



# Doctorate in Clinical Psychology Course Newsletter

**Summer/Autumn 2015**

Welcome to the tenth edition of the UCL Doctorate in Clinical Psychology Course Newsletter. I hope that everyone has enjoyed the summer.

Firstly, I would like to extend a warm welcome to all of our new cohort as well as congratulating our outgoing trainees who have recently completed the thesis viva. Thank you to all our regional supervisors who are involved in supporting trainees with their research or in offering clinical placements.

In this edition we hear from Joint Course Director, Tony Roth on Inter-professional learning. We also report on the excellent work being done by our 2014 cohort to introduce mindfulness drop-in sessions for trainees and staff. We also speak to one of our completing international trainees about their experiences of training and report on some exciting research being conducted by our trainees. We welcome new staff member, Laura Pascual to the UCL team and provide information on the UCL conference and supervisors workshops to which all supervisors are invited to register.

Enjoy! Jarrod Cabourne, Clinical Tutor

## **UCL CONFERENCE : The Experience and Psychological Consequences of Detention in Secure Environments Conference**

In March 2015 we hosted the Spring UCL conference, which was a great success.

The aim of the conference was to introduce the work done by clinical psychologists in criminal justice settings, such as prisons or young offender institutions. The talks addressed the question of what implications the experience of detention has for psychological therapy. Dr Joel Harvey's talk introduced the notion of the clinical psychologist as an "ethnographic practitioner". This approach strives for an understanding of both the individual, the context in which they live and their interaction. This is particularly important when considering the impact of the correctional environment on psychological therapy.



The other main theme, which emerged in both Dr Kirsty Smedly and Dr Frances MacLennan's talks, concerned working from a developmental perspective using attachment theory as a guiding framework. Individual case studies revealed how this approach works in practice and what adaptations were needed for the secure environment. The conference certainly sparked the interests of current trainees, some of which have since expressed their wish to undertake a clinical placement in a prison whilst on training to gain experience of working within this context.

Our Autumn conference will be hosted by Dr Georgina Charlesworth, on the subject of dementia, taking place at 2pm on 18<sup>th</sup> December 2015. If you would like to register interest please contact Leah Markwick on [l.markwick@ucl.ac.uk](mailto:l.markwick@ucl.ac.uk). Further details will be published nearer the time at <http://www.ucl.ac.uk/dclinpsy/events>

# Mindfulness Working Group

## Origin and Development of the Mindfulness Working Group

The Mindfulness Working Group was initiated by Dr Rachel Whatmough, Clinical Tutor at UCL, who was keen to develop opportunities for mindfulness on the Doctorate in Clinical Psychology having completed mindfulness teaching training the previous year. A call for expressions of interest from those with mindfulness experience to form a mindfulness group, with possible opportunities for research with Dr Sunjeev Kamboj, brought together six avid first-year UCL trainees with a similar idea. Our background experience ranged from carrying out research in mindfulness, setting up previous groups at universities, taking structured mindfulness-based cognitive therapy and stress reduction courses, to using mindfulness clinically with clients in the NHS.

What was clear from the offset was a strong interest in exploring how we could assist others in building and sustaining their own personal practice, as well as how mindfulness could potentially contribute to the clinical training environment. We knew we wished to offer something; the key question centred on what direction to take? In essence, what did the people want? So we consulted the people. A survey was collected on those with an interest in attending a mindfulness group, with items on preferences for drop-in sessions, a short introductory course, speaker sessions, length, timings of session, and whether this was for personal benefit or for working with patients. The results were in and the Mindfulness Working Group was born. As a tight but eclectic crew, we started in uncertain waters but now had a mindfulness map. The first port of call? To offer four experiential, drop-in, mindfulness taster sessions, with the possibility of an expert guest speaker leading one session.



# Mindfulness Working Group

## Experience of Running the Seminars

As trainees, we generally lead the sessions, with each session focusing on a different aspect of mindfulness, such as breathing exercises or body scans. The emphasis was on trainees *facilitating* the sessions, rather than being viewed as teachers, and to create an atmosphere in which attendees could experience first-hand what practicing mindfulness involved. Our aim was to make these sessions experiential, and this seemed to allow attendees to engage in a way that might have been more difficult with a more academic focus. We used group discussions after exercises to allow trainees to explore their experiences, and to ask any questions about mindfulness.

