



UCL DclinPsy Newsletter

DclinPsy: The post-Rothian era

We wish our long standing joint course director, Professor Tony Roth, a happy retirement (well, semi-retirement)

Clinical & Research Activity

We talk about exciting initiatives led by staff, trainees and service users happening on the course & on clinical placements.

Supervisor Workshops

Supervisor workshops, delivered by UCL, UEL & RHUL can be accessed at www.ucl.ac.uk/clinical-psychology-doctorate/events



Jarrod Cabourne (Newsletter Editor) Senior Clinical Tutor/Service User Involvement Lead

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 at jarrod.cabourne@ucl.ac.uk.

Welcome to the 2019 Newsletter

Firstly, I would like to welcome all of our trainees, course staff members and associate clinical tutors to the UCL annual newsletter. A warm welcome also goes to our ex-UCL trainees, who are now reading this as qualified clinicians. We look forward to staying in contact with you over the years to come and working alongside you as clinical and research supervisors.

As always, I would also like to express the course's gratitude to all of our regional supervisors, who are involved in supporting trainees with their research or in offering clinical placements. Your collaboration with the course ensures that

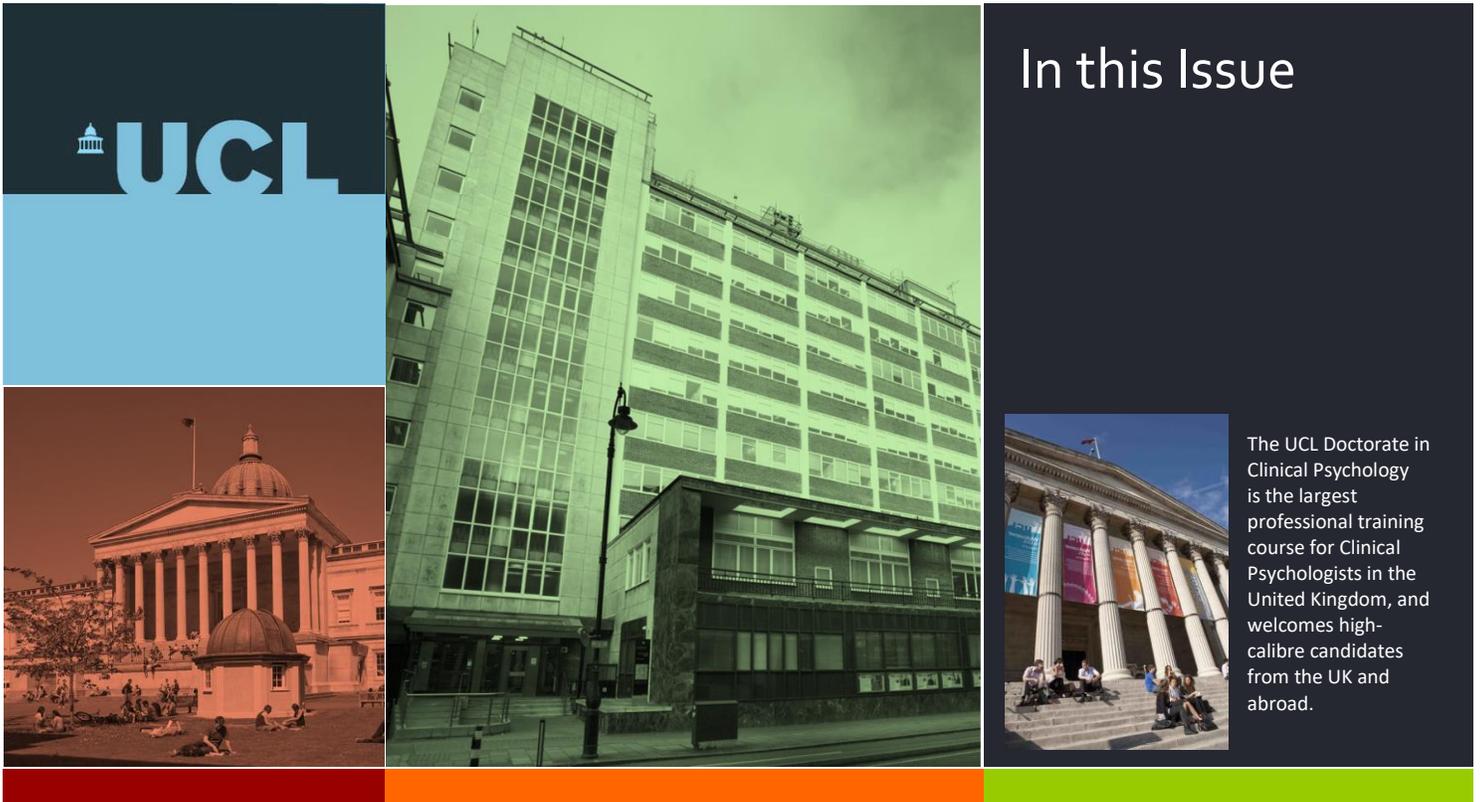
we continue to provide trainees with the highest quality of training.

A huge thank-you also goes to Professor Tony Roth, who at the end of the last academic year in 2018, stepped down from his role as Joint Course Director. Tony has been at the helm of the DclinPsy at UCL for over 20 years and has been a solid source of support and wisdom for many staff members (myself included) and trainees. I personally want to wish Tony all the best for his future and note that his presence on the 4th floor is already sorely missed. To balance this, I am also pleased to announce in the newsletter, for

supervisors who may not be aware, that Katrina Scior has taken on the role of Joint Course Director alongside Pasco Fearon and is working hard to ensure we remain a beacon course for clinical psychology.

