



Doctorate in Clinical Psychology Course Newsletter

Winter 2016

Welcome to the 11th edition of the UCL Doctorate in Clinical Psychology Course Newsletter and to the start of our new 2016/2017 academic year.

Firstly, I would like to extend a warm welcome to all of our new cohort of trainees who are now settling into their first clinical placements. I would also like to congratulate our out-going trainees who have recently completed their training and beginning their careers as qualified clinical psychologists.

As always, the course staff would like to extend our gratitude to all of our regional supervisors who are involved in supporting trainees with their research or in offering clinical placements. Your continued collaboration with the course ensures that we provide trainees with the highest quality of training.

In this edition

- Joint Course Director, Tony Roth describes the new BABCP-accredited CBT pathway
- UCL has worked closely with our Service User and Carer Reference Group to develop a new interviewing procedure. We report on this exciting venture and hear comments from some of the service users who were involved in the project.
- We share three exciting pieces of work conducted by UCL DClinPsy trainees:
 - an interesting piece of doctoral research from one of our recent graduates, Tom Grice, on mental health disclosure in clinical psychology training
 - Jack Hollingdale talks about a new approach to working with self-esteem and another of our third year trainee, Sophie Fitzgerald, describes an example of developing leadership skills on placement by creating an online training module on dementia awareness.
- Finally, we welcome new staff member, Kate Sherratt to the UCL tutor team and provide information on the UCL conference and supervisors workshops to which all supervisors are invited to register.

UCL are very proud of the great work that our trainees are involved with in the region alongside their supervisors. If you wish to contribute to future editions of the newsletter or would like to include an article reporting on any exciting and innovative projects being undertaken in your service by our trainees, please do contact me.

With best wishes

Jarrod Cabourne (Clinical Tutor)

Service user involvement in recruitment of trainee clinical psychologists

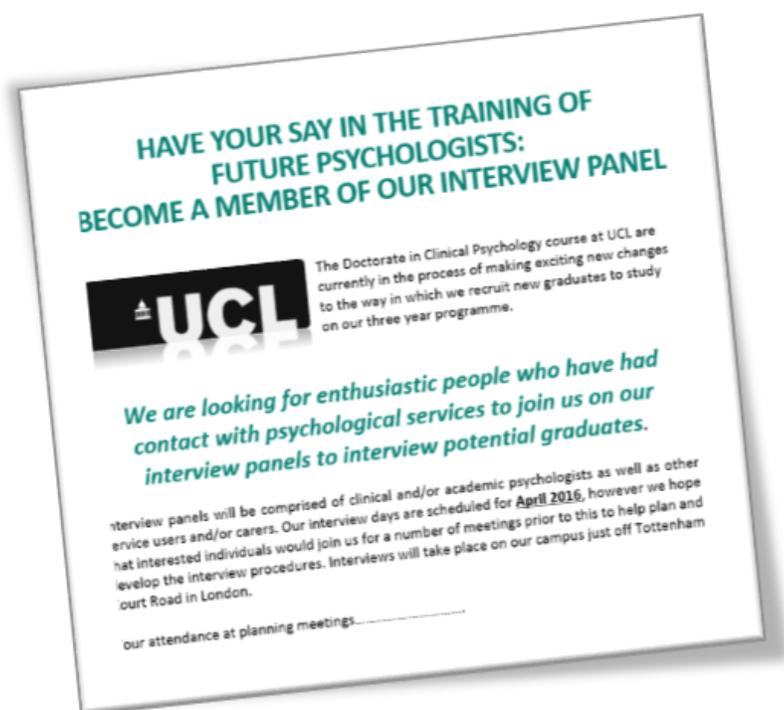
This year, the UCL Doctorate in Clinical Psychology (DClinPsy) made significant changes to its selection procedures. Previously the UCL interview consisted of a single 50-minute individual interview (with three interviewers), focusing on clinical, professional and academic aspects of clinical psychology; this year we added a service-user interview.

Our in-house Service User and Carer Reference Group (SUCRG) have been involved with selection for a number of years, commenting on and developing the interview questions used in selection. However, hitherto they have not been directly involved in the interview process (though in 2015, the SUCRG became more involved in the shortlisting stage of our selection and provided some feedback on the process for arriving at final decisions after the interview).

