	<b>Law and mentally disordered offenders</b>
Unit code	<b>NEW</b>
Credit rating	15 credits
Level	7
Contact hours	52
Pre-requisite units	None
Co-requisite units	None
School responsible	Community Based Medicine
Member of staff responsible	Angela Downing
ECT <sup>7</sup>	7.5
Notional hours of Learning <sup>8</sup>	150

## 2. AIMS

Enable students to evaluate critically aspects of the legal framework that governs contemporary forensic mental health practice.

Equip students with in-depth knowledge and understanding of the law as it is applied to mentally disordered offenders.

Provide students with the capacity to develop and apply the knowledge, skills and attitudes that are necessary for carrying out safe and effective assessments and interventions,

## 3. BRIEF DESCRIPTION OF THE UNIT

This module will consider the role and functions of staff in the context of mental health legislation and associated codes of practice, and national and local Guidance on practice. The values underpinning effective and legally sound practice in forensic services will be reviewed with an emphasis on monitoring and evaluation of practice and the overall contribution of research to policy and practice development.

<sup>7</sup> ECT (European Credit Transfer and Accumulation System): There are 2 UK credits for every 1 ECT credit, in accordance with the Credit Framework (QAA). Therefore if a unit is worth 30 UK credits, this will equate to 15 ECT.

<sup>8</sup> Notional hours of learning: The number of hours which it is expected that a learner (at a particular level) will spend, on average, to achieve the specified learning outcomes at that level. It is expected that there will be 10 hours of notional study associated with every 1 credit achieved. Therefore if a unit is worth 30 credits, this will equate to 300 notional study hours, in accordance with the Credit Framework (QAA).

#### 4. INTENDED LEARNING OUTCOMES

Category of outcome	Students should be able to:
A. Knowledge and understanding	<p>A1 Critically evaluate legal, ethical and policy dimensions of modern multidisciplinary forensic mental health practice and the culture, processes and organisational systems of forensic mental health care including the Mental Health Act &amp; legal framework.</p> <p>A3 Critically appraise philosophies, models and frameworks for safe and competent multidisciplinary forensic mental health practice including effective communication, partnership (service users, carers, teams, external agencies), assessment, risk assessment, care planning and co-ordination, implementation and evaluation.</p> <p>A5 Demonstrate an in-depth and critical understanding of the importance and influence of individual diversity, culture and gender on mental health and the need for strategies and systems for care, which respect and respond to difference and challenge discrimination.</p>
B. Intellectual skills	<p>B1 Appraise and synthesise information from a variety of sources in order to develop a coherent critical analysis of issues relating to forensic mental health policy, practice and research.</p> <p>B2 Critically reflect on and challenge their own practice, the practice of others and the organisation and delivery of forensic mental health services in order to ensure use of appropriate values and best evidence in delivering patient and carer centred care and management.</p> <p>B3 Demonstrate an in-depth and critical understanding of service user and carer perspectives and apply these to the delivery and organisation of forensic mental health interventions and strategies.</p> <p>B6 Demonstrate and defend sound clinical judgements across a range of differing forensic mental health and social care contexts</p>
C. Practical skills	<p>C1 Manage and advance their own practice in accordance with professional, ethical, legal and policy frameworks, ensuring the primacy of patient (and where appropriate carer) interest and well-being, while being able to fully justify the need for compulsion, discipline and control.</p> <p>C2 Practise in a non-discriminatory manner, respecting and being responsive to the variety of beliefs, cultural practices and lived experiences of individuals and groups and challenging identified inequalities and discrimination.</p> <p>C5 Develop therapeutic relationships with individuals (and where appropriate care givers) that enable them to be purposefully involved in a partnership of care based on appropriate values and processes.</p>
D. Transferable skills and personal qualities	<p>D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals.</p> <p>D2 Effectively utilise information technology/health informatics.</p> <p>D3 Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice.</p> <p>D4 Work co-operatively and effectively with others as a member of a team.</p> <p>D5 Reflect on their own academic and clinical performance and utilise strategies to improve these.</p> <p>D6 Use logical and systematic approaches to problem-solving and decision-making.</p>

#### 5. LEARNING AND TEACHING PROCESSES (INCLUDING THE USE OF E-LEARNING)

This will be a blend of direct teaching with lectures on key topics by experts in the field. Group seminars will be facilitated by experienced Approved Mental Health Practitioners. These provide opportunities for students to explore case material illustrating the application of mental health legislation to real life circumstances. Students will be expected to contribute to blackboard discussion groups throughout module. In practice students will get supervised, first-hand experience of assessing mental health crisis situations and applying the legislation appropriately.

## 6. FURTHER BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Direct teaching	30
Tutorials / group learning / seminars	20
Independent study	40
Clinical practice	60
<b>Total Hours</b>	<b>150</b>

## 7. ASSESSMENT (INCLUDING THE USE OF E-LEARNING)

Assessment task	Length	Weighting in unit
Essay reflecting on interaction between social, medical and legal dimensions of forensic mental health practice.	5000 words	100%

## 8. INDICATIVE READING, WEBSITES ETC

### The Mental Health Act (essential)

Jones, R. (2009). *Mental Health Act Manual*. 12<sup>h</sup> Ed. Sweet & Maxwell. London

*Reference Guide to Mental Health Act Amended*, (2008) DOH

Code of Practice to the MHA 1983 (2008) London TSO

Butler, J (2009) *Mental Health Review Tribunal, Law, Practice and Procedure*. Jordan Publishing.