I hope that you enjoy reading the newsletter and hearing about the various projects currently happening. We are very proud here at UCL of the great work that our trainees are involved with in the region alongside their supervisors.

Enjoy, Jarrod



In this Issue

The UCL Doctorate in Clinical Psychology is the largest professional training course for Clinical Psychologists in the United Kingdom, and welcomes high-calibre candidates from the UK and abroad.

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Farewell from Professor Tony Roth

After 22 years steering the UCL DCLinPsy, outgoing Joint Course Director Tony Roth shares some of his thoughts and final wise words. Pasco Fearon also speaks about the legacy that Tony has created in clinical psychology and speaks for all staff who want to wish Tony the best in his new endeavours.



As many of you know, I stepped down from my role as Joint Course Director at the end of September. I've been in this post since 1996, so this is a major change for me – though I will be staying on at UCL part-time, working on competence frameworks.

Looking back I've had a really rewarding career, and of all the benefits having a hand in shaping the training of the next generations of psychologists has been the greatest. Hopefully we've been able to turn out open-minded and informed individuals who have, over the years, made a difference to peoples' lives and to the

services in which they work. I'm completely confident that the UCL team will continue to respond effectively to shifting patterns of demand and to changes in what we know works so that while UCL retains its recognisable ethos it also evolves and moves with the times.

This is a newsletter for supervisors, and I just wanted to acknowledge your critical input to training. Looking back to when I started out, training was seen as an ancillary activity; if a service was keen to offer it they did, if not then so be it. These days there is a sense that we are part of a training community, and trainees are located pretty much everywhere across the region. Given that trainees learn their craft while on placement, our partnership with yourselves is central.

Looking forward, there are of course threats to training, just as there are threats to services and the NHS itself. But clinical psychologists are resilient and adaptable folk and they increasingly occupy a central role in services – a major change from when I started out, when we were few in number and a mysterious profession that had to fight every step of the way to be recognised.

My prediction is that we will be around for a long while!

A message from Pasco Fearon (Joint Course Director)

I know I speak for all the course team and all our colleagues in the health service who have worked with Tony, when I say what an immeasurable debt we owe him. Tony was closely involved in the early days of clinical psychology training as it shifted to a more formal, and commissioned training scheme from the somewhat piecemeal 'apprenticeship' models that existed previously. Back in 1994, Tony, with Peter Fonagy, Anne Richardson and Shirley Pearce, set up the UCL Masters in Clinical Psychology (which became a doctorate in 1995), funded by the then Strategic Health Authority. Since then, Tony was instrumental in shaping and innovating what UCL's training programme became, and UCL has been rightly called a flagship programme by colleagues in other courses around the country, in large part due to Tony's leadership. The course has always emphasised a pluralistic and evidence-led approach to clinical psychology training, and this is surely a reflection in significant ways of Tony's non-partisan, open-minded, reflective, logical and grounded way of thinking. Rigorous, meticulous and unflinchingly compassionate to clients, colleagues and trainees alike, Tony is a great example to us all.

As if taking a leading role in the DClInPsy, & UK Clinical Psychology as a whole, wasn't enough, Tony

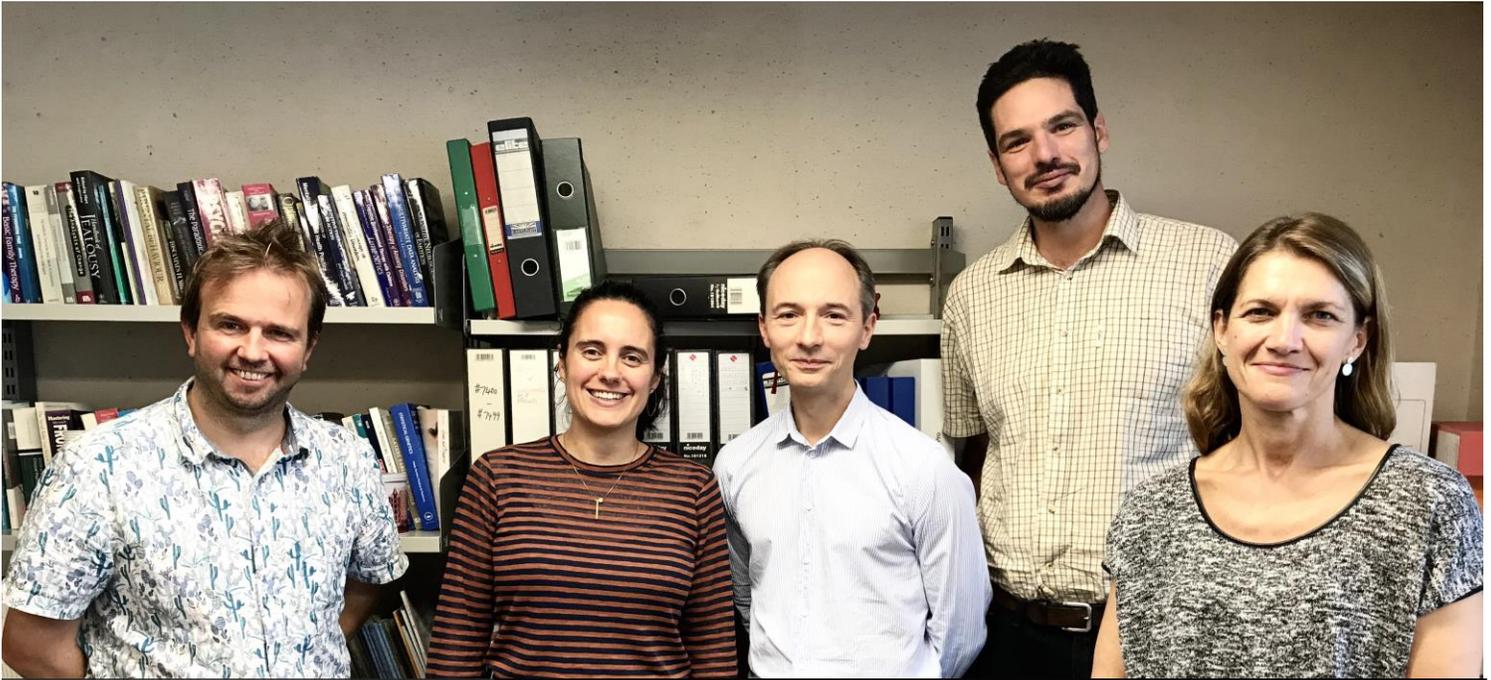
has also been exceptionally influential through his academic work. *What Works for Whom*, almost certainly the most important book on evidence-based practice for adult mental health so far written, has had a huge impact both within our field and far beyond it. According to Google Scholar, it has been cited more than 3000 times. It's a perfect example of the Rothian approach – considered, fair and balanced, precise in its formulation, led by the available evidence, and with clients' best interests at heart. The other enormously influential seam of Tony's work is his development of competency frameworks for mental health practice. This is an exceptional body of work. So far, Tony and colleagues have completed nine therapy competence frameworks, plus one for supervision of psychological therapies, and a further five for practice in specific clinical contexts. There are more on the way. Each represents a typically comprehensive, detailed and thorough blue-print of the core elements of good practice, and provides crucial information for practitioners, service managers and commissioners in thinking about how you go from 'high level' evidence to on-the-ground practice, in a rigorous, safe and effective way.