Jarrold Cabourne and Miriam Fornells-Ambrojo (co-facilitators of the SUCRG and members of the UCL staff team) led on this project, and consulted with the group to think about how to increase the involvement of service users. They were clear that they preferred a separate service-user interview, and in consultation with the UCL selection team a novel task was developed which would run separately from the existing academic/clinical interview panel.

The service user interview

A group task was chosen in order to assess candidates' ability to work well with others, a skill difficult to assess first-hand through the individual interview. The interview involved candidates engaging in a group discussion on issues directly relevant to service-user involvement in service development and delivery. Each group consisted of four candidates and was facilitated by a panel of three interviewers (one member of the DClinPsy course and two service users).



A pilot run of the interview was conducted with members of the SUCRG, UCL staff and trainees; this led to some changes being made to the interview procedures and to the rating scale used to assess the candidates.

Recruiting and training service user interviewers

As well as inviting current members of the SUCRG to be interviewers, we advertised for service users across local NHS mental health services, and recruited around 15 individuals. Before the interviews all the service-user interviewers came to a training session and had the opportunity to observe and comment on a role play of the interview procedures. All involvement from service users (including attendance at planning meetings and training) was paid

Feedback

All candidates are invited to give feedback on the UCL selection procedures (prior to finding out whether or not they have been offered a place on the course). It is great to see that over 90% of candidates interviewed were either very satisfied or satisfied with the process and overwhelmingly fed -back that they really valued the involvement of service users in selection and opportunity to have a group discussion.

Members of our service user interview panels were also invited to give feedback and permission has been given to include some of the comments below.

“It's brilliant to know that UCL are bringing service users into the process of helping make psychological practices better for everybody - our opinions were seriously considered and respected at all times during the interviews” (SUCRG Member)

“Having lobbied previously for more service user and carer involvement in the selection of trainees, this first year, as something of an experiment, appeared to work very smoothly. From the service user point of view it provided insight into interviewees motives for applying to join the course, their empathy skills and was particularly useful to see how applicants were likely to be able to work in a team. Thank you for the opportunity to participate in the selection procedure” (SUCRG Member)

“Having had ‘remote’ input to the selection process over several years, it was great to see at first-hand how questions and scoring systems ‘detect’ whether candidates have the values and attitudes that service users need for effective clinical psychology” (SUCRG Member)

“The training day made you feel part of the recruitment process, making you feel like a valid member in helping to recruit these kind people who have chosen this career to help others” (SUCRG Member)

A special thank you

We would like to thank our administration team at UCL, in particular Julia Curl, for their hard work and exceptional organisational skills, which allowed us to navigate all 142 candidates through an individual interview and group interview across four busy days of interviewing.

We would also like to take this opportunity to once again thank all of our service user partners for their contributions in the development of this year's new group task. We valued your participation in the training session, conducting the interviews and for working collaboratively with us on what is a new and exciting project for the course. I know that we speak on behalf of all of the course staff when we say how much we have enjoyed and valued the input from service users and carers in this year's selection procedures and look forward to joining up again in 2017.

Jarrood and Miriam

(SUCRG Co-facilitators/DClInPsy tutors).



Course Updates

UCL and BABCP accreditation

Tony Roth, Joint Course Director

CBT is an integral and important part of training at UCL (alongside other modalities, of course). BABCP has recognised this by agreeing to accredit a 'CBT pathway' through the programme. This means that trainees who meet the requirements of the pathway will receive provisional accreditation with BABCP when they complete their DClinPsy.

The requirements of the CBT pathway are almost identical to the 'standard' training received by all trainees, because all trainees have extensive academic and clinical experience with CBT. The main difference is that trainees will need to have supervision from a practitioner who is accredited with BABCP, will have to work with a set number of individuals with depression and anxiety, be assessed summatively and create a portfolio that logs their teaching, supervision and clinical experience.

Not all UCL trainees will follow the pathway - the major constraint is the number of BABCP-accredited supervisors. It is also the case that some trainees will not wish to pursue accreditation. However, it is important to be clear that trainees who do not follow the pathway will still be eligible to apply for individual accreditation after they complete their training, because they will have met the BABCP's minimum training criteria.

