



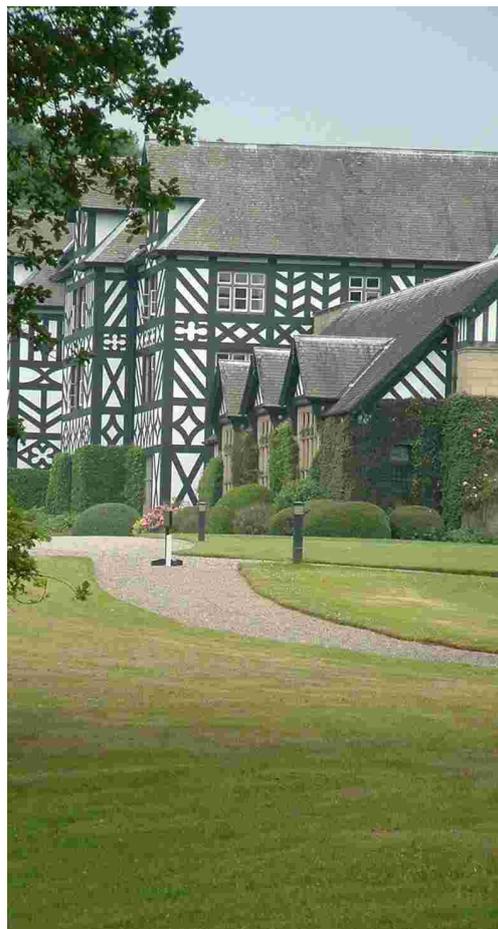
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Welcome to the Autumn edition of the NWCPP newsletter. We open with a brief description of a particularly memorable Gregynog conference. This is followed by another in the series of articles entitled "In my day" and this time Isabel Hargreaves talks about her clinical training on the Aberdeen MSc course. The CPD programme is the focus of two articles: one outlines the history of the DClinPsy top-up doctorate and one describes the three CPD workshops that have been held since the Spring.

We also get to meet the new first year intake, find out a little about the external examiners, and say farewell to Elizabeth Burnside as she takes up her new consultant post in the C&D Trust. And there is a short article on how Caroline Eayrs and myself celebrated being in North Wales for 20 years. Phew!



Gregynog 2007: Creativity and Innovation in Clinical Psychology



This year's Gregynog conference was held from the 22nd-24th October and proved to be one of the most memorable in recent history. Centred around the theme of Creativity, the conference blurred the gap between academic presentations and 'free' time in a way that had not occurred previously.

A very successful first afternoon workshop on music therapy was followed on the Tuesday morning by a presentation on creativity in research that tasked all present with the challenge of carrying out a research project using the conference attendees as participants and carrying out any statistical analysis on site before presenting the results the next day.

Small research teams could be found working constantly between sessions right up to the last morning.

Other presentations deconstructed creativity in a clinical context, and examined creative approaches to therapy both from a general perspective and from the point of view of a therapist who is 'stuck' with a client.

Collectively the conference affirmed the importance of creativity in all aspects of clinical work, empowered those present not to ignore their own natural creativity, and engendered a sense of participation and enthusiasm that would mark it as one of the most successful Programme conferences that have ever been held in Gregynog.

Welcome to the First Year Cohort



The eight members of the 2007 cohort joined the programme on the first of October and began their placements in November so we thought it would be nice to get to know them a bit.....



Barbara Barter

Currently on placement with Renee Rickard and Keith Mathews, Barbara's last job was as an assistant psychologist with the specialist children's service in Arfon.



Alison Firth

Currently on placement with Beth Parry-Jones, Alison's last job was working as an assistant psychologist in a community learning disability team and with older adults.



Alison Booth

Currently on placement with Fiona Sanders, Alison's last post was as an assistant psychologist at the Walton Centre in Liverpool.



Eleri Holmes

Currently on placement with Bob Woods, Eleri recently worked as a Research Assistant in Manchester validating a mental health screening measure for juvenile offenders.