With great modesty and diligence, Tony has made a huge contribution to clinical psychology that will be an inspiration to us all for many years to come.

You'll be glad to know that Tony is not disappearing entirely to a life of golfing— unsurprisingly— but is staying on at UCL as Emeritus Professor and continuing his work on competency frameworks with UCL's Centre for Outcomes Research and Effectiveness (CORE), and no doubt will continue to be a great source of wisdom for many years. So, no goodbyes really, just a big, heartfelt, thank you to a dear colleague.

Three Cheers to our Tony!



Pictured from left to right: Josh Stott, Miriam Fornells-Ambrojo, Pasco Fearon, Will Mandy and Katrina Scior

Introducing the UCL Leadership Team

As a result of Tony's departure, there have been numerous changes to the course leadership. Katrina Scior has joined Pasco Fearon as Joint Course Directors. Josh Stott has taken on the role of Clinical Director and Miriam Fornells-Ambrojo the role of Academic Director. Will Mandy continues in his role as Research Director and in January 2019 was joined by John King (not pictured), both now Joint Research Directors. Julia Curl (not pictured) as Senior Administrator completes our leadership team.

The new or rather changed team continues to represent diverse clinical and research interests. Pasco's expertise lies in the area of social and biological processes in children's development. Katrina's primary interest lies in the field of learning disability and stigma. Josh's clinical and research interests lie in the older adults field, while Miriam's lie in the field of psychosis, an area in which she also leads clinical services in ELFT.

Will's research seeks to advance our understanding of how autism spectrum disorders are conceptualised. Finally, John King's focus is on human memory and the use of techniques such as functional brain imaging and virtual realities with people who are affected by memory impairments.

As a team they very much look forward to working with all our stakeholders, above all our trainees, placement supervisors, lecturers and seminar leaders, training commissioners, our local trust Camden & Islington, experts by experience and all others who make the UCL course a vibrant and exciting place to train as a clinical psychologist.

Course Updates

Updating the Clinical Health Module

Clinical psychology's role within physical health settings is ever-expanding, particularly in relation to service development and delivery. Working in this area is also second only to child and adolescent services as the area of work for newly-qualified UCL clinical psychologists. Over the last 3 years, the clinical health unit on the UCL DClinPsy has been going through a process of updating. We started with focus groups with trainees to sample their views on what might best support their learning in this area. Among other issues, trainees noted that they were keen to know more about “what it looks like in practice”: understanding “the how” of working in physical health settings, which can be daunting at first. With their feedback in mind, we made changes to the content and format of teaching sessions. In 2018 we have tried to ensure that the unit overall, and each session within it, represents the varied roles that clinical psychologists occupy within physical health settings, from individual work to the wider system (e.g. individual assessment and therapy work, supervision, consultation, reflective practice, teaching, training, service development). In addition some of the sessions cover physical health

presentations that trainees may well encounter in any setting, not just when working in a particular physical health context (e.g. long term conditions, cancer, sexual health and HIV). We hope that the teaching sessions provide a useful insight into some of the key issues that are pertinent to working as a clinical psychologist within diverse physical health settings. We also hope that it equips trainees with knowledge and skills that they can apply in any health / mental health setting, by considering individuals’ physical health in conjunction with their mental health when developing formulations and treatment plans. We will, of course, continue to evaluate the content of the unit to ensure that it meets the needs of local NHS services and national developments, and to collect valuable feedback from trainees after teaching sessions. We are keen to enthuse the next generation of clinical psychologists about working in health settings, where our experience is that they are highly appreciated and uniquely effective.