### Other Reading on the MHA 1983

Bowen P. (2007) *The Mental Health Act 2007* OUP

Fennel P., (2007) *The New Law* Jordans pub. Surrey

Hewitt, D. (2009). *The Nearest Relative Handbook 2<sup>nd</sup> edit*. Jessica Kingsley.

Hewitt, D (2008) *A Tendency to Laugh and Sing*. Northumbria Law Press.

Mental Health Act Commission. (2003). *Placed Amongst Strangers*. 10<sup>th</sup> Biennial Report 2001-2003. HMSO.

Mental Health Act Commission. (2006). *In Place of Fear?* 11<sup>th</sup> Biennial Report 2003-2005

Department of Health. (2003). *Personality Disorder: A diagnosis not Exclusion*. DOH, London.

### The Mental Capacity Act

Brown, K (Ed) (2008) *The Social workers Guide to the Mental Capacity Act*. Learning Matters. Exeter.

Clements, L. (2007). *Community Care and the Law*. (4<sup>th</sup> Ed. Legal Action Group, London.

Department of Health. (2005). *Mental Capacity Act*. TSO.

<http://www.opsi.gov.uk/acts/acts2005/20050009.htm>

DCA. (2005). *Mental Capacity Act: Code of Practice*. (Final Ed. 2007). TSO.

Greaney, N., Morris, F. & Taylor, B. (2005). *Mental Capacity Act 2005: A Guide to the New Law*. London, The Law Society.

Jones, R. (2008). *Mental Capacity Act Manual*. 3<sup>rd</sup> Ed. Sweet & Maxwell. London

Ministry of Justice ( 2008) *DOLs Code of Practice to supplement the main MCA 2005 Code of Practice*. London TSO

### **Human Rights Act**

Dept Constitutional Affairs ( 2006) *Guide to the Human Rights Act 1998* (3<sup>rd</sup> Ed)  
London TSO

Spencer, M and Spencer, J. ( 2006) *Nutcases Guide to the Human Rights Act* (2<sup>nd</sup> Ed)  
Sweet & Maxwell. London

<b>Date of current version</b>	10 May 2010
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## 1. GENERAL INFORMATION

Title	<b>Research Design</b>
Unit code	TBC
Credit rating	15 Credits
Level	7
Contact hours	52
Pre-requisite units	None
Co-requisite units	None
School responsible	Nursing, Midwifery & Social Work
Member of staff responsible	Prof Peter Callery & Dr Gunn Grande
ECT*	7.5
Notional hours of Learning**	150

## 2. AIMS

*The unit aims to:*

- equip students with an in-depth understanding of research design principles and the methods used in a range of study designs.
- Enable students to formulate timely and coherent research questions/hypotheses which are relevant to health and social care practice

## 3. BRIEF DESCRIPTION OF THE UNIT

This course unit introduces students to the principles that guide identification of researchable questions, formulation of appropriate research designs and methods. The course unit will emphasise the potential for qualitative and quantitative approaches to be complementary as well as exploring their distinctive features.

## 4. INTENDED LEARNING OUTCOMES

Category of outcome	<i>Students should be able to:</i>
A. Knowledge and understanding	<p>A1. Critically evaluate the strengths and weaknesses of a range of qualitative, quantitative and mixed research designs (including those used in the development and evaluation of complex interventions)</p> <p>A2. Critically examine methods of sampling, data collection, including issues of reliability and validity, in qualitative and quantitative research</p> <p>A4. Critically explore a range of analytic strategies used to handle, interpret and present qualitative and quantitative data</p>
B. Intellectual skills	<p>B1. Formulate appropriate research questions, objectives and hypotheses relevant to health and social care practice</p> <p>B2. Select ,with rationale, appropriate designs and methods to answer research questions</p> <p>B3. Critically consider how methodological principles should be operationalised in a proposed research study.</p>
C. Practical skills	C1. Develop skills in writing and formulating clear and relevant research

	<p>questions/hypotheses</p> <p>C2. Write coherent and well-justified research proposals which address problems/issues relevant to health and social care research</p>
D. Transferable skills and personal qualities	<p>D1. Critically reflect on their own academic performance and utilise a range of strategies to improve these and overcome any particular difficulties.</p> <p>D2. Further develop and enhance skills in effective communication to a range of audiences in a variety of settings.</p> <p>D3. Demonstrate skills in working collegiately and effectively with others as a member of a team</p> <p>D4. Effectively utilise information technology / health informatics</p> <p>D5. Utilise skills in systematic and creative approaches to problem-solving and decision-making in relation to complex issues</p>

## 5. LEARNING AND TEACHING PROCESSES

The unit will be taught over one semester. Though the unit is primarily delivered on-line, students will be offered the option of either on-line or face-face seminar components. The unit will be taught using a resource based approach in which students will engage critically with on-line materials developed for the purpose, including a series of video clips of interviews with researchers, interactive demonstrations and activities, online discussions with students and staff. Directed study components will comprise additional exercises and specified reading related to each on line session.

## 6. FURTHER BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Engagement with on-line Learning materials	40
Participation in seminars or online discussions	10
Tutorials - group and/or individual	2
Directed study	50
Independent study including assignment preparation*	48
<b>Total Hours</b>	<b>150</b>

\* For PgR students undertaking this unit this will include practice based activities related to the development of their proposed research projects

## 7. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
<p><b>Summative</b></p> <p>A research proposal, relevant to the student's area of practice utilising a pre-determined grant application format</p>	3500	100%
<p><b>Formative.</b></p> <p>Formative assessment and feedback to students is a key feature of the on-line learning materials for this unit. Students will be required to engage in a range of interactive exercises to enhance their learning and test their developing knowledge and skills</p>	NA	

## 8. INDICATIVE READING, WEBSITES ETC

Bhopal, R. Concepts of Epidemiology: An Integrated Introduction to the Ideas, Theories, Principles and Methods of Epidemiology. OUP, 2002.

