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GOOD PRACTICE GUIDELINES

Training and consolidation of clinical practice in relation to adults with intellectual disabilities

For UK Clinical Psychology Training Providers

Division of Clinical Psychology
Faculty for People with Intellectual Disabilities

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PURPOSE AND STATUS OF THIS DOCUMENT

This document has been prepared by a working group on behalf of the British Psychological Society's Division of Clinical Psychology (DCP) Faculty for People with Intellectual Disabilities (FpID). Its key purpose is to guide members of the profession and training providers in ensuring that trainee clinical psychologists, upon qualifying, are able to meet the psychological needs of individuals with intellectual disabilities and their support networks in whatever context or setting they work in. This guidance was originally published in 2005 and was revised in 2012 (BPS, 2012) to reflect changes in health and social care.

This revision is based on the original guidance and is updated with key national policy changes. Hence, the guidance sets out the knowledge and experience that clinical psychologists should acquire over their training that will enable them to provide person centred, effective and safe clinical interventions for adults with intellectual disabilities and their supporting networks.

The Faculty believes that it is the responsibility of each training course in conjunction with regional faculty groups, local clinical psychologists and supervisors to work jointly toward achieving these aims. This guidance is in line with current *Accreditation Guidance for Clinical Psychology Programmes* (BPS, 2019) which highlights the following:

- In meeting the requirements of a professional training in clinical psychology, programmes should be sufficiently flexible in content and structure to adapt readily to current and future needs and to the emergence of new knowledge in clinical psychology and related fields. They should also play a major part in the identification of such needs and the development of innovative practices. Programmes should refer to the standards and guidelines, which are identified and revised from time to time by the faculties of the Division of Clinical Psychology, for guidance in relation to the knowledge and skills required to work with specific populations and groups (p.6).
- National standards as set out by the faculties of the Division of Clinical Psychology should guide training patterns for each cohort of trainees and programmes should consult with these and other local stakeholders to ensure that across the trainee cohort there is optimum, effective and efficient use of all available placements (Section 2.1.4.6).
- The content of curricula should reflect relevant and up to date psychological knowledge and skills, ensuring that contemporary psychological practice and research is promoted. Programmes should be able to demonstrate how the syllabus has been informed by general and specific guidance such as DCP policy (including faculty good practice guidelines) (Section 2.2.5.1).
- The national standards as set out by the faculties of the Division of Clinical Psychology should provide reference information for supervised practice commensurate with competence in a given area of work. Based on this reference information programmes will develop, in consultation with local psychologists, their own guidelines on required experience, recommending an appropriate amount of clinical work. The degree to which programmes privilege particular faculty guidance is one way in which they might develop specific strengths and the emergence of a unique identity (Section 2.4.1.6).
- An adequate balance of time must be allocated across services and client groups, and optimum use made of available placements, so that the required range of experience across the lifespan may be gained (Section 2.4.1.6.).

1. INTRODUCTION

In August 2018, NHS England announced that 'learning disabilities (LD)[1] and autism' will be one of four clinical priorities in its 10 year plan. A recent NHS commissioned report by the Institute for Health Equity concludes that there is a need for more action to tackle the social determinants of health (Rickard & Donkin, 2018). Professor Sir Michael Marmot notes that people with LD are more likely than the general population to experience 'some of the worst of what society has to offer', including low incomes, unemployment, poor housing, social isolation and loneliness, bullying and abuse. Health inequalities are also highlighted for people with Learning Disabilities in Scotland and Wales (NHS Scotland, 2017).

Since the last edition of this guidance in 2012, there has been a great deal of guidance and policy published under the Transforming Care Agenda (Department of Health, 2012) in response to the abuse scandal that occurred at Winterbourne View Hospital. Tragically people with LD continue to be the subject of national scandals in relation to their care and treatment, as was discovered at Whorlton Hall (BBC, 2019) and Muckamore Abbey (Department of Health Northern Ireland, 2020).

