Teaching human rights: Tools towards prevention, accountability and justice
Nimisha Patel
University of East London

The dominant legal discourse of human rights and the legitimating mechanisms to enforce human rights may seem alien or abstract to clinical psychologists, despite shared values, and shared limitations, of both human rights and clinical psychology. Human rights, it is argued, need to be understood by clinical psychologists so that we can critically engage in a human rights-based approach to work towards prevention, accountability and justice. Why we should teach human rights, what to teach, how to teach and which competencies are required in a critical human rights-based approach to health is the focus of this presentation.

Monday 4th November - Symposia Abstracts

Coproduction: Impact and Identity
Laura Golding¹, Eames Catrin², Simon Mudie³, Anna Bridge¹, Alison Bryant¹, Sarah Butchard¹, Hilary Tetlow¹, John Chiocchi⁴, Bernadette Fitzpatrick⁴, Julie Van Vuuren¹, Veenu Gupta¹, Beth Greenhill¹, Laura Willets⁵
¹University of Liverpool, Liverpool, ²Liverpool John Moores University, Liverpool, ³GTICP, Cardiff, ⁴North West Boroughs Healthcare NHS Foundation Trust, Liverpool, ⁵Alder Hey Children's NHD Foundation Trust, Liverpool

This symposium will present four projects exploring co-production and identity in clinical psychology training.

Objectives
• To consider how we demonstrate the impact of Expert by Experience (EbE) involvement in clinical psychology training
• To highlight different models and methods of working with EbEs and Experts by Occupation (EbOs).
• To consider the complexities of negotiating different positions and identities through the process of coproduction in clinical psychology training.

The impact of co-production in clinical psychology training
Hilary Tetlow and Laura Golding

Background: The involvement of service users and carers (sometimes termed Expert by Experience [EbEs]) is integral to the education and training of clinical psychologists. There is, however, much debate about the most effective methods of inclusion and little empirical evidence reporting the outcomes of inclusive practice.

Aim(s): To explore the impact of involvement in DClinPsychol training for both recently qualified trainees and EbEs involved in delivering aspects of the DClinPsychol programme.

Method(s): Six EbEs and five recently qualified DClinPsychol trainees participated in semi-structured interviews. Transcripts were analysed using thematic analysis.

Results: Nine main themes emerged, namely: Personal stories and reasons for advocacy; Benefits of involvement in training; Attitudes towards involvement; Empowerment; Power; Morals and values; Practice outcomes; Awareness and understanding, and Perspectives.

Conclusions: The findings provide evidence of the impact of co-production in training, illustrating that such initiatives are mutually beneficial to trainees (professionally and personally) and EbEs in numerous ways. The long term implications of co-production could promote a more person-centred healthcare system – not just in relation to mental health, but applicable to all areas of health.
Swapping Seats: Experts by Experience as mentors
John Chiocchi, Bernadette Fitzpatrick and Julie Van Vuuren

Background: Learning as a co-produced process facilitates shared power, where collective expertise and knowledge is valued. Having Experts by Experience (EbEs) as mentors allows space for valuing the knowledge base of both Experts by Occupation (EBOs) and EbEs.

Aim(s): To deliver a mentor scheme where EbEs are mentors to DClinPsychol trainees, to enable and enhance the quality of trainee learning, to reduce mental health stigma, and aid the development of skilled, recovery-focussed health practitioners who are enabled to improve services.

Method(s): Twelve month pilot project, over two six month placement cycles (N=32). Cohort 1: Trainee Clinical Psychologists on placement within North West Boroughs NHS Foundation Trust/PhD students, Cohort 2: All first year Trainee Clinical Psychologists. Both cohorts: EbE mentors from North West Boroughs Healthcare NHS Foundation Trust. Mixed method data collection at four time-points over six months.

Results: Trainee perceived mental health stigma of others and perceived mental health self-stigma decreased, as well as qualitative themes of positive student learning experiences to include perspectives, learning from mentor, awareness and reflection, and person-centred approach. Mentors felt accepted and valued the exchange of knowledge. Both mentors and mentees explored the roles and boundaries shift in power that mentoring presented.

Conclusions: The mentorship scheme enhanced student learning and responds to employer demands for advanced skills in working alongside EbEs. The findings highlight the importance of having reflective space about power and knowledge, and that a supportive learning environment in mental health is imperative within professional health training programmes.

Reflections of the many faces involved in Clinical Psychology
Veenu Gupta and Beth Greenhill

Background: There are many individuals involved in training Clinical Psychologists, including Experts by Experience (EbE), Carers, Trainees and Clinical Psychologists (EbQs).

Aims: The research explores the identities of these groups and if they function as a whole or as separate groups. The research will also explore how trainees can better identify with these different identities to encourage learning and impact clinical practice. PhD researcher and EbE, Veenu Gupta, will discuss the process of developing her research alongside Beth Greenhill, Clinical Psychologist, and how they negotiated the conflict between their lived experience and professional identities and its influence over the research process.

Methods: A thematic analysis of focus groups replicating social identities of EbEs, Carers, trainees and EbQs will be conducted to assess identity. Quantitative methods will be used to assess social identification of trainees with EbEs, Carers and EbQs and the impact of identity on learning and clinical practice. This will support development of an Identity Intervention to better connect psychologists and service users in clinical practice.

Results: Predicted results are that EbEs, carers, trainees and EbQs will have unique social identities but that complement each other to function as a whole. It is also predicted that trainees with lived experience will better identify with the EbE and this will influence their clinical practice differently to trainees identifying with the EbQ.

Conclusions: Previously, social identity has shown that group identities are divided. This research will endeavour to use identity as a way to connect people as opposed to separate them.

Sharing experiences of distress and mental health difficulties during clinical training
Presenter: Laura Willets

Background: Research suggests that mental health difficulties are prevalent in trainee and qualified clinical psychologists and yet relatively little attention has been paid to this until recently.
**Aims:** This study aimed to understand what factors affect trainee clinical psychologists’ decisions to disclose, or not disclose, their own mental health difficulties during clinical psychology training.

**Method:** Twelve recently qualified clinical psychologists were interviewed about their experiences of mental health difficulties, and their mental health disclosure decision making, during training. A constructivist grounded theory methodology was used.

**Results:** A theoretical framework, containing ten categories, was developed. The theoretical framework shows that trainee mental health disclosure decision making is a dynamic process that relies on multiple factors, including whether the trainee has a reason to disclose; the anticipated response; situational factors; and the amount of fear and shame associated with personal experiences of mental health difficulties and disclosure.

**Conclusions:** The findings emphasise the importance of fostering an open and supportive environment in clinical psychology training; eliminating shame and fear; and ensuring trainees receive a validating and normalising response to disclosure.

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**Social Inequalities and Mental Health: research and practice developments in Sheffield**

Liza Monaghan¹, Richard Bentall², Jaime Delgado³, Vyv Huddy², Katherine Hildyard¹, Jo Burrell¹, Natalie Newman⁴, Tina Ball⁵, Claire Bone⁶

¹University of Sheffield/Sheffield Health & Social Care NHS Trust, Sheffield, ²University of Sheffield, ³University of Sheffield, Sheffield, ⁴South Yorkshire Housing Association, Sheffield, ⁵City of Sanctuary, Sheffield

Building on existing staff and trainee interests, the University of Sheffield DClinpsy programme is keen to develop and promote an understanding of the social determinants of ill health and to support clinicians, researchers and trainee clinical psychologists to work in partnership with communities in addressing these issues. A recent programme stakeholder day with the theme “Psychology in the Community” focused beyond the traditional clinic-based work on how clinical psychologists might impact on health inequalities, promote diversity and empower marginalised individuals and communities. The event highlighted some of the research and practice taking place locally and facilitated links with third sector organisations, Public Health and communities. It also encouraged us to put together this symposium.

Staff and trainees from Sheffield will present recent and ongoing research and will describe new placements, which develop links and partnerships between NHS and third sector organisations. The first three presentations will focus on research in the areas of inequality and mental health, socio environmental predictors of psychotic symptoms and the impact of socioeconomic deprivation on psychological treatment outcomes. The final presentation will describe innovative placements developments using psychological expertise to support community and public health activity. Outcomes from the stakeholder day can also be presented/discussed.

