



Newsletter No.14 Spring 2013

# North Wales Clinical Psychology Programme



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# Welcome

## to the 14th edition of the NWCPP newsletter

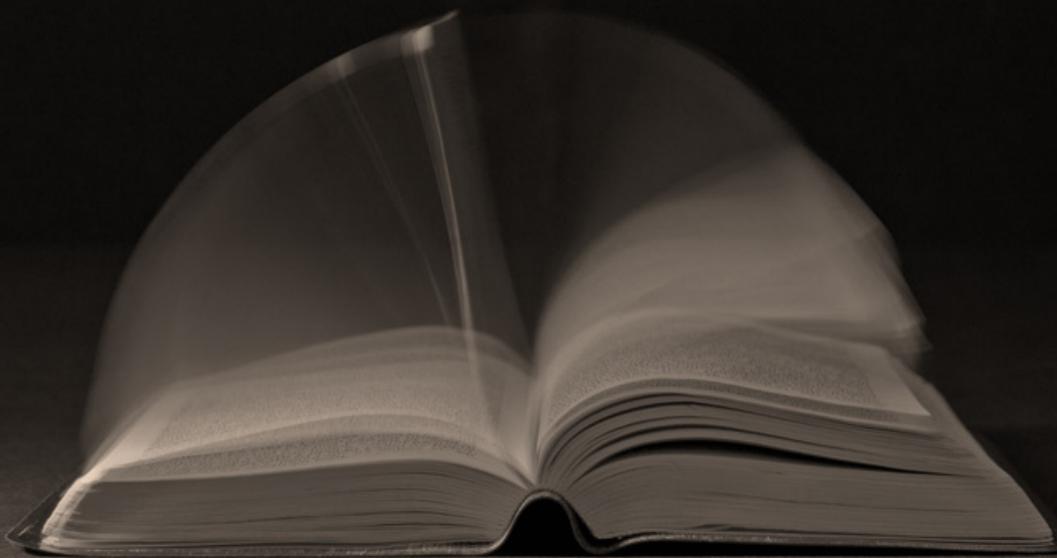
This edition has something of a celebratory feel to it. We begin with an article welcoming James Lea to the team. In fact James took up post as academic tutor last summer so his 'welcome' is a bit overdue! As it turned out, there was insufficient space in the autumn newsletter to run a full article on his special role relating to social inclusion and diversity. So here we can report on this in more detail and include the exciting contribution he has already made to the curriculum by adding a developmental perspective to the psychoanalytic teaching on the programme.

We also have an article on the Psychology of Leadership which comprises an interview with Peter Higson who was Course Director more than 20 years ago and who received an OBE in the most recent Queen's New Year honours list. Peter talks about how he used his clinical psychology training continuously throughout his career as he moved his focus from the individual, to services and then to whole organisations.

Last year also saw the 20th anniversary of the NWCPP becoming the first doctoral programme in the UK and there is a short interview with Mark

Williams where he reflects on his experiences of setting up the DCLinPsy back in 1992.

Two other articles complete the contents: an account of our evaluation of the success of the Third-Wave Therapy initiative over the past few years, and an update of the very impressive research activity undertaken by the programme in the last 12 months. It is particularly gratifying to see the names of quite a number trainees and ex-trainees on this list and this provides concrete evidence of our aspiration that trainee research on the programme should be of publishable quality.





# Introducing James Lea

A very significant appointment was made to the NWCPP staff team last July. Dr James Lea was appointed as academic tutor, to a role that includes a responsibility to ensure that social inclusion and diversity permeates the entire programme.

Prior to joining us on the programme, James was employed full time in Flintshire CAMHS, and continues to work clinically part time with children, young people and their families.

James said that what initially attracted him to work in Bangor was the programme's clear vision and awareness that the role of the clinical psychologist is both diverse and dynamic, and is not solely about offering psychotherapy. He is passionate and committed to exploring this within all aspects of clinical training.

James has a long-standing interest in social inclusion and diversity. In 2010, he was the recipient of a postgraduate research award from the Psychology of Sexualities Section of the BPS. James received the award for his research paper, published in the journal *Psychology of Sexualities Review* entitled: "Gay Psychologists and Gay Clients: Exploring Therapist Disclosure of Sexuality in the Therapeutic Closet". The piece was a qualitative exploration of gay clinical psychologists' views and experiences of disclosing their sexuality to their gay clients.

James sees his role on the programme as strengthening the existing emphasis on diversity and social inclusion, and as working to meaningfully involve those people involved with NHS clinical psychology services to develop clinical psychology training here in Bangor. He is particularly interested in ensuring that diversity is not conceptualised as something discrete and separate, but rather that trainees' learning and practice are inclusive and value the delicious diversity of human experience. He hopes that this will filter through all aspects of the programme, including the curriculum, clinical experience, research and self-development of trainees to create reflective scientist practitioners able to work in a diverse NHS.

