

PS5206 Adjustment and Wellbeing

Coursework Guidance

2022/2023

Overview of the assignment

For the PS5206 coursework students will be required to conceive a novel intervention proposal aimed at improving one or more issues related with adjustment and/or wellbeing. The proposal must include detailed information about how the effect or impact of the intervention will be measured.

The proposal can be about any of the topics covered in the course's lectures, as long as it does not substantially overlap with any issue that was covered extensively in the lectures. It can also be about a topic that was not covered in the module, as long as it has a focus on psychological aspects of adjustment or wellbeing (e.g. self-esteem, depression, substance use, social support, community engagement), or on using psychological methods/theories to improve adjustment/wellbeing in any relevant area (e.g. physical activity, chronic conditions, disability, family functioning).

The intervention should be novel, and therefore cannot simply replicate an existing intervention, though it may aim to adapt an existing intervention to a new population or context. It is strongly advised that students use an existing theory or model to support your proposed intervention (although the project can also propose to develop or test new models in areas where these are lacking).

The proposal should follow a structured format that requires specific information under a number of subheadings (see summary below). This is meant to mimic the forms that funding bodies typically require applicants to use when applying for funding for projects of this nature. Please use subheadings in your proposal to inform the reader of what bit of the proposal you are covering.

The proposed number of words per section is informative and will not be checked. However, these provide guidance on the approximate length of each section of the assignment. Although the length of sections partially reflects their relevance, all sections are relevant and will be considered when assessing the coursework.

Summary of criteria by which the coursework will be assessed:

- *Conceptual soundness*: Students are expected to develop a coherent argument in respect of how relevant are the theories or models used to support the proposed intervention. The conceptual framework should be firmly based on psychological principles, and the students are expected to

demonstrate clear understanding of these throughout the assignment, but particularly in the literature review and intervention sections.

- *Links to the Wellbeing and Adjustment literature:* Assignments should make explicit the relevance of the intervention to the wellbeing or adjustment (or to both) of the target population and establish links to the literature on adjustment and wellbeing (see the first lecture of the module for an overview).
- *Originality:* There are two elements to this. The first one is that students should not propose an intervention that substantially overlaps with any issue that was covered extensively in the lectures. The other is that the intervention should effectively be novel.
- *Consistency and coherence:* The various aspects of the assignment need to be firmly and clearly aligned as a whole and coherent proposal, running across the entire assignment, starting from the title through to the appendix. This is about conceptual consistency as described above but also about ensuring that the practical elements of the proposal make sense in the larger picture of the project, e.g. the time allocated to the intervention as described in the appendix should match the description of the intervention earlier in the assignment; the public engagement, at the onset and outset of the project should be appropriate for the target groups and aims of the intervention.
- *Clarity:* The whole proposal should be written in a clear language that non-academics and non-specialists should be able to understand, e.g. by providing brief definitions of concepts that are not common knowledge and clear descriptions of the theoretical model used. For the lay summary the expectation is that the language is even simpler as to be intelligible to an average and 'naïve' layperson on the street.

Maximum length for the assignment is 3,000 words in total (excluding cover page, references and appendixes). Any assignment that goes beyond this limit will be penalised according to the department's academic regulations (see the [Student's Handbook](#) for more information).

This coursework is worth 100% of the PS5206 module mark.

Summary of sections for the assignment

1. [Title of the project \(10-15 words\)](#)
2. [Lay summary of the project/proposed intervention \(250 words\)](#)
3. [Issue that it aims to address and rationale \(200 words\)](#)
4. [Target population \(100 words\)](#)
5. [Duration of the project \(start and ending dates\)](#)
6. [Aims of the project \(100 words\)](#)
7. [Background/Literature review \(700 words\)](#)
8. [Intervention \(300 words\)](#)
9. [Expected outcomes \(100 words\)](#)
10. [Assessment of the intervention \(500 words\)](#)
11. [Expected challenges and how these will be addressed \(200 words\)](#)
12. [Ethical considerations \(250 words\)](#)
13. [Public engagement \(300 words\)](#)
14. [References](#)
15. [Appendix: Project time plan \(2 page maximum\)](#)

Further generic guidance

Please ensure to use this structure. It is not recommended that you alter the sequence of headings. The next section provides detail about each sub-section, including some frequently asked questions about each.

Guidance by sub-section of the coursework

Title of the project (10-15 words)

- The title should be descriptive and clear, informing what the project is about

Lay summary of the project/proposed intervention (250 words)

- Not quite the same as an abstract; this should describe in a paragraph or two all the key elements of the proposed intervention and its rationale, using an accessible language that a layperson would be able to understand.