We hope the presentations will stimulate further discussion of research and practice ideas that can help in training clinical psychologists who are equipped to contribute to, and lead, practice and research developments in line with the focus on prevention and health inequalities highlighted in the NHS Long Term plan.

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**Discipline of Public Psychological Health?**

Richard Bentall

**Purpose:** The aim of this paper is to demonstrate the contribution that psychological theory can make to the investigation of the social determinants of mental health, and how psychology might inform the development of targeted public mental health interventions

**Background:** Mental health researchers and practitioners have devoted surprisingly little attention to the social determinants of mental health, focusing instead primarily on psychological or biological mechanisms and interventions. However, in the last few decades compelling evidence has emerged of the importance of geographical (e.g. urban environments), structural (e.g. inequality), social (e.g. migration), familial (e.g. parental divorce) and personal (e.g. trauma). Importantly, these exposures in childhood are associated with prolonged risk of mental ill-health in adulthood.

**Methods:** Understanding how social determinants impact on mental health requires solutions to three problems. First, it is necessary to have useable definitions of mental health/illness. Psychiatric diagnoses are uniquely unfit for this purpose and the common public health of reducing mental health to a single illness-wellbeing dimension is equally
problematic. Second, key psychological mechanisms must be identified. Third, methods of identifying genuine causal relations in complex datasets are needed to link the former to the latter. These issues will be discussed and illustrated with a selective review of relevant literature, including some of the speaker’s own studies.

Conclusions: Public mental health can be enriched, and potentially made more effective, with an injection of psychological concepts and methods. Clinical psychologists, and clinical psychology courses, should seek an active role in the field.

Adverse impact of neighbourhood socioeconomic deprivation on psychological treatment outcomes: the role of area-level income and crime
Jaime Delgadillo

Aim: Socioeconomic deprivation is known to be associated with depression and anxiety symptoms. This study aimed to investigate the influence of several domains of neighbourhood deprivation on psychological treatment outcomes.

Method: Healthcare records from 44805 patients who accessed psychological treatment were analysed. Patient-level depression (PHQ-9) and anxiety (GAD-7) outcome measures were linked to their neighbourhood statistics, including area-level indices of income, unemployment, education, health and disability, crime, housing quality, and quality of the local environment. Linear regressions were applied to examine associations between these domains and post-treatment symptom severity after controlling for patient-level and service-level variables.

Results: Neighbourhood income and crime rates were associated with depression and anxiety symptoms after controlling for covariates, explaining 4% to 5% of variability in treatment outcomes. Patients living in low-income areas required a higher number of treatment sessions to benefit from therapy.

Conclusions: Patients living in economically deprived neighbourhoods tend to have poorer depression and anxiety treatment outcomes and require lengthier interventions.

Socio Environmental Predictors of Psychotic Symptoms in People with Early Psychosis
Vyv Huddy

Epidemiological studies exploring geographic variation in the severity of psychosis have suggested that inner city areas characterised by dense population, deprivation and social fragmentation may be associated with greater expression of psychotic symptoms. However, contradictory findings have emerged when symptoms are measured at the level of individual items or as dimensions. The study investigated this question by employing a cross-sectional design to investigate data collected from secondary care services in West London. This region of the city characterised by pockets of marked affluence and deprivation. Three hundred and nineteen participants who met inclusion criteria for the study. Outcome measures included symptom dimension scores, derived from principal component analyses of positive and negative symptom scales, were regressed on neighbourhood-level predictors, including population density, income deprivation, income inequality, social fragmentation, social cohesion, ethnic density and ethnic fragmentation, using multilevel regression. Surprisingly, higher income inequality was associated with lower negative symptom scores) and higher levels of ethnic segregation were associated with lower positive symptom scores after adjustment for covariates. These findings provide further evidence that particular characteristics of the environment could be linked to specific symptom clusters in psychosis.

Developing innovative placement opportunities in Sheffield in partnership with Third Sector organisations and Public Health: Sharing clinical psychological frameworks to promote the values of community, inclusion psychological wellbeing and health
Katherine Hildyard, Jo Burrell, Tina Ball, Natalie Newman, Claire Bone and Helen Wigglesworth

Purpose: To share innovative placement opportunities developed by the Sheffield DClinPsy course in partnership with Third Sector organisations and the local government Public Health service.

Background: A homeless families team located in a local housing association was interested in developing a psychologically informed partnership with clinical psychology. The City of Sanctuary, a safe and welcoming space for
asylum seekers and refugees, Sheffield, approached the course team to think about meaningful partnerships within a Community Psychology framework. The Public Health department has sought a psychological framework to support their work in addressing health inequalities across the city.

Methods: Trainees work in partnership with local services developing their ‘leadership’ and ‘organisational influence’ competencies rather than direct therapeutic work. The trainees step outside of their usual practice, immersing themselves in the organisation or team. They have drawn upon theoretical models of CAT, Community Psychology and Behavioural theory. The aims and objectives of the placements emerge in collaboration with those who they work closely with, which may be people with lived experience or staff teams.

Conclusions: One placement within housing has been successfully completed and evaluated, leading to a business case being developed with possible funding sources and grants identified. It has demonstrated the value clinical psychology has to promote wellbeing for staff working with the most vulnerable and excluded families, supporting psychological informed environments. The emphasis on community and inclusion, working with our partners in their aims to address inequalities will be foremost in future placements.

Monday 4th November - Workshop Abstracts

Considering the reciprocal relationship with our experts by experience – how do we care for our carers? How do we co-produce with experts by experience and communities?

Sarah Craven-Staines, Lisa Caygill, Clare Devanney-Glynn
Teesside University, Teesside

Background: In 2017, the British Psychological Society (BPS) successfully accredited the Doctorate in Clinical Psychology course at Teesside University. A key recommendation was to develop further links with our Expert by Experience (EBE) representatives and to increase their input into the course. In line with courses nationwide, Teesside has invested in increasing the engagement of EBE's through implementing a working group. This has led to increased provision of EBE's in all aspects of the course delivery including recruitment; teaching; research and attendance at all course working groups. This is a relatively new venture and it is clear the amount of dedicated time, passion and commitment these individuals provide. In return, the course team have begun to reflect on the ongoing support needs EBE’s may have, and how these can be supported.

Key points: The authors and an EBE will facilitate this workshop aiming to engage attendees in thinking about the support EBE’s may need. This discussion will facilitate creation of ideas and increase mindfulness in how to prioritise the safety and wellbeing of our EBE’s. The workshop will aid exploration around potential challenges and benefits we are faced with as EBE’s become more embedded in education.

Conclusions: Through discussion, the workshop will begin to consider useful strategies that courses can consider in caring for their EBE’s, alongside highlighting ways in which shared practice can be evidence based and disseminated for involving EBE’s in education.

EBE involvement: Co-production and Co-delivery.

Decolonisation through liberatory practices: “All you need is love”

Maria Castro Romero
University of East London, London

The history of psychology makes clear that it is colonial, capitalist and imperialist in its origin and development, which is reproduced more or less critically in, clinical practice, research and training.

Although discipline's defining and understanding of the world is anglo-andro-centric, that is, dominated by White men of the English speaking world (with the exception of the contributions of the Milan School, in Italy, to systemic therapy), it has colonised (and continues to colonise) psychological thought, research and practice across the globe.

In the UK it marginalises people from minority backgrounds, which leads to both their underrepresentation in the profession and in psychological therapies, in other parts of the world it oppresses indigenous values, knowledges and
practices. For this reason, Martín Baró (1994) argued the need for a decolonisation of Psychology, and Liberation Psychology can be useful for us in this effort.

From a Liberation Psychology approach, which will be briefly explained at the beginning, the workshop aims to engage all those involved in clinical psychology training in the task of decolonisation.

Participants will be asked to work in small groups first, examining different aspects of training, and social and cultural challenges within our contexts, ending with the bringing together of ideas that can serve as stepping stones for continuing the task of decolonisation locally.