The guest speaker was Paramabandhu Groves, a Consultant Psychiatrist specialising in Addiction, who provided further information about mindfulness whilst still maintaining the experiential focus. The sessions were consistently attended, with between eight and twenty attendees each time. The trainees who led the sessions reported that their position as facilitators, as opposed to teachers, made their role easier to fulfil.

## Feedback from Trainees and the Future of Sessions

A poll of trainees at the end of the year revealed that people found the sessions useful and enjoyable, and had an impact by increasing interest in mindfulness and reducing stress. Everyone who responded said that they would like the sessions to continue, and we are now thinking about how to continue next year. We are considering inviting more speakers, as well as having a more structured short course for those interested in deepening their knowledge and practice of mindfulness. It appears safe to say that the UCL mindfulness ship will continue to sail and all are welcome to jump on board.

The Mindfulness Working Group currently involves (in alphabetical order)

Ella Baruch

Aria Campbell-Danesh

Alasdair Churchard

Natalie Coope

Sunjeev Kamboj

Christy Pitfield

Lucy Smyth

Rachel Whatmough

## Interprofessional Learning

In almost all settings psychologists need to work effectively with other professionals: learning how to do this is a critical skill. Traditionally we assume that supervised practise and exposure to multi-professional contexts helps trainees to understand and respect the roles and professional perspectives of others, gaining skills in communication and leadership that enable them to make an effective contribution to inter-disciplinary discussions and decision-making. However, this can be a challenge on two counts – this sort of learning may or may not take, and trainees may or may not be in a position both to enact and to reflect on these skills. Meeting the challenge means developing systematic ways of supporting and monitoring development in this area.

Monitoring is the easier of the two tasks; to address this we have been asking supervisors to seek-out the views of their professional colleagues – essentially asking a simple set of questions (for example, is the trainee making an effective contribution to the team? do they understand and respect the roles of team members?). We ask about this at the Mid-Placement Review and by gaining explicit feedback about how the trainee is progressing we can identify any issues that need addressing.

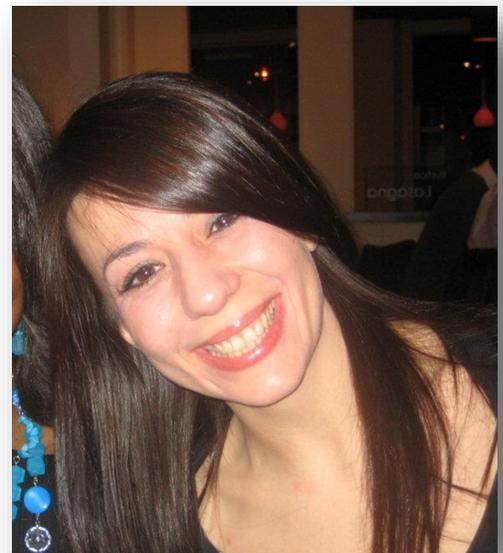
Finding an effective way to facilitate college-based learning about interprofessional working is more challenging. We are not sure that the ‘traditional’ approach to this is very effective – this usually amounts to having different professions in the same room undertaking some sort of joint training, which only works if there is very active mixing and co-working across professional groups.

Instead, we are embarking on something of an experiment (in conjunction with colleagues from the UCL Medical School and at the Institute of Psychiatry programme). Our idea is to set up simulations of inter-professional meetings, with clinical psychology trainees and psychiatry students given identical case material, being asked to present their ideas about the case to each other and then agreeing on the best way forward. They will then be asked to step-back and reflect on this exercise – for example, what did it tell them about their respective roles, perspectives and priorities? We should be able to pilot this project in the autumn with a small number of students. If it shows promise we can think about how it can be taken forward.

## New Staff Members

### **Laura Pascual - Research & Finance Administrator**

Laura joined the DClinPsy in August 2015 as Research and Finance Administrator. She previously work as Contract and Costing Assistant at the University of Kent and as Administrator in the ASTUTE Project at Swansea University.