Bowling, A. and Ebrahim, S. (2005) Handbook of health research methods : investigation, measurement and analysis, Open University Press, Maidenhead.

Bryman, A. and Teevan, J. J. (2005) Social research methods, Oxford University Press, Don Mills, Ont. ; Oxford.

Chambliss DF, Schutt RK. (2006) Making Sense of the Social World: methods of investigation (2nd Edition). SAGE Publications,.

Charmaz, K. (2006) Constructing grounded theory : a practical guide through qualitative analysis, Sage, London.

Crosby RA, DiClemente RJ, Salazar LF (Eds). Research Methods in Health Promotion. Wiley, 2006.

Denscombe, M. (2003) The good research guide : for small-scale social research projects, Open University Press, Buckingham.

Denzin, N. K. and Lincoln, Y. S. (2005) The Sage handbook of qualitative research, Sage Publications, Thousand Oaks, Calif. ; London.

Field, A P. Discovering Statistics Using SPSS. 2nd edition.Sage, 2005.

Flick, U. (2006) An introduction to qualitative research, Sage Publications, London.

Knapp TR. Quantitative Nursing Research. SAGE Publications, 1998.

Lofland, J. (2006) Analyzing social settings : a guide to qualitative observation and analysis, Thomson/Wadsworth, Southbank, Australia ; London.

Martin C, Thompson DR. Design and Analysis of Clinical Nursing Research Studies. Routledge, 2000.

Ritchie, J. and Lewis, J. (2003) Qualitative research practice : a guide for social science students and researchers, Sage Publications, London ; Thousand Oaks, Calif.

Sapsford R, Jupp V. Data Collection and Analysis (2nd Edition). SAGE Publications, 2006.

Silverman, D. (2005) Doing qualitative research : a practical handbook, Sage Publications, London, Thousand Oaks, Calif.

Morris T (2006). Social Work Research Methods: four alternative paradigms. Sage Publications.

“Intute” - a free online service providing access to the web resources evaluated and selected by a network of subject specialists. <http://www.intute.ac.uk/>

“The Research Methods Knowledge Base” - a comprehensive web-based textbook that addresses topics in a typical introductory undergraduate or graduate course in social research methods. <http://www.socialresearchmethods.net/>

<b>Date of current version</b>	4 <sup>th</sup> March 2009
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## 1. GENERAL INFORMATION

Title	<b>Advanced risk analysis and management</b>
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Unit code	<b>NEW</b>
Credit rating	15 credits
Level	7
Contact hours	52
Pre-requisite units	<b>Clinical risk assessment, formulation and management</b>
Co-requisite units	None
School responsible	Community Based Medicine
Members of staff responsible	Adrian West and Caroline Logan
ECT <sup>9</sup>	7.5
Notional hours of Learning <sup>10</sup>	150

## 2. AIMS

Equip students with in-depth knowledge, understanding and advanced skills in risk and offence analysis and risk management.

Develop understanding of aetiological and other explanatory frameworks as they apply to various offence types and introduction to functional analysis, behavioural analysis and related methodologies.

Provide awareness of the role, guiding methodological principles and reports of the other forensic and investigative specialists involved in crime scene assessment.

Enhance student awareness of relevant legislation, professional codes and principles relating to confidentiality, data protection and information sharing as they apply to offence analysis.

Provide students with evidence-based approaches for the assessment and management of sexual violence and related risks.

## 3. BRIEF DESCRIPTION OF THE UNIT

In order to contribute to multi agency public protection, clinicians working in forensic settings with patients with complex needs are required to understand the causes of violent and dangerous behaviour. This module will be skills orientated and focus on evidence-based approaches to risk analysis and management, making use of state of the art best practice methods and guidance. Structured frameworks for assessing, formulating & managing sexual violence and related risks will be reviewed. It is an assumption underpinning this module that current legal classifications of offending frequently mask an extremely heterogeneous population of offenders. It is a further assumption that any offence related work or other psychotherapeutic attempts to help an individual patient understand the causes, the meaning and the consequences of their offending should be based on as clear an understanding as possible of the characteristics of their offending behaviour. Students will take a critical and analytical approach to the value of self reported accounts and other sources of information so as to identify the intrapersonal, interpersonal and situational determinants of

<sup>9</sup> ECT (European Credit Transfer and Accumulation System): There are 2 UK credits for every 1 ECT credit, in accordance with the Credit Framework (QAA). Therefore if a unit is worth 30 UK credits, this will equate to 15 ECT.

<sup>10</sup> Notional hours of learning: The number of hours which it is expected that a learner (at a particular level) will spend, on average, to achieve the specified learning outcomes at that level. It is expected that there will be 10 hours of notional study associated with every 1 credit achieved. Therefore if a unit is worth 30 credits, this will equate to 300 notional study hours, in accordance with the Credit Framework (QAA).

offending. The need for comprehensive explanation of offending behaviour in each specific case will be explored.