The Clinical Health Module is jointly coordinated by Michelle Wilson and Amanda Williams

Update on funding

In the last newsletter we indicated that Health Education England were expected to set in motion a process that would lead to a decision about payment of trainee’s course fees and salary. Meetings were to have taken place over the summer, but these have been repeatedly postponed, and at the time of going to press we still have no timetable for taking this forward. The reasons for delay are probably many; both HEE considering its position, but also the need for them to prioritise other important issues at a time of considerable organisational change and financial stress. However, we understand that trainees commencing programmes in 2019 will be funded on the same basis as current trainees.

As soon as we have an update we will circulate supervisors with more information.

Congratulations to Professor Aimee Spector



The International Implementation of CST



Congratulations to our colleague Dr Aimee Spector who is now Professor of Old Age Clinical Psychology. Aimee was recently awarded funding from the Global Alliance for Chronic Diseases for the research programme: 'Cognitive Stimulation Therapy for people with dementia: International implementation in Brazil, India and Tanzania (CST-International). Aimee speaks about the project in more detail here and further information can be found on the website:

<https://www.ucl.ac.uk/international-cognitive-stimulation-therapy>

“The project will last for three years and is jointly funded by the UK Medical Research Council and the Indian Council of Medical Research. Cognitive Stimulation Therapy is a low-cost psychosocial intervention for people with dementia, developed by myself and others at UCL in the late 1990s and demonstrates a strong evidence base for improving cognition and quality of life for people with mild to moderate dementia. It is also cost-effective, recommended by NICE and is now the main non-drug therapy used across the NHS

(in around 85% of memory services). Over the next three years, we plan to implement CST for people with dementia in three low and middle income (LMIC) countries: Brazil, India and Tanzania. To do this, we will examine the barriers to and facilitators of successful implementation to formulate an implementation plan, conduct a feasibility trial and engage with policy makers to ensure that CST is provided as part of routine care. Programme Manager Dr Charlotte Stoner was also awarded funding from UCL’s

Global Engagement Office to begin a collaboration with academics at the Pontifical Catholic University of Chile to help develop their CST research programme. We hope to submit a further application to expand CST-International to Chile. I am working closely with Hong Kong University for a ‘global partnership in leading non-pharmacological therapies for dementia’. As part of this work, we have also adapted and evaluated CST for Hong Kong Chinese, and recently published a treatment manual”.

The UCL International Training Programme



With the DClInPsy now having an international programme established for 6 years, and the first cohort of trainees qualifying in 2015, Summer Fakhro (a 2018 graduate) talks about how we are continuing to develop this branch of our training programme and the lessons learned. For supervisors less familiar with this aspect of the training programme, international trainees are recruited under the same process as UK/EU trainees but are non-EU applicants who may be funded by an external sponsor e.g. their national government or who may be self-funding. All requirements that form part of the course remain the same for international trainees, including coursework, exams, clinical placements and the major research project.

“In 2015, I entered the UCL DClInPsy training course at UCL as an international trainee, 3 years after the first international trainees had been recruited. When speaking with course staff it was clear that one of the clear advantages of introducing the international programme was the increase in diversity within the cohort. In parallel, as a profession, the DCP began developing an inclusivity strategy in 2014 that sought to increase access to the profession, develop research / practice led by more diverse knowledge, and ultimately highlighted the need to widen the demographic pool of the profession. This very much fit with UCL as a reputable institution with a global outlook.

There is a general consensus that the goal to increase representation and diversity within the profession would have a positive impact on service users we work with. In the following piece I hope to share my experiences of being an international trainee on the course, some of the adjustments

made and how we have addressed these as international trainees and course staff.

The experience of training

I have been appreciative of the opportunity to gain a multitude of experiences across the NHS, an opportunity I could have only dreamed of a few years prior to learning about the course. This is particularly pertinent as I come from Bahrain, a country, situated within a region where mental health services are less developed, and opportunities for training and working in these services are fairly limited. The lessons I have learned from peers, colleagues, and course staff have been invaluable in shaping the way I practice and hope to continue to practice in my future.

Alongside these exciting opportunities have come some challenges of being on the course and working in the NHS as an international trainee. Firstly, there was an inevitably steep learning curve to understanding a new healthcare system altogether –

from knowing what a GP is to understanding the paths of training to become a clinical psychologist in the UK. Having worked in mainly private and small services, the concepts of referral pathways and levels of care were foreign to me. Alongside this, there was of course the learning demands on all new trainees in covering a large amount of psychological theory, all before getting to our first day of placement.

There are also practical aspects of being an international trainee that can make the experience somewhat different to that of a home fee trainee, notably the financial implications of not being a salaried employee. Aside from the annual tuition, commuting in London can be expensive and for international trainees to access to the varied learning opportunities available within the various NHS trusts across the North Thames region, this can increase monthly outgoings.

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In addition, the emotional experience of being on the course can be a complex one. While I quickly felt supported amongst close peers and course staff, the differences above can be difficult to talk about within the wider group. In my experience, not talking about these differences within the teaching can lead to a divide, with international students finding comfort in being able to discuss these difficulties amongst one another.



Summer Fakhro
International Programme Trainee
2018 Graduate

Developments in the International Training Programme

The international trainees in our cohort came together to think about challenges that are particular to the international trainee experience that may be helpful for courses and supervisors to be aware of. Subsequent to this, the following directives were implemented:

1. An International Trainee representative was recruited for each cohort with termly meetings held with the international programme staff coordinator.
2. Our cohort also chose to have termly meetings for international trainees to discuss any practical issues that arise, and think about the best ways to share our concerns with course staff.
3. Introduction of an induction block for incoming first year international trainees (one full day of four sessions covering the UK education system and working in various sectors of the NHS).
4. Introduction of an international trainee buddy lunch in which first year international trainees have the opportunity to meet with second and third years. This provided an additional point of contact for pastoral and practical support, as needed.
5. Additional administrative support has been introduced to support the process of applying for the honorary contract that is required for international trainees to work on placement across the North Thames region.