UCL is the first programme in the UK to offer the accredited pathway, and this is an important development because it validates the quality of CBT training, and permits our graduates to apply immediately for work in settings where BABCP accreditation is an essential requirement – notably, in IAPT.

We now have a dedicated set of pages on our website that gives full detail the CBT pathway, provide information about placement requirements for supervisors and trainees, and includes all the documentation that relates to the pathway – www.ucl.ac.uk/dclinpsy/babcp.

New Staff Members

Kate joins the team in November and will be based in the department four days per week. Kate trained at Royal Holloway and has an interest in adult mental health disorders with complex presentations, Cognitive Behavioural Therapies, and the learning and development of trainee therapists. She completed her training in Cognitive Behavioural Therapy through Royal Holloway and is BABCP accredited. She has worked in IAPT and complex care settings. She was Clinical Tutor and then Course Director on the University of Reading adult CBT programmes. We are very pleased to welcome Kate to the team.



Kate Sherratt / Clinical Tutor



Doctoral Course in Clinical Psychology

**Conference:
From Practice to Policy:
Clinical Psychology and
Macro-Level Working
A Half-Day Conference
Friday 16th December 2016
2pm – 5pm
ICH Main Kennedy Lecture
Theatre
30 Guildford Street**



This half-day conference aims to highlight the variety of ways that clinical psychologists can transcend their traditional assessment and therapy roles and attempt to improve human welfare on a larger scale. It showcases the work of a number of eminent psychologists who undertake such macro-level activities as social action and shaping local and national policy, in the UK and internationally.

The format will be a series of short (15 minute) talks highlighting the issues raised by particular macro-level projects that each speaker has undertaken. We hope that the talks will pose thought-provoking questions for the audience members, and potentially open new avenues for the kinds of work that they may possibly undertake.

The conference is intended to interest psychologists from all sub-specialities. Speakers will describe work from a range of topic areas, in a variety of settings.

To book a place complete the booking form or contact Leah Markwick on: +44 020 7679 5699;
l.markwick@ucl.ac.uk

Conference fee of £35 applies Payable by cheque made out to 'UCL'

Speakers include:

Jamie Hacker Hughes: Opening address.

Nina Browne: 'Practice to Policy': learning from clinical psychologists' journeys into policy work.

Charlie Howard: From the streets of Camden to the Palace of Westminster: using psychology in different ways.

Narinder Kapur: "Be the change you wish to see in the world": applying Gandhi values to healthcare policy.

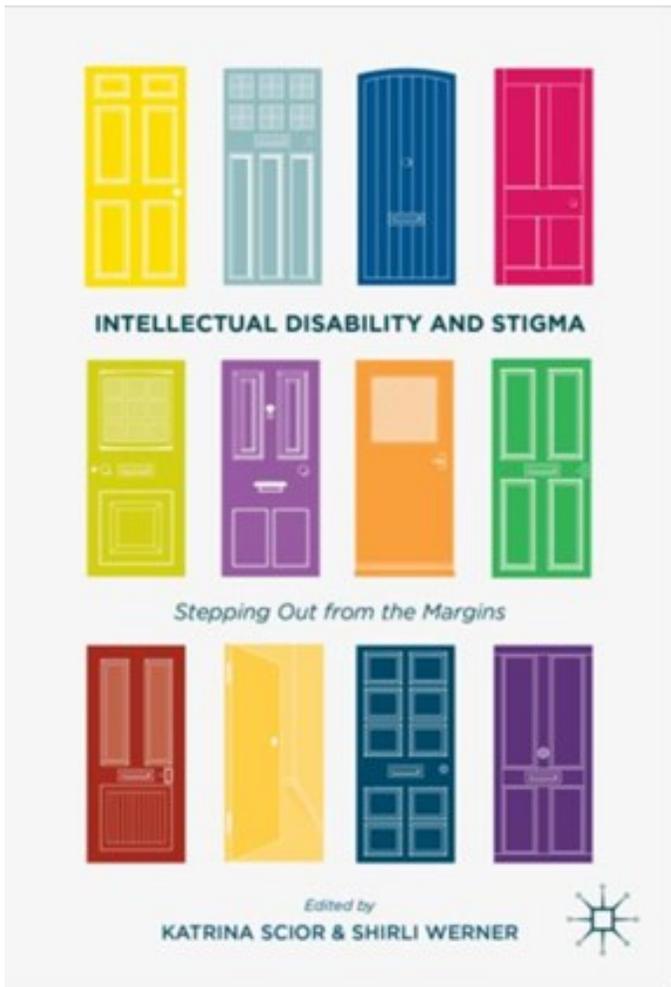
Val Curran: What sentence for ecstasy? American Civil Liberties Union versus the US Government.