Additional guidance for Lay summary

Q: With the section titled 'summary of the project', would this be just like an abstract? So we would include a sentence or two from each section?

A: The summary is in some ways like an abstract, but keep in mind two important differences:

- An intervention proposal is not a research paper, therefore the summary's structure needs to be different and focus on key aspects of the project (e.g. key aims, target population and expected outcomes), but not necessarily cover all of the different sections of the project.
- The language should not be academic/scientific, but explain the project in a language that is suitable for non-specialists. Project evaluation panels often include lay people who are included in order to ensure that the projects are assessed from a non-academic, non-specialist, common sense perspective. That is why these lay summaries are relevant.

Q: For the summary or the proposed intervention section, it says to put things in lay terms. Does this mean we need to expand on terms regarding any existing references or theories or do we just assume that they are understood?

A: This section really needs to be written in a way that is understood by a lay person, so if any relevant concepts or theories are mentioned here these need to be explained/worded in a plain way. No references are needed in the summary.

Issue that it aims to address and rationale (200 words)

- Briefly describe the problem or issue that the intervention intends to address; provide some background information, such as descriptive statistics or previous evidence that specifically relate to the need for the issue to be addressed.

Additional guidance for Issue that it aims to address and rationale

Q: The 'issue it aims to address', could this be one of the aims of the project?

A: This section should not be phrased as an aim, but merely as a description of what problem/difficulty/etc is identified in the given population. This will provide support to why the intervention is needed; therefore it should provide some evidence about the existence and relevance of the issue.

Q: I wanted to know what exactly you mean by Rationale, for the intervention. Do I need to talk about why I chose the intervention topic, or do I need to include something else in the paragraph, too?

A: In this section students will need to clearly state what issue their intervention will be addressing and why it is relevant. So, in some senses it is similar to what a researcher will do in the rationale for their research, where they will elaborate why there is the need for topic X to be researched; in this case, why the proposed intervention is relevant to the target population. Just make sure to clearly state what the issue is exactly and to support your rationale as well as possible.

Q: Regarding the 'Background section' one of the points you listed to include is "Characterise the issues that are addressed". I'm unsure what is meant by this and how it different from what I would write in the 'Issues that it aims to address section'?

A: The bigger wordcount allowance and overall aims of the background section allow students to expand and support with more evidence what issues of the target population are being addressed. Typically, under *issues* these are described in a more general way.

Target population (100 words)

- Define the group of people that the project aims to target.
- This can be as large as the population of a country or of several countries, or as specific as a small group of people (e.g. BAME children aged 0-5 living in a specific estate in London; the CEOs of top 100 corporations); describe any exclusion criteria.

Additional guidance for Target population

Q: Does the intervention proposal have to focus on a population or could it be focused on an individual?

A: The intervention should always be focused on a group.

Q: With regards to the intervention plan, does the targeted population need to be based within the UK?

A: No, it can be any population group in any country (or in several countries).

Q: What is a specific population's adjustment and/or wellbeing?

A: This means that the chosen target group needs to be clearly defined and have an identified wellbeing or adjustment issue that will be addressed by the intervention. E.g. baby blues in women who have given birth in the last 2/4 weeks (i.e. postpartum depressive syndrome); exam-related anxiety in A-level students; adjustment to civilian life in recently released offenders; problematic body concerns in adolescents; homesickness in migrants; etc. The possibilities are endless, and students are welcome to choose a topic that is of their interest, as long as it fits into the specifications of the coursework.

Q: Should I explain why I chose my population under the title of the "Target Population"?

A: This may be better suited under the 'Issue that it aims to address' section, but it can also be included under 'target population'. Although in principle here you should simply describe and define which specific group of people will be targeted with the intervention these two sections are very closely related, so alternatively you can collapse the two if this makes more sense to you, just ensure to make this clear in the subheading used.

Q: When coming up with a sample size do we have to provide evidence on why that specific number is appropriate for our intervention? Or is it just based on our subjective preference of how many participants we want to recruit? Could you explain how we could provide an estimate of the sample size?

A: This will depend on the target population and intervention type. If the intervention is to be based on a limited context (e.g. a hospital, a company, schools in borough x) this will already inform the size of the target population. If the target population is potentially larger (e.g. a city, a community, a country) then you may still be limited by practical issues (how many people would you realistically be able to have engaged in the intervention in x amount of time). Or if the intervention is random (e.g. cold calling, online exposure) then students need to provide an estimate. So, in short, there always needs to be an explanation for the sample size based on various elements of the project. It could be based on evidence but also on other relevant elements.