Davinia Butler

Currently on placement with Helen Ross, Davinia previously worked as an assistant on the Wirral. This was a split CAMHS post between the looked after children team and a neuro-psychological assessment unit.



Caroline Taylor

Currently on placement with Dawn Henderson, Caroline's experience prior to training was in CAMHS, older adults and research.



Emma Carroll

Currently on placement with Kristina Cole, Emma's last post was as an assistant psychologist with Homefirst Community Brain Injury Rehabilitation Service in Antrim, N. Ireland.



Lisa Train

Currently on placement with Carolien Lamers, Lisa's last job was as an assistant psychologist at Bangor working in pain management and older adults.

Meeting our External Examiners

For our trainees, external examiners are usually just names on a piece of paper and the only time they come face to face is during the Viva, which is not, perhaps the most ideal moment to get to know the person behind the name. Therefore, we thought it might be a good idea to introduce them here.

Professor Gillian Hardy (on the right) has recently been appointed as an external examiner and joins Dr Biza Stenfert Kroese (pictured left) to complete our team of examiners. Gillian works on the clinical psychology programme in Sheffield. She is perhaps best known for her work in the general area of psychological treatments for depression with a particular focus on psychotherapy processes and outcomes. She also has an interest in attachment theory, interpersonal processes and psychological health in employment.

Biza has been our examiner since 2005. She is a Senior Lecturer in Clinical Psychology at the University of Birmingham and Head of Clinical Psychology Services for People with Learning Disabilities at Dudley Priority Health NHS Trust. Biza has published widely in the area of Learning Disabilities and is perhaps best known for her work in the application of psychotherapeutic interventions (e.g. "translating" cognitive-behavioural techniques to suit the needs of people with limited intellectual and communication abilities). Other areas of research are employment opportunities, social participation and friendship networks, quality of life evaluation techniques, and the prevalence and treatment of severe challenging behaviours.



Caroline Eayrs and Robert Jones celebrate 20 Years in North Wales

It was like one of those earnest but naïve arrangements that schoolchildren make in the last few months before leaving school. "Let's all arrange to meet in 20 years time in Oxford Circus". Usually such arrangements come to nothing but nonetheless every year countless people solemnly agree to mark a particular day many years in the future with some kind of a reunion.

Caroline Eayrs and Robert Jones made a similar undertaking to mark the 20-year anniversary of their arrival in North Wales in July 1987. They had both applied for the same job and had been interviewed at the same time (April 1987) believing then that they were in competition for the same post. At that time learning disability posts were hard to fill and some were vacant for considerable periods of time without attracting any applicants. This prompted a very innovative approach from the NHS working in collaboration with the University in Bangor – the creation of joint appointments between the University and the Health Authority. The position was advertised as a joint Principal Clinical Psychologist/Lecturer in Clinical Psychology post and it was the opportunity to combine clinical and academic work that attracted both Robert and Caroline. Each was already working in Learning Disability services in the NHS - Robert in a Senior post in North Manchester and Caroline in a Principal post in Salisbury.

Unknown to either candidate at the time of the interview, there had been such interest in the posts (six candidates had been shortlisted for interview which was practically unheard of at the time) that funding was somehow found to create a second, identical, joint appointment post. At the time there were three unfilled posts in learning disability in North Wales. How times have changed! And that was how Caroline and Robert both started work on the 27th July 1987 in the same job. The University Psychology department at the time had one secretary and six academic staff.

On arrival, therefore, Caroline and Robert increased the academic membership of the department by a third! Clinically, Caroline joined the Colwyn Bay community team based in Bod Difyr in Old Colwyn and Robert had to choose between the Wrexham and Rhuddlan Teams (in those days the abbreviation CMHT stood for Community Mental Handicap Team) and he chose the Rhuddlan CMHT based in Rhyl.

