The University of Edinburgh/NHS Scotland Clinical Psychology Training Programme

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

Helen Griffiths – Programme Director
Frances Baty – Head of NHS Fife
(and also Simon Stuart, NHS Lanarkshire)
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Vertical Streams

Academic Component of Training

- Fundamentals of Clinical Psychology
- Professionalism & Practice
- Assessment and Measurement
- Intervention
- Applications with...
- Research

Challenges and opportunities of geography for our curriculum

Year one
Year two
Year three
Reflective Science: Critique of the history of the profession and the philosophical assumptions of science

Theories & Concepts: Introduction to key theoretical lenses

Lifespan Development: From cradle to grave, typical and atypical manifestations of a human’s developmental trajectory

Social Context: Psychological influences occur within – and arise from - political, economic, social and historical contexts

Thinking Systemically: Sources of influence and change may not be the individual but the social structures and systems within which they live

Overlapping and interdependent ways of understanding the phenomena of clinical psychology
Critical and Community Psychology – Beyond the Therapy Room

Objectives:

• To develop an awareness of social inequalities and their psychological impact
• To introduce basic concepts from critical psychology and social constructionism
• To consider how these ideas may influence the ways in which we as professionals operate: foregrounding the social context
• To debate where such ideas and their impact leave clinical psychology as a profession
• To facilitate an understanding of psychologically informed social approaches to intervention
Format

• Ensure “it’s not just a talking shop”

• Minimal didactic teaching
• Small group/whole cohort discussions
• Individual/small group tasks e.g. discourse analysis
• Reflective blog

• 4 sessions – 2 half days in years 1 and 2
• 2 facilitators for each session
Content and example tasks

Challenge to profession’s core assumptions and values can be highly uncomfortable
Session 1 content

Topic

• Thinking beyond the individual e.g. difficulties with engagement
• Focus on inequalities – differentiation; psychological risks
“It is the extent to which socioeconomic position involves exposure to psychological (in addition to material) risks and buffers that is of special interest from a mental health perspective”

Friedli (2009)

“That inequalities influence health is widely acknowledged…… it is the psychological effect of deprivation that does the damage, not just damp housing or poor diet…….. We know that feeling safe, feeling involved and having opportunities to influence decisions which affect our lives are important factors in explaining life expectancy”

Friedli (1998)
Session 1 content

• Thinking beyond the individual e.g. difficulties with engagement
• Focus on inequalities – differentiation; psychological risks
• Critical psychology’s concerns – is there (still?) avoidance of the social context
Hypothesis: Clinical Psychology is fearful of social context (Mary Boyle)

Is there evidence of anxiety/avoidance?

Why does this matter?

What can we do about it?
Session 1 content

• Thinking beyond the individual e.g. difficulties with engagement
• Focus on inequalities – differentiation; psychological risks
• Critical psychology’s concerns – avoidance of the social context
• Socio-cultural-historical construction of ideas
What is the impact of creating a diagnostic category?

• For the person receiving that diagnosis?
• For the diagnosing clinician?

How does the creation of a diagnostic category influence how we think and act in response to the individual receiving that diagnosis?
Small group exercise

• How have we come to understand ‘psychological distress’?
• What is the impact of that understanding?
  • For the person who is distressed?
  • For us as psychologists?
• How does that influence the way in which we think and act in response to people who are distressed?
Session 1 content

• Thinking beyond the individual e.g. difficulties with engagement
• Focus on inequalities – differentiation; psychological risks
• Critical psychology’s concerns – avoidance of the social context
• Socio-cultural-historical construction of ideas
• So where does this leave us?

• Reflective blog
Session 2

• Recap, blogs, training reflections
• A theoretical introduction to social constructionism
• Social constructionism in action - what are the questions social constructionism poses for our understanding of the psychology of ….?
Session 2

- Recap, blogs, training reflections
- An intro to social constructionism
- Social constructionism in action
- Language and power
  - Stress-vulnerability hypothesis
  - Discourse analysis task
  - Formulation/co-construction of narratives
Discourse analysis task

Is there an over-emphasis on data rather than values?

• Discovery of more than facts
• What discourses about mental health are evident?
• For each discourse, what values about mental health are evident?
• For each discourse, what values about e.g. work, relationships, power and trust are evident in relation to mental health?
• How do gender, age, class, sexual orientation, ability relate to the issues presented?
Session 2

• Recap, blogs, training reflections
• An intro to social constructionism
• Social constructionism in action
• Language and power
  • Stress-vulnerability hypothesis
  • Discourse analysis task
  • Formulation

• Where next?
Parts 3 and 4: Power, Threat, Meaning Framework

• Recap and training observations
• Theoretical introduction to the power, threat, meaning framework
  • Use of case examples
• Implementing the framework
  • Self-reflection task
Implementation of PTM framework: practice 1

• Before you start, take time to read through Appendix 1
• Think about your own circumstances. If this isn’t comfortable for you in a class setting, then think about somebody whose life story you know well. Reflecting on your (or someone else’s) life story, consider when you have observed power to be operating
• You are NOT expected to share the details of this exercise
• Use the Power Threat Meaning Framework Template to think about:
  • What’s happened to you (power)
  • How this has impacted on you (threat)
  • How you have made sense of this (meaning) What social discourses may be relevant?
  • What strengths did/do you have to draw on to make changes, if required?
• Without requiring you to disclose any details, the group discussion will invite you to think about what, if anything, is different about this framework
Parts 3 and 4: Power, Threat, Meaning Framework

• Recap and training observations

• Theoretical introduction to the power, threat, meaning framework
  • Use of case examples

• Implementing the framework
  • Self-reflection task
  • Formulating case material
  • Role play
  • Service redesign case study: NHS Fife
TRANSFORMING PSYCHOLOGICAL TRAUMA:
A Knowledge and Skills Framework for the Scottish Workforce

Click anywhere to continue...
Case Study: NHS Fife

Vision for trauma informed systems

- Integrated care pathway targeted at frequent attenders
- Co-ordinating existing services
- Involved 2 GP Practices and a range of services: social prescribing, specialist MH, trauma (3rd sector), addiction and recovery, pain
- Self Help Coaches linked to GP Practices
- Attachment informed - survivors ‘held’ by the system
- Trauma informed - phase oriented treatment model - recovery focus

“Better than Well” Emotional Resources Group

- 6 session closed group, run weekly; rolling programme across Fife
- Understand and manage emotion-regulation difficulties
- Psychological component of Phase 1 trauma work - Safety and stabilisation
- Participants receive client-specific feedback
- Now located within 3rd sector trauma service also

Pathway development

- Shaping of ”Personality disorder” pathway to have complex trauma focus/title, linking specific aspects of provision with aspects of psychological need
Trainee Feedback

• No negative comments – but often singled out for praise

• Welcome focus on the wider social and political landscape of clinical psychology
• Right from the start and throughout training
• The right balance (alongside e.g. clinical skills)
• Often linked to leadership training

“We continued to talk about the session for hours in the pub!”
Our reflections

• Ideas that were unfamiliar 10 years ago are now common discourse
• Development of theory-practice links
  • Case studies
  • Shift in psychological literature and research
  • (Online) resource
• Use of service development case studies
• Trainee research
• Managing expectations – sowing the seeds
• Placement opportunities

**THANK YOU FOR LISTENING!**

Helen.griffiths@ed.ac.uk