



North Wales
Clinical Psychology
Programme



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Welcome

to the spring edition of the

NWCPP NEWSLETTER

In this edition of the NWCCP newsletter we will introduce you to the new first-year cohort and say goodbye and good luck to the 2016 cohort. Two newly qualified Clinical Psychologists share their experience of training and entering life as a qualified clinician.

We are pleased to be able to introduce you to our new Programme Director, Professor Michaela Swales, and she will share, from the Director's Chair, her vision regarding the future of the NWCCP. We will be welcoming a new member to the Team, Dr Lee Hogan (Assessment Director), who will share with you some of his clinical interests.

Christine Blincoe has been developing an Equality, Diversity and Social Inclusion Strategy for the NWCCP, and we have some inspirational points of view regarding the valued work undertaken by trainees whilst on placements in North Wales from Dr Alan Dowey (Head of LD Department) and Sean Gallagher (Clinical Operations Manager).

Overall, it has and continues to be a very exciting time for the NWCCP. We are, as always, immensely grateful for everyone that continues to support us, especially our valued colleagues in BCUHB who regularly come in to lecture and are always so willing to offer interesting and stimulating placements to our trainees – thank you.



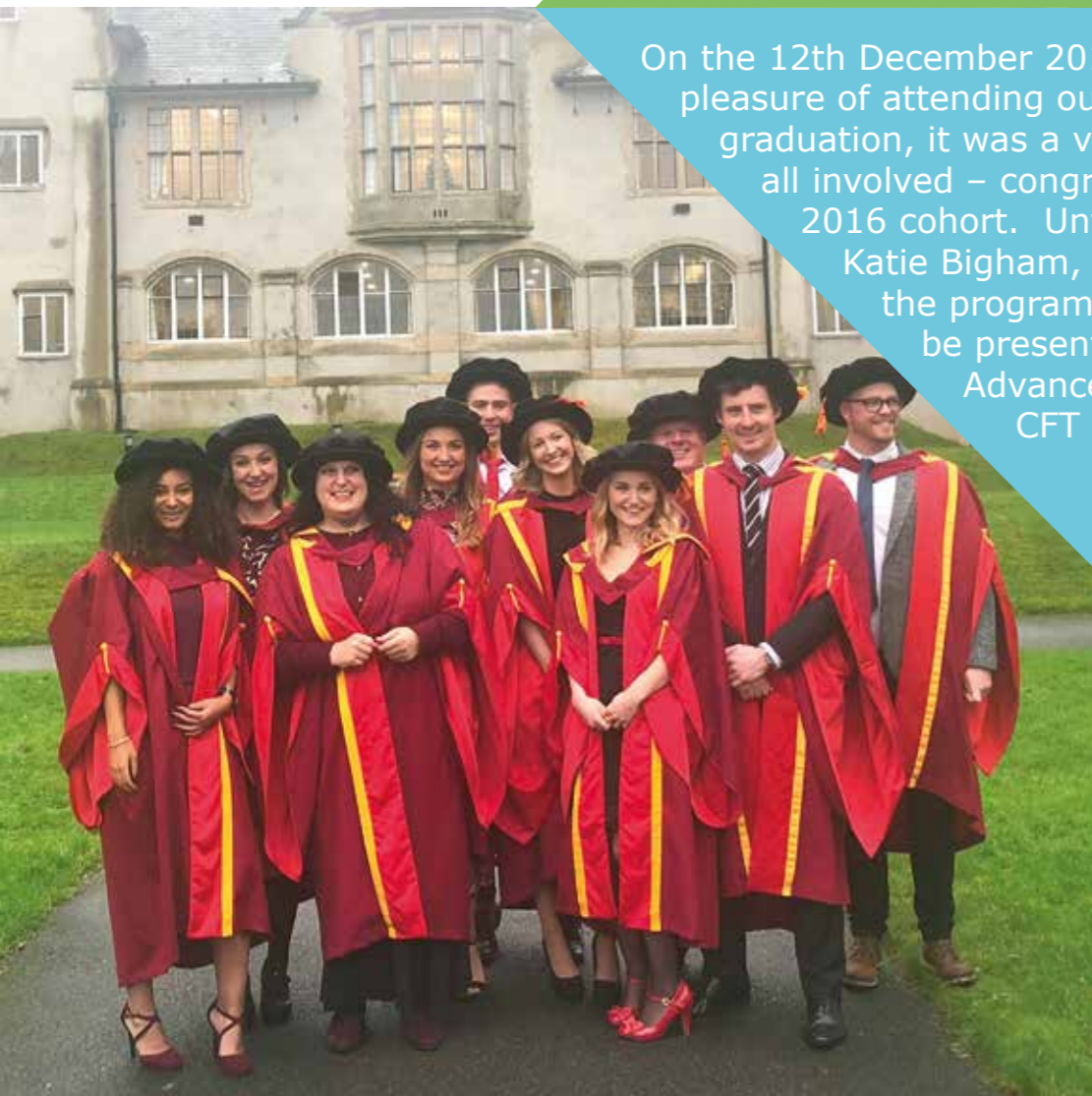
Graduation of the 2016 cohort



Development of an Equality, Diversity and Social Inclusion Strategy for NWCPP

Christine Blincoe (Academic Tutor) has been working hard on developing an Equality, Diversity and Social Inclusion Strategy for the programme. Below she shares with us the aims and objectives of the draft strategy and welcomes any feedback.

Dr Christine Blincoe



On the 12th December 2019, we took the pleasure of attending our 2016 cohort's graduation, it was a very proud day for all involved – congratulations to the 2016 cohort. Unfortunately, Dr Katie Bigham, Clinical Tutor on the programme, was not able to be present due to attending Advanced Clinical Skills in CFT training.

Front row, left to right:
Dr Carla Benton, Dr Rebecca Bigglestone, Dr Emma Alofs
2nd row: Dr Claire Handley, Dr Brittany Davenport, Dr Alice Little, Dr David McNally
Back row: Dr Will Toomey, Dr Graeme Ramage, Dr Christopher Patterson

It is vital to ensure that all of our practices help us to recruit and develop a diverse workforce made up of staff who are well attuned to the experiences and needs of people from many different backgrounds. After a consultation involving clinical psychologists across North Wales and people with lived experience, we have drawn up a draft strategy.

The headlines of the draft strategy are below, and we would welcome further feedback on these. We hope to finalise our strategy and agree the implementation process by September 2020. Please send any feedback about the draft strategy to c.blincoe@bangor.ac.uk by 08.04.20.