Both eventually left the joint appointments in the early 1990s – Caroline to take up her current post as Head of Learning Disability Clinical Psychology Services and Robert to take up a Senior Lecturer post with the University clinical course. He worked for eight years as the Research Co-ordinator on the programme before leaving in 2001 to rejoin the learning disabilities department again, this time as Caroline's deputy. Turning full circle he also rejoined the same multi-disciplinary team based in Rhyl and worked two days a week on the clinical programme in Bangor. *Plus ça change, plus c'est la même chose!*

Perhaps neither would have predicted that twenty years later they would both still be employed in learning disability services in North Wales but to celebrate the event, both took the day off work this July and caught up with some old friends, visited the old team base in Colwyn Bay (now an apartment complex) and reminisced about the early days.

Both the University and the NHS have changed almost beyond recognition in that period and the day spent away from work allowed time to step back from the day-to-day minutiae of the job to view those changes from the perspective of two decades.

Vague plans were drawn up to celebrate again in a further 20 years time. It was impossible to speculate what the profession of clinical psychology would be like at that time or whether those practising then would look back on today with similar nostalgia for the 'good old days'.



“In My Day...”

This is the second in a series of articles that outline the different routes to clinical training that were available prior to the development of the DClinPsy Programme in 1992. In the present article, Isabel Hargreaves talks about her training on the MSc in clinical psychology at the University of Aberdeen.



Isabel began her training as a psychologist in 1974 with an undergraduate degree from Bangor.

“I chose Bangor because at the time it had a very good reputation as a hard-line behavioural department but once here, I became very interested in psycho-dynamic approaches.

Graduating with a First in 1977 enabled her to obtain automatic SSRC funding to register for a PhD supervised by Neil Cheshire. These funds paid her fees and a small living grant and she augmented this by working in a wine bar in Beaumaris while living on Anglesey.

Her thesis was entitled “Dimension and hierarchy in the description of psychological disorders” and she completed most of the data collection before clinical training, she finished the write up after she had completed her clinical Masters.

The one factor that united the clinical courses that she applied for was the coastal location of Universities. “We wanted to combine my ambition for clinical training with my husband’s interest in commercial fishing”.

Although she totally underestimated the distance involved (thinking that Aberdeen was just the other side of Edinburgh), the University of

Aberdeen was the lucky winner and Isabel began her clinical training there in October 1980.

Aberdeen was also where she first met Frances Vaughan and Jean Lyon - both of whom subsequently ended up working in North Wales.

This was a two-year MSc in Clinical Psychology with an intake of four people every two years. Placements lasted between 3 and 4 months and Isabel completed placements in Adult Mental Health, Child, Learning Disabilities (then called Mental Handicap) and Older Adults. She also had two specialist placements in her second year: AMH and a psychodynamic placement.

The academic assignments comprised ten essays (five per year), unseen exams, and a Masters thesis.

Clinical work was assessed with clinical evaluation forms filled in by the supervisor plus, at the end of programme, an examination of case notes from a sample of cases (10) with the identifiers removed (so no formal case reports as such). “There were no study days, no travel expenses and we had to live on a bursary of £2,000 a year”.

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The teaching on the course was very traditional, mainly consisting of a series of one-hour lectures. It was generally a very academic programme - there were 10-week lecture courses on topics such as psycho-pharmacology, physiology and factor analysis.

Academic teaching took place on a full two days a week and trainees were on placement for the remaining three days.

Isabel’s thesis was an examination of the reformulated learned helplessness model of depression and this was subsequently published in the British Journal of Clinical Psychology in 1985 with the title *Attributional Style and Depression* (BJCP, 24, 65-66)

“You had to have broad shoulders and a good sense of humour to cope with clinical training in those days. At one end of placement meeting my supervisors decided to tell me that I had failed the placement (for a joke!). They presented me with a clinical evaluation form with all the Fail categories endorsed”. She is sure such ‘jokes’ would never happen in this day and age. She says she is still getting over it!