Monday 4th November - Oral Presentation Abstracts

Taking clinical psychology to the community to reach diverse and underserved youths

Luna Centifanti1, Jeane Lowe2, Michael Acougueiro3, Steve Brown4
1University of Liverpool, Liverpool, 2Centre 63, Kirkby, 3Capoeira for All, Liverpool, 4Aspire Schools, Liverpool

Minority voices are eager to be heard. The struggle for minority voices to be heeded and answered has been based on critiques of clinical psychology, community mental health, and other established systems. Community psychology (Trickett et al., 1993) is one way people deconstructed clinical psychology. The values of the movement were cultural relativity, diversity and an ecological perspective meant to challenge the positivist perspective. This movement stood up to systems that were based on dominant culture and the stigmatizing effects that resulted. Community work has been most useful in recognising that life contexts are important. An ecological perspective looks at how people interact with their environment to experience mental ill health. Community work is being used to reduce stigma and to foster trust so people in the community will seek physical and mental health treatment within primary care. Marginalized groups may be more likely to seek help via community groups before primary care. Thus, they can work together.

This workshop will bring together ideas from community workers who focus on physical health to improve mental health through martial arts – accessing minorities and young men, ideas from a headteacher from a community school for children with emotional and behavioural difficulties, as well as ideas from community centre workers creating space for young men and women to confront their hopelessness in the context of austerity. We need to consider whether clinical placements could better liaise with communities to increase diversity of those who come in contact with mental health providers.

Shadows in the Reflective Journey – Trainee Clinical Psychologists’ Experiences of Reflective Practice

Emily Connolly, Duncan Moss, Jacqui Stedmon
University of Plymouth, Plymouth

Reflective practice is an essential and assessed component of clinical psychology doctoral training programmes. Despite the numerous methods training programmes utilise to develop reflection, previous literature has mainly focussed on individual methods (e.g. reflective practice groups). In addition, the use of reflection as an assessed competency has received criticism within the wider healthcare literature. The purpose of this study was to explore trainee clinical psychologists’ broader ‘reflective journey’ and any dilemmas they encountered. Ten final year trainee clinical psychologists were interviewed and asked to describe their ‘reflective journeys’ as they approached qualification. Transcripts were analysed using three narrative analysis techniques: thematic, structural, and performative/dialogic. Trainees typically organised the narrative of their reflective journey to illustrate growth and development throughout the training period, storying reflection as an important part of their role. However, trainees also narrated the enactment of reflection as problematic with three overarching dilemmas: What does ‘the structure’ allow?; Am I able to be open?; and What are the consequences of being open? Based on these findings, a critical consideration for clinical psychology training is that the current reflective context may be counter-intuitive in enabling trainees to reflect openly and authentically.
The role of Cognitive Analytic Therapy (CAT) in the provision of care for staff and trainees: How do we support trainee and supervisor mental health and wellbeing whilst navigating tensions between our professional, social and personal identities?

Sarah Craven-Staines
Teesside University, Teesside

Background: Burnout amongst staff working within mental health services is not a new concept. Yet the ability to support the mental wellbeing of our staff has been limited and variable depending upon the service in which they work. Having previously worked within an Employee Psychology Service (offering psychological therapy for staff experiencing work related stress); the author will reflect upon her role in providing CAT both therapeutically (on a 1:1 basis) and organisationally (using contextual mapping with teams aiding recognition and revision of unhealthy patterns).

Key points: This workshop will reflect upon the use of CAT in assisting trainees, staff and teams to support their own mental wellbeing with the aim to create a healthier workforce. Wider discussions concerning how CAT can be used to support trainees and staff in practice will be held. This will include considerations of: the use of personal CAT maps for trainees to support their personal and professional wellbeing; the opportunity for trainees to experience personal therapy; and how Clinical Psychologists can support the mental wellbeing of our workforce (e.g. the importance of caring for the carers).

Conclusions: It is hoped that the workshop will provoke consideration of new ways of thinking and innovative practice in supporting staffs mental health and wellbeing. In doing so, such practice developments can be considered for the future for courses, alongside developing the evidence base with regards to determining the utility of CAT and care for trainees and staff in practice.

Discussions of diversity, representation and marginalisation in the profession; reflections from a survey on minority experiences

Runa Dawood, Ashley Peart
Minorities DCP Sub-Committee, London

A discussion of diversity in the context of recent conversations around inclusivity in clinical psychology. This talk will provide an introduction to the DCP Minorities Sub-Committee and the work that they have been doing for aspiring and practicing psychologists. The speakers take a look at the experiences and issues faced by aspiring psychologists from minority backgrounds. Issues around frameworks for understanding diversity and inclusivity are discussed. The audience is invited to engage in reflections around their awareness and frames of working with and understanding these issues.

A path is formed by laying one stone at a time: Experts by Experience involvement in the University of Birmingham Clinical Course

David Gibbs, Teresa Madurai
University of Birmingham, Birmingham

The past, the present and the future ….

Experts by Experience (EbyE) have been involved in the Birmingham Clinical Psychology Doctorate program for a while. However, involvement was sporadic and scattered. Due to a desire to adopt a more cohesive and formal approach with EbyE involvement (and because the BPS told us to!) the Experts by Experience Steering Committee (EBESC) was launched. Stakeholders including identified and involved experts by experience were involved in the set-up of the group with the agreed (and co-produced) aims as:

“In the Centre for Applied Psychology, we are committed to involving experts by experience in all the different aspects relevant to our teaching and research. The Experts by Experience Steering Committee (EBESC) is a group that meets regularly to discuss, organise and support the work of experts by experience linked to the Clinical Psychology Doctorate Programme. We comprise members from various backgrounds, including local experts by experience who contribute to the course and staff from the Centre for Applied Psychology.

This sounds good and things in Birmingham have certainly improved - but are they good enough? Is full co-production, complete partnership and equal recognition possible between academics and EbyE? How are our dreams, values and
the pursuit of social justice reflected in our current actions and influencing future goals? How do we envisage our joint future? What is next for EBESC, how and who decides? The future is with EBESC…. Together we need to explore and decide where we are going.

A PhD Research Proposal: Identity as a connecting factor between Them & Us

Veenu Gupta1,2, Dr Catrin Eames3,2, Dr Laura Golding1,2, Dr Beth Greenhill1,2
1University of Liverpool, Liverpool, 2LExE Group, University of Liverpool, Liverpool, 3Liverpool John Moores University, Liverpool

Background & Aims: This poster will visually present a PhD research proposal by an Expert by Experience (EBE). The research is on exploring the identities that exist within clinical psychology training, including EBEs and Experts by qualification (EBQ) and how identification with the lived experience identity or the professional identity has an influence on learning and clinical practice. The research will explore how identity can connect rather than disconnect them and us.

Method: The stages within the research will be represented as a full circle, including study 1: how those involved in clinical psychology training construct their identities; Study 2: How these groups better identify with one another; Study 3: Exploring the influence of identification with the lived experience identity or professional identity on learning and clinical practice. The learning from this will influence the development of an identity intervention within clinical practice to support trainees and service users to navigate barriers to connecting due to identity and instead use identity as a connecting factor.

Conclusion: The research will add to the knowledge base around identities that exist within clinical psychology training and how trainees identify with those that teach them (EBEs; Carers and EBQs) and whether professional and lived experience identities impact on learning and clinical skills. Social identity theory suggests group identities exist. This research will attempt to show there is a shared identity and humanity across groups and that identity can be used to connect people as opposed to separate them.


Matthew Knight1, Naveed Mir2
1Oxford Institute of Clinical Psychology Training and Research, Oxford, 2Oxford Institute of Clinical Psychology Training and Research - Partners in Experience (PiE), Oxford

Background: Stigma and discrimination have significant and well-established deleterious effects on those experiencing mental distress and physical ill health across the lifespan. Issues of public-stigma, self-stigma, and courtesy stigma are pertinent to many people identifying as users of services or experts by experience, families, in addition to those working within healthcare systems. It is incumbent upon Clinical Psychology Training programmes to address this issue, however the evidence for beneficial interventions and strategies, although growing, remains limited.

Key Points: This workshop explores the directions that Clinical Psychology Training programmes may choose in approaching this issue, focusing on the benefits and challenges of working both with those providing treatment and care, and those engaging with it. The interactive session draws on the literatures that aim to counter stigma in the therapeutic milieu through challenging its legitimacy, disclosure approaches and stages of identity development, and broader interventions to aid healthcare systems make structural changes in the provision of care. Further, it places our values at the centre of discussion, with consideration of the self as therapist / tutor / client, and the corresponding identity challenges when negotiating these roles.