OVERALL AIMS

- To create a culturally competent clinical psychology workforce
- Recruit and train a diverse workforce so that people in North Wales can access services that reflect their cultural background and personal identity
- Undertake an organised programme of research to enhance knowledge and understanding of how best to promote equality, diversity and social inclusion in clinical psychology
- Create a working culture in which as members of the programme team we are aware of our own attitudes and biases and how this affect our work

OBJECTIVES

- Revise the social inclusion and diversity strand of the curriculum to ensure that this has a coherent structure and covers underpinning process such as discrimination and marginalisation and the impact of social and cultural context and different world views.
- Ensure that we take account of the impact of the social and cultural context in which different psychological models are grounded and to be aware of the cultural specificity of many commonly used assessment tools.
- Develop streams of research relevant to understanding of factors influencing equality, diversity and social inclusion. Increase the amount of research that is co-produced with people with lived experience. Potential areas of interest include the impact of implicit bias on the quality of service provision and the experiences of trainees whose first language is Welsh.
- Ensure that trainees gain experience of working with people from a broad range of backgrounds and cultural identities as part of their clinical placement experiences and are able to reflect on the many different facets of working in North Wales.
- Develop methods to effectively assess the cultural competence of trainees.
- Continue to review and develop our recruitment and selection process to ensure that we are able to recruit a diverse workforce that reflects the cultural background and personal identities of people in North Wales and the UK as a whole.

Lessons to share on research & publication

Not only was I aware of the School of Psychology's long-standing reputation for producing high quality research, I was aware that the **North Wales Clinical Psychology Programme (NWCPP)** punched well above its weight in terms of the number of internationally renowned psychologist researchers it had on its staff team. This was especially important to me, as I aspired to conduct my own translative research. Fortunate enough to be given a place on the course in 2016, I graduated in 2019. As well as developing essential clinical and academic skills during my time on the course, I satisfied my hunger to learn about research – managing to publish a number of papers on the way!

Now, I want to use this opportunity to share with you the most **valuable lessons** I learnt:

For many, the process of deciding where to study the DClInPsy can be difficult. For me, however, this process was simple. Having studied both my undergraduate and postgraduate psychology degrees at Bangor, I had an unfair advantage.