Q: I haven't currently detailed any specific number in the target population section - I have focused predominantly on inclusion and exclusion criterion.

A: This is fine, but as per above it is recommended that you include an expected number of participants.

Q: Could you expand more on what exclusion criteria means in this context?

A: When considering your target population, what would you think should exclude someone from taking part. E.g. if considering a specific clinical population (e.g. people with Anxiety disorders) you may want to exclude those with co-morbidity (e.g. depression or substance misuse) as those might make the intervention less appropriate or less effective. Or you may want to exclude people who don't have a certain level of the language in which the intervention will be delivered, etc.

Duration of the project (start and ending dates)

- Include information about how long the project will take, from implementation to conclusion, as start and finish dates only (no text is allowed in this section).
- When determining its duration, consider any initial time needed for scoping or public consultation at the beginning and any other time needed for public engagement activities, writing up the project, dissemination or follow ups at the end. All of these different steps and activities of the project will need to be

detailed in the appendix; so it is recommended that the time plan is developed first and then is used as a basis for the information provided here.

- Five years is the maximum project length allowed for purposes of this assignment.

Additional guidance for Duration of the project

Q: For the duration of the project, it says not to use any text. Just dates, but can we label next to the dates what each date would be undergoing?

A: For this specific field only start and end dates for the whole project are required. A more detailed project time plan (including start and end dates of specific stages of the project) should be included in the appendix.

Q: In the guidance it has stated that the maximum duration of intervention is 5 years. Does this mean how long it takes to see the effect of intervention on the individual? And then to measure the effect of this over the course of the next 3 months?

A: The guidance about the duration, including the detail about the 5 years, is about how long the whole project (not the intervention) is expected to take. This includes all stages of the project, from preparation stage to the assessment and any public engagement activities. The duration of the intervention itself (ie how long participants will be exposed to or engaged with the intervention) can vary extensively depending on what the intervention is exactly.

Q: My project does not have an ending. Is this an issue?

A: As per the guidance, the projects cannot be open ended. By definition projects are time-limited, otherwise they would be services instead. Sometimes services start off as projects, but this is not part of the spec of the assignment. Any intervention may be designed as a time-limited project, it is just a matter of thinking about a time frame in which you would be recruiting participants, applying the intervention and trying to understand (via assessment of impact) whether the intervention has the desired effect in the target population. The project may however be designed as a pilot study for longer or open-ended interventions/ services.

Aims of the project (100 words)

- Describe what is it that the project aims to achieve as a short bullet point list (ideally between three and six bullet points).

Additional guidance for Aims of the project

Q: For the aims section, it suggests 3-6 bullet points. However, I think I only have 2 main aims for my adjustment/wellbeing measures - should I be adding some secondary outcomes (e.g. knowledge, coping strategies, etc. as potential mediators) or be looking at things like usage/feasibility as well - or is this overcomplicating it?

A: Two aims will be just fine, but it is also OK to include additional/secondary ones such as the ones you mention.

Background/Literature review (700 words)

- Provide a comprehensive and relevant review of the literature that supports your project.
- Make sure to characterise the issues that are addressed but also provide as much evidence as possible to support the type of intervention that the project intends to use, in order to justify its choice and why you believe that it will be effective in addressing the issue at stake in the target population.
- Justify the topic in light of the larger adjustment and wellbeing literature.

Additional guidance for Background/Literature review

Q: For the background/literature review, are we supposed to find papers that use our intervention for that specific target population? Or is it just literature on the target population, and the different interventions that they use?

A: This section is where students need to provide evidence that supports the rationale for using that intervention with that population. For instance, you may want to explain that the intervention has been successfully applied to other populations although not yet to the one that you propose, or you may want to point out the failings of previous interventions aimed at your specific population and use this section to address why you think that yours will work. It is also where you need to propose and explain the model that you are using and any previous applications of the model which may be of interest to your own project.

Q: Should I add the description of the project to the "Background / Literature Review" part?

A: You may need to add a brief description in order to provide context to your literature review, but otherwise there is no need to duplicate information that is already available in other sections of the assignment.

Q: In the literature review section, you've mentioned "justify the topic in light of the larger adjustment and wellbeing literature". Could you please explain a bit more what you mean by that?

A: As per the guidance, the intervention should target and promote adjustment and/or wellbeing, so this section needs to provide a clear conceptual rationale for this in light of existing models of A/W. Some of these were covered across several lectures you had in the module, e.g. in the intro lecture.

Q: We have to use an existing theory to support our intervention; do the theories have to be specific or can I just say e.g. behavioural?