Conclusions: The workshop promotes a 360ø perspective in working with the self, trainees, clients and wider systems to counter stigma effectively and aid meaningful and supportive disclosure. Directions for training and areas of need are highlighted.
Trainees’ experiences of bullying: our responses and responsibilities as clinical trainers

Barbara Mason, Lan Rachel Brown
University of Hertfordshire, Hatfield

Workplace bullying is a significant issue within the NHS, with 24% of staff reporting having experience bullying or harassment by other staff during the previous 12 months (NHS Staff Survey 2018). The psychological workforce are no exception, with 13% of participants reporting workplace bullying in a 2017 BPS survey. There is growing evidence of the difficulties trainees in health professionals can experience with workplace bullying, particularly given their positions for relatively less power. A current qualitative study explores the experiences of trainee clinical psychologists who have experienced workplace bullying (Brown, Mason & Carter, 2019, in preparation). Findings consider themes of activating threat responses, making sense of bullying, difficulties navigating power within the system, and finding safety and support.

This presentation will provide an overview of the range of bullying behaviours described by this group of trainee clinical psychologists, and will consider their experiences of helpful and unhelpful responses on the part of course staff and others. It will consider what we as trainers in clinical psychology can and should do – our responsibilities and our responses, acknowledging the power and tensions inherent in the system of training. The aim is for the presentation to include opportunity for discussion and for consideration of this within the context of social justice within training itself. The session is co-produced by a trainee and a trainer.

Developing a part time training route – insights and practicalities

Emma Munks, Clare Dixon, Rob Parker
Lancaster University, Lancaster

Background: As a training community we are dedicated to progressing the widening participation agenda. As employers of trainees, programmes have to consider flexible working requests in accordance with the Equality Act. Balancing these two agendas and others has led to an increase in the offer of ‘bespoke’ pathways on the Lancaster DClinPsy. To rebalance equity of experience and burden, we have set up a part time training route alongside the full time route. We plan to share our experiences and practical tips to inspire others.

Key points: Arguments and good reasons for the offer of a part time training route will be presented together with a consideration of potential vulnerabilities for the programme and trainees in offering a part time route. Details of the processes undertaken, the learning and insights gained and details of the part time route will be shared. Workshop participants will be encouraged to consider their own programmes and steps they can take to start the process of developing and implementing a part time route

Conclusions: The part time route has been developed in collaboration with current and ex trainees. Short films of their experiences will be woven into the workshop alongside the voices of other stakeholders involved in the delivery of a part time training route. The workshop will deliver insights and practical ideas which participants can take back to their own programmes to develop their own part time routes into training.

Expert by Experience involvement: minimal involvement in development of submission but represented via testimonies.

Understanding and solving the diversity crisis in Clinical Psychology selection

David Murphy1, Runa Dawood2, Ashley Peart2, Carolien Lamers3
1BPS, London, 2DCP/ BPS, London, 3NWCPP, Bangor

Despite many years of discussing the need to increase the diversity amongst our profession, we continue to struggle to make any major headway reducing the stark discrepancy in the success rate of Black and Ethnic Minority applicants (nationally success rates for BME applicants are approximately half that of White British applicants). The selection tutors are keen to share the content and discussion of this summer’s events with the wider training community. David Murphy, BPS President, presented his observations of the challenges in increasing diversity in selection and suggested drawing on contextual selection procedures that are being used effectively in other areas. Runa Dawood and Ashley Peart from the DCP Minorities sub-committee shared selection experiences of candidates belonging to minorities groups. Will these insights and ideas offer another way forward to address this challenge?
Getting the best out of clinical placements: What can we learn from the experience of Trainee Clinical Psychologists?

Anthony Roth, Michelle Wilson
Research Department of Clinical, Educational and Health Psychology, University College London (UCL), London

Objectives: The project sought to explore factors which contributed to good and poor clinical placement experiences.

Design: A mixed methods design was used: part one, a quantitative survey exploring supervisor/trainee relationship and overall placement experiences; part two, follow-up focus groups to discuss in more detail factors which contributed to good and poor placement experiences, and what might inhibit addressing concerns.

Methods: All trainees from the three North Thames training courses (UCL, RHUL and UEL) were invited to take part in the survey, and could express interest in participating in follow-up focus groups. Those who expressed interest were invited to one of three focus groups.

Results: The survey: Of the 340 trainees enrolled across the courses, 121 took part (30%). Eighty-seven percent reported a positive experience of their most recent placement, with 13% feeling that they had been exposed to a poor placement. Supervisory experience was found mediate overall satisfaction with the placement: while other factors were also relevant (e.g. nature of the service), their impact was mediated through the quality of supervision. The focus groups: Themes were identified under factors that contribute to: good experiences (e.g. supervisors who hold trainees in mind), poor experiences (e.g. bullying), difficulty reporting issues to courses (e.g. power imbalances) and what courses could do to improve this.

Conclusions: Good quality, sensitive, reflective supervision appears to buffer the many challenges trainees face. Trainees identified challenges to raising concerns about placement, gave suggestions of how to change this and were keen for courses to take action.

Developments in perinatal and maternity mental health services: Implications for clinical psychology and doctoral training courses

Pauline Slade & Helen Sharp
University of Liverpool

Since a government announcement in 2015 about investment of £365 million in perinatal mental health services as part of the NHSE Five Year Forward View perinatal mental health services in terms of additional mother and baby units have been created across England. Two waves of funding have seen the creation of numerous specialist perinatal mental health teams and four additional mother and baby units. Perinatal women want psychological therapies and the NHSE target is for 30,000 more women to receive specialist perinatal mental health input by 2021. This has led to the creation on many new clinical psychology posts. Further major expansions are planned in the Implementation plan to incorporate psychological services in maternity settings and additional services for fathers.

The Perinatal Clinical Psychology Faculty led by Pauline Slade 2013–2015 and from 2015 onwards by Helen Sharp has been instrumental in facilitating and shaping these developments in liaison with a variety of policy making bodies. University of Exeter in liaison with University of Liverpool and the faculty are currently running a Health Education England funded upskilling course for the 73 new clinical psychologists in perinatal posts. However these expansions have implications for training required at DClin Psy level and these will be identified and discussed.
Tuesday 5th November - Keynote Presentation Abstract

Thrown against a sharp, white background: Access and inclusion in Clinical Psychology

Kat Alcock
University College London

Issues around representation and inclusion in clinical psychology are well-documented. This keynote will outline some of the issues facing BME applicants to DClinPsy training, the many benefits of a diverse training community (trainees and staff) and workforce, and steps that are being taken to try to address both inequality of access and of experiences during training, in London and nationally. We will then turn our gaze to resistance to change within the profession. What are the reasons for this resistance and how can we pull together to provide enough momentum for sustainable change to occur?

Recent publications:


In press:

Tuesday 5th November - Symposium Abstract

Learning from lived experience in mental health: Public Involvement in research and implementation. The NIHR CLAHRC/ ARC (Applied Research Collaboration) North West Coast experience

Mark Gabbay¹, Paula Wheeler², Lucy Frith³, Three plus Experts by Experience⁴
¹University of Liverpool, Liverpool, ²University of Lancaster, Lancaster, ³NIHR ARC NWC, Liverpool

Collaborations for Leadership in Health and Care Research and now Applied Research Collaborations that have replaced them undertake applied health/social care research and implementation evaluations focusing primarily on chronic conditions across the physical/mental health continuum. These large partnerships integrate co-production and public involvement throughout, building skills and knowledge capacity with professional partners and the public working alongside academics throughout. Our CLAHRC ran from Jan’14-Sep’19, with over £20m core and matched funding. https://www.clahrc-nwc.nihr.ac.uk/index.php

Our 170 Public Advisors (PAs) contribute across the programme. PAs include resident researchers from our 10 Neighbourhoods for Learning in deprived areas, PAs in project teams and the various levels of governance across the organisation. We have co-developed ways of working, payment rules and rates, representation and strategic development and monitoring systems. As the programme increasingly embraced projects originated outside the participating Universities we supported partners to engage with Public Advisors from their own organisations - patients, carers etc. from the outset of developing proposals through to implementation as per the core model, thus growing a hub and spoke structure.

