

UK Clinical Psychology: the promised land and the pitfalls

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feel free to e-mail with any questions

Plan

The Promised Land:	The Pitfalls:
An overview of UK Clinical Psychology (CP) today	The Future Research tensions
How to get onto training	IAPT

Background

Clinical psychologist
(assistant psych: 2001
started training: 2002
fully qualified: 2005)

Senior lecturer at
Canterbury Christ
Church University
(since 2012)



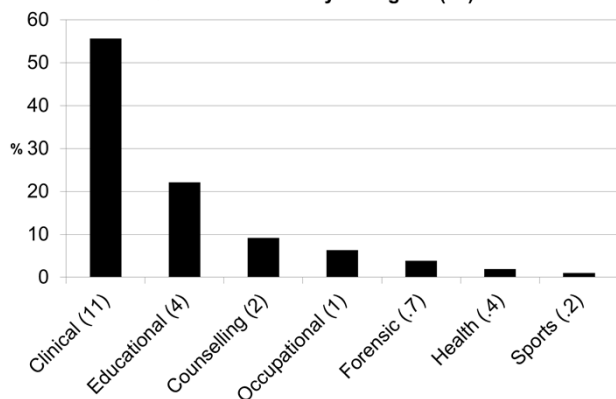
UK Practitioner Psychologists

HCPC governed since 2009 (previously BPS)

Protected titles (* modalities):

- Clinical psychologist *
- Counselling psychologist *
- Educational psychologist *
- Forensic psychologist *
- Health psychologist *
- Occupational psychologist *
- Practitioner psychologist
- Registered psychologist
- Sport and exercise psychologist *

UK Practitioner Psychologists (19)



CP

“Clinical psychologists aim to reduce psychological distress and to enhance and promote psychological well-being by the systematic application of knowledge derived from psychological theory and research”

(British Psychological Society - BPS, 2008)

Faculties with the DCP

Addictions
 Children, Young People and their Families
 Clinical Health Psychology
 Eating Disorders
 Forensic
 Holistic
 Intellectual Disabilities
 Oncology and Palliative Care
 Perinatal Psychology
 Psychosis & Complex Mental Health
 Older People
 Sexual Health and HIV

Faculties with the DCP

CYPF

Paediatric, Looked after children, learning disabilities, Forensic

CHP

Cardiac, Diabetes, Obesity, Pain, Renal, Respiratory

PCMH

Rehabilitation & Recovery, Family Interventions, CMHT, Social Inclusion, Assertive Outreach, Early Intervention, Acute and Crisis Network

How to get onto training

How to get onto training

2:1 or 1st class Psychology degree
 Graduate Basis for Chartership (BPS GBC)

& Relevant experience

Clinical: assistant psychologist, health worker.
 Academic: Masters, PhD

& 3 year Professional Doctorate in Clinical Psychology (DClinPsy) on one of 30 courses

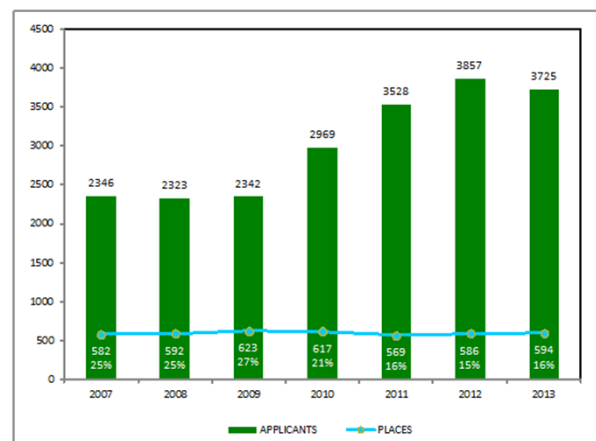
Note two bottle necks

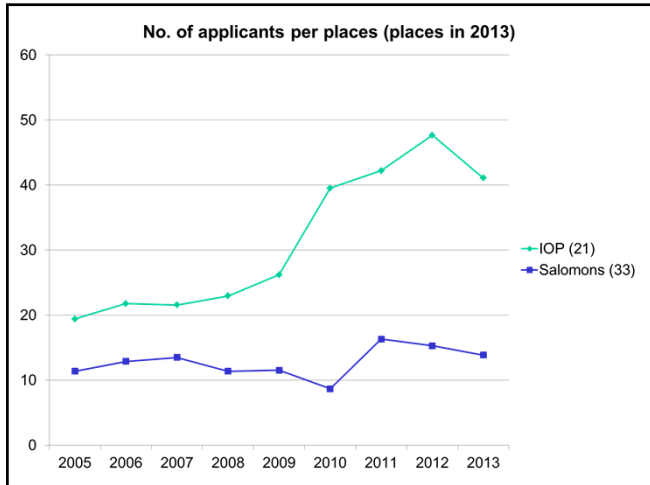
How to get onto training

Clearing House for Postgraduate Courses in Clinical Psychology
<http://www.leeds.ac.uk/chpccp/>

Success rate: 2013=16%, 2012=15%
 3,725 applicants for 594 places
 1 in 6.27 applicants got a place on a course

Do not be put off





How to get onto training

Potential pitfalls:

- Thinking academic qualifications hold the key
- Having clinical experience in only one job / area
- Poor performance in the reflective interview
- Poor writing skills on your personal statement

Secret weapon:

Time

Plan

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The Future

What does the future hold for CP?