Jim Orford: Psychology versus the gambling establishment: challenging the power of a health-damaging industry.

Glenys Parry: Problems and prospects for influencing policy: a personal perspective.

Sally Zlotowitz: Making the personal professional and the professional personal: bringing social and environmental justice values into a career as a psychologist.'

Publications by DCLinPsy staff



The breadth of thinking and research activity among UCL's DCLinPsy staff team goes way beyond the traditional individual focus of clinical psychology and reaches far into the areas of public (mental) health and the broader societal context to human psychological functioning. In this vein, Katrina Scior, the DCLinPsy's academic director, has just published a co-edited textbook entitled *Intellectual Disability and Stigma: Stepping Out from the Margins*, edited by Katrina Scior and Shirli Werner, published by Palgrave Macmillan.

This book examines how intellectual disability is affected by stigma and how this stigma has developed. Around two per cent of the world's population have an intellectual disability but their low visibility in many places bears witness to their continuing exclusion from society. This prejudice has an impact on the family of those with an intellectual disability as well as the individual themselves and affects the well-being and life chances of all those involved. This book provides a framework for tackling intellectual disability stigma in institutional processes, media representations and other, less overt, settings. It also highlights the anti-stigma interventions which are already in place and the central role that self-advocacy must play.

To order a copy at a 30% discount, visit www.palgrave.com and quote coupon code **PM16THIRTY**.

Mental Health Disclosure by Trainee Psychologists

Authors: Tom Grice, Kat Alcock and Katrina Scior, UCL

As trainers and supervisors we would all agree that ensuring that trainees are well supported in their physical and mental health is of prime importance during their training. We know surprisingly little, though, about trainees' mental well-being, or the extent to which trainees feel willing to disclose their own experience of mental health problems to others. This is something we attempted to put right in the UCL study reported here.

Background

Literature relating to the general public points to the benefits of selectively disclosing mental health problems, including that this enables access to professional and social support and also helps to normalise and destigmatise mental health problems. Concealing psychological distress has been associated with lower self-esteem, increased shame and isolation, and the use of potentially destructive coping strategies, such as substance misuse. This study sought to better understand the incidence of lived experience of mental health problems amongst current UK trainees, as well as the factors that may be associated with trainees' likelihood of disclosing mental health problems to others.

Method

The course directors of all 30 UK-based training courses were invited to distribute an anonymous online survey to their trainees. Nineteen of the 30 courses agreed to participate, and a total of 348 trainees completed the survey. Of these 348 trainees, 67% (n = 212) reported that they had lived experience of a mental health problem, and 29% (n = 100) reported that they were experiencing a mental health problem at the time of completing the survey. Figure 1 displays lived experience and current experience of mental health problems as a percentage of the total number of study participants.

Results

Overall, trainees reported that they would be least likely to disclose a mental health problem to a placement supervisor. They said they would be less likely to disclose to course staff than to family or friends. Comments made by trainees illustrated that they had mixed feelings about and past experience of disclosing mental health problems to course staff and placement supervisors.

Some trainees conveyed positive attitudes towards course staff and supervisors, including comments such as 'I have had some supervisors who have been sensitive to any issues brought to them', and 'I felt comfortable telling the course and placement supervisors about my mental health because I feel I have received lots of support from them as a result'. However, comments such as 'I have found my course to not be particularly forthcoming or accepting when it comes to things not going so well', and 'I feel that on my training course we are not allowed to show any "weakness" and that if you do you are labelled for the entirety of your training', highlight that there is work to be done to create a training environment in which trainees feel comfortable, safe and well supported when experiencing mental health problems and contemplating to whom and how they might disclose these.