- 1. KEEP A LIST OF ALL YOUR RESEARCH IDEAS.**
Empirical questions often arise out of clinical work (e.g., what is the evidence-base for X intervention with Y population?). It is sometimes that case that a particular question has not yet been examined by the scientific community. When this occurs, write the question down on the list. An opportunity for you to answer this question yourself might present itself in the future. My Large-Scale Research Project (LSRP) was actually a combination of ideas from my list.
- 2. ACCESS THE HIGH-QUALITY RESEARCH SUPERVISION THE COURSE OFFERS.**
You might be interested in conducting research in a certain area. If so, get in contact with a local psychologist who has a proven track record of publishing research in this area. Unlike before, you will have access to such psychologists. As I was keen to examine the effectiveness of psychological therapies adapted for people with intellectual disabilities, I contacted two senior psychologists who had published extensively in this area. My supervisors taught me a great deal about how design, conduct and write up research. Networking with such psychologist researchers could also lead to future collaborations.
- 3. CONSIDER PUBLISHING YOUR ASSIGNMENTS.**
As I completed a meta-analysis for an assignment, the course encouraged me to submit it to a journal (meta-analyses are highly publishable). Prior to this I had no experience of submitting papers to journals and so was pessimistic. However, six weeks later my paper had been accepted for publication. While this was initially a shock, it later dawned on me that I was on a doctoral level course. Assignments should, therefore, be written to a publishable-standard.

The process of getting onto a DClInPsy takes great determination. I believe that if you choose to study at Bangor and learn from my lessons you will develop the requisite clinical and academic skills to become a clinical psychologist and make a fine start to your research career. Here is a list of my **publications**:

Patterson, C. (2018). Does the adapted sex offender treatment programme reduce cognitive distortions? A meta-analysis. *Journal of Intellectual Disabilities and Offending Behaviour*.

Patterson, C., Hogan, L., & Cox, M. (2019). A comparison between two retrospective alcohol consumption measures and the daily drinking diary method with university students. *The American journal of drug and alcohol abuse*, 45(3), 248-253.

Patterson, C. W., Williams, J., & Jones, R. (2019). Third-wave therapies and adults with intellectual disabilities: A systematic review. *Journal of Applied Research in Intellectual Disabilities*, 32(6), 1295-1309.

Patterson, C. W., Williams, J., & Jones, R. (In press). DBT and intellectual disabilities: The relationship between treatment fidelity and therapeutic adaptation. *Advances in Mental Health and Intellectual Disabilities*, 00(0), 000-000.

Worthington, R., **Patterson, C.**, & Halder, N. (2018). Working with intellectually disabled autistic individuals—a qualitative study using repertory grids. *Journal of Intellectual Disabilities and Offending Behaviour*.



Dr Chris Patterson



Dr Graeme Rammage was interviewed by Dr Katie Bigham (Clinical Tutor, NWCPP) to gain an insight into how it feels to transition from being a trainee into a qualified Clinical Psychologist. Below he shares with us his thoughts and reflections:

Reflections on TRAINING & BEYOND

1 What was it like to finish training?

I felt quite sad finishing training. I loved the whole process and had never felt so supported or well looked after as I did on the course. It was also challenging, and I was more than a bit relieved when I knew I didn't have to submit another assignment or a further draft of my thesis. It can be hard to appreciate how privileged it is to do the course when you are in the midst of it, but I always made sure I remembered what an honour it was to be on the course. On the plus side; no-one tells you this and no-one really wants to admit it, but it is quite cool to see Dr written on your id badge. However, I'm still not convinced that it's me and it won't be taken off me but I'm sure that feeling will go away after a while.

2 What do you miss from training?

I miss my cohort as they really understood what the process of training was like. I really miss all the course staff. Everyone right across the whole team is working so hard to help us get through the course and that is really special. I miss the opportunities that the course brings in terms of learning and practice that we just can't get anywhere else. However, I really don't miss the, at times, overwhelming urge to throw my laptop out the window when I can't get the formatting right on my thesis.

3 What prepared you best whilst training for qualified life?

I specifically chose to focus on improving my therapeutic skills during training and did specialist placements in DBT and Schema Therapy. I knew that I would be starting as a band 7 and wanted to improve these skills before looking at leadership or service development. The specialist placement in DBT, in particular, has provided me with so many skills that I use on a daily basis with young people.