Our PAs led some projects, and indeed the Systems Resilience Programme in the Public Health Theme integrated residents as co-developers and researchers alongside academics and professionals focusing on residents’ key health and wellbeing priorities, with the potential to reduce health inequalities (our cross-CLAHRC/ARC theme). We co-developed the Health Inequalities Assessment Toolkit, embedding public involvement to assist these processes: www.hiat.org.uk. We will co-present key elements from our work and its evaluation.

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Tuesday 5th November - Workshop Abstracts

Developing a Human Rights Based Approach to Clinical Supervision: A Participatory Workshop for Clinical Psychology Training

Beth Greenhill, Katy Lobley, Sarah Butchard
University of Liverpool, Liverpool

Clinical supervision is an integral, mandatory component of clinical psychology practice, developing our skills, values and knowledge from pre-training supervisory contexts, through training supervision and throughout varied supervision activities post-qualification. As the profession continues to wrestle with developing the diversity of its membership and inclusive practice, it seems timely to explore how diversity and identity arise and are enacted within supervisory practice. This workshop will:

- use a human rights framework as a guide,
- present relevant clinical supervision literature,
- focus on power and inequalities in supervision during clinical training,
- scaffold discussion and exploration of these topics.

Workshop activities will engage participants in discussing positive and negative experiences of addressing issues of race, gender, sexuality, disability and class in a supervisory context. Open discussion (including presenter modelling and vignettes) of these issues arising in supervision will foster greater awareness of their significance in supervisory interactions. Experts by occupation and by experience participating in the workshop will be invited to consider issues of diversity throughout the supervisory experience, from contracting, case supervision, communications outside formal supervision and through to evaluative aspects of training supervision.

Resources will be identified (with participant contributions) to support supervisors to integrate diversity and difference into usual supervisory practice. The facilitators will collate material co-created during the workshop, producing a broad range of practical and conceptual resources to help trainers support more inclusive, open clinical supervision. Through active participation, the workshop aims to go beyond raising awareness of issues of diversity and generate concrete outcomes which can be implemented.

At a crossroad: What ClinPsy training need to change to prepare clinical psychologists for the socio, political, economic, and technological challenges ahead?

Olga Luzon
Royal Holloway University, London

We are at an important crossroad as a nation, as a health service, and as a profession. We face significant social, political, economic and technological challenges in a rapidly changing NHS. There will be an increased demand on services from an aging population, long term health conditions, young adolescent's mental health needs and other national and international societal changes. At the same time, there is an increased focus on delivering cost-effective services, including training courses, quality assurance, evidence-based practice and digital health. We need flexible services and resilient, creative and compassionate professionals, able to quickly respond to changes, embedded in the community and representative of the population they serve. This session aims to create a space for reflection on how training courses need to adapt their selection, academic, clinical and research components to respond to these challenges.

Key points: The workshop will start with a brief presentation covering a wide range of areas currently influencing clinical training such as the political context (NHS long term plan and workforce planning), advanced clinical practice and associate psychologists roles, leadership skills for working in public health and prevention planning as a clinical psychologist, MH needs of trainees and qualified psychologists. This will be followed by small groups work, each considering implications and suggestions for changes in: selection, academic, clinical and research, and a large group discussion to share ideas.

Conclusions: we will have a list of ideas to consider going forward to help courses, and the profession, adapt to the challenges ahead.
Whiteness and clinical psychology: talking, thinking, feeling, teaching

Nimisha Patel¹, Nick Wood¹, David Gibbs², Kat Alcock³, Adam Danquah⁴, Catherine Butler⁵, Louise Goodbody⁶
¹University of East London, London, ²University of Birmingham, Birmingham, ³University College London, London, ⁴University of Manchester, Manchester, ⁵University of Bath, Bath, ⁶Canterbury Christ Church University, Canterbury

Background: There is an increasing body of literature on Eurocentricity and Whiteness (a construction referring to some of the invisible and dominant norms and privilege) in psychology and professional psychology, and on the legacies of slavery and colonialism in higher education. Despite our efforts over the last 30 years, and our goodwill, generally, as a profession, we have struggled to meaningfully integrate and address these issues within training. The reasons include the multiple demands on our time and on the curriculum, not feeling confident about the subject or about having the 'right' language etc. and reluctance to confront our own biases, reactions, anxieties, guilt, helplessness and history. This 2 hours interactive workshop will build on our collective experience, and it will share some of the emerging findings from research on 'Whiteness in Clinical Psychology Training', conducted by the first authors, with nearly 100 clinical psychology trainees and trainers and experience who work with different programmes.

The key aims of the workshop are to:
- In small, facilitated groups and as a large group, consider and reflect on the views of trainees, trainers and experts by experience on 'Whiteness in clinical psychology training'
- Develop a language and confidence to discuss this as trainers
- Reflect on our own learning, stumbles, resistance, innovations and progress
- Share different ways to teach on and integrate these issues within the curriculum and on placements with supervisors.

We hope that improved training may help ensure that all clients are able to access appropriate, quality psychological services.

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Reflective Practice Group using Way of Council

Richard Payne
University of Edinburgh, Edinburgh

Background: The Edinburgh DClinPsy Programme uses ‘way of council’ to structure reflective practice groups with trainees. Way of council has evolved over thousands of years in a range of indigenous communities as a method providing governance over a range of community issues. This workshop offers participants the opportunity to experience ‘way of council’ as a method – and to reflect on how the conference themes sit with them, what they stir up and how they might wish to engage with them.

Key points: This workshop provides the opportunity to experience a way of working that is cooperative and egalitarian and may be of value in facilitating reflective practice, personal and team development / decision-making. The workshop also provides the chance to consider our personal responses to the conference themes.

Conclusions: Participants will be able to consider whether ‘way of council’ might be of use to them. The session also aims to strengthen participants connection with the conference themes.

Expert by Experience: The workshop will be led by Richard Payne, Clinical Tutor on the East of Scotland Programme. The workshop is open to all.

Additional Info / Consideration for Organisers: The maximum participants for this workshop is 12.

Reference
https://www.ancienthealingways.co.uk/way-of-council

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Opening the door: empowering trainees to know themselves and take personal responsibility for learning

Fiona Eccles, James Kelly, Emma Munks
Lancaster University, Lancaster

**Purpose:** The self-assessment exercise (SAE) is a new first year assignment at Lancaster which was undertaken by the 2018 cohort for the first time. The presentation will outline the aims and content of the assignment, the experience of implementing it, and feedback from stakeholders.

**Background:** Lancaster aims to be an inclusive programme and encourages applications from a wide range of backgrounds, including people with their own experiences of mental health difficulties, specific learning difficulties and caring roles. The SAE is designed to help trainees identify their strengths and areas for development from the beginning of training. The assignment encourages self-reflection and open discussion of both experiential and professional expertise, while facilitating early identification of learning needs and instilling a personal responsibility for learning. The assignment comprises a brief written reflective report and a ‘clinical viva’ with each trainee’s individual clinical and research tutors. The report is based on a series of exercises which the trainees undertake in the first term, with the viva being based on the report.

**Methods:** We will present the content of the assignment as well as feedback from staff, trainees and the external examiner.

**Conclusions:** Feedback suggests that the assignment was generally appraised positively by trainees, staff and our external examiner and achieved its intended aims. Some minor changes will be made for the 2019 cohort regarding the exercises undertaken but currently we view this as a valuable addition to our assignment suite.

**Expert by Experience involvement:** Although none in presentation, there was in the assignment design.

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Bringing the outside in: Clinical psychology training in socially aware assessment, formulation, intervention and service structure

Helen Griffiths¹, Frances Baty²
¹University of Edinburgh, Edinburgh, ²NHS Fife, Fife

The Edinburgh programme dedicates core teaching team to considering the philosophical underpinnings of the profession, which we hope facilitates the adoption of a critical evaluative stance which informs contemporaneous psychological practice. As part of this broader theme, we ensure that trainees have an awareness of the cultural, historical and social context of their work.