A: Any intervention should have a theory to support it (e.g. CBT is based on Cognitive Behavioural theory, some health promotion activities are based on the Health Beliefs Model, etc). Therefore, the goal here is to discuss any relevant aspects of behavioural theory that provide direct support to the intervention. E.g. an intervention about creating role models to support LGBT inclusivity in the workplace could discuss modelling as the relevant behavioural concept to support it.

Q: How much detail do I need to provide about the theory when using an established intervention (e.g. CBT)?

A: If using an established model of intervention, students don't need to go into a lot of detail about the theory or theories that underlie it. Just make sure to outline the key theoretical tenets that support the intervention and use references to point to further detail. A detailed description of a model is more relevant to support innovative interventions, as to provide a strong rationale for why that specific intervention may be appropriate to address a specific issue in a given population. Consider why you think that the intervention will work; what are the underlying constructs or aims for the intervention that you have in mind, as that should give you some guidance as to what theory/model will be best suited. You can also look for how similar types of existing interventions have been conceptually supported, as this may also give you some ideas about this.

Intervention (300 words)

- Describe in some detail what the intervention will entail and how it will be implemented (e.g. in which contexts, if it is a stepped intervention explain what steps or stages will take place).
- The intervention can be described in as much detail as possible roughly within the indicative wordcount for the section.
- It should provide a good sense of what will happen, e.g. type of information provided or outline of sessions, so that someone else would be able to replicate the intervention if they wanted to.

Additional guidance for Intervention

Q: Is the coursework task to formulate an entirely new intervention, based on existing intervention models and theories?

A: The coursework may describe the use of an existing intervention in a novel context or population, or it can propose a novel intervention altogether, but in this case the intervention needs to be solidly based on existing models or theories (e.g. the health belief model, phenomenology, systemic theory, Maslow's hierarchy of needs, and so on and so forth). So, in summary, the project must always include a novel aspect to it, but that does not necessarily need to be the intervention itself.

Q: In terms of intervention does it mean psychological intervention?

A: It does not have to be a psychological intervention in the strict sense (e.g. psychotherapy, counselling), but it can be behavioural (e.g. asking participants to keep a diary of positive experiences; instructing them to engage in specific behaviours online), psychoeducational (e.g. providing information about how to manage a medical or psychiatric condition that participants have been diagnosed with; training participants' social skills, or providing them with tools to improve their emotional regulation), etc. Something as simple as giving people an information leaflet or play a game can be an intervention. The proposals may include more than one intervention as part of the project.

It can also be a psychotherapeutic type of intervention but in this case its application should be novel, i.e. it should not simply propose to use an existing intervention for issues or populations that it has been used before (e.g. CBT for depression). For example, the PLISSIT model was developed to address sexual problems in individuals and couples, but in the meantime it has also been applied in the context of other

health-related issues (e.g. Chronic Obstructive Pulmonary Disease), so this is an example of an existing intervention being applied in a novel context/population.

Q: Can we use more than one intervention or use one intervention for more than one adjustment and wellbeing topic?

A: Yes, you are welcome to do this. Just ensure that there is coherence (i.e. a clear, logical connection) between intervention/s and intended wellbeing/adjustment aims.

Q: In the 'intervention' section would bullet pointing the details of each session be ok (alongside paragraphs including other details of the intervention)?

A: There is no one single way to organise the information, so it is really up to students to decide how to present this. So, bullet points are fine, but narrative paragraphs work as well.

Q: Since this is meant to be a native intervention, will we get higher grades for creating completely new interventions based on psychological theory than we would if we used a pre-existing intervention differences in target population etc.?

A: The marking will be based on the overall quality of the work, and to what extent the various aspects of the coursework's specifications are considered in the proposal.

Q: In the intervention section, would we have to put the details regarding what happens pre-intervention/post-intervention (e.g. have to complete a demographics questionnaire) or would that be in another section?

A: The intervention section should only include details about the intervention. An explanation about the design and assessment procedures should go under 'Assessment of the intervention'.

Q: I am wondering if I could have a bit more clarity on the detail level we should go into for the intervention section. For example, if I would be proposing to use PowerPoint over a number of sessions, how much would I have to write about what is in the PowerPoint. Would it be enough to just go over the key themes and topics or would we need to describe each slide for instance?

A: Just the general themes will suffice. The detail in this section should be enough so that if someone would want to replicate the intervention, they would be able to, but there is no need to provide any materials or detailed content information.

Q: In which section would we mention what type of intervention our intervention will be (e.g. this is a psychoeducational intervention)?

A: This information may appear across a number of different sections (e.g. lay summary, literature review) but should be explained in detail in the 'Intervention' section.