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When asked to compare other differences between the clinical training on offer today and her own training, Isabel thinks that the scrutiny in her day was much more in terms of academic rather than clinical performance. For example, every essay received detailed written feedback and was subject to oral feedback from a tutor lasting about an hour. Isabel thinks that today trainees are both helped a lot more but also scrutinised a lot more. “There is a lot more clinical governance today and this is mostly a good thing both for trainees and for the profession”.

Who are we?

Since the last edition of this newsletter, three excellent workshops have been held in the "Who are we?" series of CPD events that the programme has organised.

The first of these was held on July 12th and was entitled Psychology – Past, Present and Future: "Identity Crisis?" and was presented by Rosemary Jenkins and Rhonwen Parry. On September 5th, Tim Prescott presented a workshop entitled "New Ways of Shooting Yourself in the Foot and Hopping On." And on October 11th Peter Kinderman gave an interactive presentation on "The Mental Health Act."



Rosemary and Rhonwen before the workshop

It is very hard to do justice to such excellent and diverse presentations in print but over the next few pages I will attempt to convey some sense of the impact that these workshops had on those who attended.

The first workshop, presented by Rosemary and Rhonwen, began with people gathering into groups based on the sector in which they worked. The task was to chart the development of clinical psychology in each sector looking at the key moments in the development of the specialism and comparing previous ways of working with current practice.

What turned out to be perhaps the greatest 'gift' that the presenters gave us was their sensitivity to allow us sufficient time to complete the exercise. When it was clear that the different groups were still very much engrossed in the task when the time allowed came to an end, they were flexible enough to give us more time. Then each group came together and compared notes more generally. We all got a great deal out of this exercise. There was some sadness in recalling just how central clinical psychology was to the development of services right across the sectors and in realising that this contribution had been forgotten by some.

It was also apparent that some newer members of staff were not even aware of how important and influential the profession had been in shaping the development of the specialism in which they now worked.

There was not only a lot of pride in the historical perspective but also in our current contribution -

mainly because the sharing of information across specialisms brought into sharp focus just how many and varied were the skills of the profession. This led to a wider discussion (and again full marks to the presenters for their skill in allowing us such a valuable space to talk to each other about issues that were clearly important to us all).

We touched on the low sense of morale that is around at present and the general feeling that the NHS is no longer the supportive, nurturing employer that many of us hoped it would be. We spoke of the damage that A4C had done (and is doing) to our sense of being valued and we questioned whether our multi-disciplinary team members really appreciate the range and diversity of our skill base. We wondered aloud if we were perceived as a kind of "Jack of all trades and master of none." There was an interesting debate about how many of us would now advise our own children to follow a career in clinical psychology.

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And then something very subtle yet very significant began to happen. It is hard to do justice to it in print, but somehow the presenters facilitated a kind of collective healing process in us. Rhonwen took us back in time and presented details from the MAS report from 1988. She helped us realise that this process of self doubt (what they termed 'identity crisis') is not new and that the last time a cold objective eye was cast on our profession, we were judged to be value for money and vital to the continuing health of the NHS itself. She reminded us of the sense of pride that had followed the publication of the report. This gave us a vital sense of perspective on the present period of gloom and self-doubt. We saw the current situation more as a phase than an ending - perhaps more of a process than a product.

The final exercise concerned looking towards the future and going back to our groups to brainstorm about the future and how we can positively move forward. There was much more optimism, energy and sense of purpose this time around and somehow, almost magically, we felt a restored sense of professional self-worth, empowerment and collective pride.



Rosemary Jenkins takes feedback from the groups

This was a very hard act to follow but, as it turned out, Tim Prescott was well up for the task. Eight weeks later we were again gathered for a presentation that would both challenge and inspire those present. Tim is well known for the clarity of his views on the current NHS and on New Ways of Working in particular. His talk entitled "New ways of shooting yourself in the foot and hopping on" gave some hint of Tim's stance on this issue. In somewhat stark contrast to the presentation last May by Roslyn Hope from the NIMHE, he could not be said to be a fully committed fan of New Ways of Working!