Implications

One of the key recommendations of this research is that course staff and placement supervisors work collaboratively with trainees to establish a training environment in which communication about lived experience of mental health problems is more transparent. This is likely to happen where trainers, supervisors and trainees share responsibility for disclosure, and engage with a collectivistic and interdependent concept of their roles in the training process.

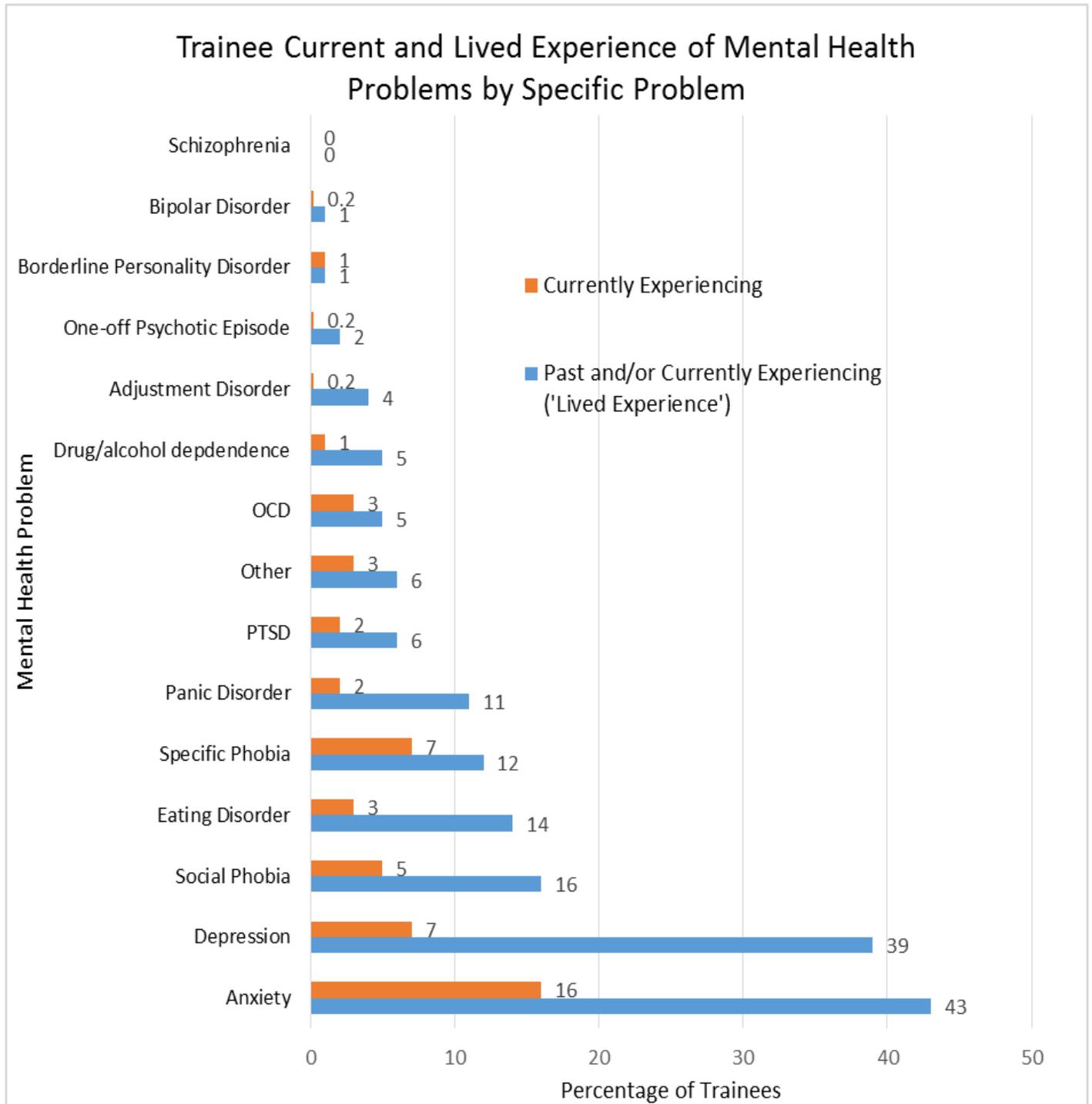


Figure 1. Trainees' lived experience and proportion currently experiencing mental health problems