What next?

The developments have been testament to the hard work of the international trainees involved in the process, and the much-appreciated responsiveness of the course staff who have been open to our ideas. I've found having meetings with other international trainees incredibly supportive, in having my voice heard, and in preparing me to talk about existing practical and emotional differences both with peers and colleagues on placement.

In the long run, there are a multitude of opportunities that I think continue to be important to

address in this area. Trainees in the future may consider having annual London-wide International trainee meet-ups to consider broader systemic challenges around training experiences and practicing in the UK as foreigners. More locally, I think it is important to integrate discussions about the differences within the cohort into the training programme. For example, differences in salary between home fees trainees and international trainees could be discussed at the start of the teaching within the wider group, in order for the cohort to be more aware of the experiences of their peers, and for the international trainees to feel

more able to discuss issues that arise relating to it. Ideas such as this are currently being discussed with course staff.

Finally, I hope that UCL and other training programmes alike will adopt a Global Mental Health outlook to the teaching modules, which can include things like existing global practices, cultural understandings of mental health difficulties, and how these may operate outside of the UK. This equips us to work with the increasingly diverse UK population, and broadens the possibilities for the types of work we can do with the people we see across the globe".

DCP-London Mentoring Scheme for Black and Asian Aspiring Psychologists: A Call for Mentors

*The DCP-London BAME Mentoring Scheme aims to provide support, encouragement and direct contact with both trainee and qualified clinical psychologists for Black or Asian aspiring psychologists. **Kat Alcock (Mentoring scheme founder and lead)**, talks about the scheme and we hear from a small number of mentees.*



We are currently recruiting qualified clinical psychologists based in the London region, to provide 1:1 mentoring to a Black or Asian aspiring psychologist, as there is evidence that Black and Asian applicants have fewer opportunities for such contact than their white counterparts. This is likely to be a significant contributor to the marked and consistent underrepresentation of BME trainee and qualified clinical psychologists.

If you are interested in becoming a Mentor, please contact k.alcock@ucl.ac.uk

What do mentees receive?

- 1.** Six evening workshops, led by trainees from across the six London courses. Workshops are exercise based, focusing on reflection as a skill, including Burnham's social GRRRAACCEESSS. The 2018-2019 workshops are now complete.
- 2.** 1:1 mentoring with a trainee clinical psychologist of any ethnic background – a minimum of three to four contacts (face-to-face, email, phone SKYPE etc.) over a 6-12 month period. Mentoring generally focuses on advice relating to application forms, job and DClInPsy interviews, theory-practice links and guidance relating to relevant experience.
- 3.** 1:1 mentoring with a qualified clinical psychologist of any ethnic background - a minimum of three to four contacts (face-to-face, email, phone SKYPE etc.) over a 6-12 month period. Mentoring generally focuses on the bigger career picture: experience, ambitions and interests; possible pathways into clinical psychology; gaps in experience; various roles of a clinical psychologist; current issues in the NHS and for the profession; navigating the application process, form and interview; support with linking theory and practice and understanding different models of mental health; discussion of alternative career paths where relevant. Some mentors are able to offer shadowing/attendance at meetings/clinical and/or research experience where there is capacity. This is not a requirement.

"I was fortunate enough to get a place into training this year! I was a part of the scheme last year and found it extremely helpful"

"I have a place on a course and will be starting the Doctorate this September. I found the BME scheme really helpful. I made some really good contacts and got to be part of great research opportunities"

"Thank you for the mentoring scheme, I've got fantastic mentors and through them I'm looking forward to starting an honorary assistant psychologist role"

Service User Consultation in Research

The UCL DCLinPsy Service User and Carer committee have been working steadily at increasing the representation of service users in all areas of the doctorate programme. The last 3 years have seen an increase in involvement in selection and teaching and this year we are focusing specifically on research, for example involving service users in the early stages of research (e.g. study design). Members of committee at UCL have recently been invited to act as consultants to some trainees in developing their research for the major research project. Caroline Bendall, one of our current trainees who is preparing her thesis for submission in May 2019, speaks about her experience of this initiative. We also hear from the member of the service user and carer committee who acted in a consultative role to the project. Trainees wishing to speak with our service user and carer committee regarding research should make contact with me directly at jarrod.cabourne@ucl.ac.uk.



My thesis is aiming to explore conceptualisations of care in the inpatient setting from the perspectives of service users and staff, with a focus on experiences of restrictive practices. Ensuring that the study design was acceptable to service users was key and my supervisors, Vyv Huddy and Claire Williams and I wanted to ensure that service user involvement was incorporated within the process of designing and implementing the project. Consultations were arranged

with 5 members of the UCL service user and carer reference group, which were easy and straightforward to arrange.

After months of preparing the NHS ethics application, collaborating with the consultants brought the project back to life for me. The feedback I received was thoughtful, insightful and creative, leading to some beneficial changes being made to the research, such as proposing evening as well as daytime visits for the field work component of the research and reflecting on the language used in the research documents. Knowing that individuals with lived experience felt the project was acceptable and relevant also gave me confidence going in to the NHS ethics review and the contribution of the consultants was well received by the ethics committee.

It was clear to me that the consultants gave up their time due to a passion to improving research in this field and many offered ongoing support with the project, should there be opportunities for further input. I would highly recommend engaging with the service user and carer reference group as an opportunity to meaningfully collaborate with individuals who are experts by experience, and who can bring ideas and wisdom to trainee clinical psychologists' research.