Expected outcomes (100 words)

- Describe what do you expect to achieve with the project in measurable indicators (e.g. 'There will be an increase in x% in young victims of female genital mutilation receiving counselling in council Y').
- Be realistic in your expected outcomes; these should convince the funder that your project is worthwhile their money, but you also want to make sure not to overstate what you may be able to deliver.
- Organise this as a bullet point list.

Additional guidance for Expected outcomes

Q: For the expected outcomes section, does this need to be backed up by evidence or can we make a realistic guess at the figures?

A: The expected outcomes do not need to be backed by evidence but, as you suggest, can be what the project designers realistically expect to achieve with the intervention. These should also be relevant from the funder's perspective. Typically, in real world contexts, these would be the benchmarks against which the project will be assessed and reported back to the funders as indicators of success.

Q: When working on the outcomes section do we have to come up with a specific percentage of what we expect to find or can we just mention for example 'An increase in wellbeing among participants is expected'? If we are supposed to mention a percentage, how are we supposed to support this?

A: The outcomes need to be measurable, and therefore students do need to come up with a reasonable expected change or result following the intervention. There is no need to support this, but students can look for examples in existing research in the same area as their proposal to inform what increase to expect. Ultimately these are aspirational, so they don't need to be objective, but they do need to be realistic, e.g. increases in wellbeing following most interventions are relatively modest, so students need to take this into account.

Q: Do we relate to outcomes associated with the specific measures we discuss in the following section to assess the intervention (e.g., 60 % decrease in depressive symptoms on the BDI-II from baseline to post intervention)? Or are you expecting a broader general outcome to be reported here (e.g., 60% increase in young females accessing treatment for depression). Should it link with the project aims? Also, can we split this into primary and secondary outcomes?

A: The outcomes should be as closely related to the aims of the intervention as possible, and they should be measurable too. Both examples you provide are valid possible outcomes for an intervention, but the first one (decrease in depressive symptoms) is more specific and more easily measurable than the second. So ultimately both could be used, as long as they are clearly linked to the project aims. Outcomes can be broken down into primary and secondary if relevant.

Assessment of the intervention (500 words)

- Explain how you will assess the impact or effects of the intervention, i.e., detail your study design (e.g. how you will collect and analyse data that will prove that the intervention delivered the expected outcomes or that there was no effect).
- It should include at least one research technique of the various available within Psychology, but there can also be a combination of more than one. These should be appropriate to the target population and type of intervention.
- Consider also what would be the best quality evidence to support the efficacy of the project when making the decision about which approach to use (e.g. a RCT may provide strong evidence but not be feasible in some circumstances).
- Include the timescales for the assessment, e.g. at what moment/s of the project will data be collected for this purpose.
- Specify which measures or instruments will be used to assess impact.
- Make sure that the timeline described here matches that included in the appendix and vice-versa.

Additional guidance for Assessment of the intervention

Q: I could not understand what do you mean by “instrument”? Can you provide an example, please?

A: An instrument in this context refers to an appropriate measurement of a relevant outcome (e.g. a scale, questionnaire, focus group, etc.). If using existing

measurements, which is advisable, these should be named, referenced and briefly described as to why they were chosen.

Q: My assessment of impact will not use any existing scale and a new questionnaire relevant to the purpose, needs to be designed. Is it okay to simply describe the nature of this questionnaire in my assignment or would I need to actually design a questionnaire and include it in the appendix?

A: A description of the questionnaire will suffice, maybe providing a couple of possible items for illustrative purposes.

Q: I feel that my topic is unique and having a uniquely designed assessment questionnaire will be more relevant.

A: This is an option too. It is up to students which course to take, as long as a good rationale is provided for whichever instrument is chosen.

Q: In the description of the coursework, you said: "Specify (and reference, as appropriate) which measures or instruments will be used to assess impact." Should we explain how we will measure the scores in SPSS?

A: No need for this. Students only need to describe which instruments will be used to assess specific intervention outcomes.

Q: If I decide to assess the intervention using a RCT or other experimental designs, do I need to get into the methodology details and explain what statistical analysis will be performed to assess the intervention?

A: No description about statistical analysis is necessary in the project, just enough level of detail about the RCT (or whichever type of design used) as to demonstrate understanding of the methodology underpinning such design as applied to the project idea.

Q: Would it be sufficient to state that all measures have been previously used in similar research with the target population? Or would an individual explanation for each measure be required?

A: Mentioning that the measures have been used in similar research previously is a good argument to support the choice of measure, but I would suggest adding brief detail about why they were considered relevant for the proposed project.

Q: If we use some questionnaires/measures and we describe them in the assessment of the intervention section do we still need to describe them/mention why we chose them in the literature review?