Tim Prescott presented the September Workshop

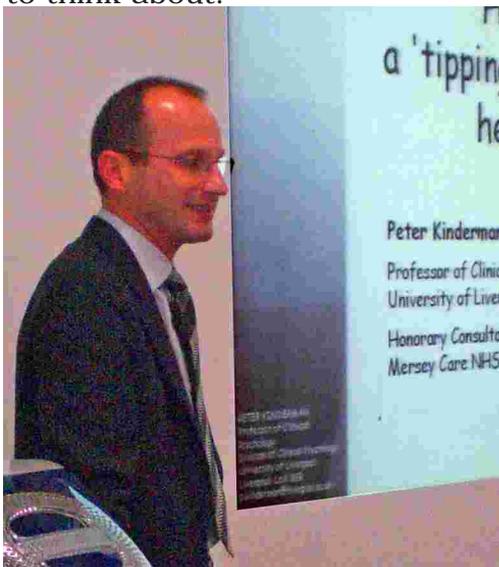
Tim outlined the history of the new ways of working document and questioned the wisdom of using a term such as “applied psychologists” as a generic category. He suggested that such a term does a real disservice to the profession of Clinical Psychology, implying as it does that all applied psychologists have the necessary skills to implement the ambitions of the Layard report on improving access to psychological therapies. He also questioned the implication that manualised CBT therapies do indeed hold the promise for widespread alleviation of human suffering.

He was particularly critical of the BPS, pointing out that an organisation that is based on recognising the divisional basis of psychology as a profession should capitulate to the concept of “applied psychology” without question.

We then broke into groups with the task of deciding how clinical psychology services should ideally be delivered. Many present saw the future of the profession as being centrally involved in the supervision and management of the lower-banded professionals tasked with the delivery of the manualised therapies. Interestingly, however, a significant number questioned whether or not the NHS would or should be the majority employer of the profession in the future. A stimulating and far-ranging discussion ensued.

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It was interesting to attend a presentation from somebody who has clear views about the unique value of the profession of clinical psychology and who is unapologetic about defending against perceived attempts to dilute this unique value into a larger body of ‘applied psychologists’. We left with much to think about.



Peter Kinderman spoke on the Mental Health Act

Peter Kinderman’s talk in October was entitled “Reforms to the Mental Health Act: a tipping point in mental health care?” This was a wide-ranging tour through the Act from someone with a deep inside knowledge of the politics, and philosophy underpinning the phrasing of the various sections within it.

“Treatability is not curability. The new Act recognises that treatment is appropriate even if you can neither cure nor prevent deterioration.”

What marked this presentation out from others that have been offered on the Act, was the interactive nature of the workshop. Peter was able to engage the audience at a very expert level and comment on a wide variety of issues raised by members of the audience. Once again, it is difficult to do justice to this presentation in a short article, but stimulating discussions with the audience were held on topics such as mental illness versus mental disorder, the role of responsible clinician, approved clinician, deaths in psychiatric care, implications for the profession of clinical psychology, performance management, and the relationship with the Human Rights Act (1988).

Farewell to Elizabeth Burnside

One sad aspect to the Gregynog conference this year was that it formally marked the departure of Elizabeth Burnside from the Programme team.

Although Elizabeth had actually left us some weeks previously to take up a Consultant post in the Child and Adolescent Mental Health Team in Flintshire, she agreed to organise the creative research presentation at the conference. As mentioned previously, this presentation was very well received and engendered huge amounts of work from those present.

The programme team held a special lunch to celebrate Elizabeth’s contribution to the programme and this was marked by a specially made cake, designed by Dawn Thompson depicting Elizabeth fronting the band that was to play at her 40th birthday party a few weeks later.

Elizabeth had been a hugely popular member of the programme team and although everybody present was happy that she had secured a consultant’s post, there was a real sense of sadness in her departure and she will be sorely missed. One innovation for which

she will particularly be remembered is the introduction of the Meta-Analytic Project assignment and she agreed to write a short article in a subsequent newsletter explaining MAPS in more detail. The team all wish her the very best of luck in her new post.