The findings in relation to Connor Sparrowhawk (Verita, 2015) and other deaths, have highlighted that when people with LD are not considered carefully, they tend to be at risk of neglect or maltreatment from the services that are supposed to keep them safe and well. The confidential inquiry into the premature deaths of people with LD (CIPOLD, 2013) highlighted that the quality and effectiveness of health and social care for people with LD has been shown to be deficient in a number of ways and made recommendations to reduce preventable deaths and reduce health inequality. This has been especially pertinent given the coronavirus pandemic and the disproportionate impact that this has had on people with learning disabilities (NHSE, 2020; BBC 2020, Mencap 2020).

People with ID continue to experience a higher rate of mental health conditions, recently estimated at 25% of the population, compared to 17.2% of people with average intellectual ability, and 13.4% of people with above average intellectual ability (McManus et al., 2016). There is a clear commitment in Scotland to increase access to psychological therapies, detailed in Scotland's LD strategy (2013), and supported by the NHS Education Scotland (NES) Educational Framework (2017) which aims to upskill the existing multi-professional workforce with clear roles for Clinical Psychologists working with adults with learning disabilities. These documents emphasise the need for a continued focus for robust training on psychological interventions for individuals with intellectual disabilities experiencing mental health and or behavioural difficulties. A similar commitment is outlined in Wales (Mental Health Wales Measure, 2010; Public Health Wales, 2017).

A consensus is arising within the field that there are some features of psychological work in LD services that are now essential practice. Chief among these is positive behaviour support (PBS), which was the subject of a special edition of *Clinical Psychology Forum* in February 2017 (BPS, 2017a) and the more recent position statement (BPS, 2018). The Faculty believes that all trainee clinical psychologists should develop competency in PBS so that they may take a leading role in ensuring its implementation across the board (Skelly et al., 2019). This view was given a clear policy base in *A Positive and Proactive Workforce* (Skills for Health and Skills for Care, 2014). It is incumbent on the NHS to reduce restrictive practices; for example, the 'Stopping over medication of people with LD' agenda (STOMP, NHSE, 2016). Where possible individuals should have access to PBS in order

[1] For the purposes of this document the terms intellectual disability and learning disability are used interchangeably.

to achieve this (Department of Health, 2014). The Scottish Government report *Coming Home: A report on out-of-area placement and delayed discharge for people with learning disabilities and complex needs* (2018), also promotes PBS as best practice. This Faculty takes the position that this requires competency in PBS and that clinical psychologists are potentially well placed, if not uniquely placed in terms of knowledge and skills to deliver PBS, and so reduce these restrictive practices (PBS Academy, 2015).

People with ID are at higher risk of adverse childhood experiences (ACEs) and other forms of adverse experience in adulthood (Spencer et al., 2005) with concomitant attachment difficulties (BPS, 2017b). According to a large scale prospective study in the UK by Spencer et al. (2005), children with LD are 5.3 times more likely to be neglected than other children, 2.9 times more likely to be emotionally abused, 3.4 times more likely to be physically abused, and 6.3 times more likely to be sexually abused. It is also likely that abuse and neglect is often unreported (Sullivan & Knutson, 2000). Adult women with LD may be at more than double the risk of sexual assault in the previous 12 months (Martin et al., 2006). Women with LD who are married or have a common law partner are at heightened risk of unwanted sexual activity and violence (Brownbridge, 2006). NHS Education Scotland and the Scottish Government have committed to developing a trauma informed workforce at a national level across organisations. This Faculty supports the recent emphasis on trauma-informed care within psychological care services (Skelly et al., 2019) and has recently developed a clinical practice guideline for clinical psychologists within LD services to consider the features of attachment theory that can be applied within the provision of care (BPS, 2017b).