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A member of the UCL Service User & Carer Committee speaks about the experience of consulting with Caroline on her research.

Service Use Consultation in Research Continued...

An experience of involvement from the service user consultant perspective

I have been a member of the service user and carer committee group for over 2 years, having been involved in group interviews and teaching, as well as other fascinating areas of the training programme. I thought it might be of interest to write about my latest role as a service user research consultant for trainees in the development of their ethics proposals for the major research project.

The process of involvement

The group received an email from Jarrod Cabourne (Service User Involvement Lead at UCL), outlining the research ideas of two doctorate students who were asking for feedback from group members. One of the subjects particularly struck a chord with me and Jarrod passed on my details to the second year trainee, Caroline Bendall who was researching 'restrictive practices' in inpatient units, from both staff and patient perspectives.

I got a delightful introductory email from Caroline on many levels. She was very flexible on how we might work together and acknowledged my 'kindness' in wanting to provide feedback on some elements of her thesis. Namely she wanted to me to look at her Participant Information Sheet and Interview Schedule. She

ended her email with a door left open for me to ask any questions. In my reply email, I asked for clarification of the rather woolly term 'restrictive practices,' and further guidance as to what she was specifically looking for from me, otherwise it seemed rather like looking for a needle in a haystack. Back came a clear email; her definition of 'restrictive practices,' plus her request for me to check readability, clarity of the 'Participant Information Sheet' and whether some questions may be omitted or inappropriate/ not useful in the Interview Schedule.



Being involved in this area of the course and supporting trainees with their research has been a fulfilling and validating experience

It was so helpful that I had complete understanding of what Caroline was looking for from me. I was then able to go through both documents with a fine tooth comb, annotating on the side with 'mark-up' suggestions, not only on

ease of readability, which is very important, particularly if a patient is struggling with concentration, but also with suggestions from a patient perspective. These were thoughts which Caroline may not have been aware about, particularly the potential power imbalances that possibly skew research, in the way language is used differently for staff and patients.

In a separate email, Caroline notified me that she had secured funding so that I was paid for some of my time. In fact, to date, I have been paid for all the UCL projects I have been involved in. For me it's not the amount that's important, but payment says something about how valued patients/carers are to research and other aspects of the training programme. Without their time and participation, some research would not be possible and the doctorate programme would miss tapping into alternative perspectives from experts with lived in mental health experiences. Overall, being involved in this area of the course and supporting trainees with their research has been a fulfilling and validating experience.

New Staff



Marc Tibber
Lecturer

Marc worked as a psychophysicist and experimental psychologist for over ten years, studying visual processing in psychiatric, neurodevelopmental and neurological conditions such as Schizophrenia, Autism and Migraine. Marc qualified as a Clinical Psychologist in 2017, and has worked at the Brandon Centre and Great Ormond Street. Marc has a number of research interests, but most recently has been studying the social and economic predictors of psychological symptoms. Marc is also interested to explore the impact of such contextual factors in young people's mental health, with a particular focus on the role of digital technology and social media use.



Michelle Wilson
Clinical Tutor

Michelle trained at UCL and since qualifying, she has worked in a variety of health settings including plastic and reconstructive surgery, chronic wound care, and specialist weight management (adult obesity) services, as well as CAMHS Eating Disorders. Michelle has a keen interest in stigma and implicit attitudes, obesity, appearance concerns, as well as compassion focused therapy, acceptance and commitment therapy and trainee experiences of clinical psychology training and placements. She jointly organises the health unit with Amanda Williams. She is currently involved in an ongoing project exploring trainee experiences of clinical placements whilst on training.



Liam Mason
Lecturer

Liam completed his PhD in cognitive neuroscience at the University of Manchester in 2012, and then his clinical training at the Institute of Psychiatry, Psychology & Neuroscience. Since qualifying as a Clinical Psychologist in 2015, he has been working in a National & Specialist service providing CBT for psychosis and bipolar disorder. Liam's research focuses on mood instability and risk-taking, combining mood tracking using smartphones with neuroimaging. He is also interested in how psychological therapies change the brain.



Vaughan Bell
Associate Professor

Vaughan's research and clinical work largely focuses on psychosis and the people affected by it. He currently works in a psychological interventions clinic for people with psychosis where he specialises in seeing people with psychosis alongside neurological or neurodevelopmental difficulties. His research largely focuses on the same, using experimental and epidemiological methods.

Trainee Placement Activity

East London **NHS**
NHS Foundation Trust



Developing a Young Onset Dementia Pathway



Itamar Cohen

In addition to delivering therapeutic interventions, the doctorate programme provides trainees with opportunities to develop their knowledge and skills in relation to other roles of the clinical psychologist, including leadership and service development. Itamar Cohen is a third year trainee and here he talks about his involvement in developing a new care pathway for Young Onset Dementia (YOD) during his placement at Newham Memory Service in East London.

“It is estimated that there are 42,325 people in the UK who have been diagnosed with young onset dementia (YOD) and represent around 5% of the 850,000 people living with dementia across the UK (Ref Dementia UK, 2nd edition 2014, Alzheimer’s Society). The main aim of the new care pathway is to provide a new therapeutic framework addressing the unique needs of people who have been diagnosed with YOD, i.e. where symptom onset is before 65 years of age. The new care pathway is a shared project of three organisations: Newham Memory Clinic, The Alzheimer Society and ELFT’s People Participation stream.