James points to an interesting dilemma in how diversity and inclusion can be constructed in clinical psychology. "We are all individuals with our own diversity, though it is only when

a person's unique qualities reach a particular threshold or intensity that one begins to think of those differences as lying outside of 'typical' human experience, and therefore needing to be addressed separately".

"Yes, it is true that there may be specific skills and understandings to ensure affirmative and culturally competent practice, but an awareness of the arbitrariness of where we draw our line between 'typical' and 'different' is the first step. James brings with him an awareness of the artificiality of some of these issues, and a desire to have these fully explored within the programme.

James has brought his experience of working psychodynamically with different client groups to the programme. This has allowed him to support the creation of a psychodynamic curriculum that is developmental and incorporates psychoanalytic perspectives across the lifespan. This has already been an early focus for his contribution to the overall academic curriculum.

In terms of future goals, James is interested in exploring the potential for third sector organisations to become involved in the provision of trainee placements, thus contributing to the overall experience and skill set of graduating clinical psychologists.

A second aspiration would be to bring an awareness of community psychology more broadly to the attention of trainees, and to contribute to the vision of clinical psychology as playing a central role in the wellbeing of the population more generally.

Finally, James is interested in the role of clinical training at a national level. He is currently the secretary of the Group of Trainers in Clinical Psychology, which represents clinical trainers from across the UK, and which seeks to provide a supportive environment for programmes to advance training in clinical psychology nationally.

# Riding the third wave



A recent review of the third-wave therapies initiative on the Bangor programme has shown this to be a success across the board. Robert Jones, Academic Director, describes how this initiative came about.

Giving the Bangor programme a unique identifier had its origins about 6 or 7 years ago and was the result of the coming together of a number of factors. Firstly, the BPS had recently articulated their requirement that all clinical programmes should subscribe to the "CBT plus one" model. This meant that all programmes would need to develop high-level skills in CBT and each programme also had discretion in developing skills in one other therapy of their choice. We therefore needed to decide what might constitute this alternative therapy: already many programmes throughout the UK were deciding on Psychoanalytic or Systemic therapies as their plus one option – would we follow suit?

A second factor was the results of our own internal audits of trainee satisfaction. We were very pleased that the vast majority of trainees highly rated our programme and would recommend it to others, but we were becoming aware that the reasons trainees gave as their motivation to train on the Bangor programme were based on criteria outside our control. These were mainly life-style factors such as cheap housing, mountains and low levels of pollution and traffic, or simply that they were already living close to the programme base. Nobody mentioned anything unique about the Bangor programme itself and it became obvious to us that we had not articulated a unique identifier that set our programme aside from the other 30 or so clinical training programmes throughout the UK.

The final factor was the increasing popularity of Mindfulness and Third-Wave Therapy initiatives

occurring within North Wales. For some time, the School of Psychology had been at the centre of UK-based initiatives for research and practice in Mindfulness and DBT. The Mindfulness Centre was growing from strength to strength and was increasingly becoming recognised as an international centre of excellence; DBT was becoming more and more popular under the careful guidance of Michaela Swales; and a number of ACT courses had been held in the area, leading to the development of interest from across the clinical specialisms. At the same time, internationally, the evidence base for these therapies had been growing almost monthly and there was now clear and unambiguous evidence to support the effectiveness of these therapies.

Taking these factors together, we decided that focusing on the 'Third Wave Therapies' more explicitly would, at a stroke, meet the need for the BPS requirement of having a 'plus one' component to our training, capitalise on our local strengths, and give us a unique identifier that would set us apart from other training programmes.

Rearranging the curriculum to reflect the third wave initiative was not easy, but the 2009 intake were the first to receive the full programme. It is only now that we are in a position to be confident that this initiative was a success: not only did the third wave initiative receive a specific commendation in the 2012 BPS accreditation visit, but our academic reviews of the curriculum have consistently shown the third wave topics to be consistently highly rated by both teachers and trainees alike.



# The psychology of leadership

NWCPP was very pleased to hear that one of our former Programme Directors was awarded an OBE in the New Years Honours list.

When the North Wales Clinical Training Course began in 1985, a young Dr Peter Higson was appointed as Course Tutor under Laurie Worsley. He became Co-Director in 1987 and then took over as Course Director on Laurie's retirement in 1989. Peter served in this role, with Isabel Hargreaves as Assistant Course Director, until 1991 when Mark Williams was appointed as Director and Chair in Clinical Psychology.

Peter's career then moved increasingly into management and leadership roles within Wales. He was appointed Deputy Chief Executive of the Clwydian Trust in 1993, and remained with them until he joined the North Wales Health Authority as Director of Patient Care in 1998. This job was centrally about commissioning and planning services, and about quality assurance.