## Ai Yun Taha, International Trainee Completing Training in 2015

*In previous newsletters, we have reported how the UCL Doctorate is now open to international applicants. We are pleased to see that our international trainees are now completing the doctoral programme and becoming qualified clinical psychologists. In this issue, we have spoken to one of our most recent graduates about their experience of training at UCL. In the next issue we will be speaking to some of our regional supervisors about their experience of supervising trainees from our international cohort.*

In September 2012, I joined the UCL doctorate in clinical psychology course. It has been an extremely enriching and enjoyable three years. I recall attending a month of lectures focusing on CBT as well as overarching NHS structures and systems. The latter was helpful as it helped me gain better understanding prior to commencing placement. Looking back, my pre-training clinical experience in Singapore enabled me to effectively engage and work with clients. In addition, I found that it was also essential to familiarise myself with relevant policies as well as resources within and external of NHS. My fellow trainees, supervisors, colleagues and UCL were tremendously willing to share knowledge with me and I was also able to raise questions I might have. Across my placements, not only did I have the privilege of learning and improving my clinical skills and knowledge, I was also able to contribute to MDT working and share my experience of working with diversity. For example, in my first year placement, I led a presentation and discussion focusing on the role of culture in working with clients presenting with psychosis. Now that I have finished my training, I am grateful for the opportunities and experiences, which would certainly be useful as I start my new job.



# Research Updates

## Annika Holden and Nicola Alden; UCL Trainee Clinical Psychologists

*A recent study by Falconer et al. (2014; see UCL course newsletter Winter 2015), investigating a brief immersive virtual reality (iVR) compassion intervention conducted with self-critical participants, found favourable changes in self-criticism and self-compassion post-intervention. The iVR scenario involved the participant becoming 'embodied' as an adult avatar who was required to respond compassionately to a crying child avatar. Next, the participant was 're-embodied' as the child and experienced a recorded replay of their earlier interaction as the adult delivering the compassionate response.*

*There has been increasing interest in the use of iVR as an alternative therapeutic tool to mental imagery (MI). In line with this, we built on Falconer et al.'s research by investigating whether: 1) their one-off compassionate iVR intervention was more efficacious than a guided MI control, 2) if this iVR scenario could be used as a therapeutic tool to reduce shame as well as self-criticism, 3) whether allocentric visuo-spatial perspective-taking (VSPT) ability and sense of embodiment influenced people's ability to benefit from the intervention, and 4) if practising imagining the intervention for two weeks induced further change. Participants' experience of the two interventions was also explored.*

*Forty healthy self-critical participants were recruited and randomly allocated to one of the two interventions. Both conditions had a small to medium positive effect on state self-compassion and shame and a large effect on self-criticism post-intervention, which was maintained at two week follow-up. No main effect of condition across any of the dependent variables was found, however the iVR intervention was experienced more negatively.*

*The results indicated that iVR afforded no extra benefit over MI. In fact, the MI condition demonstrated larger effect sizes, and was experienced more positively than the iVR intervention. This suggests that this novel immersive intervention may not prove acceptable for some individuals, for example, those who are socially anxious may find the performance aspect inherent to the iVR scenario aversive. This highlights that careful consideration should be given to an individual's suitability for treatment using a particular tool and the need for further research in this area.*



# Research Updates Continued

## **Pathways, Barriers and Facilitators to Psychological Therapy for Members of Black African Communities in the UK, Elizabeth Anthony UCL Trainee Clinical Psychologist**

My thesis was inspired by particular interests I have in making psychology accessible to all and in transcultural mental health following spells working in psychiatric hospitals in Brixton and Cape Town. Data show that members of Black African communities access Improving Access to Psychological Therapy (IAPT) services at only 57% of the rate expected given the size of their population. Previous research in this area has lumped together Black Africans and Caribbeans, however the same data suggest that Black Caribbeans do not under-access services. Past research also focuses heavily on barriers to services rather than facilitators (factors which make it more likely that services will be accessed) and pathways to psychology are looked at through service data rather than individual narratives. Therefore I chose to use semi-structured interviews to explore how members of Black African communities seek help for emotional distress, what makes it more difficult to access psychological therapy and what allows them to overcome these barriers. I recruited 10 participants in total from IAPT services in areas of London with large Black African populations.

Using Interpretative Phenomenological Analysis, I was able to find common barriers and facilitators experienced by the participants. Barriers included stigma around 'madness', reluctance to disclose to others, lack of information and knowledge about mental health and services, different world views around mental health and help seeking and service barriers such as long waiting lists. Facilitators included encouragement from others (especially General Practitioners), access to information, especially on the internet and difficulty coping. The pathways were diverse in their length and sources of support sought prior to psychological therapy. The majority of participants did not go to their GPs asking for psychology and were not aware of IAPT services. The GP was therefore crucial in recognising a mental health problem, suggesting psychological therapy, and referring to IAPT services.