Although younger people experience similar symptoms in YOD to older people with dementia, the impact on their lives can be very different. Younger people are more likely to still be working when they are

diagnosed and many may still have significant personal and financial commitments (e.g. a mortgage, dependent children, or have their own carer responsibilities for living parents).

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The New Pathway

The new YOD care pathway aims to fulfil a gap within current service provision where the needs of younger clients are met via educational and psychosocial interventions.

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Developing a Young Onset Dementia Pathway... continued

Together with the Alzheimer society and ELFT's People Participation stream (i.e. the involvement of service users, carers, facilities and friends), I have been involved in facilitating a monthly focus group, with two main objectives in mind. Firstly, to understand the unique needs of those diagnosed with YOD, their family and wider network (e.g. friends). It is an opportunity for services to increase their awareness, as well as providing a space for service users to experience emotional companionship in the framework of a peer support group. Secondly, the pathway invites service users to be part of the service itself, working jointly on valuable research and service development projects. For those who want to take part, the pathway offers a wide variety of roles included in research and service development (e.g. learning how to conduct interviews, audits, administrating and implementing projects, co-facilitating groups etc.). Participants have the opportunity to receive specialist training, gaining the professional tools necessary for a beneficial contribution.

We believe that providing service users with an opportunity to gain back a sense of control, productivity, and a sense of providing a valued contribution particularly addresses the needs of people who are experiencing a very rapid and unexpected loss of roles. The element of support, which is provided via the monthly meetings hopefully addresses the difficulties of re-engagement with an active lifestyle, which can often be an emotional challenge for people with YOD”.

The project is under the management of Dr Adam Fyffe (Clinical Psychologist – Newham Memory Service), Mr. Joe Ellis (Support Manager – The Alzheimer society) and Mr. Paul Binfield (Head of People Participation – ELFT). For any queries or suggestions, please contact Itamar at Itamar.Cohen.16@ucl.ac.uk



**SIMPOSIO
BECARIOS
CONACYT
EN EUROPA**

In April, third year international programme trainee Mauricio Alvarez Monjaras represented UCL at Strasbourg, presenting on his doctoral research at the 8th Symposium of CONACYT Scholarship Holders in Europe. The event, organised since 2011 by the Maison Universitaire Franco-Mexicaine (MUFRAMEX), in collaboration with the National Council of Science and Technology of Mexico (CONACYT) and the European parliament was attended by approximately 100 Mexican fellows from 13 different European countries. Mauricio presented on his work, conducted under the guidance of Prof. Steve Pilling, on “Fidelity assessment for complex mental health interventions”. Further details of the symposium can be found at www.muframex.fr.



Trainee Research

In the winter edition of the 2016 UCL newsletter, Jack Hollingdale (a former trainee who qualified in 2017), wrote about the development of a new domain-specific model of self-esteem (access to this article can be found under the Course Newsletter tab on the website).

Since then, the clinical effectiveness of the model, using a group intervention, has been investigated as part of a DCLinPsy major research project. Emilie Dixon, a 2018 UCL graduate, reports on the findings of this project.

Self-esteem is one of the most studied topics in the social sciences. Researchers have repeatedly found associations between low self-esteem and a number of unfavourable outcomes including poor interpersonal relationships, criminal behaviour, substance abuse and various mental health conditions. In contrast, high self-esteem has been associated with greater autonomy and ability to cope with life stresses, happiness and psychological wellbeing.

Traditionally, self-esteem has been described as a global concept, which is relatively stable across time and situations. However, self-esteem has also been conceptualised as multidimensional or domain-specific, which refers to an individual's self-appraisals within

more circumscribed domains, for example, intellectualism, athleticism and appearance. However, despite support in the literature for the multidimensional nature of self-esteem, there is currently a lack of interventions targeting domain specific self-esteem.



Emily Dixon

2018 UCL Graduate

In response, a new cognitive-behavioural model of domain-specific self-esteem was proposed by Jack Hollingdale, a former UCL trainee who qualified from the programme in 2017. The model (next page) suggests that an individual's early life experiences influence how much value or importance they place on different domains. The model also suggests that these life experiences influence the development of attributional styles, which determine how the person will perceive and interpret events in various domains. Attributional styles refer to a general tendency to make internal (versus external), stable (versus temporary), and global (versus specific) attributions for positive and negative events (Abramson et al., 1978). The model challenges the traditional view that self-esteem can be identified as having arbitrary

thresholds of 'low' and 'high'. Instead it views self-esteem as being on a continuum, which, at times, can become unsatisfactory for our needs within a specific domain, situation or period of life.

Based on the unsatisfactory self-esteem model, a four-session CBT group intervention was developed (Hollingdale, 2015). The content of the intervention included psychoeducation about the model, development of a domain specific self-esteem profile and formulation, positive data logs, thought challenging and behavioural experiments. As part of our doctoral theses, we, Emily Dixon and Ciping Goh, conducted a pilot study of the intervention. We hoped to determine if the intervention would lead to improvements in global and domain-specific self-esteem, depression, anxiety and psychological wellbeing. We were also interested in whether the intervention would lead to changes in individual attributional styles.



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Researching a new model of Self Esteem

The Study

METHOD

We tested the group intervention on 51 students at UCL, using a pretest-posttest design. Participants were asked to complete questionnaires at pre-treatment, post-treatment and one-month follow up.

RESULTS

We analysed the results using mixed-model analyses and post-hoc comparisons which revealed significant differences between pre-treatment and post-treatment on measures of domain-specific self-esteem, global self-esteem, depression and psychological wellbeing. At post-treatment the effect sizes for global self-esteem, depression and anxiety were found to be in the moderate range. All these changes appeared to be maintained at the one-month follow up. However, we did not find any significant differences between time periods on measures of anxiety.