In addition, we have developed a stream of teaching which is dedicated to community, critical and social constructionist perspectives. We aim to raise awareness of social inequalities and their impact, to introduce basic concepts from critical psychology and social constructionism and consider how these ideas may influence the ways in which we as professionals operate. We also deliver a Power, Threat, Meaning Framework (Johnstone & Boyle, 2018a) workshop, as a way of demonstrating how critical psychology’s concerns about the neglect of the social context might be addressed.

In this session, we will build on work previously described in Clinical Psychology Forum (Griffiths and Baty, 2019). We will outline the teaching session/workshop structures and content, outline the feedback received on this teaching stream and offer our own reflections on the experience of delivering these sessions and potential future developments.

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Reflections of the many identities of the service user researcher within the context of clinical psychology research

Veenu Gupta¹,², Dr Rose Thompson³, Dr Catrin Eames⁴,², Dr Laura Golding¹,², Dr Beth Greenhill¹,²
¹University of Liverpool, Liverpool, ²LExE University of Liverpool, Liverpool, ³The McPin Foundation, London, ⁴Liverpool John Moores University, Liverpool

**Background:** This workshop will reflect on the many identities of the Expert by Experience (EBE) researcher emerging within the context of their PhD research. The research explores the identities involved in clinical psychology training, including identities of EBEs, Carers, Trainees and Clinical Psychologists and will explore the potential for conflict.
between the lived experience and professional identities within and between these groups. The researcher will reflect on how the research is an extension of the self and how separating the self from the research is challenging.

Senior Research Manager, the McPin Foundation, will reflect on her experiences supporting peer researchers. Many peer researchers experience challenges deciding which parts of their identity (lived experience or the researcher identity) to bring to their work. At times particular pieces of work can feel ‘close to home’. Conversations, which create a reflective space, to talk through these tensions are important when supporting peer researchers.

**Key points:** The workshop will involve a short description of the PhD research being conducted and the unique dilemmas to the EBE researcher identity and how this acts as both a facilitator and barrier to coproduction, as well as reflections on the experience of involving EBE researchers. Discussion with the audience will follow into how EBEs can be more involved in research, and the tools EBEs and clinical psychologists need to support this.

**Conclusion:** The workshop will give insight into how EBEs can be supported in participating in research in a meaningful way, having applied implications for clinical psychology programmes.

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**Attitudes towards CBT in Trainee Clinical Psychologists: A service evaluation of a DClinPsy programme**

Laura Hancox¹, Mark Gresswell²

¹University of Nottingham, Nottingham, ²University of Lincoln, Lincoln

**Objectives:** The British Psychological Society (BPS) states that all Trainee Clinical Psychologists (TCPs) must be trained in Cognitive Behavioural Therapy (CBT) and one other model. Despite CBT having the strongest evidence base in support of its effectiveness, there is international critique of CBT, which has also been noted at a local level by doctoral training providers. The present service evaluation aims to address how one Doctorate in Clinical Psychology (DClinPsy) programme contributes to the shaping of attitudes towards CBT of trainees.

**Design:** An online mixed-methods questionnaire.

**Method:** Twenty-eight TCPs completed a questionnaire relating to their attitudes towards CBT, what factors had influenced their attitude, and how competent they felt in applying CBT to clinical practice. Results were analysed using Thematic Analysis (TA) and inferential statistics.

**Results:** The majority of respondents reported a positive attitude towards CBT and there was a statistically significant positive change at an individual level in TCPs’ views of CBT between the point at which they applied for the course and the present day. TA of qualitative data identified influential factors on the development of TCP attitudes towards CBT. The vast majority of TCPs reported that they felt competent in applying CBT in their clinical practice.

**Conclusions:** The DClinPsy programme overall has a positive effect on TCPs’ attitudes towards CBT. However, the influence of placements has a more mixed effect on attitudes, which should be evaluated further. A small sample size reduced the reliability of these conclusions. Recommendations for further evaluation have been made.

**EbE involvement:** None

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**The Experiences Aspiring Clinical Psychologists with Lived Experience of Mental Health Problems Face On The Journey To Clinical Psychology Training**

Camilla Hogg¹, Tugce Koca², Samah Naseem³, Rebecca Thomas⁴

¹University of Liverpool, Liverpool, ²University College London, London, ³Shakti Women’s Aid, Edinburgh, ⁴Barnet, Enfield & Haringey NHS Mental Health Trust, London

In recent years there has been an increasing awareness of the number of mental health professionals who also have their own lived experience of mental health problems often known as dual status professionals, whilst these discussions have often taken place on social media e.g. https://www.in2gr8mentalhealth.com @bipolardoc and @thewoundedhealer. There has been a concurrent amount of research being conducted within this area (Hildebrand, 2019; Willets, 2019) Within Clinical Psychology it has been, suggested that up to 67% of trainees and 62.7% of qualified clinical psychologist have experienced mental health problems (Grice, Alcock & Scior, 2018; Tay, Alcock & Scior, 2018). Despite this this focus has traditionally been on dual status trainee and qualified Clinical Psychologists as opposed to individuals who are interested in pursuing a career in clinical psychology.
This presentation will be facilitated by dual status aspiring and trainee psychologists who aim to draw upon their own and others experiences of being dual status professionals. They will explore and reflect upon the challenges and barriers experienced by aspiring clinical psychologists who have experienced mental health difficulties either currently or in the past.

The presentation will also recognise the strengths that dual status professionals can bring to their work and think about how these can be recognised by all those involved to help individuals pursue a career in Clinical Psychology.

Experiences of Individuals from Low Social Economic Status (SES) Backgrounds, Reaching Leadership Positions within Clinical Psychology

Mariam Iqbal, Stephen Weatherhead, Steven Gillespie
University of Liverpool, Liverpool

Objective: This study sought to explore the personal narratives of twelve individuals from low SES backgrounds who have reached leadership positions within Clinical Psychology.

Method: Data generated via semi-structured interviews was analysed using Narrative Analysis (NA). The findings were synthesised and amalgamated into a grand narrative.

Results: Participants developed narratives that integrated interpretations of major life changes and difficult early experiences, (i.e. childhood trauma and abuses of power, as well as the role of luck as opposed to meritocracy in their journey) and reconstructed them to highlight their positive outcomes, (i.e. being in a position to passionately champion and empower for vulnerable individuals). In relation to social mobility, participants developed narratives to negotiate and make sense of their changing circumstances, (i.e. within their professional roles, this included gaining confidence to be brave to have difficult conversations).

Conclusions: Future research might consider how to develop interventions that can encourage working-class students in their career aspirations, including helping them transition from college to university by negating some of the barriers embodied as a result of classism, such as improving self-confidence and creating a space to practise vulnerability.

Key words: Clinical Psychology, Leadership, Social Economic Status (SES), Narrative Analysis (NA).

Decolonising the curriculum – assessment, the final frontier. A facilitated discussion about involving service users and carers in formal assessment processes

Laura Lea, Anne Cooke
Salomons Institute for Applied Psychology, Canterbury Christ Church University, Tunbridge Wells

Background: Service users and carers are often involved across different areas of programmes including selection, teaching and research. At Salomons and some other programmes they are also involved in placements, in the form of the Placement Advisor Scheme which we have presented at previous GTiCP conferences. The final frontier is formal assessment, a tricky area because of the anxieties it raises.

Key points: Over the last few years the Salomons team have been thinking about how to involve service users and carers in this aspect of the programme. We have piloted and subsequently implemented a process whereby service users and carers are involved together with programme staff and local clinical psychologists in assessing recordings of therapy sessions.

Laura and Anne will describe this process, what has worked well and what has been tricky. There will also be an opportunity for others to share what they are doing or considering in this area, and to discuss and learn from each other.

Conclusions: There are a number of possible ways of including service users and carers in the formal assessment of clinical psychology trainees. GTiCP conferences are a good place to swap ideas and come up with new ones!
Reflections on embedding a social justice agenda in clinical training

Maria Qureshi, Barbara Mason, Pieter Nel
University of Hertfordshire, Hertfordshire

The University of Hertfordshire DClinPsy team will share their efforts to embed a social justice agenda within the different strands of clinical training. The session will offer reflections on these experiences and discuss issues of sustainability, in terms of how the team maintains their efforts by recognising the role of creativity, holding tough conversations, encouraging dialogue and debate and enabling critical thinking amongst trainee clinical psychologists. In addition to enabling trainees to engage with the subject in a meaningful way. Through consideration of our epistemological stances to devising the curriculum, supporting research and developing leadership skills, the team will draw on examples to facilitate a conversation among participants about how we as trainers can find ways of enhancing impact by equipping trainees to carry these values forward into their future practice.