A: They can be mentioned there, but the justification for why they are being used should be included in the assessment section, linking back to the aims of the intervention.

Q: When talking about measures/ instruments used (e.g. scale questionnaire), should we refer to its reliability (Cronbach's Alpha) as a supporting reason as why this measure is good to use for the intervention?

A: Students can definitely refer to the proposed instruments being widely used and having good psychometric qualities, but it should be mainly about how appropriate they are to the proposed intervention and expected outcomes.

Expected challenges and how these will be addressed (200 words)

- In real world settings, this is meant to help prepare for the project and plan for any contingencies, and therefore is an important aspect of project design.
- List possible challenges to your project and how you are thinking proactively to address them. Typical areas where challenges may arise are recruitment and engagement, but think beyond these. Propose realistic ways to address these.
- The section should discuss challenges to the project as a whole. This means that it may include challenges to the research aspect (i.e. assessment of impact), but also to any practical aspects of the implementation and management of the project.

Additional guidance for Expected challenges

Q: I wanted to confirm the sort of things we could write about for the challenges section. Could we write about potential limitations e.g. extraneous variables, non-standardised measures, or mainly challenges to the research such as engagement, as you mentioned?

A: The limitation section should discuss any challenges to the project as a whole. This means that it may include challenges to the research aspect of it (i.e. assessment of impact), but also to any practical aspects of the implementation and management of the project. In real world settings, this is meant to help prepare for the project and

plan for any contingencies, and therefore is an important aspect of project design. As for other sections of the CW, the word count gives an indication of how much attention should be dedicated to it.

Q: For the challenges, can we include recent challenges (e.g. COVID) that may not necessarily have current research evidence to support them?

A: The challenges section is more about foreseeing any practical challenges that might compromise the running of the project and the ability to meet the time plan (recruitment, execution, etc.), so no references are typically required here.

Ethical considerations (250 words)

- Discuss any ethical issues that may be relevant to the project (e.g. issues around consent or engaging vulnerable populations) and how you intend to address these.

Additional guidance for Ethical considerations

Q: Are we expected to provide references in the ethics section?

A: If you discuss any points that need to be supported by any sources in this section, these should be referenced.

Public engagement (300 words)

- Include information about how you will ensure that your project will incorporate the voice of those it intends to support at two moments: before and during the development of the project (typically to make sure that the project accommodates stakeholders needs and perspectives); and after the project is concluded, e.g. via any dissemination activities, to ensure that relevant members of the population or the whole population receive information about the findings of the project.
- Important note – this section should not be about recruitment.

Additional guidance for Public engagement

Q: What do you want us to explain under public engagement?

A: As per the description of this section, this is where you explain how you will engage with the public or target population of your project. At the start of the

project to ensure that you take the group's needs into account in the project; at the end to disseminate the findings and generate conversations about the project and its findings.

Q: Would we be expected to go into detail for public engagement?

A: Public engagement needs to be descriptive and provide enough detail that will allow the reader to understand what will be done (more than how it will be done), therefore without needing to go into great depths e.g. describing all steps to be taken for implementing the engagement measures.

Q: In regard to the Public Engagement, do I need to elaborate and discuss the details?

A: You don't need to include much detail about Public engagement, but provide an idea of how you will ensure public engagement is done at the onset and outset of the project. E.g. at the outset, how would you ensure that the project outcomes will be known by the target of the intervention? Types of public engagement activities are things like talks, engagement with the press, cultural activities, production of information materials such as leaflets, etc. Make sure to explain why the specific activities would be adequate for the target population.

Q: For the public engagement section, is it of relevance to consider dissemination to academic audiences, as well as non-academic audiences? Or should we be focusing more on how we will engage with our specific target population?

A: The key population to focus on tends to be the target population for the intervention, but it can also be that of specialists (e.g. psychologists, GPs, social workers) who may then use the intervention and in doing so will be benefiting the target population, or even others (e.g. parents, academics). In that section students are expected to think about these details and propose an effective plan for public engagement accordingly.

Q: With the public engagement section, do I speak about how I will engage the recruited individuals in the intervention and then mention how I will engage with the public, i.e. by talking about ways to make the public aware of the issue, etc?

A: This section is not really about recruitment. It should focus on both or either: public consultation/needs assessment at the beginning, and dissemination of findings at the end of the project.

Q: I've read the public engagement section a few times yet I'm still not too sure what it is about. Is it like a debrief to participants or what?