4 What do you wish you had done in training to prepare you for work?

My nemesis was and always will be excel spreadsheets. I don't get them. They annoy me and are another reason why I spent long hours working out if my laptop would fit through the gap in the window if I used enough force. So, maybe getting to grips with excel.

5 Challenges of starting a post

Starting a new post is quite hard as I went from a position of trying my best to be helpful and not get in the way too often, to one where other members of staff are looking to me for solutions. It's times like this when I try to remember that I have done a really

extensive period of study, I often know what I'm talking about and it is also okay to say, "I'm not sure but I will try and find out".

6 Best and worst things about starting a new job

The best thing was starting in a new team and getting settled in and working with young people more intensively than as a trainee. It always felt a bit stop/start as a trainee but being in work five days a week allows for greater continuity, much better relationships and a better understanding of how the service works. The worst thing was having to work five days a week! The first few months were tiring, and I missed my "study days". Secretly, the best thing is the id badge! Although, it was quietly suggested to me that it did not have to be A1 size with a gold chain and that maybe that was giving the wrong impression.

7 Biggest surprise about qualified work

That people take me seriously! And then I remember that I have just completed a hugely difficult and complex course that has provided me with an enormous amount of skills and knowledge.

9 Do you feel confident embarking on your career as a qualified psychologist?

In some ways I do. The course is fantastic at preparing you for life as a qualified clinical psychologist, but it was important for me to really embrace a sense of confident humility. I am confident as a result of successfully completing a really challenging course of study, but it is important to be humble, learn from others around me and keep on learning.

10 Has supervision changed since qualifying?

In some ways it has as other operational demands can take precedence, but I still get brilliant supervision but just not every week.

11 What is the best thing about being qualified?

Not having to redraft or format a thesis. Not having to check for identifiers in academic essays. Getting other people to do excel spreadsheets. Obviously, my supersized id badge. But mostly, being more effective in my job as I can really utilise the skills and knowledge I have gained over three years.

12 What's one piece of advice would you give someone about to embark on training?

Be confident as you have done amazingly well to get on the course but be humble as there is a lot to learn.

Welcome

to our

First-YEAR

cohort

EMBRACING THE NEWNESS: Reflections of two first year trainees



Front row, left to right: Maisy Haines, Erica Willoughby, Rachel Woodbridge, Laura Glinn, Jessica Stolberg
Back row, left to right: Matt Taylor, Erin McBride, Rachel Johnston, Pam Martin-Forbes, Rebecca Bale

The current first year cohort of 10 trainees are nearing the end of their first placement. Trainees have been experiencing placements in the specialties of older adults, health clinical psychology or adult mental health. Very kindly two of our first-year cohort, Erica and Rachel, have shared their experience of starting training here in Bangor.

Before we started we were both warned about how training will feel like starting again. And it is. For all of us, leaving our previous posts has been a daunting prospect. The majority of us were quite static in teams that we were embedded into, where we knew the status quo and we felt comfortable in our role. However, within that, at times we could feel trapped in the process of applications and constantly balancing personal development and the limitations of our role at that time. Needless to say training is seen as the ticket out of that 'stuckness' and something that is hugely celebrated. Training is also a period of time where we can reflect on all that we've achieved and the huge appreciation for the role that previous colleagues have had in our journey of getting here.

Reflecting on the first few months, we realised we all went through a process of shedding the need to prove our worth and justify why we were there. At times this felt easy but we were, and continue to be, surprised at the moments where we have felt this rise up. It's been impossible at times to not compare ourselves to our peers on the course and feel that creeping sense of imposter syndrome. Very early on we found it helpful to name this which in turn helped our cohort feel closer. Whilst cliché, it really is true that the cohort very rapidly comes together with each cohort finding their own identity. By design the first teaching block facilitates a lot of honest discussion which at times can feel intimidating. When reflecting on these first few weeks we noticed that it was these moments of real honesty and vulnerability that helped bring us together.

We have noticed a real shift within ourselves from 'how do others want me to perform?' into 'how do I want to be?'. There is room for development of our clinical identities which has been refreshing and thought provoking. Naturally, every service has its own culture which we are able to experience whilst on placement. Being on placement allows us to develop parts of our clinical identity which we may not have explored in previous roles. So far the emphasis feels like it has been more about us learning about our own identity as clinicians, finding our feet, and learning to have confidence in our clinical judgements, all whilst being supported and nurtured along the way.