#### 4. INTENDED LEARNING OUTCOMES

Category of outcome	<i>Students should be able to:</i>
A. Knowledge and understanding	<p>A2 Demonstrate an in-depth, critical understanding of bio-psycho-social concepts, perspectives and explanatory models related to forensic mental health and risk analysis.</p> <p>A3 Critically appraise philosophies, models and frameworks for safe and competent practice including effective communication.</p> <p>A4 Display a critical understanding of a range of evidence based approaches to analyse and manage risk.</p> <p>A5 Demonstrate an in-depth and critical understanding of the importance and influence of individual diversity, culture and gender on risk analysis and management.</p> <p>A9 Demonstrate a critical understanding of the nature and value of different research approaches, designs and methods as applied to clinical risk management.</p> <p>A10 Systematically and critically examine hierarchies of research evidence that inform and underpin forensic mental health practice.</p>
B. Intellectual skills	<p>B3 Demonstrate an in-depth and critical understanding of service user and carer perspectives and apply these to their practice.</p> <p>B4 Demonstrate the ability to critically appraise and apply the evidence base for a range of specific bio-psycho-social interventions that promote health and recovery, service user empowerment and social inclusion.</p> <p>B6 Demonstrate and defend sound clinical judgements across a range of differing mental health and social care contexts.</p> <p>B7 Construct sound arguments and rationales for mental health practice based on a critical synthesis of current research, policy, theoretical dimensions and service user and carer perspectives.</p> <p>B11 Consider critically a variety of established techniques and methods of research and enquiry and how they relate to the advancement of evidence based forensic mental health knowledge and practice.</p>
C. Practical skills	<p>C1 Manage and advance their own practice in accordance with professional, ethical, legal and policy frameworks.</p> <p>C2 Practise in a non-discriminatory manner, respecting and being responsive to the variety of beliefs, cultural practices and lived experiences of individuals and groups and challenging identified inequalities and discrimination.</p> <p>C3 Contribute to the advancement of effective multi-disciplinary working within the context of modern forensic mental health practice and service delivery</p> <p>C4 Through effective partnership working, contribute to the implementation and evaluation of a range of evidence based strategies and interventions to promote and enhance the mental health and social inclusion of individuals, groups and communities.</p> <p>C5 Develop therapeutic relationships with individuals (and where appropriate care givers) that enable them to be purposefully involved in a partnership of care based on appropriate values and processes.</p> <p>C7 Utilise core skills in forensic mental health practice to undertake and record systematic, accurate and comprehensive assessments of the needs and strengths of individual patients.</p> <p>C8 Based on the assessed needs and strengths of individuals, implement, support and evaluate a range of interventions in a variety of practice settings.</p> <p>C9 Appropriately utilise practice supervision/mentorship to ensure interventions and care are optimum and tailored to patient, family and community needs.</p> <p>C12 Draw on their knowledge and understanding of different approaches to research to formulate appropriate questions and methods for research and/or evaluations into aspects of mental health practice.</p>
D. Transferable skills and personal qualities	<p>D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals.</p>

	<p>D2 Effectively utilise information technology/health informatics.</p> <p>D3 Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice.</p> <p>D4 Work co-operatively and effectively with others as a member of a team.</p> <p>D5 Reflect on their own academic, clinical and managerial performance and utilise strategies to improve these.</p> <p>D6 Use logical and systematic approaches to problem-solving and decision-making.</p>
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## 5. LEARNING AND TEACHING PROCESSES (INCLUDING THE USE OF E-LEARNING)

The teaching and learning for this unit takes place over one semester. Learning methods utilised involve a blend of both online learning and face to face lectures/seminars and workshops. On line components will require students to engage with on-line materials developed for the purpose, including video clips of interviews with researchers, interactive demonstrations and guided activities. Directed study components comprise additional exercises and specified reading related to each session/seminar.

## 6. FURTHER BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Lectures/seminars (face-face)	50
Engagement with on-line Learning materials	10
Tutorials - group and/or individual	2
Practice based activities (including supervision/mentorship)	8
Directed study	35
Independent study including assignment preparation	45
<b>Total Hours</b>	<b>150</b>

## 7. ASSESSMENT (INCLUDING THE USE OF E-LEARNING)

Assessment task	Length	Weighting in unit
A written analysis of the evidence base for risk analysis and management in relation to offending behaviour.	2500	50%
A written case report on a service user within the student's area of work that uses a systematic approach to include offence analysis, the use of appropriate structured professional guidelines and a risk management plan.	2500	50%

## 8. INDICATIVE READING, WEBSITES ETC

Canter, D.V., Bennell, C., Alison, L.J. and Reddy S. (2003) Differentiating Sex Offences: A Behaviorally Based Thematic Classification of Stranger Rapes. *Behavioral Sciences and the Law* 21: 157–174.

Erikson, M. & Friendship, C. (2002) A typology of Child Abduction Events. *Legal and Criminal Psychology*, 7(1), 115-120.

Fritzon, K. (2000) The Contribution of Psychological Research to Arson Investigation. In Canter, D. & Alison, L. (Eds) *Profiling Property Crimes*, pp. 147-184. Offender Profiling Series: Vol IV, Ashgate Dartmouth.

Groth, A. N. & Birnbaum, H. J. (1979). *Men Who Rape: The Psychology of the Offender*. New York: Plenum Press.

Grubin, D.H. & Kennedy, H.G. (1991) The Classification of Sexual Offenders. *Criminal Behaviour and Mental Health*, 1. Pp. 123 -129.