There is a need to ensure that clinical psychologists in all specialties and settings are equipped to work with individuals with learning disabilities. They should know when to make a referral to a specialist learning disability service and how to make and help others to make reasonable adjustments in line with the Disability Discrimination Act (1995) and the Equality Act (2010). Overall, these guidelines aim to outline the minimum training requirements for doctoral programmes so that clinical psychologists in training acquire the skills, experience and competencies to achieve this.

2. BPS ACCREDITATION GUIDANCE FOR CLINICAL PSYCHOLOGY TRAINING PROGRAMMES

Accredited doctoral programmes in clinical psychology require approval by the Health and Care Professions Council (HCPC). The HCPC's role is to assure threshold levels of quality, by ensuring that graduates of approved programmes meet the Standards of Proficiency. The BPS accreditation guidance (BPS, 2019) sets out required learning outcomes in line with the HCPC and is designed to work beyond those quality thresholds by promoting quality enhancement.

It is this Faculty's view that learning disability services typically offer a working context that is suited to enable trainees to develop the following learning outcomes specified in the accreditation criteria. These are outlined in Appendix 1. It is the Faculty's view that the learning outcomes marked * are most likely to be met or can only be met in the context of specialist ID services.

3. REQUIRED COMPETENCIES, EXPERIENCES AND SERVICE SETTINGS

The Faculty has updated a list of competencies to assist training providers to ensure that trainees have acquired the learning outcomes specified in the accreditation guidance. Upon qualifying, trainees must have at least a basic competence in meeting the needs of people with LD in either mainstream or specialist services.

	DOMAIN	SUPPORTING POLICIES AND GUIDANCE
3.1*	Understanding of the history and current context of services for people with learning disabilities including historical constructions of 'learning disability', the marginalisation and stigmatisation of people with LD, institutionalisation, normalisation; the social model of disability and the continued failure to safeguard adults with LD against abuse by those in whose care they have been placed.	(DoH 2009, 2012)
3.2*	Ability to screen for and diagnose learning disability and understand the implications of such. Understanding of the heterogeneity of people classified as having LD and understanding of classification and epidemiological issues.	(BPS, 2015a)
3.3	Understanding of current policies and means of service delivery including access to inclusive education, person centred planning, and personalised care as it applies to this client group.	DoH, (2009, 2012) Scottish Government (2013) Learning Disability Professional Senate (2015, revised 2019)
3.4	Ability to work with people at high risk of social exclusion. Awareness of the impact of difference and diversity as they may affect both service uptake and engagement with services including psychological work. This includes an awareness of the risks of multiple and interacting sources of discrimination (e.g. race, culture, ethnicity, religion, sexuality).	
3.5*	Understanding of the biopsychosocial model as it applies to this speciality, including an understanding of possible causes of LD, the interaction of biology and behaviour (including behavioural phenotypes), autistic spectrum disorders, the possible physical and mental health problems and disabilities co-occurring alongside LD (sensory impairments, dementia).	NICE (2012) NICE (2015) NICE (2016) SIGN (2016) BPS (2015b)

	DOMAIN	SUPPORTING POLICIES AND GUIDANCE
3.6*	Understanding the impact of having an LD across the lifespan which may include psychosocial sequelae at various times including but not limited to diagnosis and intervention during the childhood years, transition during late teenage and early adult years, adulthood and older age.	
3.7*	Understanding of the different contexts which people with learning disabilities may be a part (i.e. the family, special and mainstream education and school or colleges; day centres; vocational and employment opportunities, supported living schemes and residential care; and specialist care settings such as inpatient, mental health and forensic settings).	NHSE (2015a)
3.8*	Ability to communicate, both face to face and in written/ pictorial form with people from across the whole spectrum of communication abilities, including individuals who are nonverbal, together with an awareness of communication uses and mediums to facilitate accessible communication.	
3.9	Understanding of power differences between professionals and people who are marginalised or disempowered due to cognitive or communication deficits and how to address these in practice.	
3.10*	Ability to adapt psychological assessments and interventions to the cognitive, communications, sensory, social and physical needs of people with learning disabilities and their networks. Ability to provide consultation about adaptations to mainstream services to support inclusion.	Beail (2016)
3.11*	Ability to understand and respond to behaviour that challenges in order to support people locally and reduce the likelihood of out of area placements. Demonstrating competency in PBS including values, theory and process of the approach. Including carrying out a detailed functional assessment/analysis of behaviour and translating the results into guidance. Ability to work with networks to implement this guidance and recognise barriers to implementation.	DoH (2012) NICE (2015) PBS Academy (2015)

