



## WINTER 2021 LONDON PPN NEWSLETTER

### PPN conference week

Thank you to all those who attended the second PPN Virtual Conference: we had over 3000 people register for conference.

There were some really interesting sessions on key themes including Expert by Experience feedback, leadership and influence, diversity, clinical outcomes and how the new roles related to the expansion agenda will relate to a career framework for the psychological professions.

Here is a link should you have missed any of the session during the week:  
[PPN 2021](#)



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## Regional News: NEW ROLES

The **Clinical Associate in Psychology (CAPs) role** has great potential to support workforce development in the Psychological Professions. London is growing its CAPS workforce and we dedicate this newsletter to learning more about this new role.

CAPs initially developed in Scotland where the role is specific either to adults with common mental health problems (similar to IAPT) or children and families.



### Point of view

**Rebecca O'Leary – Clinical Associate Psychologist in Training**  
SLAM – Lambeth Community Services

*Excerpts from a webinar about Clinical Associate Psychologists*

#### Where do you work?

I work in the Lambeth secondary care psychology and psychotherapy pathway. I work with the North Lambeth short term and focus support teams. I attend their meetings several times a week to bring a psychological perspective to cases. I am responsible for screening all referrals to psychology in North Lambeth and help to decide what would be the most beneficial option for people. We have a stepped care process. At tier 1 there are groups and low intensity 1:1 work. The model goes up to complex CBT, complex trauma and IPTT pathways where people have access to qualified clinical psychologists and psychotherapists. It's varied work and there is never a dull day!

#### What's your team like?

I work with a multi-disciplinary team. We have Psychiatrists, a Team Lead, Social Workers, Occupational Therapists, Mental Health Nurses and Support Workers. They didn't have much psychology input so when I started people didn't really know what I did. Now I am a part of the team and enjoy doing weekly training and I doing reviews with them and clinical work with their clients.

#### Why did you apply to become a CAP?

I had spent a long time trying to get onto the clinical psychology doctorate and was feeling frustrated and lost. A psychology undergraduate degree doesn't earn you a professional qualification. No matter how much experience I was getting, there wasn't a pathway apart from the doctorate. Then the CAPS course at UCL came along. It was an apprenticeship, a masters and accredited and it gave me options that didn't exist before.

### **How does it feel to take on a role that is at the forefront of big changes that are happening in the NHS?**

I found it exciting. You are helping to design the role as you go. The secondary care psychology pathway was set up 2 weeks before I started so everything was being developed and changing week by week. Ten months on, everything is up and running now, everyone knows who we are and what we do so the next CAPS trainees will have a different experience. It's the first time UCL have run the course and they are really good at regularly reviewing us and constantly asking us for feedback. I have a university tutor who regularly meets with me and my clinical supervisor every 3 months to review things and the tutors are always around for a chat. We have smaller seminar groups of 10 of us from different Trusts and we meet every week to reflect on what we have learned that week. We have reflective practice together every 4 weeks. At work, we have weekly individual supervision and weekly group supervision – I feel incredibly well supported.

### **What is the course at UCL like?**

The course has been really great and I have really enjoyed it. I always wanted to do a masters but couldn't afford it. It's been remote and we are going back to campus next week. It's great to have so many Trusts involved – we're a cohort of 40. It really gives you a great grounding in terms of skills. I feel like I've developed so much and you get such great opportunities. We've had DBT training, we've gained certificates in structured clinical management from the Anna Freud Centre. The training opportunities have been incredible. You get taught by experts at what they do. At UCL we have weekly seminars in smaller groups. It has been hard to make connections with CAPS from other Trusts during COVID because of it being remote. I know my fellow SLAM CAPS very well. Hopefully being on campus will change things. We have a WhatsApp group and we do our best to support each other.

### **What's the clinical work like?**

Very varied. I have 3 individual clients and I run 2 groups as well. I am using CBT, DBT, ACT so a mixture of work. You build a sound knowledge of a variety of therapies quickly and gain confidence about using them. It was easy to find clients to work with in our roles of screening the psychology referrals. Or the team would refer people to me from the meetings. It can be a stressful week during university deadlines and but it's okay if you do things gradually. You can plan your work ahead of time because the university tells you when your deadlines are. It's fantastic.

### **What's your plan for after training?**

My plan is to work as a CAP and go onto training as a DBT therapist. You try so many different things in this role – you get to figure out where you see yourself in this field and what you want to do with your career. For me, it has given me a chance to work closely with the DBT service and it has affirmed me in this path. Doing the CAP role gives me an option I didn't have before, so I am able to train in DBT.



**An interview with Samiya Daud Clinical Associate Psychologist in training, CNWL & UCL**

**What's it like to be a CAP in the setting you're working in?**

I work in an Adult Community Mental Health Team and also supporting the Memory Service. It's really good because I feel integrated within the team, particularly now that I know what a CAP does now – being the first cohort, it has been difficult to get that understanding! It's nice to have great support from supervision by other colleagues, as well as reflective group practice at work; there is always some form of outlet to discuss the challenges I am faced with.