Hart, S., Kropp, P.R., & Laws, D.R.; with Klaver, J., Logan, C, & Watt, K.A. (2003). *The Risk for Sexual Violence Protocol (RSVP): Structured professional guidelines for assessing risk of sexual violence*. Vancouver, B.C.: The Institute Against Family Violence.

Ressler, R.K., Burgess, A.W., & Douglas, J.E. (1988). *Sexual Homicide: Patterns and Motives*. New York City: Lexington Books.

Schlesinger, L.B. (2004). *Sexual Murder: Catathymic and Compulsive Homicides*. Boca Raton: CRC Press.

Smith, A. D. (2000). Motivation and Psychosis in Schizophrenic Men who Sexually Assault Women. *Journal of Forensic Psychiatry*, 11, 62-73.

West, A.G. & Greenall, P.V. (2010) Incorporating Index Offence analysis into Forensic Clinical Assessment. *Legal and Criminological Psychology* (in press).

<b>Date of current version</b>	May 2010
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## 1. GENERAL INFORMATION

Title	<b>Cognitive Behavioural Therapy for Psychosis</b>
Unit code	<b>NURS 60672</b>
Credit rating	30 credits
Level	M level /postgraduate
Pre-requisite units	
Co-requisite units	Core Knowledge for working with people with Psychosis*
School responsible	Nursing, Midwifery and Social Work
Member of staff responsible	Hilary Mairs

\* Subject to review for Forensic programme

## 2. AIMS

The programme unit aims to:

Enable students to develop an in-depth understanding of Cognitive Behavioural models of anxiety, depression, hallucinatory experiences and delusional beliefs

Develop student's knowledge base of the research regarding effective interventions for service users with psychosis

Enable students to competently assess service users with psychosis, develop collaborative case formulations and deliver effective PSI/CBT based psychological interventions

## 3. BRIEF DESCRIPTION OF THE UNIT

This course unit aims to enable students to develop specific knowledge and skills to enable them to deliver high quality cognitive behavioural and psychosocial interventions to service users with psychosis. The unit is based on the recently enhanced stress – vulnerability models of psychosis, within a framework that views psychosis on a continuum with normal everyday experience and emphasises optimism and recovery as central tenets to effective intervention. Neuro-developmental and traumatic psychosis form a large part of the theory base.

## 4. INTENDED LEARNING OUTCOMES

Category of outcome	Students will (please delete as appropriate) be able to:
A. Knowledge and understanding	<p>A1. Develop an in depth knowledge of current psychological models of psychosis and recovery frameworks</p> <p>A2. Demonstrate an in-depth understanding of assessment and case formulation in the psychological treatment of psychosis</p> <p>A3. Demonstrate the ability to critically review a range of issues related to diversity and its impact on psychosis</p>
B. Intellectual skills	<p>B1. Critically appraise and evaluate the evidence for different perspectives on psychosis</p> <p>B2. Critically appraise and evaluate the evidence for differing cognitive models of psychosis</p> <p>B3. Critically evaluate the evidence for symptom and syndrome specific interventions</p>
C. Practical skills	<p>C1. develop collaborative partnerships with individuals experiencing distressing psychotic phenomena</p>

	<p>C2. Utilise formulation driven cognitive behavioural techniques to lessen the distress associated with psychotic phenomena</p> <p>C3. Participate actively in PSI / CBT case supervision and critically reflect on personal strengths and limitations</p>
D. Transferable skills and personal qualities	<p>D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals.</p> <p>D2. Effectively utilise information technology / health informatics.</p> <p>D3. Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice.</p> <p>D4. Work co-operatively and effectively with others as a member of a team.</p> <p>D5. Reflect on their own academic and clinical performance and utilise strategies to improve these.</p> <p>D6. Use logical and systematic approaches to problem-solving and decision-making</p>

## 5. LEARNING AND TEACHING PROCESSES

Learning and teaching strategies utilised include lectures, discussion of clinical cases, group work and the use of video and audio material. A particular feature of this unit is the use of intensive skill development and practice sessions. This will offer students the opportunity to integrate knowledge and understanding with the development of skills for direct client based work through role play. Students will work in small groups with supervision from tutors to facilitate structured reflection and feedback on skills development.

Students will be expected to engage directly in clinical work with appropriate clients in their practice environment from the start of the course unit. Case supervision of clinical work is co-ordinated between practice supervisors and academic staff. See assessment strategy.

## 6. BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Direct teaching (including lectures, seminars, facilitated PBL)	50
Role play, experiential exercises and case analysis	34
Tutorials - group and/or individual	4
Independent study	87
Assignment preparation	25
Clinical Practice (including supervision/mentorship)	100
<b>Total Hours</b>	<b>300</b>

## 7. ASSESSMENT

Assessment activity	Length required	Weighting within unit
Written Case study	2,500 words	50%
Audio recording of clinical work demonstrating competent application of PSI clinical skills (cognitive behavioural Therapy). Rated using theCTS-PSY (Haddock et al. 2001)	Between 30 and 60 minutes	50%
<b>And</b> A written critical analysis of the session - rationale for interventions, skills used & strengths/areas for improvement.	2,500 words	
Students must achieve a pass mark of no less		

than 40% in each component of the assessment where a mark is given		
Students must also submit a signed clinical supervision log that they have undertaken a minimum of 7 hours clinical supervision within clinical practice relating to the unit practical skills outcomes	A minimum of 7 hours of supervision	Pass/Fail

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## 1. GENERAL INFORMATION

Title	<b>Dual Diagnosis – severe mental illness and co-morbid substance use</b>
Unit code	<b>NURS 60662</b>
Credit rating	15 credits
Level	M level /postgraduate
Pre-requisite units	
Co-requisite units	
School responsible	Nursing, Midwifery and Social Work
Member of staff responsible	Ian Wilson

## 2. AIMS

The programme unit aims to:

Enable students to develop in-depth knowledge and understanding of the nature, incidence and needs of clients with co-existing severe and enduring mental health problems and substance misuse (dual diagnosis).