	DOMAIN	SUPPORTING POLICIES AND GUIDANCE
3.12	Understanding the need to reduce restrictive practices (including medication). Ability to use psychological theory and formulation (for example PBS) to aid risk assessment and risk management to inform multi-agency care planning when necessary.	BPS (2018) DoH (2007, 2014) NHSE (2016) PBS Academy (2015)
3.13	Ability to develop multi-faceted formulations (drawing on relevant psychological theory and evidence) and design interventions which take into account individual, systemic organisational and wider socio-political factors.	BPS (2011) Johnstone & Boyle (2018)
3.14	Ability to work with and provide leadership to a range of disciplines and agencies including health, social services, education, the voluntary and private sectors.	BPS (2010)
3.15	Understanding of the potential vulnerability of adults from marginalised groups, knowledge of safeguarding policies and procedures, and the ability to recognise signs of possible abuse.	MCA (2005) NHSE (2015b) BPS (2017b) Care Act (2014) ASP Act (2007)
3.16	Understanding capacity and consent issues, ability to obtain informed consent and to contribute to multidisciplinary assessments relevant to capacity and take part in best interest decisions when appropriate and necessary.	BPS (2019a, 2019b)
3.17	Ability to consult diverse staff teams and adapt the communication of psychological theories and interventions to recipients' needs.	BPS (2010)
3.18	Ability to contribute to service development.	BPS (2010)
3.19	Ability to design and deliver teaching and training that is clear, effective and closely matched to learners' needs.	

4. MECHANISMS FOR ACHIEVING THESE COMPETENCIES

All clinical psychology training programmes should ensure that they provide trainees with the knowledge and skills needed to develop the competencies outlined in this document through a mixture of academic teaching and clinical placement experience.

4.1 ACADEMIC TEACHING

The Faculty believes that each academic programme must have a specialist intellectual disability (ID) component which covers knowledge and skills specific to work with people with intellectual disabilities. Ideally each programme would have a lead within the programme team or within local services to co-ordinate the ID components of the curriculum. This is in addition to maximising opportunities within the rest of the programme curriculum for integrating thinking about working with people with intellectual disabilities, alongside other client groups in relation to specific clinical and contextual issues. Examples of this could include thinking about how the Mental Capacity Act (2005) applies to different client groups, or how to adapt different psychological therapies.

Specialist and integrated cross-speciality teaching which addresses the needs of people with intellectual disabilities should be developed and reviewed in regular consultation with the regional Faculty for Intellectual Disabilities group to reflect the views and needs of services at both a local and national level. Skills-based teaching should be delivered by clinicians specialising in the area of intellectual disabilities. Where possible opportunities for teaching provided by other members of multi-disciplinary teams (e.g. occupational therapists, speech and language therapists, psychiatrists, nurses) should be included where relevant in order for trainees to better understand the roles and function of different professionals, in the context of working with people with intellectual disabilities. Training programmes should involve service users and carers directly in designing the curriculum and delivering teaching (this is covered in more detail in Section 5).

Since the last publication of this document there have been a number of new policies and guidelines which are relevant to working with people with intellectual disabilities. It is important that all training programmes ensure that academic teaching is flexible enough to be able to accommodate such changes and updates in a timely fashion.