New CBT model for Self-esteem

Jack Hollingdale, 3rd year UCL trainee

Self-esteem is one of the oldest themes in psychology, dating back to William James (1890), and is one of the most studied topics in the social sciences (Mruk, 1999). A number of unfavourable outcomes have been identified as a result of a lack of self-esteem including, feelings of inadequacy, a sense of unworthiness, increased anxiety, depression, suicide, exploitative relationships among adults, and a number of mental health disorders (Bednar, Wells & Peterson, 1992; Coopersmith, 1967). It has been attributed to the causation, maintenance and consequence of mental health difficulties and functional impairments.



Changing Perspective

The historical understanding of low self-esteem implies a chronic global condition of negative affect, pervasive feelings of inferiority, a sense of basic unworthiness, and feelings of loneliness or insecurity. The literature usually characterises people with low self-esteem as being anxious, depressed, and ineffective (Fennell, 1997). They may also be more vulnerable to negative feedback or criticism (Bednar et al., 1992).

More recent thinking has identified that individuals with low self-esteem may actually think well of themselves e.g. "I am a good person" and that low self-esteem may not exist solely as a chronic condition. Further, it has been suggested that low self-esteem may impact on life domains differently and that it is not fixed and can "wax and wane" over time (Harter, 1999). These more recent understandings of this complex condition could be more helpful to both the client and clinician.

In response to these changes in perspective; Jack Hollingdale, a current UCL clinical psychology trainee, has developed a new CBT model that is attempting to update the approach to working with self-esteem.

Unsatisfactory Self-esteem Model

Terminology

It may be more helpful to consider self-esteem to be on a spectrum, and that at times it can become "unsatisfactory" for our needs. It can become unsatisfactory for the individual, dependant on their preferred level of functioning, within a specific domain, situation or period in their life. This may be more meaningful to the client and more appropriate for clinical practice than addressing global self-esteem as a categorical absolute, based on an arbitrary threshold.

Values

A growing body of clinical and anecdotal evidence is demonstrating the helpfulness of working with values. Familial, social and cultural experiences construct our values. The weighting placed within a valued life domain is a **key** concept within this model. Understanding this association will better enable the client and clinician to identify areas of strengths and weaknesses and more accurately inform intervention. It will also identify domains that clients may neglect or be more sensitive to furthering our understanding of which life domains client's are experiencing the most difficulty or successes.

Self Esteem Model

VALUES
Constructed through
Family, Cultural
and Societal influences

Life Experiences
Current and Historic

Perceived
as invalidating

**Learned Helplessness and
Attributional/Explanatory style**

- Personal (internal vs external)
- Permanent (stable vs unstable)
- Pervasive (global vs specific)

Locus
of control

**Core Beliefs/Dysfunctional
Assumptions**
Positive & Negative

Vulnerability
/Sensitivity

Trigger: Incident/Event/Experience
Perceived violation (acute or chronic) of a
valued domain, subject to sensitivity

Negative Automatic Thoughts

Behaviour/Safety Seeking Behaviour
Avoidance, social withdrawal, substance
misuse, lack of motivation, internally
directed dysfunctional behaviour e.g.
self-harm, self-neglect

Affect
Anxiety, Depression,
Anger

Attributional Style and Locus of Control

Although attributional style is a long established concept its use within understanding self-esteem is novel. Early life experience can develop a sense of learned helplessness, constructing our attributional styles, and informing how we interpret experiences. These can lead to the development of unhelpful core beliefs and dysfunctional assumptions about the self across life domains. The locus of control is also an important factor in better understanding reactions and approaches to current or future events.

Next Step...

Two current UCL clinical psychology trainees are testing the effectiveness of the model using a group intervention for their major research projects. If you are interested in being involved in further research opportunities utilising the model or would like more information to support clinical practice then please contact jack.hollingdale.14@ucl.ac.uk.