A: Public engagement is how the authors make sure that the results from the intervention are known by relevant audiences and don't just 'die' with the project. This may include sharing the findings with the participants in the project itself, but should go beyond that, to include others that might benefit from the intervention, clinicians, community workers, the general public, etc. This can be done through a variety of ways; it is up to the student to think about which ones would be relevant for their specific project.

References

- List the references used in the project using APA 7 style.

Appendix: Project time plan (2 pages maximum)

- Design a time plan for the project that includes the predicted beginning and ending for all activities and of the whole project from launch to conclusion, including any follow up activities.
- This can be done with a fictional start date for the project (e.g. July 2024) or accounted to in generic months (start of the project: Month 1).
- Bear in mind that some activities may overlap.
- Keep this schematic (a table, spreadsheet or Gantt chart can be an effective way to do this).

Additional guidance for Appendix

Q: For the appendix, it mentions a time plan and activities, so does this mean a step-by-step guide of the intervention? I am basically trying to ask what type of information does one include in the appendix?

A: There is no need to include detailed description of the activities in the appendix (some descriptive detail should come in the 'Intervention' section and may also appear in the 'Literature review' if relevant). In the appendix the activities should appear as headings/bullet points as part of the time plan with their respective starting/finishing dates.

Q: I am a little unclear about the timeline for the intervention. Do we simply state a number of weeks for each procedure? I.e. 10 weeks for writing up the findings.

A: The project time plan in the appendix can be organised in various ways, as long as it is clear and well structured, allowing the reader to have a sense of the sequence of the different activities of the project. So yes, it can include a description of how many days, weeks or months you think you will need for each activity or phase of the project, but bear in mind that often activities overlap, so you need to organise and convey this information in a clear way.

Q: I am still not sure about how the information we put in the intervention section is different from the appendix, other than the appendix having specific dates for implementation. I was hoping you could explain the difference in a little more detail.

A: Let's start with the time plan (appendix); this should list all phases of the project organised chronologically and taking into account any overlaps. While the intervention and its phases or stages should also be included here, typically the project encompasses many other activities (preparatory and post-intervention such as assessment) that should also be included here. These various project activities and phases are only named here or briefly described but not elaborated on. In sum, the detail here should be in respect of the time plan, not the activities.

The Intervention section is where you will be able to describe in detail your intervention, so not only listing its different steps but also providing detail about how it will be done (within the limits of the available word count, of course). Think of this as the 'recipe' for the intervention: if someone else wanted to reproduce your intervention they would follow these to make sure they did it exactly as you did. The information in the time plan would not allow for this as it is more cursory and schematic, and should not be over 2 pages long.

Q: Do we need to include the public engagement section into our timescale graph in the appendix?

A: Public engagement is part of the whole project, and therefore it does need to be included in the timescale, as it needs to be considered for the duration of the project.

Q: Also, are we supposed to include the data analysis in our time plan?

A: It should be included as part of project planning in relation as to when it will happen, but all detail about how it will be managed should be included under Assessment of the intervention.

Q: Is the appendix supposed to be in table form? If not, then how are we supposed to go about it? Also, what does it mean that it's supposed to be two pages long because I'm not too sure how we would manage that? Also does it have to be in APA Style and are we getting marked for it?

A: The appendix should be presented schematically, so as succinctly as possible list in chronological order all the key tasks for the project. Students can decide how to best do this, as per the guidance provided. It is part of the coursework therefore it is also considered during the marking process.

Q: Can I include the ethics process/approval as part of the timescale (for the appendix) or is proposing the intervention part of seeking ethics approval?

A: Ethics approval process is part of the project, and therefore it may be considered in the timescale for the project.

Q: If we have used questionnaires, do we need to put the full questionnaires in the Appendix? Or is the appendix only for the project time-plan?

A: The appendix is only for the time-plan; there is no need to include any questionnaires or other materials there. Any existing measures that you propose would be used for assessing the impact of the intervention should be described briefly and referenced under 'assessment of intervention', where you can also provide examples of items if you think this to be relevant. For new measures that are to be developed especially for the project students are advised to add a bit more of detail.

Further generic guidance

Q: Can I write about something which has been researched before but there is not a lot of research in this area and on this intervention with the sample I want to use or do you want us to write about something which no one has researched before?

A: The intervention does need to be novel, so if it has been done before even with little research it cannot really be considered novel. You can always think about ways to adapt the original intervention to make it novel, e.g. by focusing on a different target group, or by adding/changing elements to the intervention to address further and relevant aspects of adjustment and wellbeing.

Q: I am struggling to understand the difference between the 'issue that aims to address and rationale' section and the 'background and literature review' section.

