

SUCCESS in Psychology: Training with Lived Experience

Lived Experience Network Showcase Event
- 30th June 2016 -

Garrett Kennedy CPsychol
Programme Director - Doctorate in Counselling Psychology

Purpose of this Session

Creating a space to:

- Explore the involvement of SUCCESS volunteers in a postgraduate psychology programme.
- Present the strategy on how we have integrated service users and carers into the programme.
- Explore experiences from trainees and service users.
- Discuss ethics, boundaries, confidentiality and 'hiccup's'

What is Counselling Psychology?

A branch of professional psychology,
comprising:

- Research (quantitative & qualitative).
- Applied clinical training.
- Psychotherapy & Counselling (traditions, reflective practices).

Our Doctoral Programme

Ours is an 'Integrated' Doctorate, preparing you for membership of a professional community.

It is made up of:

- A taught doctorate.
- A research doctorate.
- A psychotherapy training doctorate (450 hours client work).

Our Philosophy & Community

- Emphasis on developing resiliency, self-care, community support.
- Develop ethical, sensitive and person sensitive therapists, with expertise in solving complex issues.
- We want to grow competent, principle-driven professional peers.
- Co-creating the learning experience.

What is a Doctorate?

A doctoral degree is the highest academic qualification that an institution can award.

- A candidate is examined on the basis of a thesis, portfolio & clinical practice or other output which must demonstrate a research question, critically evaluate the extent to which it has been addressed, and make an original contribution to knowledge.

– QAA Benchmarks
2011/2015

Our Doctoral Programme

Fully accredited by main bodies.

- BPS Accredited
- HCPC Approved
- 3 years taught & research full time



Entry Criteria

Entry to the doctoral programme normally requires:

- Good Honours degree in Psychology (or equivalent)
- BPS membership with GBC.
- Counselling skills qualification (level 3).
- 6 to 8 months experience in counselling-relevant work. (12 months PT)
- Enhanced Disclosure and Barring Service (DBS) check (previously known as CRB clearance.)

Personal requirements include:

- critical self-awareness and the ability to reflect on life experience.
- the capacity to cope with the academic and emotional demands of a doctoral programme, demonstrating independence and self-direction.

A Typical Trainee

- Comes with experience (i.e.: is not a beginner).
- Already holds a counselling qualification (L3).
- Undergo their own personal therapy. (40 hours).

A Typical Trainee

- Semester 1 - 3 days academic & skills training. (theory, practice, peer work).
- Semester 2 - 3 days clinical placement, in a supervised setting, with real clients (eg: NHS, CAMHS, Schools, mental health settings).

How We Connected

Our connection with SUCCESS began with reflections on the ‘typical experience’ of training in psychology.

Normally:

- there is no ‘client experience’ before placement starts.
- university time is spent on theory, role-play, demonstrations.
- *NHS placements expect ‘more’ from a trainee on¹¹

What We Do

Primary Activity

- To engage in a ‘role-play/real-play’ learning activity, where SUCCESS volunteers undertake the role of ‘client’ seeking help from a psychological therapist.



What We Do

Our SUCCESS strategy document.

- Guidelines for SUCCESS volunteers.
- Guidelines for Trainees
- ‘Role-play’ vs ‘Real-play’.
- Boundaries, ethics, safety & risk.
- Session protocol.
- Consent forms.



What We Do

‘Role-play’ vs ‘Real-play’

- ‘Role-play’ - means using a rehearsed case history, entirely fictional with no connection to your own life history.
- ‘Real-play’ - means using genuine material from your own life history. We do not expect or insist that you bring current issues, but you may do so if you wish. We ask that you consider using a 'story from the past' that has been resolved.

What We Do

‘Role-play’ vs ‘Real-play’

We ask for 'real-play' because:

- It is more useful for trainees to learn from genuine life experiences, and how they were dealt with. Emotional responses are genuine, meaningful and your facial expressions more consistent.
- If you 'replay' an event from many years ago, you will recall how you felt at the time and your story will have a more realistic quality rather than a detached recounting of rehearsed facts.
- There are never any actors on placement in a clinical setting, or in one's career.

What We Do

Ethics & Safety

We expect trainees to be able to offer secure helping relationships, a safe containing space in alignment with ethical principles & values.

- ‘Therapy’ is offered from a foundation in ethical principles (respect, integrity, competence, responsibility).

What We Do

Ethics: Boundaries

- We implement the same professional boundaries as in a clinical setting. (negotiated, clear, structured).
- Trainees engage as though the client were 'real' in every respect.



This means:

- Managing the 'frame' around the encounter.
- No 'corridor chat' or feedback outside of the session itself. No sharing of phone numbers.
- Discussions are kept to 'within the room'.