In 2002 Peter began a two-year secondment to ELWa, the Welsh Assembly sponsored public body in charge of post-16 education and training in Wales, with the exception of Higher Education. He was appointed as Director of Performance Management in 2002 and became its Interim Chief Executive in 2003. Peter describes this secondment as both an extremely challenging and very rewarding period in his career. ELWa was in significant difficulty prior to his appointment and Peter played a crucial leadership role in turning the organisation around over those two years.

In May 2004 Peter was appointed as the Chief Executive of the new Healthcare Inspectorate Wales (HIW). The role of HIW was to independently inspect and investigate the health services in Wales and Peter played a crucial part in developing and defining its vision. He remained with HIW until his retirement in December last year.

I asked Peter to reflect on the relevance of his clinical psychology training to his later work in senior management.

He replied that he sees his journey as a

psychologist moving from individuals to systems, and to organisations. He reminded me, however, that he has always maintained his individual client work and has worked therapeutically with war veterans for many years and continues to do so.

Peter regards many of the central attributes of a good therapist as also being those of a good leader. Crucial to both is an underlying sense of honesty and integrity and an ability to communicate effectively.

In the same way that clinical psychology training emphasises the importance of encouraging others to find their own solutions to life's difficulties, so effective leadership also requires the nurturing of existing skills and talents.

Just as the fostering of dependence on a therapist is ultimately counter-productive, so the ultimate aim of a good leader is to foster an independent work ethic in those who are managed.

Our training can clearly give us a head-start in many areas of leadership: An ability to understand the perspective of the other person, an acute awareness of the importance of individual motivation and a deep-seated understanding of boundary issues are central to both roles. Just as most people want to get better but struggle to find a way out of their current condition, so organisations strive for high quality and customer satisfaction, but sometimes struggle to find the best way forward. In this sense a good leader is like a good therapist and works best when there is a shared goal of harnessing existing resources to unblock a 'stuck' system. In contrast, neither role works well when the way of working is based on a desire to get others to simply follow instructions.

Peter was reticent to talk in detail about his responses to the award of the OBE, other than to say that it came as a complete surprise and that he was both humbled and surprisingly overwhelmed by the award.

# Twenty years later!



When the current first year intake registered for their degree last September they marked an important milestone: twenty years had passed since Bangor became the first doctoral-based clinical psychology training course in the UK. Professor Mark Williams, who was appointed as Course Director in 1991, oversaw the transition from the Diploma in Clinical Psychology to the new doctorate.

Robert caught up with Mark and asked him to reminisce about how he managed to get the regulations through the university at a time when a PhD was widely regarded as the only true measure of academic scholarship.

"I was very influenced by the then Head of the School of Psychology, Professor Fergus Lowe, and followed his advice to the letter. Fergus advised me to write the regulations first before seeking approval from the University and he suggested that I did so in the same style, font, layout and quaint, legalistic phrasing as the existing university regulations. This was to ensure that when asked about the new degree the members of the Council and Senate would be able to imagine what the degree would look like.

The University regulations already had three postgraduate degree options. There was an MSc by research, an MSc by course work, and a PhD by research. My main argument was that the professional doctorate was the missing fourth quadrant in the University regulations. Therefore, before approaching the University at all, I had written the fine detail of the regulations in terms of entry requirements, waivers on the basis of existing training, and the detail of the assignments that would need to be completed.

It was essential to make a clear distinction between the requirements of the existing MSc regulations and those of the proposed new doctorate. Whereas it was possible to obtain a Masters degree on the basis of a 10,000 word dissertation that did not require any original research, the proposal for the new doctorate was for a very substantial piece of scholarship that would be comparable with the 80,000 word requirements for the existing PhD thesis. This would be achieved by the trainees submitting four small-scale research projects, five reports of clinical activity, and an original research dissertation.

When I showed the draft regulations to Fergus he liked them but suggested removing the phrase 'dissertation' and replacing it with the word

'thesis' as this word always carried more weight than the lighter notion of a dissertation."

Fergus also made a key suggestion which was that Mark needed to introduce a sense of urgency into the proposal. There were many stages to go through as, at that time, Bangor was part of the Federal University of Wales and the proposal had to be passed both in Bangor and in Cardiff. "Don't let it go to any sub-committees, but make sure that the Senate and Council are both told that they have to make a decision there and then – tell them that they have to make a positive decision in April or lose the opportunity forever!"

The then Principal of the University in Bangor was Professor Eric Sunderland and his support was crucial. He was very keen on the idea of developing the professional doctorate and his endorsement carried a lot of weight and helped speed the proposal through the various stages. In fact the proposal was first officially presented to the Senate in Bangor in February 1992 and by April 1992 it had been agreed by the Federal University.