Enhance practitioner knowledge and skills to deliver a range of evidence-based interventions and contribute to the development of services for clients with such a dual diagnosis (and where appropriate their carers)

## 3. BRIEF DESCRIPTION OF THE UNIT

There is ample research evidence to suggest that a high proportion of clients with severe and enduring mental health problems also have co-existing substance and/or alcohol misuse problems. This unit focuses on developing student's knowledge, understanding and skills to enable them to work effectively with this client group who by virtue of their dual diagnosis are often excluded from mainstream mental health and/or substance misuse service provision. Students will examine the nature and incidence of dual diagnosis, a range of theories and research related to such co-existence and practitioner and societal attitudes to such clients. Based on the general and specific needs of clients with a dual diagnosis, students will examine strategies for effective engagement, assessment and formulation and critically review a range of evidence-based interventions and service designs for effective mental health care and the promotion of social inclusion.

## 4. INTENDED LEARNING OUTCOMES

<b>Category of outcome</b>	<i>Students should be able to:</i>
A. Knowledge and understanding	<p>A1. Demonstrate an in depth and critical understanding of the nature and incidence of and explanatory frameworks and models for dual diagnosis</p> <p>A2. Critically evaluate research and policy relevant to the needs of clients with a dual diagnosis and factors that may lead to social exclusion and marginalisation of this client group</p> <p>A3. Critically appraise current provision of both drug/alcohol and mental health services and evaluate the evidence base for a range of strategies to enhance 'joined up working' for clients with a dual diagnosis.</p>
B. Intellectual skills	B1. Critically examine and synthesise information from a variety of sources in order to develop a coherent understanding of dual diagnosis

	<p>B2. Critically evaluate the evidence base for a range of effective interventions for this client group that utilise client-centred approaches, promote social inclusion and respect diversity and choice</p> <p>B3. Critically evaluate their own practice and organisation of services in order to identify areas for development in current service provision and care for clients with a dual diagnosis</p>
C. Practical skills	<p>C1. Develop skills and strategies necessary to engage in partnerships with service users with a dual diagnosis that can lead to optimistic and positive therapeutic outcomes</p> <p>C2. Utilise structured and semi structured client-centred assessments with service users with a dual diagnosis, organise assessment data and identify appropriate targets for interventions</p> <p>C3. Utilise structured approaches based on the principles of motivational interviewing and cognitive-behavioural therapy to deliver and undertake systematic evaluations of evidence based interventions for this client group</p> <p>C4. Contribute to the development of services for this client group based on identified strategies that enhance integrated working for optimal service delivery</p>
D. Transferable skills and personal qualities	<p>D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals.</p> <p>D2. Effectively utilise information technology / health informatics.</p> <p>D3. Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice.</p> <p>D4. Work co-operatively and effectively with others as a member of a team.</p> <p>D5. Reflect on their own academic and clinical performance and utilise strategies to improve these.</p> <p>D6. Use logical and systematic approaches to problem-solving and decision-making</p>

## 5. LEARNING AND TEACHING PROCESSES

Teaching learning methods utilised include lectures, discussion, group work, examination of case studies and independent study. A particular feature of this course unit is the use of skill development and practice sessions. This will offer students the opportunity to integrate knowledge and understanding with the development of relevant skills for practice through role play. Students will work in small groups with supervision from tutors to facilitate structured reflection and feedback on skills development.

## 6. BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Direct teaching (including lectures, seminars, facilitated PBL)	30
Role play, experiential exercises and case analysis	12
Tutorials - group and/or individual	2
Independent study	86
Assignment preparation	20
<b>Total Hours</b>	<b>150</b>

## 7. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
A written analysis of the evidence base for effective interventions for clients with a dual diagnosis	3,000 words	70%
Seminar presentation to peers and academic staff	20 minutes	30%

related to a critical review of current service provision for clients with a dual diagnosis in the student's area of practice in light of relevant research and policy recommendations, identifying potential areas for development  Students must achieve a pass mark of no less than 40% in each component of the assessment		
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<b>Date of current version</b>	April 2010
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## 1. GENERAL INFORMATION

Title	<b>Family Interventions for Psychosis</b>
Unit code	<b>NURS 60961</b>
Credit rating	15 credits
Level	M level /postgraduate
Pre-requisite units	Core Knowledge for PSI* CBT for Psychosis*
Co-requisite units	Core Knowledge for PSI CBT for Psychosis
School responsible	Nursing, Midwifery and Social Work
Member of staff responsible	Hilary Mairs

\*These units are pre OR co-requisites but subject to review for forensic programme

## 2. AIMS

The programme unit aims to:

Develop in-depth knowledge and skills in family intervention with service users with a psychosis related diagnosis and their family/carers

Prepare students to play a leading role in the development and delivery of evidence based services which are sensitive to the needs of families/caregivers of people with a psychosis related diagnosis

## 3. BRIEF DESCRIPTION OF THE UNIT

This course unit aims to enable students to provide evidence based, formal family intervention for individuals with psychosis and their caregivers and contribute to the service level implementation of family sensitive services.