The key implications of this research include the vital role of GPs and the huge impact that stigma continues to have in this population despite public media campaigns. Exploring the interaction of barriers and facilitators in individual narrative pathways also showed that in many cases, it is not the removal of barriers which enables access to services, but the presence of facilitators which allows barriers to be overcome. Therefore future research focusing on facilitators is greatly needed to ensure psychology services can be accessed by all.

# Supervisor Workshops 2015-16

The three North Thames Clinical Psychology Training Programmes – University College London, Royal Holloway University of London and University of East London run a programme of workshops for supervisors of clinical psychology trainees in the North Thames region.

These events are free.

To book a place or seek information about a particular workshop, please contact the administrator of the course hosting the workshop:

## Course administrator contact details:

### RHUL

Tel: 01784 443851

Fax: 01784 434347

E-mail: [clinpsyworkshops@rhul.ac.uk](mailto:clinpsyworkshops@rhul.ac.uk)

### UEL

Tel: 020 8223 4501

E-mail: [clinpsyworkshops@uel.ac.uk](mailto:clinpsyworkshops@uel.ac.uk)

### UCL

Tel: 020 7679 1897

Fax: 020 7916 1989

E-mail: [placements-admin@ucl.ac.uk](mailto:placements-admin@ucl.ac.uk)

## Neuropsychological Assessment

Friday November 6th 2015

10.00 am to 4.30pm

Host: **UEL**, Tel: **020 8223 4174**, E-mail: [clinpsyworkshops@uel.ac.uk](mailto:clinpsyworkshops@uel.ac.uk)

This workshop is for Clinical Psychologists who supervise clinical psychology trainees undertaking psychometric assessment.

### Workshop content

Key psychometric constructs

The neuropsychological examination – comprehensive test batteries

Scoring, interpretation & differential diagnosis

Reporting and feedback

## **Part 1- Two-day Workshop for New Supervisors**

Thursday 10<sup>th</sup> & Friday 11<sup>th</sup> December 2015

10.00am to 4.30pm

Host: **UEL**, Tel: **020 8223 4501**, E-mail: [clinpsyworkshops@uel.ac.uk](mailto:clinpsyworkshops@uel.ac.uk)

This 2 day workshop is for clinical psychologists who are relatively new to supervising or are about to supervise trainee clinical psychologists in the North Thames for the first time. It is part 1 of 2 workshops towards eligibility for registration with the BPS Register of applied psychology practice supervisors (RAPPS).

### **Workshop content**

Information about the courses in North Thames

Models of learning and training and the structure of supervisor sessions

Monitoring, assessing and giving feedback to trainees BPS and course supervision requirements



## **Formulation Skills**

Thursday 21<sup>st</sup> January 2016

10.00am to 4.30pm

Host: **RHUL, Bedford Square, 2 Gower Street, WC1E 6DP**, Tel: **01784 443851**, Fax: **01784 434347**, E-mail: [clinpsyworkshops@rhul.ac.uk](mailto:clinpsyworkshops@rhul.ac.uk)

This workshop is for Clinical psychologists who already have some experience of supervising clinical psychology trainees.

### **Workshop Content**

What do we mean by formulation skills?

How are formulation skills taught?

## **Part 2- Advanced Supervisor Workshop**

Thursday 4<sup>th</sup> February 2016

10.00am to 4.30pm

Host: **UEL**, Tel: **020 8223 4501**, E-mail: [clinpsyworkshops@uel.ac.uk](mailto:clinpsyworkshops@uel.ac.uk)

This workshop is for clinical psychologists who already have some experience of supervising clinical psychology trainees in the North Thames. It is part 2 of 2 workshops towards eligibility for registration with the BPS Register of applied psychology practice supervisors (RAPPS).

### **Workshop content**

Dilemmas in the supervisory relationship

Managing power in the supervisory relationship

The supervisor's role as both assessor and facilitator of learning

Evaluation of trainee's clinical competence



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## **CBT Supervision**

Thursday 18<sup>th</sup> February 2016

10.00am to 5.00pm

Host: **UCL**, Tel: **020 7679 8231**, Fax: **020 7916 1989**, E-mail: [placements-admin@ucl.ac.uk](mailto:placements-admin@ucl.ac.uk)

This workshop is designed for supervisors who are already regularly using CBT in their clinical practice, and would like to “fine tune” their approach to using CBT within supervision of clinical psychology trainees. A working knowledge of the theory and practice of CBT will be assumed.