What We Do

Ethics: Confidentiality & Supervision

Question: How do we manage confidentiality when the trainee needs to complete assignments based on sessions?

We need to find the right balance between confidentiality and reflective learning.

What We Do

Ethics: Confidentiality & Supervision

- Supervision is essential to learning, and sometimes this means going through a session with a trainee in some detail.
- Sessions are audio-recorded, to help the trainee reflect and learn. They complete assignments based on the encounters that take place.
- Conversations are confidential to the volunteer, the trainee, *and the supervisor*.
 - * A supervisor will not know your name, but may know *pieces* of a story. Their interest is in the trainee experience, and ensuring the trainee has enough support and structure to do the best possible job.

What We Do

Question: What about the potential for risk and crisis?

What We Do

Ethics: Risk

- Undergoing any form of therapy, whether it is 'real' or 'acted' may result in the raising of emotional distress.
- From the perspective of the course team, fear of distress is a poor reason to avoid this form of training.
- Trainees will never face an 'actor' on placement or at any point in their career.

What We Do

Ethics: How is Distress Managed?

- The activity is supervised by a member of the Counselling Psychology team.
- We are all Chartered Psychologists, experienced in dealing with distress and complexity. We use standard 'containment & resolution' practices.
- Hiccups: what happens when a volunteer has a crisis?

Trainee Experiences

“The SUCCESS volunteer certainly contributed to my professional development. I believe their attitude to support health professionals in the making presents a valuable example for each one of us.



You rarely find people who genuinely want to help like like that, and I would very much like to thank them for their time. My volunteer set a beautiful example for me and I wish some day I am able to do the same for future generations of health

Trainee Experiences



“The most important thing I would like to say to my service user is thank you.

The experience of working with you was so valuable in enabling me to think more critically about how to develop a safe relationship and provide theory based interventions.

Our work together meant that I experienced success before starting my placement, and this gave me so much more confidence that I was able to do it.

Before our sessions I was trying to apply the work ethic from my previous career (a teacher) into client work. Our work together highlighted the impossibility of this, and gave me a space in which to reflect and adapt, which I believe has led to improving my practice.

Thank you for the opportunity you helped provide, it was so valuable.” -E



Trainee Experiences

“Dear M,

Thank you very much for trusting me with your story. I appeared naive and unknown in what I was doing, thank you for not holding back due to this. I felt your strong emotions and understood your feelings. I really am grateful for allow me to learn from you. My experiences with yourself were the most important and first steps into becoming a therapist. I also appreciate immensely your genuine input and allowing a trainee to hear your voice. Thank you for everything and I wish you all the very best.”



Trainee Experiences

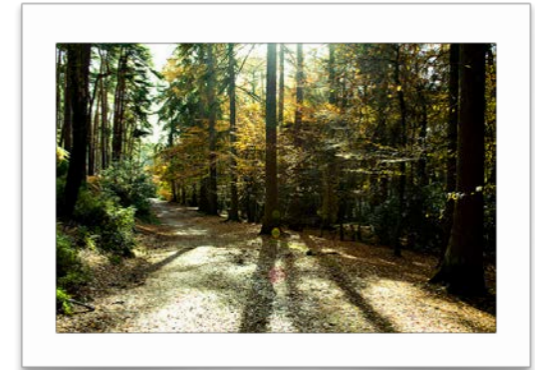


"I found working with J a very rewarding and insightful experience. I was nervous about working with my client in the University setting as this was not something I had done previously. I felt at the end of the sessions that J had found new ways of managing their difficulties, was keen to continue practising what they had learned.

I hope that the relaxation and mindfulness exercises which we had spent time on are still of use to you today J and I wish you well for the future." -R

Trainee Experiences

"I found my experience with SUCCESS service user to be a positive one; where I gained insight into aspects of therapy that I had not encountered before. I felt the relationship formed was a safe one; the transition between moving from skills practice with colleagues to service users in a real life setting was made easier by having this experience.



I was able to work on my organisation and time management during this time, which I found helpful when entering placement within a public setting.

I would like to thank my service user for their courage and fostering the development of a better

What Works

Real-play

- a real scenario, even if it is a small one, is more valuable than a fictional one.
- stories (not necessarily the painful kind).

Authentic connections

- willingness to make use of the trainee's skills.
- risking another person knowing about your life history.
- avoid this: "I'm just here to help you out, I don't have any problems really..."

A Final Thought

Even the most fragile person is quite strong. They spend each day holding their pain, and are often skilled at containing it. None of us wants to be an actor in our own lives. We might awaken pain by exploring emotional wounds, but we are not passive observers of catastrophe. We are likely to provoke growth and healing by tending to wounds carefully than avoiding them entirely.

Thank you for
listening.