References

- Bednar, R. L., Wells, M. G., & Peterson, S. R. (1989). *Self-esteem: Paradoxes and innovations in clinical theory and practice*. American Psychological Association.
- Coopersmith, S. (1967). *The antecedents of self-esteem*. Consulting Psychologists Pr.
- Fennell, M. J. (1997). Low self-esteem: a cognitive perspective. *Behavioural and Cognitive Psychotherapy*, 25(01), 1-26.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. Guilford Press.
- James, W. (1890). *The Principles of Psychology*, 2.
- Mruk, C. J. (2006). *Self-esteem research, theory, and practice: Toward a positive psychology of self-esteem*. Springer Publishing Company.

Gaining leadership skills through developing an online training module

Sophie Fitzgerald, 3rd year UCL trainee and Georgina Charlesworth

Setting the context:

North East London NHS Foundation Trust (NELFT) covers a population of around 2.5 million over 4 London Boroughs (Barking & Dagenham, Havering, Waltham Forest, and Redbridge) and 3 areas in south west Essex (Brentwood, Basildon and Thurrock). The Trust provides both community health and mental health services, in different combinations in different areas. NELFT employs approximately 6000 staff, so organising training for all staff can be a challenge. The Trust has set up a number of Trustwide multi-disciplinary 'Communities of Practice' to take an overview of clinical practice. One of these is the 'Frailty and Long-term conditions' Community of Practice (CoP), which includes dementia as part of its remit. The Frailty CoP were approached by NELFT's education and training department to assist with developing a bespoke e-training package to ensure that dementia awareness training could be available to all 6000 NELFT staff.

Here we hear from Sophie Fitzgerald, who became involved in this exciting project during her second year clinical placement, which also provided a great opportunity to develop competences in leadership and service development.

"At the beginning of my older adults' placement, I was asked by my supervisor, Georgina Charlesworth, if I would be interested in developing an online training module for dementia awareness. This was a great opportunity to not only become more dementia aware myself but also to develop leadership skills in creating a training module which would be available to all staff in NELFT, and liaise with a number of staff in different roles throughout its development.

The training was to be developed in response to the Prime Minister's Challenge on Dementia 2020 (DOH, 2010) and the 2015-16 Mandate from the Government to Health Education England (HEE) that all staff have the necessary skills to provide the best care to people with dementia in the setting they work (DOH, 2015). It was not intended to meet the knowledge and skills needed for staff working directly with people with dementia on a daily basis, but for staff members who may come into contact with people with dementia as part of general services and is especially relevant for non-clinical staff (such as receptionists or administrators). There were a number of online modules available in the NHS already but these were not considered fit for purpose due to their acute-care focus. We based our module on an existing training, but made changes with a large focus on communicating with people with dementia. The module needed to meet the Tier 1 training criteria in the Health Education England's Dementia Core Skills Education and Training Framework which includes: better diagnosis, treatment and care of those with dementia; greater awareness and confidence in supporting those with dementia and those around them; ability to identify the early signs of dementia and the long term conditions associated with it and ability to signpost to appropriate services.

After we had made alterations, the training was presented to the dementia sub group of Frailty and Long-term conditions Community of Practice, who were able to make comments on what they felt should be adapted or added to the training. Generally the feedback was extremely positive, with some helpful ideas for improvement such as including more pictures reflecting the diversity of the area and adding details about the butterfly scheme (<http://butterflyscheme.org.uk>) which is a way of enabling staff to identify people with a diagnosis of dementia in hospitals.

Completing this training has been a great opportunity for me to experience a different, but important, area of a Clinical Psychologist's day to day work, whilst gaining leadership competencies (BPS, 2010) such as training others within the team, developing presentation skills and gaining feedback from other professionals along the way. The online module has now been completed and was launched on World Alzheimer's Day 21st September 2016

Dementia awareness online training



14 September 2016

A new dementia awareness online training has been developed by the lead clinicians within the Community of Practice for Frailty & LTC for staff working within NELFT is now available. The training follows the story of Miriam, who has been diagnosed with dementia and discusses the best way for staff to support and care for her.

It will help you to become more aware of what dementia is and differences with other sources of confusion as well as the impact that dementia can have on the person and those around them. This training is intended for **all staff members**, especially those who do not work clinically with people with dementia on a day to day basis. It is designed to meet the tier 1 training outcomes which include better diagnosis, treatment and care of those with dementia, greater awareness and confidence in supporting people affected by dementia, being able to identify the early symptoms of dementia as well as the increased likelihood of mental health problems and to signpost to appropriate support.