Of particular note is the emphasis on decolonising the curriculum. The BPS has encouraged the need to think more widely than the current dominant Eurocentric academic model and to integrate diversity and inclusion wherever possible (see for example *The Psychologist*, March 2020). Within teaching on ID modules, there may be specific opportunities to do this. When teaching about eligibility to services, lecturers can convey that the creation of IQ tests was rooted in the eugenics movement and included racial stereotypes. There is also a need to consider how intellectual disability is understood within non-Western countries and the intersectionality between disability and race. Alongside these specific examples, decolonisation should not be seen as a separate topic and efforts should be made to integrate diversity throughout the whole of the teaching (Patel et al., 2020).

The Faculty recommends that each programme should cover the following areas as a minimum, either through specialist and/or integrated cross-speciality teaching. The method of teaching could take a variety of formats for example, lectures, seminar groups, self-directed study and e-learning.

- The historical context of the lives and services for people with intellectual disabilities, including the historical constructions of ‘learning disability’ and other diagnostic labels.

- The current social and political context of the lives and services for people with intellectual disabilities.
- Relevant policies and guidance that applies to people with intellectual disabilities.
- Power differences between professionals and people with intellectual disabilities and how to address these in practice and research.
- The theory and critical appraisal of the applied practice of neuropsychological and adaptive functioning assessments.
- Critical awareness of the debates around 'best practice' in establishing eligibility for intellectual disability services.
- A biopsychosocial understanding of the mental health needs of adults with intellectual disabilities including the impact of different genetic disorders, as well as social context (e.g. marginalisation and the effects of stigma throughout a lifetime).
- A lifespan approach to understanding attachment and trauma informed care.
- The physical health needs of people with intellectual disabilities and an understanding of how health inequalities impact people with intellectual disabilities (e.g. understanding of programmes such as Stopping Over-Medication of People with a Learning Disability (STOMP) and the Learning Disabilities Mortality Review (LeDeR; www.bristol.ac.uk/sps/leder).
- How to adapt assessments and interventions across a range of therapeutic approaches to the needs of people with intellectual disabilities and their carers (family and/or paid carers).
- Assessment and intervention for behaviour that challenges services, including functional assessment and positive behaviour support (PBS).
- Teaching on pica and associated health risks, including mortality (specifically requested by the BPS in response to the inquest of the death of James Frankish in 2016 as a result of eating plant materials; see Shea et al., 2019a, 2019b).
- Autism spectrum disorders, including an understanding of different psychological theories, assessment and intervention.
- A range of methods suitable for evaluating a variety of psychological work with people with intellectual disabilities.
- Capacity and consent issues (including an understanding of the Mental Capacity Act (2005) and equivalent acts in devolved nations) and the implications for clinical practice and assessed work as part of the academic requirements of the programme.
- Supporting individuals with intellectual disabilities around relationships and sexuality (BPS, 2019c).
- Supporting parents who have intellectual disabilities.
- Dementia and people with intellectual disabilities, including best practice around assessment, diagnosis and intervention.
- Offending behaviour and forensic services for people with intellectual disabilities, with and without a diagnosis of ASD.
- The role of clinical psychology when working with people with profound and multiple intellectual disabilities and other co-morbid conditions, such as sensory impairments, physical impairments and epilepsy.
- Providing consultation to mainstream services around supporting the inclusion of people with intellectual disabilities and making reasonable adjustments.

4.2 CLINICAL PLACEMENTS

The Faculty recognises that the competencies listed in Section 3 could be gained across a variety of clinical settings with a range of clients. It remains the position of the Faculty that in order for trainees to be able to integrate their knowledge, skills and clinical experiences trainees should, wherever possible, gain substantial experience within the context of a team for people with intellectual disabilities. A brief survey of the training programmes found that the majority of programmes who responded to the survey (12 of 14 programmes who responded) still offer a dedicated placement with children or adults with intellectual disabilities, in order to meet these competencies (personal communication via email with intellectual disabilities module convenors leads within training programmes, February 2018). The Faculty do however recognise that this is not always possible for all training programmes to achieve, despite their best efforts, due to geographical and service constraints. Where this is the case training programmes in conjunction with regional supervisors should jointly ensure that arrangements are in place that allow trainees to gain a thorough understanding of the context, heterogeneity and complexity of the client group in order to demonstrate that they have met the competencies that are outlined in Section 3.