Already we have realised that in order to survive, there is a need to let go of the 'perfectionism' and 'striving' that has gotten us this far. We are learning to appreciate that we aren't meant to know everything, that we are 'good enough'. As a cohort we have vowed to remind each other of this. Our cohort have created a safe place to feel competently incompetent.

Congratulations



Professor Michaela Swales, the new NWCPP Director

We would like to give Professor Michaela Swales a huge welcome and congratulations on becoming the new NWCPP Director; we are all very much enjoying working alongside her and are excited about the re-structuring plans that are in progress. Under the new editorship of the newsletter Michaela will have a regular spot in the newsletter '**From the Director's Chair**', as a way of keeping us all up to date with any exciting current and future programme developments.

FROM THE Directors Chair



Welcome to the NWCPP Newsletter 2020 which comes with a special thanks to our new newsletter editor Katie Bigham! Under Katie's editorship you will see some new features and a new look to the newsletter – one of which – are these notes from the Director's Chair, in which Katie has asked me to describe any new developments or strategic issues relevant to the Programme.

Many of you will have heard that we are planning to re-structure some aspects of the way we deliver the programme. In line with the BPS accreditation standards, which focuses on core competencies across specialisms, we too are increasing our existing focus on these competencies. Some of you will have been involved in the ongoing curriculum changes in recent years enabling delivery of the taught components of the curriculum in a series of strands, where teachers from across different specialism work together. The current proposed changes build on these foundations. Instead of having core placements in one each of four specialisms (adult, older adult, child and intellectual disability) we will have placements focusing on competency areas (foundations in assessment, formulation and intervention; two intervention placements; leadership and systemic working; and an elective placement). Working in this way allows more effective use of our supervisory capacity across the region – equalising the supervisory load. Currently, some supervisors always have a trainee whereas others – and indeed some entire specialisms – rarely see a trainee. This new model will change that. Additionally, we will be designing more bespoke training pathways for trainees, accommodating previous learning, responding to specific trainee interests and also providing opportunities for trainees to develop their clinical skills in specific therapeutic modalities. Initially, we will be developing options in systemic, DBT, ACT and CBT interventions.

There are two frequent concerns I hear about the proposed changes. The first is 'will I have to change the way I work to accommodate this new model?'. The answer to this is a definitive 'No'. We already have an extensive knowledge of the different types of placements and different ways of working of many supervisors and know that we have placements available where the new placement types will fit well with current clinical prac-

tice. We will, however, be sending out a new placement survey to be sure that we are correctly describing the work that you do in your placement. The second concern arises from clinicians working with marginalised groups, rightly worried that trainees may not work across the lifespan or with people with certain types of difficulty. Not only is the BPS very strict about these requirements, but as a course team working with different client groups, many of whom are highly marginalised, we feel strongly about ensuring our trainees are prepared to work with these clients across the lifespan. We have already prepared systems for tracking trainees through their journey to ensure that they meet these requirements and we will be actively assessing the effectiveness of our systems as the changes unfold.

During the autumn we ran three Think-Tank events with representatives from each sub-department of clinical psychology within the health board. These meetings were very energising and colleagues in BCUHB made a vital contribution to our thinking about placement length, structure, location and the curriculum requirements necessary to be prepared for those placements. Many thanks to those of you who took part in these events and for your thoughtful and constructive suggestions. As a team we are now actively reviewing the information that we gained in the Think Tank events and putting concrete implementation plans into action. As we do new issues may arise and also as you read this, you may have further thoughts about our plans. I continue to visit departmental meetings to seek further feedback. If you would like me to come along to your department, or if you have any suggestions or questions, please do not hesitate to get in touch (m.swales@bangor.ac.uk).

In addition, we would like to congratulate

Dr Elizabeth Burnside on her new role as Deputy Director as well as continuing to be Academic Director.



Dr Elizabeth Burnside, Deputy Director



We have made one new appointments to the team since the last newsletter. Dr Lee Hogan is our Assessment Director and we asked him to tell us a little bit about the work that he is involved in as part of his clinical role and his research interests.

NEW MEMBER of the TEAM

Substance addiction is clearly an area where biological, psychological, and social factors combine to exert a huge influence over a person's behaviour. In the normal course of events, negative events following a behaviour greatly reduce the likelihood of that behaviour occurring again in the future. With substance addictions, often repeated negative events, and sometimes extreme ones, such as having a child/children taken into care, serious life threatening health conditions, a loss of home, growing debts, and failing relationships all as a consequence of substance use, have little impact on reducing the behaviour, in fact it might actually increase it!