It will take around 30-40 minutes to complete. You can access this training by visiting the AT learning training page.

Supervisor Workshops 2016-2017

For Supervisors of D.Clin.Psy Trainees

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.

Please note these workshops are for North Thames supervisors only. Priority is given to supervisors who are either currently supervising, or expecting to supervise within the next placement intake.

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

UEL

Tel: 020 8223 4501

E-mail: clinpsyworkshops@uel.ac.uk

UCL

Tel: 020 7679 1897

Fax: 020 7916 1989

Part 1- Two-day Workshop for New Supervisors

Thursday 8th & Friday 9th December 2016

10.00am to 4.30pm

Host: **UEL**, Tel: **020 8223 4501**, E-mail: clinpsyworkshops@uel.ac.uk

This 2 day workshop is for psychologists and therapists 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



Supervisor Workshops 2016-2017

Formulation Skills

Thursday 19th January 2017

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

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

- What do we mean by formulation skills?
- How are formulation skills taught?
- Build on your current skills in teaching trainees to formulate

BABCP Supervisor Workshop

23rd January, 2017

11.00am to 4.00pm

Host: **UCL, Tel: 020 7679 1897; Email: placements-admin@ucl.ac.uk**

This workshop is for supervisors who are accredited with the BABCP and who are offering a placement to Trainee Clinical Psychologists in autumn 2016 or spring 2017.

Workshop content

- The BABCP pathway through clinical psychology training: What do I need to know and do as a supervisor?
- Reliable rating of assessment and therapy sessions using the UCL CBT Rating Scale and the CTS-R

Supervisor Workshops 2016-2017

Part 2- Advanced Supervisor Workshop

Thursday 9th February 2017

10.00am to 4.30pm

Host: **UEL**, Tel: **020 8223 4501**, E-mail: clinpsyworkshops@uel.ac.uk

This workshop is for psychologists and therapists 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



CBT Supervision

Friday 24th February 2017

10.00am to 5.00pm

Host: **UCL**, Tel: **020 7679 8231**, Fax: **020 7916 1989**, E-mail: 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

Supervisor Workshops 2016-2017

Systemic Supervision

Thursday 9th March 2017
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

This workshop is for psychologists and therapists 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 31st March 2017
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

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.

Supervisor Workshops 2016-2017

Part 1- Two-day Workshop for New Supervisors

Thursday 6th & Friday 7th April 2017

10.00am to 4.30pm

Host: **UEL**, Tel: **020 8223 4501**, E-mail: clinpsyworkshops@uel.ac.uk

This 2 day workshop is for psychologists and therapists 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



Part 1- Two-day Workshop for New Supervisors

Thursday 8th & Friday 9th June 2017

10.00am to 4.30pm

Host: **RHUL**, Tel: **020 8223 4501**, E-mail: clinpsyworkshops@rhul.ac.uk

This 2 day workshop is for psychologists and therapists 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



Supervisor Workshops 2016-2017

Part 2- Advanced Supervisor Workshop

Thursday 15th June 2017

10.00am to 4.30pm

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

This workshop is for psychologists and therapists 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



Part 1- Two-day Workshop for New Supervisors

Thursday 7th & Friday 8th September 2017

10.00am to 4.30pm

Host: **UCL**, Tel: **020 7679 1897**, Fax: **020 7916 1989**, E-mail: placements-admin@ucl.ac.uk

This 2 day workshop is for psychologists and therapists 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

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



BABCP Supervisor Workshop

As you will see in our schedule of supervisor workshops, we now offer an additional BABCP Supervisor Workshop at UCL on 23rd January 2017, 11am to 4.00pm. If you are a BABCP accredited supervisor and are offering a placement to a Trainee Clinical Psychologist in autumn 2016 or spring 2017, then please sign up for the new BABCP Supervisor Workshop. This workshop will cover:

- The BABCP pathway through clinical psychology training: What do I need to know and do as a supervisor?
- Reliable rating of assessment and therapy sessions using the UCL CBT Rating Scale and the CTS-R

Please sign up by sending an email Dan McQuade at placements-admin@ucl.ac.uk

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