During the course of training, trainees supervised experience should include, wherever possible, the following in any clinical setting that can offer the opportunities to gain the relevant competencies:

- Working with a mix of presenting issues relevant to people with intellectual disabilities, in a variety of service settings across the lifespan.
- Working with people across the spectrum of intellectual disabilities, including people with severe and profound intellectual disabilities, to those with mild intellectual disabilities who may be seen in mainstream services.
- Work related to someone whose behaviour is constructed as 'challenging' including a comprehensive functional assessment and development and implementation of a positive behaviour support plan.
- Work related to someone with an autistic spectrum disorder.
- Detailed psychological assessment, including the use of formal measures (e.g. psychometric or functional assessment) which should at least be partly completed directly with the person with an intellectual disability.
- At least one direct assessment and intervention involving a person with an intellectual disability.
- A least one dementia assessment with a person with an intellectual disability.
- At least one assessment and intervention with family or paid carers, which could include indirect work with a staff team.
- Formal evaluation of the impact of a piece of psychological work (this should be encouraged across all pieces of work undertaken in conjunction with local policy).

The Faculty recognises that some high quality, yet very specialist placements may not provide the range of experiences outlined above. It is intended that these recommendations can be used as a template to guide programme staff, supervisors and trainees, in how to acquire the relevant experience to meet the competencies outlined. The Faculty believes that this is essential to developing a skilled and confident workforce to provide services to people with intellectual disabilities. Through this, it is hoped that services and outcomes for people with intellectual disabilities will improve.

It is expected that in fulfilling the above competencies, trainees will gain substantive experience with people with intellectual disabilities across the course of their training. The precise meaning of 'substantive experience' should be judged on an individual trainee basis. It will be incumbent upon

programmes and trainees to monitor the development of these competencies across the course of training, and tailor placement needs accordingly to ensure these are met by the end of training. The competencies may be gained through work with quite a number of different clients across one or more placements, or through more in-depth work with fewer clients, supplemented by additional observation, discussion and reflection. The range and types of experience outlined above are of course not mutually exclusive, and several may be addressed through in-depth work with the same individual or care system. Appendix A also outlines the mandatory competencies as outlined by the BPS (BPS, 2019a) which are likely to be obtained in a learning disability placement.

5. GOOD PRACTICE EXAMPLES

As part of the update to this good practice guidance, we sought recent examples of innovative practice involving people with intellectual disabilities and their families in clinical psychology training. These examples can be seen in Appendix 2. It is important to note that these examples are far from exhaustive, and other programmes may also be developing similar or different ways of involving people with intellectual disabilities, and their families and supporters, in delivering clinical psychology training. The Faculty strongly advocates for clinical psychology programmes to ensure that people with lived experience of intellectual disabilities are involved in delivering training, but appreciate that as programmes will be operating in varied contexts, how this involvement takes place will likely need to be adapted to meet the needs of individual programmes. Therefore, Appendix 2 serves as some examples of different types of practices for programmes wishing to review or expand their involvement of Experts by Experience in delivering training.

Appendix 1

List of required learning outcomes (BPS, 2019a) that LD services typically offer

ASSESSMENT (SECTION 2.1.3.2 C)

Assessment procedures in which competence is demonstrated will include:

- Performance based psychometric measures (e.g. of cognition and development).
- Self and other informant reported psychometrics (e.g. of symptoms, thoughts, feelings, beliefs, behaviours).
- Systematic interviewing procedures.
- Other structured methods of assessment (e.g. observation, or gathering information from others).
- Assessment of social context and organisations.