I work as the only clinical psychologist in substance misuse services in North Wales. As part of my role, I have been able to introduce a number of evidence-based psychosocial interventions into a typically medically-orientated service. Clinical staff are often faced with various challenges: service user motivation for change is typically low and the issues they face are often complex. We have developed a series of interventions to suit people at various stages of their recovery. For those who are more chaotic and/or those in the early stages of recovery we have developed 'Nudge'. Nudge is a four-session intervention that combines Motivational Interviewing (MI) and Acceptance and Commitment Therapy (ACT). Although the programme has not been formally evaluated, it appears to have been highly successful at engaging and motivating a group of people who have found it difficult to engage. Nudge has been introduced across BCUHB with colleagues using it in Berwyn Prison, and teams looking to use it in pain management and other early intervention services.

We also have two other 12-session ACT-based group programmes: Pathways to Recovery (P2R) and Moving On In My Recovery (MOIMR). The P2R programme is designed for individuals who might have entrenched difficulties (e.g., they might be stuck in distress despite their best efforts and desire for change). The MOIMR programme is for those who are recently abstinent from illicit drugs or alcohol and who want to move forward in their recovery; often they are graduates of the P2R programme.

The MOIMR programme was designed following conversations with around 100 people who were either in recovery themselves or who were clinicians working in this area. As well as being co-produced, MOIMR is also co-facilitated with people who have lived experience. The MOIMR programme has proved to be highly successful and we are just completing a feasibility study of the effectiveness of MOIMR programme, which was funded by Alcohol Change UK. We are hosting our second MOIMR conference this February (2020) to disseminate our findings. The outcomes of the study are highly promising with reductions in experiential avoidance, anxiety, and low mood and increases in social functioning and psychological flexibility.

As well as these programmes, I have a research interest in the predictors of recovery. For example, how do recovery strengths predict outcomes, is a willingness to experience discomfort related to successful recovery and do unconscious biases (as measured by attentional bias) predict relapse or indeed successful recovery?

Clinical placements are an important part of training and we are extremely lucky to be able to offer trainees a wide range of placement experiences across North Wales, with a range of wonderful and experienced Clinical Supervisors and Teams. The commitment and support given by the supervisors in North Wales is exceptional and, as always, the programme is extremely grateful for everyone's hard work and investment into the training of new Clinical Psychologists. It is a pleasure to include the following articles that share the enthusiasm of our Betsi Cadwaladr University Health Board (BCUHB) colleagues; the articles speak for themselves!

Clinical Psychology Trainees on Placement A Clinical Operations Manager's Perspective



"Brains the size of planets" my universal response when asked for my opinion on clinical psychology colleague's pre and post doctorate. I believe the level of experience, education and training required to deliver clinical psychology is reflected in the key position they hold within Community Learning Disability Teams (CLDTs).

CLDTs provide multi-disciplinary support to adults with complex health issues often impacting on themselves and people around them. The individuals we support are often reliant on paid care and support to help them live valued lives. It is my experience that clinical psychology working within a team, will introduce and maintain a psychological methodology to ensure a holistic and evidence-based approach to people which is underpinned by clear formulation. By trying to understand 'What's occurring?' we can develop interventions and responses that truly help and make significant differences in people's lives. Clinical psychology trainees from Bangor University have been coming into CLDTs for many years and they embrace these approaches and deliver evidenced based yet innovative approaches.

CLDTs value and appreciate Trainee Clinical Psychologists because they can commit five months of clinical time into their teams. They often take on a small, but complex case load and add value to the work of the MDT (I believe in almost every instance). Trainee Clinical Psychologists can also find themselves involved in ongoing clinical interventions being delivered by CLDTs. For example, joining DBT groups as skills facilitators and consult members. It has been a pleasure to see trainees, sometimes new to working with people with an intellectual disability, develop their skills and understanding of adults whose intellectual disability impacts significantly on their wellbeing. CLDTs are always on the prowl for those trainees who we recognise as understanding our work and the benefits it brings to all. North Wales Learning Disability Services have been fortunate to have had our fair share of trainees who 'get it'.

So who am I? Well... presently I am the Clinical Operations Manager for Learning Disability Community Services. Previously I have been a Community Learning Disability Team Manager in Ynys Mon, and for many years before that, a practicing Community Nurse (I'm hoping practice will make ...proficient).