The Bangor CPD Doctorate 1993-2007

This Autumn the last candidate to sit the part-time, post-qualification DClinPsy course handed in her thesis. This seemed a good time to take a look back to the beginning of the course and outline the history of what was, at the time, the only such course of its kind in existence in the UK. Robert Jones reports:

In 1992 the Bangor course was the first in the UK to offer the doctoral qualification to trainees. When I joined the team in 1993, I was asked to take a lead in running the course and I have been proud to be CPD director since that time.

There were some initial difficulties that needed delicate negotiation. On the one hand, the demands of the programme needed to be rigorous and the standards that the University required for a doctoral programme could not be diluted. On the other hand, the whole spirit of this qualification was inclusive and even though many of those who might apply would lack confidence in their own research skills, it was decided that they would be accepted on the programme simply on the basis that they wished to enrol. I was also aware that there was a very understandable resentment amongst many qualified clinical psychologists that they had already worked extremely hard for their clinical qualification and here we were asking them to put in three more years of hard grafting on a part-time basis while they were concurrently holding down a full-time job in the NHS. The course assignments were not trivial. At the end of the first 6 months candidates were required to hand-in an extended essay (10,000 words) and at the end of the first year an extended Report of Clinical Activity (also 10,000 words). At the end of the third year they would hand in a doctoral thesis under the same regulations as those governing the trainee submissions.

Candidates applying for the top-up scheme were also really putting themselves on the line in terms of vulnerability. Many had been qualified for many years and some were in very senior positions in the profession. Submitting CPD course assignments meant opening themselves up to the possibility of failure in situations where the candidate may already have been supervising and examining trainees' work for many years. I always felt that it took a particular kind of courage to face the vulnerability of that kind of peer-scrutiny when the consequences of failure were so impactful.

My own role was clear and exciting. I would organise the selection of a cohort of up to seven people each year and once they were registered on the course my role became a combination of course director, training co-ordinator, research director, mentor, and advocate. The first cohort registered in 1993 and each year thereafter a different cohort came on board.

The scheme attracted a lot of interest and I was frequently visited by representatives from other universities wishing to set up their own schemes. Indeed, with only very small amendments, the old University of Wales regulations now form the basis of the course requirements for a number of similar programmes operating around the UK. I was also receiving almost weekly enquiries from clinical psychologists from out of the area who wished to register on the scheme.



THE 1993 CPD PART TIME INTAKE
L-R: Carolyn Hinds, Richard Corney, Helen Lyon-Jones, Mary Browning, Alan Coupar and Judy Hutchings

Initially, we were happy to offer places to non-local clinical psychologists in order to ensure that each year there was a viable cohort for the decreasing number of local candidates to join.

Over a period of about six or seven years most of the local supervisors who were interested had completed the doctorate and the cohort model was no longer sustainable. At that stage the scheme moved to a system of individual registration whereby a candidate joined the scheme but only worked with a single supervisor with little if any peer support. This was a harder way to complete the doctorate – there were many advantages to the cohort system in terms of peer support and encouragement and many of the candidates remember the residential workshops (held twice a year in Conwy) with nostalgia. Gradually, it became clear that we had achieved the aims of setting up the doctorate for local supervisors and the scheme was now populated entirely by non-local candidates.

In 2003, therefore, we closed the scheme to further applicants to allow sufficient time for those remaining on the programme to complete the course requirements. This has now happened and although the scheme will remain open as an option for any local candidate who wishes to avail of it, there is no expectation that it will ever return to the levels of activity in the heady mid-nineties when up to seven candidates a year were graduating with the degree. The next page contains a full listing of all theses that are held in the library from candidates who have graduated from the programme.

Completed CPD theses at Bangor

The following is a list of all successful DClinPsy theses submitted under the regulations of the CPD programme. Most are available for consultation in the Library although some have also subsequently been published as journal articles or books.