## 4. INTENDED LEARNING OUTCOMES

Category of outcome	Students should be able to:
A. Knowledge and understanding	<p>A1. Demonstrate an in depth and comprehensive understanding of the theoretical underpinnings for formal interventions with families/care givers of people with psychosis.</p> <p>A2. Critically review a range of issues related to diversity and how they may influence individual clients and caregivers understanding of and response to psychosis, and critically appraise the ways in which loss/ grief issues may impact upon care-giving in psychosis</p> <p>A3. Demonstrate the ability to synthesise the information re: policy, research and practice in this area in order to critically evaluate the components of an effective family sensitive service.</p>
B. Intellectual skills	<p>B1. Critically analyse information from a variety of sources in order to develop a coherent understanding of family intervention</p> <p>B2. Synthesise information from variety of sources to develop an in depth understanding of issues relating to theory/practice in family work</p> <p>B3. Critically apply the knowledge and understanding outlined above to the management and delivery of competent family intervention in a range of mental health service settings</p>

C. Practical skills	<p>C1. Demonstrate the skills and strategies necessary to develop partnerships with service users with psychosis and their carers, fostering an atmosphere of hope and optimism and offer an acceptable rationale for the application of family intervention with service users and carers and members of the MDT.</p> <p>C2. Demonstrate the ability to undertake structured and semi structured assessments with service users and carers, organise assessment data and identify targets for interventions.</p> <p>C3. Utilise a structured approach to deliver education and stress management, and undertake a systematic evaluation of the effectiveness of interventions with families.</p>
D. Transferable skills and personal qualities	<p>D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals.</p> <p>D2. Effectively utilise information technology / health informatics.</p> <p>D3. Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice.</p> <p>D4. Work co-operatively and effectively with others as a member of a team.</p> <p>D5. Reflect on their own academic and clinical performance and utilise strategies to improve these.</p> <p>D6. Use logical and systematic approaches to problem-solving and decision-making</p>

## 5. LEARNING AND TEACHING PROCESSES

Teaching/learning methods utilised include lectures, discussion and group work. A particular feature of this course unit is the use of intensive skills practice sessions involving demonstrations and skills practice. Students will work in small groups with supervision from tutors to facilitate structured reflection and feedback on skills development.

Students will be expected to engage directly in family work with appropriate clients in their practice environment from the start of the course unit. Case supervision of clinical work is co-ordinated between practice supervisors and academic staff. See assessment strategy.

## 6. BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Direct teaching (including lectures, seminars, facilitated PBL)	10
Role play, experiential exercises and case analysis	15
Tutorials - group and/or individual	2
Independent study	56
Assignment preparation	25
Clinical Practice (including supervision/mentorship)	42
<b>Total hours</b>	<b>150</b>

## 7. ASSESSMENT

Assessment task	Length	Weighting within unit
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<p>A critical reflective analysis of the execution of one recognised family intervention (e.g. education, stress management)</p> <p>Video role play recording of family work demonstrating competence in the application of a specific aspect of family intervention. Rated using the modified version of the CTS-PSY (Haddock et al 2001)</p> <p>Students must achieve a pass mark of no less than 40% in each component of the assessment</p>	<p>2,500 words</p> <p>30 minutes</p>	<p>50%</p> <p>50%</p>
<p>Students must also submit a signed clinical supervision log that they have undertaken a minimum of 5 hours clinical supervision within clinical practice relating to the unit practical skills outcomes</p>	<p>Minimum of 5 hours clinical supervision</p>	<p>Pass/fail</p>

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## 1. GENERAL INFORMATION

Title	<b>Psychopharmacology</b>
Unit code	<b>NEW</b>
Credit rating	15 credits
Level	7
Contact hours	52
Pre-requisite units	Registered prescribers
Co-requisite units	None
School responsible	Community Based Medicine
Member of staff responsible	Richard Gator
ECT <sup>11</sup>	7.5
Notional hours of Learning <sup>12</sup>	150

## 2. AIMS

To provide the student with knowledge of the principles underlying drug treatment in psychiatry. To deepen the student's understanding of the individual classes of drugs and aspects of their pharmacology relevant to effective, appropriate and safe prescribing.

## 3. BRIEF DESCRIPTION OF THE UNIT

This module will provide students with a basic knowledge of the principles underlying neurotransmission relevant to psychotropic drugs. Lectures will be aimed at providing an understanding of pharmacokinetics and pharmacodynamics and the mechanisms of action and clinical indications for the major classes of psychotropic drugs will be considered. Prescribers will be able to prescribe drugs safely as the focus will be on key drug interactions and the principles behind therapeutic drug prescribing. An overview of drug development will be delivered.

## 4. INTENDED LEARNING OUTCOMES

<b>Category of outcome</b>	<i>Students should be able to:</i>
A. Knowledge and understanding	A2 Demonstrate an in-depth, critical understanding of bio-psychosocial concepts, perspectives and explanatory models related to forensic mental health - epidemiology, causation, and impact on individuals, relatives, carers and society and link between offending and mental health. A3 Critically appraise philosophies, models and frameworks for safe and competent multidisciplinary forensic mental health practice including effective

<sup>11</sup> ECT (European Credit Transfer and Accumulation System): There are 2 UK credits for every 1 ECT credit, in accordance with the Credit Framework (QAA). Therefore if a unit is worth 30 UK credits, this will equate to 15 ECT.