“People didn’t quite see me”: Addressing ethnic disparities in clinical psychology by enhancing facilitators and minimising barriers into training

Samantha Rennalls¹,2, Julie Baah¹,3, Kat Alcock²

Background: Literature proposes that the underrepresentation of Black and Asian minority ethnic (BAME) clinical psychologists is due to applicants having less access to clinical psychologists and less relevant experience. Few studies have investigated applicants' perceived barriers and facilitators to accessing the profession. This study aimed to understand the facilitators and barriers to gaining a place on the Doctorate in Clinical Psychology (DClinPsy) and whether experiences differ between BAME and white applicants. It also explored applicants' recommendations for overcoming perceived barriers. A questionnaire was distributed to 2019 entry applicants, with over 1000 respondents.

This workshop encourages DClinPsy trainers to consider how the application process can be shaped in consideration of these respondents' experiences.

Key points: Preliminary thematic analysis revealed that experience, network, job opportunities, and perseverance were perceived as facilitators. Barriers included financial pressures, caring responsibilities and negative experiences due to being racialised as a minority ethnicity. Applicants described how factors including transparency, considering wider individual characteristics, and detailed feedback would be meaningful.

This workshop considers how facilitating factors can be enhanced and barriers to accessing the profession minimised, particularly for BAME applicants, based on self-reported experiences. Attendees will consider how applicants' recommendations can be meaningfully applied.

Conclusions: Preliminary findings highlight the need for doctorate courses to consider structural and institutional barriers that negatively impact applicants' ability to gain a DClinPsy place. Attendees will gain further understanding of possible mechanisms underlying the ethnic disparity in successful DClinPsy applicants, while also generating potential solutions for actionable change to address this.

Increasing the influence of involvement through selection and assessment

Anna Tickle, Danielle De Boos, Members of the Service User and Carer Advisory Panel (SUCAP)
University of Nottingham, Nottingham

Purpose: To present two developments during the past year, which have sought to increase the power of service users and carers involved in the Trent DClinPsy programme.

Background: The Service User and Carer Advisory Panel (SUCAP) on the Trent DClinPsy is in its tenth year. While some aspects of involvement are very well established and SUCAP members influence trainees' learning and research, they had relatively little influence over selection and no influence over the marking of assignments. We have piloted SUCAP members rating the selection group task and marking a role play assignment. This represents a stepped approach to power sharing, which has been more appropriate than more radical power sharing for various reasons.
**Methods:** Details of the two initiatives will be outlined. We will present feedback from SUCAP members, staff and trainees in relation to the pilots. Data regarding the impact on potential outcomes of selection will also be shared.

**Conclusions:** Increasing service user and carer power in relation to ‘hard’ outcomes for trainees requires willingness by programme staff to enable and support this. Service users and carers may have mixed feelings about increased power over hard outcomes for candidates and trainees. Trainees may feel anxious about increased service user power and express some resistance. The pilots are to be incorporated into routine practice. There are challenges to determining ‘success’ of such power sharing. Limitations will be discussed.

**EBE involvement:** Co-production and co-delivery (via video and writing due to individuals not being able to travel to Liverpool).
Wednesday 6th November - Keynote Presentation Abstract

Traps, gaps and ‘benefits distress’

Trish Stoll1 & Rich Moth2
1ReVision, 2Liverpool Hope University

In the first part of our talk, Rich will share findings from a small-scale qualitative research study examining the impact of welfare reform on claimants with lived experience of mental distress needs in England. The study examines claimants’ experiences of two social security benefits: Employment and Support Allowance (ESA) and Personal Independence Payment (PIP). Participants included 19 claimants, and 6 welfare rights workers providing specialist advocacy support to this group. Data were collected via two methods: group interviews and individual semi-structured interviews.

The talk will begin by noting that reduced access to and adequacy of benefit coverage under these measures, in particular increased conditionality, have led to diminished levels of social protection for people with lived experience of mental distress. It then outlines a number of harmful psychosocial effects arising from engagement with benefit assessment and administration processes. These procedures were experienced as discriminatory and traumatizing by a number of claimant participants, who consequently described heightened levels of stress and distress. Overall our data suggest that ‘traps’ (within administrative processes) and ‘gaps’ (in coverage) threaten claimants’ sense of ontological security, thereby undermining subjective wellbeing and exacerbating experiences of mental distress. We propose the term ‘benefits distress’ to describe these forms of suffering that are being institutionally propagated by UK government agencies and the corporations to which state welfare functions are outsourced.

In the second part of our talk Trish, who has lived experience both as a long-term user of mental health services and a claimant of PIP and ESA, will explore the impacts of her recent encounters with the DWP. Trish will communicate these experiences both in the form of a personal narrative and through her poetry.

Wednesday 6th November - Workshop Abstracts

You’ll never Walk Alone: What does co-production and collaboration mean to us?

Sharon Galliford1, Simon Mudie2, Maria Castro Romero2, Laura Lee3, Robert Bathie4, Veenu Gupta5, Diana Whitehouse6, Maureen Thomas7, Meeme Luks8, Lucy Clarkson9, Mie Wall10
1University of Surrey, Guildford, 2GTiCP Involvement Group, London, 3Solomons, Royal Tunbridge Wells, 4University of Nottingham, Nottingham, 5Liverpool University, Liverpool, 6Oxford, Oxford, 7University of Liverpool, Liverpool, 8Royal Holloway University of London, London, 9University of Bath, Bath

Collaboration and cooperation are bandied around implying they ‘should’ be implemented in all areas of practice, research and learning. The HCPC and BPS state that EBE involvement is an essential element of services and teaching but what does it actually look like in practice?

In this workshop we shall be asking:

“What does coproduction feel like for those involved?”

“How and why is it meaningful?”

“What are the barriers?”

“Are there any negative implications to implementing these ideas?”

Aim: An exploration in overcoming barriers to coproduction and collaboration offering a creative coproduced space where we model and create the experience of coproduction.

The workshop will provide a lived experience of coproduction through a safe shared space facilitated by members of GTiCP Involvement sub group.

Outcomes will be documented and anonymised. Ideas generated will be distributed to participants and written up for publication. We expect participants to share their insights and experience with their own universities.

Group work considering aspects of collaboration and coproduction to include:

What does coproduction and collaboration mean to us?
What’s the outcome?
Power Threat Meaning framework: reactions to adversity/‘normalising’ mental health
Identity and power - Language/tone, us/them
Case study of good co-production

Bringing together our collective thoughts and experiences, we will utilise creative methods including sculpting and small sketches to express our impressions and feelings on the issues and topics raised.
Conclusion: remaining open to the outcomes of coproduction there are no preconceived expectations

Experts by Experience as Clinical Psychology Research Supervisors and Consultants

Gundi Kiemle¹, Bob Balfour²,³, John Chiocchi¹,⁴, Mie Wall¹, Michelle Lowe⁵, Chloe Weetman¹, Alexandra Scott-Heyes¹, Hannah Nicholson¹, Rebecca Goodfellow¹, Jenna Kirtley⁶

¹University of Liverpool, Liverpool, ²Survivors West Yorkshire, Bradford, ³University of Bradford, Bradford, ⁴North West Boroughs Healthcare NHS Foundation Trust, Warrington, ⁵University of Bolton, Bolton, ⁶Tees, Esk and Wear Valleys NHS Foundation Trust, Darlington

This workshop is delivered by experts-by-experience, academics and trainees from the University of Liverpool DClinPsy, who have been involved in EbE research supervision and consultation over the past five years. Several EbE research supervisors/consultants as well as current and ex-trainees will discuss their experiences to date and set the context, before facilitating structured small groups. These will focus on identifying the Strengths, Limitations, Opportunities and Threats of EbE supervision/consultation involvement in DClinPsy research and invite delegates to reflect on this in relation to current and future developments on their own programmes. Convergent and divergent themes from all groups and next steps in practice will be considered and summarised as a large group.