Ablett, Janice R (2006). Resilience and well-being in palliative care staff.

Austen, Susan A (1997). The social problem-solving abilities and autobiographical memories of a sample of people with learning disabilities.

Browning, Mary J R (1995) Social relationships, compatibility and resettlement planning for hospital residents with a severe learning disability.

Bryon, Mandy (1998). The impact of cystic fibrosis and influence of mothers on childhood sibling relationships.

Cheasley-Rau, Veronika (2000). Supervision experiences of qualified clinical psychologists.

Coetzer, Bernardus Rudolf (2001). Grief and self-awareness following brain injury.

Corney, M.J.R (1995). Dementia and informal care.

Coupar, Alan (1996). Evaluation of a cognitive-behavioural pain management programme with severely chronic pain patients.

Cunliffe, Louise (2001). Stress inoculation training for carers of people with dementia.

Fox, Peter R (2001). The development of an instrument for measuring socially valid outcomes of intervention for people with learning disability and challenging behaviour.

Frost, Michael (1999). Is pain still an issue in pain management?

Fuller, Steve (2002). Children's perception of parental management of their behaviour.

Gilbert, Christine (2003). A study of the relations between internal representational models of attachment relationships and pro-social behaviour in school amongst primary school aged girls.

Golding, Laura (1997). The effect of relocation on people with learning disabilities and challenging behaviour and a descriptive analysis of the relationship between service user and staff behaviour.

Gregory, Sarah (2000). Psychopathology and childhood sexual abuse : an investigation of the relationship between sexual arousal, attributional style, attributions of blame for CSA and psychological adjustment.

Gurr, Birgit (2004). Psychological characteristics of posttraumatic headaches and the effectiveness of cognitive-behavioural therapy for posttraumatic headaches.

Hammond-Rowley, Sara (1999). The teddy bear's picnic: A study comparing 5 year old children's responses to a new narrative measure, with parent and teacher rated psychological problems and global concern.

Hinds, Carolyn (1996). Psychosocial adjustment of young people with cerebral palsy.

Hutchings, Judy (1996). The personal and parental characteristics of preschool children referred to a child and family mental health service : and their relation to treatment outcome.

Logie, Robin (2005). What is it like to parent a child with conduct problems?: A qualitative study.

Lyon, Helen Michelle (2000). Social cognition and the manic defence : attributions, selective attention and self-schema in bipolar affective disorder.

Madden, Shelagh (2000). Coping strategies and psychological adjustment of children and adolescents with severe chronic renal failure.

Manley, Steven (1999). Psychological mindedness and adult attachment styles: A study of the therapist-client relationship.

McGrath, Linda M (2004). The implementation and evaluation of two anti-bullying programmes for adults with an intellectual disability.

Mills, Irene (1997). The influence of induced depressed and elated mood on memory for fear related information in non-clinical spider phobics and non spider phobics.

Parker, Helen (1998). The impact of beliefs about pain, self-efficacy beliefs and coping strategies in psychological adjustment to chronic pain in low back pain and diabetic neuropathy.

Pryde, Nia A (2004). The adult consequences of childhood psychological maltreatment: A study of object relations, internalized shame, and defence style.

Rooney, Alison (2007). Evaluation of the preschool five minute speech sample as a measure of expressed emotion and parent-child interactions.

Sanders, Fiona Ellen Sara (2001). The association between perceived social relationships, depression and early parental care in the later lives of women.

Sinclair, Jacqueline (2003). Using diaries to help learning-disabled adults recall their recent experiences: A comparison of techniques involving anticipation and/or rehearsal.

Warburg, Richard (2001). Assessment of memory problems by clinical neuropsychologists.

Walker-Jones, Elin (2002). Specific and non-specific effects of discrete trial instruction in a young child with autism.

Withers, Paul Stanley (1997). Identity and sexual identity in men with learning disabilities.