FORMULATION (SECTION 2.1.3.3)

e. Capacity to develop a formulation collaboratively with service users, carers, teams and services and being respectful of the client or team's feedback about what is accurate and helpful.

f. Making justifiable choices about the format and complexity of the formulation that is presented or utilised as appropriate to a given situation.

g. Ensuring that formulations are expressed in accessible language, culturally sensitive, and non-discriminatory in terms of, for example, age, gender, disability and sexuality.

PSYCHOLOGICAL INTERVENTION (SECTION 2.1.3.4)

b. Understanding therapeutic techniques and processes as applied when working with a range of different individuals in distress, such as those who experience difficulties related to: anxiety, mood, adjustment to adverse circumstances or life events, eating difficulties, psychosis, misuse of substances, physical health presentations and those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations.

l. Implementing interventions and care plans through, and with, other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements.

PERSONAL AND PROFESSIONAL SKILLS AND VALUES (SECTION 2.1.3.7)

a. Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants.

b. Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimised.

c. Understanding the impact of differences, diversity and social inequalities on people's lives, and their implications for working practices.

COMMUNICATION AND TEACHING (SECTION 2.1.3.8)

a. Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (for example, to professional colleagues, and to users and their carers).

b. Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication.

c. Preparing and delivering teaching and training which takes into account the needs and goals of the participants (for example, by appropriate adaptations to methods and content).

ORGANISATIONAL AND SYSTEMIC INFLUENCE AND LEADERSHIP (SECTION 2.1.3.9)

a. Awareness of the legislative and national planning contexts for service delivery and clinical practice.

d. Indirect influence of service delivery including through consultancy, training and working effectively in multidisciplinary and cross professional teams. Bringing psychological influence to bear in the service delivery of others.

e. Understanding of leadership theories and models, and their application to service development and delivery. Demonstrating leadership qualities such as being aware of and working with interpersonal processes, proactivity, influencing the psychological mindedness of teams and organisations, contributing to and fostering collaborative working practices within teams.

SUPERVISED PRACTICE (CLINICAL EXPERIENCE AND SKILLS) (SECTION 2.1.4.2)

Service users: A fundamental principle is that trainees work with clients across the lifespan, such that they see a range of service users whose difficulties are representative of problems across all stages of development. These include:

- A wide breadth of presentations – from acute to enduring and from mild to severe.
- Problems ranging from those with mainly biological and/or neuropsychological causation to those emanating mainly from psychosocial factors.
- Problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic, physical and mental health conditions.
- Service users with significant levels of challenging behaviour.
- Service users across a range of levels of intellectual functioning over a range of ages, specifically to include experience with individuals with developmental Intellectual disability and acquired cognitive impairment.
- Service users whose disability makes it difficult for them to communicate.
- Service users from a range of backgrounds reflecting the demographic characteristics of the population. Trainees will need to understand the impact of difference and diversity on people's lives (including sexuality, disability, ethnicity, culture, faith, cohort differences of age, socio-economic status) and their implications for working practices.

MODELS AND TYPE OF WORK (SECTION 2.1.4.4)

Trainees should:

- Undertake assessment, formulation and intervention both directly and indirectly (e.g. through staff, carers and consulting with other professionals delivering care and intervention); work within multidisciplinary teams and specialist service systems, including some observation or other experience of change and planning in service systems.

Trainees' work will need to be informed by a substantial appreciation of the legislative and organisational contexts within which clinical practice is undertaken.

Appendix 2

Examples of innovative practice from DClinPsy Training Programmes

LANCASTER UNIVERSITY

MEANINGFUL INVOLVEMENT OF PEOPLE WITH ID AND AUTISM IN THE LANCASTER DCLINPSY SELECTIONS PROCESS

Public participation in all aspects of programme activity is a core value for the Lancaster DClinPsy Programme. Involvement has to be meaningful and also appropriate for the ability level of the individual. At Lancaster we have developed two key areas to enable people with ID and autism to take part in our selections process which are outlined below.