It was in my role as Team Manager for Ynys Môn that I was approached by the teams Clinical Psychologist, Dr Katie Bigham, to co-deliver with her, a session to second year trainees, called 'Mental Health Assessment and Wellbeing for people with a Learning Disability'. It is a very sobering realisation when one considers the increased vulnerability adults with a learning disability have in relation to their own mental health. It is equally reassuring that spending time with Trainee Clinical Psychologists discussing these factors can make you feel positive in relation to their understanding and approach to people. We discuss people's lives in terms of choice and control, about how their learning disability may predispose them to an increased risk of experiencing mental health issues; we identify clinical approaches that can support practitioners as they develop their skills in identifying mental health issues in an adult learning disability population, and the assessments and care those involved might deliver.

It genuinely is a highlight of my working year providing this session. I like that trainees look after their speakers (always offered a coffee on arrival and breaks). They are aware of the commitment of speakers to their programme and so engage appropriately ensuring sessions are always lively and result in joint learning. I like that we get to feedback on each other at the end of each session. To date Katie, trainees and I continue to receive positive feedback.

So what next? In my new role I continue to be committed to all clinical psychologist trainees commencing their studies on the North Wales Clinical Psychology Programme. I look forward to attending the next session in the autumn and Katie and I have already planned times in our diaries to update our session and ensure that it remains relevant and user friendly.... I have suggested delivering it through the medium of dance so watch this space!

I will remain a champion for psychology in the CLDTs and will support any trainee who joins our services in anyway possible.

Sean Gallagher
Clinical Operations Manager

Advice from a Head of Department

By Dr Alan Dowey
Head of Learning Disability Department

First things first, Bangor is a great place to do your Clinical Psychology training. I have been involved with the course for nearly twenty years and have supervised and worked with loads of trainees during this time and I continue to be impressed! Currently I am a Head of Department (Learning Disabilities) and the majority of my colleagues trained at Bangor!

As you are probably aware, your training will involve a mix of University based teaching & learning and time on placement. You will be undertaking a placement (for part of the week) for the vast majority of time during your training. At the beginning of the course you will meet your Training Coordinator and this individual will remain with you across the three years of the course. This facilitates your learning and development across the three years and allows the placements to be tailored to individual needs. If you need to develop certain skills and don't get a chance to do this during a particular placement we can make sure you get the necessary opportunity in another future placement.

There are fantastic links between NWCPP and local Clinical Psychology Services. This means that you will be training in an environment where there is great communication between your Supervisor, your Training Coordinator and the course. The majority of placement Supervisors are very experienced and very skilled, and those Supervisors who are new to the job undertake workshops run by NWCPP and also receive great support from their respective Departments.

Some Trainees can find the prospect of going on placement a bit daunting. This can happen for all sorts of reasons, maybe, like me, the Trainee doesn't have a great deal of experience working in an NHS setting prior to getting on the course. Other times

it is because the Trainee will be working with a 'new' client group. My advice is don't worry – history demonstrates that in the overwhelming majority of cases things work out really well! If you do have concerns tell your Training Coordinator and Supervisor, they will listen to you! All of us had concerns and worries when we trained and we haven't forgotten this.

Placements and teaching and learning have an unusual but effective relationship. Sometimes Trainees think that they will be taught everything they need to know before they go on placement – a kind of University learning and placement practice model. This isn't the case, apart from anything it would be impossible to do. More importantly this is a profession in which you never stop learning and developing your skills, and this starts during your training (and before). Your learning will take place in both environments and this rich learning environment will facilitate your development to become a skilled practitioner.

Placements will take you out of your comfort zone but the support and supervision means that you will be able to cope with the demands placed on you. Supervision will form a core part of your placement experience. And if you feel you need a bit of extra support raise this and you will get it!



THANK YOU

New Editor of NWCCP Newsletter Dr Katie Bigham

As new Editor of the NWCCP's Newsletter and fairly new member of the team,

I would particularly like to give a massive thank you to the admin team; without Mared, Debbie, Anna, I for one (and I am sure I am speaking on behalf of the whole programme team), would not be able to function. THANK YOU!

Thank you too to Donna (Programme Manager) and Fiona (Senior Administrator) who keep me on track and politely nudge me when I have forgotten something. THANK YOU!



Debbie Jones



Anna Roberts



Mared Williams



Donna Pierce



Fiona Greenly-Jones



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North Wales Clinical Psychology Programme



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