A: The 'issue that aims to address and rationale' is the 'why', ie the reason for the whole intervention to be developed. On the other hand, the literature review section is expected to be about supporting your intervention idea with relevant theory and evidence. Here you may need to reinstate the issue being addressed and you can even expand more on it, but only insofar as to explain why you believe that the intervention will be useful for the target population by using supporting evidence.

Q: Does the intervention proposal have to focus on one of the topics that we have covered in this module or could it cut across several of the topics that we have covered as different topics are related?

A: It can include one, various or none of the topics covered (i.e. it can also be about topics not covered in the PS5206 lectures), as long as it focuses on topics of adjustment and wellbeing.

Q: Can my project be about prevention in relation to a relevant wellbeing topic, e.g. substance use?

A: No. An intervention is meant to promote a positive outcome, not avoid a negative one (which is the definition of prevention), therefore prevention projects are not included in the scope of this assignment. However, the target population for the intervention can be a clinical population of interest, e.g. substance users or their family members on a project to promote their wellbeing/adjustment.

Q: Do we have to follow the assessment structure provided in the slides or this is just an optional guidance?

A: Yes, you need to follow the structure. You have some flexibility in how you approach it, e.g. you may decide to change their order slightly or collapse two/more of the headings, but the information required under each heading should still be included. However, it is recommended that you stick to the proposed headings and order.

Q: Do we have to include the headings in the coursework, for example, 'summary, target population' and if we do include them, do they count towards our word count?

A: It is strongly advised that the subheadings are included so that the marker knows which section students are describing at each point. These will count towards the word count (they are about 40 words or 1.3% of the allowed word count). You can use shortened versions of the subheadings to save up a few words (e.g. 'duration' instead of 'duration of the project').

Q: I was wondering if it is ok to go quite a bit over the recommended word count in the intervention section?

A: As per the guidance the word count for each sub-section is a suggestion, so this is totally up to you. Just make sure to keep this in check, as to not end up with very limited available words for other equally important sections of the assignment.

Q: Would a power analysis be unnecessary?

A: It is indeed not essential as this should be designed as an intervention project, not as a research one. However, a power analysis can be included.

Q: Can I support the information from my personal experience?

A: The language, style and referencing of the assignment should follow usual best academic practice. Therefore, anecdotal evidence is to be avoided, but there can be a reference to the lack of existing evidence about that issue in that specific context, or use e.g. media reporting on it if no better data is available though making sure to acknowledge the limitations of these types of non-academic sources.

Q: I just wanted to ask whether we should include a cover page and, if so, what it should look like. In addition, I was wondering whether we should have one reference section at the end of the paper with all of the citations or various ones after every section/subheading that has in-text citations?

A: Yes, all submitted coursework should include a cover page. See the Students' Handbook for details about this (p.41). A complete reference list should be at the end of the assignment.

Further guidance and inspiration¹:

- [CDC's 'Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide'](#)
- Medical Research Council's '[Developing and evaluating complex interventions](#)' document
- [NICE's 'Lifestyle and wellbeing' section](#) (make sure to explore NICE's many links and helpful resources)
- Public Health England's '[Evaluation in health and wellbeing](#)'
- Public Health England's '[Psychosocial pathways and health outcomes: Informing action on health inequalities](#)'
- University of Kansas' '[The Community Tool Box – developing an intervention](#)'

¹ Although some of these resources and references are not specific to Psychology, they were included here as the methodologies or resources that they use are common to those used in intervention projects that have a psychological focus.

Useful references:

Blumenthal, D. (2011). Is Community-Based Participatory Research Possible? *American Journal of Preventive Medicine*, 40(3), 386-389. doi.org/10.1016/j.amepre.2010.11.011

Gold, J., Pedrana, A., Stooze, M., Chang, S., Howard, S., Asselin, J., . . . Hellard, M. (2012). Developing health promotion interventions on social networking sites: Recommendations from The FaceSpace Project. *Journal of Medical Internet Research*, 14(1), E30. [10.2196/jmir.1875](https://doi.org/10.2196/jmir.1875)

Hoddinott, P. (2015). A new era for intervention development studies. *Pilot and Feasibility Studies*, 1(36). doi.org/10.1186/s40814-015-0032-0

Prestwich, A., Webb, T. L., & Conner, M. (2015). Using theory to develop and test interventions to promote changes in health behaviour: evidence, issues, and recommendations. *Current Opinion in Psychology*, 5, 1-5. doi.org/10.1016/j.copsyc.2015.02.011

Speer, P., & Christens, B. (2013). An Approach to Scholarly Impact through Strategic Engagement in Community-Based Research. *Journal of Social Issues*, 69(4), 734-753. doi.org/10.1111/josi.12039