<sup>12</sup> Notional hours of learning: The number of hours which it is expected that a learner (at a particular level) will spend, on average, to achieve the specified learning outcomes at that level. It is expected that there will be 10 hours of notional study associated with every 1 credit achieved. Therefore if a unit is worth 30 credits, this will equate to 300 notional study hours, in accordance with the Credit Framework (QAA).

	<p>communication, partnership (service users, carers, teams, external agencies), assessment, risk assessment, care planning and co-ordination, implementation and evaluation.</p> <p>A4 Display a critical understanding of a range of evidence-based interventions for people experiencing forensic mental health problems and their caregivers, and strategies for systematic implementation and evaluation of these in the provision of patient-centred, collaborative care that promotes mental health and social inclusion.</p>
B. Intellectual skills	<p>B2 Critically reflect on and challenge their own practice, the practice of others and the organisation and delivery of forensic mental health services in order to ensure use of appropriate values and best evidence in delivering patient and carer centred care and management.</p> <p>B5 Critically evaluate a range of intervention options which take account of people's needs and strengths to promote patient and family centred mental health care for individuals, families and communities.</p> <p>B6 Demonstrate and defend sound clinical judgements across a range of differing forensic mental health and social care contexts.</p>
C. Practical skills	<p>C1 Manage and advance their own practice in accordance with professional, ethical, legal and policy frameworks, ensuring the primacy of patient (and where appropriate carer) interest and well-being, while being able to fully justify the need for compulsion, discipline and control.</p> <p>C2 Practise in a non-discriminatory manner, respecting and being responsive to the variety of beliefs, cultural practices and lived experiences of individuals and groups and challenging identified inequalities and discrimination.</p> <p>C4 Through effective partnership working, contribute to the implementation and evaluation of a range of evidence based strategies and interventions to promote and enhance the mental health and social inclusion of individuals, groups and communities.</p> <p>C5 Develop therapeutic relationships with individuals (and where appropriate care givers) that enable them to be purposefully involved in a partnership of care based on appropriate values and processes.</p> <p>C6 Demonstrate sensitivity, awareness and advanced skills in the process of engaging with people with forensic mental health problems and/or their carers, while being cognisant of the challenges involved in balancing personal needs of the service user and risks.</p> <p>C7 Utilise core skills in forensic mental health practice to undertake and record systematic, accurate and comprehensive assessments of the needs and strengths of individual patients, groups and communities, formulate goals and devise treatment strategies based on best available evidence.</p> <p>C8 Based on the assessed needs and strengths of individuals, families and communities, implement, support and evaluate a range of psychosocial, evidence based forensic mental health interventions in a variety of practice settings.</p>
D. Transferable skills and personal qualities	<p>D1. Communicate effectively (verbal, non-verbal, written) in a variety of settings with a range of individuals.</p> <p>D2 Effectively utilise information technology/health informatics.</p> <p>D3 Demonstrate research and enquiry skills by accessing and analysing literature in order to inform and develop practice.</p> <p>D4 Work co-operatively and effectively with others as a member of a team.</p> <p>D5 Reflect on their own academic, clinical and managerial performance and utilise strategies to improve these.</p> <p>D6 Use logical and systematic approaches to problem-solving and decision-making.</p>

## 5. LEARNING AND TEACHING PROCESSES (INCLUDING THE USE OF E-LEARNING)

The teaching and learning for this unit takes place over one semester. Learning methods utilised involve a blend of both online learning and face to face lectures/seminars and workshops. On line components will require students to engage with on-line materials developed for the purpose, including video clips of interviews with researchers, interactive demonstrations and guided activities. Directed study components comprise additional exercises and specified reading related to each

session/seminar.

## 6. FURTHER BREAKDOWN OF LEARNING/TEACHING HOURS

Activity	Hours allocated
Lectures/seminars (face-face)	30
Engagement with on-line Learning materials	20
Tutorials - group and/or individual	2
Practice based activities (including supervision/mentorship)	8
Directed study	45
Independent study including assignment preparation	50
<b>Total Hours</b>	<b>150</b>

## 7. ASSESSMENT (INCLUDING THE USE OF E-LEARNING)

Assessment task	Length	Weighting in unit
<u>Summative</u> Multiple Choice Questionnaire	1 hour	100%
<u>Formative.</u> Formative assessment and feedback to students is a key feature of the on-line learning materials for this unit. Students will be required to engage in a wide range of interactive exercises to enhance their learning and test their developing knowledge and skills	NA	

## 8. INDICATIVE READING, WEBSITES ETC

**Oxford Textbook of Psychiatry.** Editors: Michael Gelder, Dennis Gath, Richard Mayou and Philip Cowen (1996). Oxford University Press; ISBN: 0192625012.

**Organic Psychiatry.** Editors: W.A. Lishman DPM MD FRCP FRCPsych (1997). Blackwell Science (UK); ISBN: 0865428204.

**Seminars in basic neurosciences.** Editors: Gethin Morgan and Stuart Buckler. Published by Gaskell Press (Royal College of Psychiatry Seminar Series).

**Seminars in Psychopharmacology.** Editor: David King. Gaskell Presss (Royal College of Psychiatry Seminar Series).

**Diagnostic Criteria.** DSM IV. American Psychiatric Association 1994.

**ICD 10. Classification of Mental and Behavioural Disorders. Diagnostic criteria for Research.** World Health Organisation. Geneva.

**Biochemical Basis of Neuropharmacology.** Seventh Edition. Jack Cooper, Floyd Bloom, Robert Roth. Published by Oxford University Press. 1996.

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