Government policy demands that the NHS:

- shows value for money
- reduces costs
- more competition for clients
- CPs dealing with more complex problems
- lower wages for longer
- less automatic career progression
- quicker / cheaper routes to qualification

(Wright, 2010)

CP

"Clinical psychologists aim to reduce psychological distress and to enhance and promote psychological well-being by the systematic application of knowledge derived from psychological theory and research"

(British Psychological Society - BPS, 2008)

CP

"Psychotherapy is an unidentified technique applied to unspecified problems with unpredictable outcomes for which long and rigorous training is required"

(Raimy, 1950, p.93)

Research tensions

Development of clinical psychology

USA: Boulder, 1949: Scientist-practitioner model
Train as scientist 1st, then practitioner (PhD)

USA: Vail, Colorado 1973: Creation of Psy. D.
More practice, less science

UK: claims to be scientist-practitioners

Research tensions

Research activity in US clinical psychology

US research: Levy (1962)

Checked all US clinical psychologists who
qualified in 1953-1954 against publications in
Psychological Abstracts from 1948-1960

N=781, publications=2,922

M=3.7, Md=1.6

29% 0 pubs, 19% only 1 pub

10% of subjects accounted for 45% of pubs

Research tensions

Research activity in UK clinical psychology
"Modal number of publications zero"

Trainees: only one out of four trainees publish
their thesis (Cooper & Turpin, 2007)

The people training the trainees:
modal number of publications zero, median=3
(Newnam & McKenzie, 2011)

Research tensions

Process (not just outcome)

- Not just does it work, but how does it work?
- How does the theory say it should work?
- What evidence is there that it works this way?
- Is there any evidence that this isn't the case?

"whatever may be the basis of change with CT,
changes in cognitions, as originally proposed,
are not necessary conditions for therapeutic
change"

Kazdin*, 2009 p.420. (*APA President 2008)

IAPT

Improving access to psychological therapies

The basic idea: increase psychology provision

First suggested in 2005 by Layard:
"There are now more mentally ill people
drawing incapacity benefits than there are
unemployed people on Jobseeker's Allowance"

Mental Health: Britain's Biggest Social Problem
(<http://www.iapt.nhs.uk/>)

IAPT

Provide a **choice** of evidence-based therapy

Within waiting time **targets**

With **rapid** referral to consultant-led specialist
services if first line treatment fails

Improve self-help facilities

Facilitate a rapid **return to work**

And **reduce stigma** in society

IAPT

Low intensity: mild to moderate

Assess. Provide guided self help – e.g. books
Psychological Wellbeing Practitioners (PWP)
One-year training
Accredited through the BABCP/ BPS
No psych or degree background needed

High intensity: moderate to severe

HITs: clinical psychologists, CBT therapists,
counsellors, nurses, occupational therapists...

IAPT

2006 / 2007: Launch

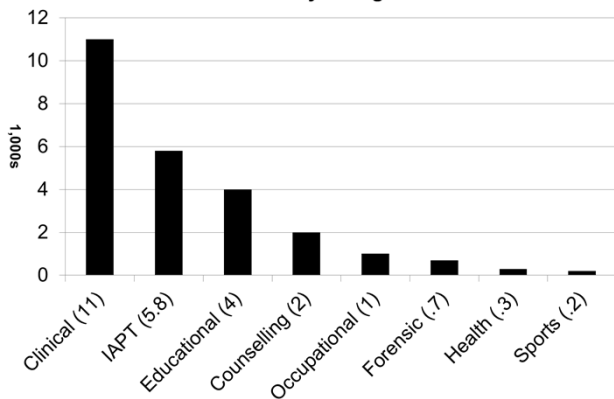
- pilot sites in Doncaster and Newham
- only anxiety and depression, only adults

2011: nationwide

- children and young adults
- long term physical conditions
- medically unexplained symptoms
- severe mental illness

2012 – IAPT workforce approx. 5,800

UK Practitioner Psychologists & IAPT



IAPT – is it working?

Time-series analysis of antidepressant prescribing rates of all 151 PCTs in England from 2008-11 (Sreeharan et al. 2013)

General pattern:

Prescribing rates increased by 10% during the study (ratio = 1.10, 95% CI = 1.09 to 1.10)

IAPT PCTs:

IAPT v no IAPT. No significant effect (ratio = 0.99, 95% CI = 0.99 to 1.00)

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