**What activities do you undertake as a CAP?**

I do one-to-one interventions and assessments for the psychology team. I also do triage assessments for the whole team, so I work across three community mental health hubs, and I feed these back to my supervisor to understand what the next steps are. I co-facilitate groups, undertake audits – to see what service improvements can be made – and for the Memory Service I do MCI reviews. So quite a lot of things!

**Can you give us an example of some service-user feedback on your role?**

I recently undertook structured clinical management. We were going through the module of problem-solving and we had already gone through identifying a specific problem and generating solutions for it. It was very collaborative and interactive and once the session ended, I remember the client telling me she really enjoyed the session because of the collaboration, rather than her previous experiences where she felt she had been blamed and therefore unable to solve the situation. I thought this was good feedback.

**What have you really liked about the role?**

I have enjoyed reflective practice. I really enjoy face-to-face interaction with the clients – as I've really developed as a clinician myself. To be able to reflect in a wider group of peers at UCL helps me to understand that there are different ways of finding a solution; and there might not be a solution - so I'm learning to appreciate that too.

**What would you advise someone thinking about applying for the CAP role?**

I would advise them to be their genuine selves, to bring that to their application. As for the role itself, I know that we are trying to diversify the field of psychology so really stay in touch with the social GRRACCEESS and understand what the barriers could be and what you can align with as an individual.

**An interview with Dr Angela Husband  
Deputy Lead Secondary Care Psychological  
Services / Clinical Psychologist (East London)  
and Associate Lecturer (UCL)**



**What is it like to be a supervisor of a CAP in the setting you are working in?**

I work in a primary care network that we have been developing as part of the Community Mental Health transformation and it's been fabulous to work alongside CAPs. We're really passionate about offering a service to people who often fall through the gaps who don't fit neatly within our psychotherapy structures and the CAPs have really come with an enthusiasm to work with these groups that do traditionally struggle to access our services. Their value-base has been great for the work. It's been wonderful to watch their skills and competencies grow over time alongside the service provision. They have formed great relationships with our teams and various stakeholders more generally. They are patient-centred in their approach and really understand some of the challenges, having great links to the local areas, particularly with regard to barriers to access. It's been great to see their willingness to engage with the role and develop something that is quite new and unique.

**What activities do you undertake as a CAP supervisor?**

A key thing for us in our service has been setting up structures for the CAP interventions. Offering supervision, supporting them to get to know the local services and link with other team members, as well as providing group supervision, supporting them to manage their caseload and referral processes so that their caseload matches their level of competencies and skillset. We've also been developing group interventions and helping them to develop their own materials around that. It's been a really varied and interesting role as a supervisor and to see them develop their skills and grow into the role.

**Can you give us an example of some service-user feedback on the work?**

What's been so remarkable for me is not so much the individual service-user feedback we've received (which has been really positive) but rather seeing the outcomes with this type of intervention. In my role I've had the overview of a number of CAPs and their work. What we've seen is that service-users who wouldn't traditionally engage that well with our services – people from different backgrounds, those with needs that are often quite complex – that the CAPs managed to engage those people quite successfully in terms of the outcomes and link them into the service in a very meaningful way and patient-centred approach, so it's really added value to the services we're working in. It's also been great to see them work directly with people in terms of some of the group work. They've really been very accessible and approachable and the level of engagement I've seen with them has been fabulous. I'm looking forward to seeing this develop further.



## HEE Funding update

We have been really pleased to welcome **Leo Murtagh** to the PPN Team. Leo has supported the funding awards within the region in three areas:

### **Paid opportunities for Aspiring Clinical Psychologists**

Successful bids from across the region not only preferentially focused on those from disadvantaged backgrounds, but also exceeded expectations by providing active support within the placements to address barriers to progression. Of particular note were schemes which supported co-produced design with candidates and group forums for ongoing feedback and development.

This year there was a decision taken to support a new service seeking to introduce the Aspiring role. On this occasion Southwark Children's Social Care were awarded two placements, and East London FT were offered 7 placements. South London & Maudsley NHS FT, South West London & St. George's NHS Mental Health Trust, Central & North West London NHS FT and West London NHS Trust had the remaining 8 placements.

### **Family and Systemic Psychotherapy**

The London mental health Trusts had suitable candidates for the family therapy courses this year. A total of 8 funded places were distributed across provider. Some services may supplement HEE's funding.

### **Coaching and Leadership Mentoring**

As a region London has been allocated 30 leadership coaching and mentoring opportunities for Black, Asian and Minority Ethnic psychological professionals. The Royal Marsden joined this cohort this year with a funded place. The value of this scheme was highlighted at the PPN annual conference with the support of mentees Leila Lawton (SLAM) and Sabreena Hussain (West London).

## UPCOMING EVENTS: London PPN turns ONE!

Please join in and help us to celebrate on **14-1-21** with a morning of updates from across the region, including sessions on staff health and well-being, trauma informed care and young people's mental health. The link to the session will be shared widely with Trust leads, and all London PPN members.