The only fly in the ointment was the title of the new degree: Professor Trotman-Dickenson was Vice-Chancellor of Cardiff University and Chair of the Federal University and he wanted the degree to be called "Doctorate in Professional Studies". Eric Sunderland politely pointed out that this could inevitably be abbreviated to "Prof Stud" and the phrase "Professional Stud" might not have sufficient gravitas in academic circles! He won the day and the title "Doctorate in Clinical Psychology" was accepted.

We had our first formal intake in 1993, but the waiver that Mark had introduced into the regulations allowed the 1991 Diploma students to transfer to the Doctoral Regulation and begin in 1992 as second year DClInPsy students. And so for that reason, although the 2013 intake may wish to claim the honour of being the 20th doctoral intake on the Programme, the honour of being the 20th cohort truly belongs with the current first years.

## In the last year the NWCPP team have been particularly successful in publishing research at international level. The following list includes all publications since 2012 and features a significant number of trainee-led research papers

Aguirre, E., Hoare, Z., Streater, A., Spector, A., Woods, R.T., Hoe, J. & Orrell, M. (2012). Cognitive stimulation therapy (CST) for people with dementia - who benefits most? *International Journal of Geriatric Psychiatry*, published on-line May 2012. DOI: 10.1002/gps.3823.

Aguirre, E., Woods, R. T., Spector, A., & Orrell, M. (2012). Cognitive Stimulation for dementia: a systematic review of the evidence of effectiveness from randomized controlled trials, *Ageing Research Reviews*, DOI:10.1016/j.arr.2012.07.001.

Balling, K., Jones, R.S.P., Noone, S. J., and Hastings, R. P. (2012). Identification of appropriate social interaction by adolescents with autism: Preliminary data and remediation. *International Journal of Developmental Disabilities*, 58, 1-11.

Bigham, K., Daley, D. M., Hastings, R. P., & Jones, R.S.P. (2013). Association between parent reports of ADHD behaviours and child impulsivity in children with severe intellectual disability. *Journal of Intellectual Disability Research*, 57, 191-197.

Clare L., Whitaker R., Quinn C., Jelley H., Hoare Z., Woods B, Downs M, & Wilson B. (2012). AwareCare: Development and validation of an observational measure of awareness in people with severe dementia. *Neuropsychological Rehabilitation*, 22(1):113-33.

Clare, L., Nelis, S. M., Martyr A., Roberts, J., Whitaker, C. J., Markova, I. S., Roth, I. Woods, R. T., & Morris, R. G. (2012). The influence of psychological, social and contextual factors on the expression and measurement of awareness in early-stage dementia: testing a biopsychosocial model. *International Journal of Geriatric Psychiatry*. 27, 167-177.

Clare, L., Nelis, S. M., Martyr, A., Whitaker, C. J., Markova, I. S., Roth, I., Woods, R. T., & Morris, R. G. (2012). 'She might have what I have got': The potential utility of vignettes as an indirect measure of awareness in early-stage dementia. *Ageing & Mental Health*, 16 (5), 566-575.

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Corbett, A., Stevens, J., Aarsland, D., Day, S., Moniz-Cook, E., Woods, R., Brooker, D., Ballard, C. (2012). Systematic review of services providing information and/or advice to people with dementia and/or their caregivers. *International Journal of Geriatric Psychiatry*, 27, 6, 628-636.

Crane, R. S., Kuyken, W., Williams, J. M. G., Hastings, R. P., Cooper, L., & Fennell, M. J. V. (2012). Competence in teaching mindfulness-based courses: Concepts, development, and assessment. *Mindfulness*, 3, 76-84.

Eldevik, S., Hastings, R. P., Jahr, E., & Hughes, J. C. (2012). Outcomes of behavioral intervention for children with Autism in mainstream pre-school settings. *Journal of Autism and Developmental Disorders*, 42, 210-220.

Griffith, G. M., Fletcher, R., & Hastings, R. P. (2012). A national UK census of Applied Behavior Analysis school provision for children with autism. *Research in Autism Spectrum Disorders*, 6, 798-805.

Griffith, G. M., Totsika, V., Nash, S., & Hastings, R. P. (2012). "I just don't fit anywhere": Support experiences and future support needs of individuals with Asperger syndrome in middle adulthood. *Autism*, 16, 532-546.

Griffith, G. M., Totsika, V., Nash, S., Jones, R.S.P., & Hastings, R. P. (2012). "We are all there silently coping." The hidden experiences of parents of adults with Asperger syndrome. *Journal of Intellectual and Developmental Disability*, 37, 237-247.

Grindle, C. F., Hastings, R. P., Saville, M., Hughes, J. C., Huxley, K., Kovshoff, H., Griffith, G. M., Walker-Jones, E., Devonshire, K., & Remington, B. (2012). Outcomes of a behavioral education model for children with autism in a mainstream school setting. *Behavior Modification*, 36, 298-319.

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