### **Workshop Content**

How CBT theory informs good practice within supervision

The use of CBT approaches within supervision

Monitoring progress and competency in CBT and giving feedback

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## **Systemic Supervision**

Thursday 10<sup>th</sup> March 2016

10.00am to 4.30 pm

Host: **RHUL**, Bedford Square, 2 Gower Street, WC1E 6DP, Tel: **01784 443851**, Fax: **01784 434347**, E-mail: [clinpsyworkshops@rhul.ac.uk](mailto:clinpsyworkshops@rhul.ac.uk)

This workshop is for clinical psychologists who use systemic theory routinely in their clinical practice and would like to develop their skills in supervising clinical psychology trainees in systemic practice.

### **Workshop Content**

Systemic teaching curriculum on the North Thames courses

Different ways of helping trainees to apply theory to practice

Evaluating competency



## **Leadership in Clinical Psychology**

Friday 1<sup>st</sup> April 2016

10.00am to 5.00pm

Host: **RHUL, Bedford Square, 2 Gower Street, WC1E 6DP, Tel: 01784 443851, Fax : 01784 434347, E-mail : [clinpsyworkshops@rhul.ac.uk](mailto:clinpsyworkshops@rhul.ac.uk)**

The aim is to support supervisors in the development of clinical psychology trainees' leadership competencies.

### **Workshop content**

Exploring relevant models of leadership

Examining the DCP Clinical Psychology Leadership Development Framework

Generating practical ideas for appropriate trainee activities on placement to support the development of leadership competencies.

## **Complex Case Supervision**

Thursday 26<sup>th</sup> May 2016

10.00am to 4.30pm

Host: **UCL, Tel: 020 7679 8231, Fax: 020 7916 1989, E-mail: [placements-admin@ucl.ac.uk](mailto:placements-admin@ucl.ac.uk)**

This workshop is for supervisors who work in **Adult Mental Health** settings, with first year trainees. Supervisors sometimes express reservations and concern about the level of client complexity that can be managed and worked with by first year trainees. This can be problematic when allocating cases, as in many AMH settings, complexity is now the norm! The aim of this Workshop is to develop skills in supervising clinical psychology trainees who are working with clients with complex problems. The workshop will focus on how CBT can be very helpfully used to formulate and intervene with clients who have comorbid and chronic difficulties. There will be opportunities for discussion of clinical examples and sharing of good practice.

### **Workshop Content**

Issues to consider in formulation, therapeutic process and treatment

Problems that trainees might face in working with complexity

Ideas to manage these in supervision and a chance to share experiences

## **Part 1 - Two-day Workshop for New Supervisors**

Thursday 9<sup>th</sup> & Friday 10<sup>th</sup> June 2016

10.00am to 4.30pm

Host: **RHUL**, Tel: **020 8223 4501**, E-mail: [clinpsyworkshops@rhul.ac.uk](mailto:clinpsyworkshops@rhul.ac.uk)

This 2 day workshop is for clinical psychologists who are relatively new to supervising or are about to supervise trainee clinical psychologists in the North Thames for the first time. It is part 1 of 2 workshops towards eligibility for registration with the BPS Register of applied psychology practice supervisors (RAPPS).

### **Workshop content**

Information about the courses in North Thames

Models of learning and training and the structure of supervisor sessions

Monitoring, assessing and giving feedback to trainees BPS and course supervision requirements



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## **Part 2 - Advanced Supervisor Workshop**

Thursday 16<sup>th</sup> June 2016

10.00am to 4.30pm

Host: **UCL**, Tel: **020 7679 8231**, Fax: **020 7916 1989**, E-mail: [placements-admin@ucl.ac.uk](mailto:placements-admin@ucl.ac.uk)

This workshop is for clinical psychologists who already have some experience of supervising clinical psychology trainees in the North Thames. It is part 2 of 2 workshops towards eligibility for registration with the BPS Register of applied psychology practice supervisors (RAPPS).

### **Workshop content**

Dilemmas in the supervisory relationship

Managing power in the supervisory relationship

The supervisor's role as both assessor and facilitator of learning

Evaluation of trainee's clinical competence

Working with trainees who may be struggling on placement



Course web address: <http://www.ucl.ac.uk/dclinpsy/>

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