Reflective Practice Group using Way of Council

Richard Payne
University of Edinburgh, Edinburgh

Background: The Edinburgh DClinPsy Programme uses ‘way of council’ to structure reflective practice groups with trainees. Way of council has evolved over thousands of years in a range of indigenous communities as a method providing governance over a range of community issues. This workshop offers participants the opportunity to experience ‘way of council’ as a method – and to reflect on how the conference themes sit with them, what they stir up and how they might wish to engage with them.

Key points: This workshop provides the opportunity to experience a way of working that is cooperative and egalitarian and may be of value in facilitating reflective practice, personal and team development/decision-making. The workshop also provides the chance to consider our personal responses to the conference themes.

Conclusions: Participants will be able to consider whether ‘way of council’ might be of use to them. The session also aims to strengthen participants connection with the conference themes.

Expert by Experience: The workshop will be led by Richard Payne, Clinical Tutor on the East of Scotland Programme. The workshop is open to all.

Additional Info / Consideration for Organisers: The maximum participants for this workshop is 12.

Reference
https://www.ancienthealingways.co.uk/way-of-council

Wednesday 6th November - Oral Presentation Abstract

Addressing collusion with exclusion: What homelessness services and clinical psychology training might have to offer each other

Anna Tickle
University of Nottingham, Nottingham

Themes: Social inclusion

Background: Individuals experiencing homelessness and ‘multiple disadvantage’ are gaining increasing attention across a range of sectors but often remain excluded from mental health services. Clinical psychology has a growing presence in the field. A secondment to homelessness services has increased my understanding of the potential for clinical psychology and homelessness services to build mutually beneficial collaborations. Clinical psychology is well placed to support better understanding of the client group and inform interventions, yet often colludes with the exclusion
of this group. This workshop aims to: increase awareness; share existing practice and resources; and provoke thought about how programmes might promote social inclusion of individuals experiencing multiple complex needs whilst benefitting trainees.

**Key points:** An introduction to key drivers will be presented, including legislation and the work of the Fulfilling Lives programmes. A brief overview will be given of pertinent topics in the sector that are directly relevant to clinical psychology and developing trainee competence. Structured exercises will support attendees to share existing practice within teaching, research, and placements, with thought given to mapping to training competencies. Attendees will be guided to develop realistic action plans to further work in this field. Exercises will be adapted according to attendees: No prior knowledge or current practice is required. Any resources shared will be collated and distributed to attendees.

**Conclusions:** Clinical psychology has much to offer the homelessness sector, which can offer significant opportunities for trainees to gain and develop competencies across a range of domains.

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**Monday 4th - Wednesday 6th November - Poster Abstracts**

**Piloting SP/SR groups in a DClin Psy training programme; initial findings and future developments**

Jane Vosper  
Royal Holloway University of London, Egham

Self-Practice / Self-Reflection (SP/SR) is a structured process where talking therapy practitioners engage in therapy techniques on themselves and then reflect on the process. It is becoming increasingly used in training programmes and is encouraged as an important part of learning (Bennett-Levy, 2019). It has been argued that SP/SR helps skill development as well as helping clinicians reflect on the “self” in CBT (Bennett-Levy, 2019).

A scoping exercise conducted at Royal Holloway University of London DClin Psy Programme indicated that introducing SP/SR groups may be helpful for Trainees on the programme. Pilot optional SP/SR groups were introduced. These were held at lunchtime, initially facilitated by a member of the course team, with later groups being facilitated by trainees themselves.

First and second year trainees engaged in the groups. A feedback survey completed by trainees indicated that trainees found the groups beneficial for both personal and professional learning. They particularly valued normalising difficulties with techniques. However, they also noted that they felt too busy to use their lunchtimes for these groups and that leading the groups themselves was felt to be a burden. Some trainees also noted that doing these exercises with their cohort did not feel safe.

Recommendations were made to include more SP/SR in the course curriculum as a whole, with more support from staff. Following this recommendations work is ongoing with the RHUL course team to continue and further develop SP/SR within the training programme.

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**An evaluation of Cognitive-Analytical Therapy personal reformulations on reflective capacity in trainee clinical psychologists**

Zoe Hamilton\(^1\), Hayley Cooper\(^1\), Anna Tickle\(^1\), Nima Moghaddam\(^2\)  
\(^1\)University of Nottingham, Nottingham, \(^2\)University of Lincoln, Lincoln

**Introduction:** A move to a ‘reflective-practitioner’ model in clinical psychology training has prompted studies into how reflective capacity (RC) may be measured and improved. Cognitive Analytic Therapy (CAT) ‘personal reformulations’ (PRs) have been offered at some doctorate in clinical psychology (DClinPsy) programmes as an opportunity for continuous personal development. Qualitative data implicates PRs in improving self-awareness and reflection in trainee clinical psychologists. Self-reflection has been found to positively impact on practitioner burnout and improve empathy for clients (Spendelow & Butler, 2016), thereby enhancing capabilities to engage with clients, a motivation at the core of professional practice.

**Aims:** This service evaluation aimed to evaluate the effectiveness of CAT PRs on improving reflective capacity, and to understand how they were experienced by trainees.

**Methods:** A mixed methods approach was used to evaluate self-reported changes in reflective capacity and trainees’ experiences.
Results: Trainees (n=20) completed pre- and post-CAT PR measures and an online survey. There were no significant differences between pre- and post-CAT PR scores on a measure of reflective capacity. Reliable Change Index (RCI) calculations indicated some improvement on nine sub-scales, although a mixed picture is found. Qualitative data suggests the experience was helpful for personal and professional practice, although issues with timing and the content of the sessions were found.

Conclusions: CAT PRs provide an important opportunity to enhance reflective skills and awareness in trainees. More understanding of how the programme evaluates reflective capacity is needed.

Keywords: Cognitive Analytic Therapy, personal reformulation, reflective capacity, trainee clinical psychologist*, reflective practice

Developing a network to promote Open Science in Clinical Psychology Training

David Smailes¹, Vaughan Bell², Alan Bowman³, Kate Button⁴, Pamela Jacobsen⁴, Peter Moseley¹, Gemma Taylor⁴
¹Northumbria University, Newcastle upon Tyne, ²University College London, London, ³Teesside University, Middlesbrough, ⁴University of Bath, Bath

Background: Several fields within psychology have begun to adopt a set of reproducible, replicable, and open science practices (e.g., the sharing of testing materials, the use of multi-site studies to achieve larger sample sizes, and the sharing of data) in response to concerns about the replicability of some of the effects reported in psychological research. There is evidence to suggest that clinical psychology has been slow to adopt these practices.

Key points: To promote the adoption of reproducible, replicable, open science practices in clinical psychology research, we need DClinPsy trainees to engage with these practices, so that they become embedded at a ‘grassroots’ level. However, adopting these practices can be time-consuming and can seem daunting. Thus, resources are required to support the adoption of these practices. Our aim is to develop a network who will work to develop these resources and promote their adoption.

Conclusions: A network that promotes the adoption of reproducible, replicable, open science practices in clinical psychology training is required. This network needs you!

EbE involvement: No or minimal EbE involvement in submission or production.

Equal voices going forward - a celebration of 10 years of working together. Sharing our ideas to build on and develop further EbEyE involvement on the Lancaster DClinPsy programme

Bev Liver, Emma Munks
Lancaster University, Lancaster

To celebrate ten years of Expert by Experience involvement with the programme, Lancaster University Public Involvement Network (LUPIN) invited all programme stakeholders who attended the annual Inclusivity Conference (held in December 2018) to engage in a review of past input and work together to develop new ideas for future input. From the celebration review event four new ideas for involvement were put forward. These were to build on/develop further 1. Involvement in teaching, 2. Involvement in DClinPsy research projects 3. Setting up consultation clinics 4. Making more connections between LUPIN members and trainees. These ideas are currently being worked on. Each project team is made up of experts by experience, trainees and tutors from the programme with plans for outcomes to become fully integrated aspects of programme delivery. We wanted to share our ideas with the wider training community as part of the GTICP annual conference to generate discussion and hopefully as part of that discussion to gain feedback on initiatives being developed/delivered on other programmes to help us develop our ideas further.