The analyses also revealed significant differences between pre-treatment and post-treatment on a measure of attributional styles for negative events, which again was maintained at follow-up. This suggests that, following the intervention, participants showed a shift towards more external, unstable and specific styles. However, no significant

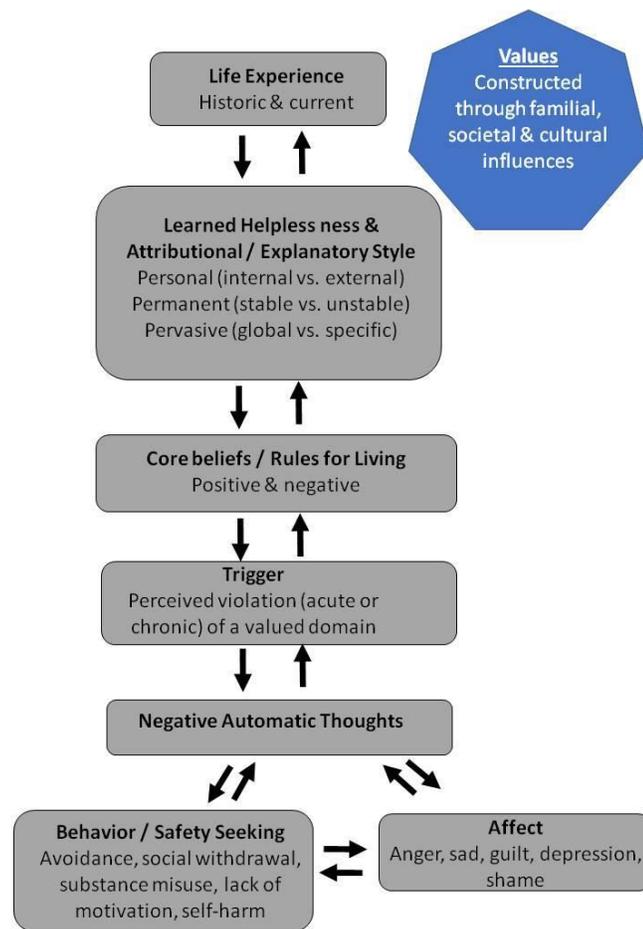
differences were found between time points on measures of attributional style for positive events.

CONCLUSIONS

The unsatisfactory self-esteem model and group intervention are the first of their kind specifically to target domain specific self-esteem. Thus, we were gratified that the results suggest that the intervention is promising for improving domain-specific self-esteem, global self-esteem, depression and psychological wellbeing, as well as resulting in changes in an individuals' attributional styles towards negative events.

The domain specific self-esteem model allows individuals to identify specific domains of self-esteem that might be considered unsatisfactory for their needs, or indeed to highlight areas of satisfactory self-esteem. This can be valuable for planning specific treatment goals in comparison to the broader self-esteem goals employed by traditional self-esteem approaches.

Although these results appear promising we hope in the future we will be able to compare the intervention with a control group, using a randomised controlled trial (RCT), so we can start to make inferences about causality.



Supervisor Updates

Inter-professional Learning: Consulting with colleagues whilst on placement

The main way in which trainees engage in learning about other professions is through their time on placement. Most clinical settings involve working in teams with a range of clinicians, and it is through this that trainees can expect to learn about the roles, functions and assumptions of different professional groups, and the ways in which their skills are deployed. However, this can be implicit rather than explicit learning, with the risk that assumptions about each other's roles are not tested or challenged.

Learning about the work of other professions is usually referred to as Inter-Professional Learning (IPL). On some programmes IPL is taught as part of the curriculum (for example, by having members of different professions sit in the same lecture), but this can be a passive process which doesn't promote learning about the work of others. As such, a more active and direct approach has been adopted by the programme.



What is expected of trainees on placement?

In at least one placement, trainees are expected to undertake an IPL exercise. This involves identifying a mix of professionals from the team with whom they are working, and meeting individually with them. The number of professionals with whom meetings are set up will reflect the range of professions with whom the trainee is working. This could be done through a meeting specifically arranged for this purpose or in the context of joint work with or observation of members of other disciplines (though if the latter, care needs to be taken to ensure that there is adequate time for discussion).

Both parties would be expected to discuss:

- their route into training (e.g. what qualifications and experience are required)*
- the nature of their training (e.g. length of training, how it is structured, an idea of the content, etc.)*
- how they see their role in the team, and how this relates to their background training*
- what they see as similar or different about their roles, and how this impacts on working as a team*

It is important to stress that this should not be a 'tick-box' exercise, but one approached with a spirit of curiosity. It should also be a two-way process, because work colleagues may also know little about the details of training in Clinical Psychology.

Trainees should prepare a short report (no more than 500 words), usually structured in relation to the four points above. As such it should cover the main learning points from this exercise, with an emphasis on the trainee's understanding of the roles of members other disciplines and the implications for inter-professional working. The report

and the exercise should be discussed and reflected on supervision. The report is not formally evaluated, but should be countersigned by the supervisor.

FREE SUPERVISOR WORKSHOPS

All North Thames supervisors can sign up to free supervision skills workshops (as well as see details of upcoming UCL conferences) at the UCL DCLinPsy website, under *Workshops & Conferences*

Supervisor workshops are jointly hosted by the three North Thames courses
(UCL, UEL & RHUL)

<https://www.ucl.ac.uk/clinical-psychology-doctorate/events>