MEET AND GREET HOSTS

Volunteers with ID and autism work alongside first year trainees to welcome candidates as they arrive and show them to the candidate base room. Hosts chat with candidates while they are waiting for their interviews, take a photo of each candidate and help prepare a folder for each candidate. Hosts undertake training which involves role playing the different tasks and also have easy read prompt sheets to remind them on selections days. Hosts are also asked to confidentially share impressions of the candidates with members of the programme team, including standard of interpersonal interaction. Giving feedback is covered with the hosts in their training and who to speak to if they feel upset or unhappy with any aspect of the process.

TOWER TASK (TT) PANEL MEMBER

This role has been introduced more recently and involves people with ID and autism being active participants in the interview panels. TT panel members join the interview panels for part of the interview and undertake a task directly with a candidate in front of the panel. They give feedback on the experience which is incorporated as evidence of candidate ability. The task allows insight into how candidates use their authority, interpersonal skills, ability to adapt communication and skills of engagement and enablement.

TT panel members are asked to attend a training session prior to the selections day. This includes consideration of what a clinical psychologist is and what makes a 'good' clinical psychologist; what the 'tower task' is and how to do it; how to enable candidates to show their skills (i.e. not jumping in and showing candidates how to build a tower); how to give feedback and what to do if a candidate is not very nice.

We have a dedicated paid co-ordinator on the selections days who is the 'go to' person for hosts and TT panel members. This has worked well and takes the pressure off programme staff who are occupied with other roles on selections days.

All volunteers are paid travel expenses and have refreshments/lunch on the selections days. Feedback from hosts and TT panel members about taking part has always been positive. Typically comments have included feeling valued, being taken seriously, feeling listened to, being a part of the team and that it has increased confidence in being able to speak to/be with people. From a programme perspective we value our hosts and TT panel members as being part of the selections team and the opportunity for ourselves, our trainees and colleagues from around the north west to work alongside people with ID and autism as peers. It is particularly great to observe the relationships between everyone involved grow year on year with acquaintances being renewed.

Dr Emma Munks
Senior Clinical Tutor
www.lancaster.ac.uk/health-and-medicine/dhr/dclinpsy
Bath DClinPsy Meaningful Involvement of People with ID in teaching

UNIVERSITY OF BATH

CHILDREN AND YOUNG PEOPLE WITH ID: CO-TAUGHT WORKSHOP

During the second year of training there is a half-day session provided for trainees which is co-facilitated by a group of young people with intellectual disabilities. The young people present information about themselves and ideas about what they feel makes a good therapist. There is then an opportunity for small group work for the young people and trainees to get to know each other, followed by a large group reflection on the session. The young people stay for a shared lunch with the trainees, and are also offered a tour of the university campus. The session was included in the 2018 Bristol Experts by Experience and Faculty for People with Intellectual Disability Conference looking at young people with ID working in partnership with clinical psychologists. Quotes from trainees are given below:

'It was just helpful to just spend time getting to know them with no pressure to do therapy, but get to know them and get some experience around a range of therapy.'

'It was great hearing what young people wanted from workers, to have a chance to engage with young people without pressures of "therapy" or an "agenda".'

'It was fantastic to have service users involved in this session, was great to be able to spend time with them and also see how staff who knew them well communicate with them.'

'I really valued the knowledge and honesty of the young people.'

'Meeting the children was a lovely opportunity to interact – I was able to pick up a few ideas about communication difficulties, breaking the ice, etc. within this short space of time…'

'Having the children join us and share their experiences was definitely the highlight, and I learnt so much from them.'

'The young people did a great job, and were really impressive and brave talking to us.'

'I really enjoyed this lecture and it made me think about a possible elective within child LD which I hadn't considered before. I found the involvement of children with a learning disability was really helpful and really enjoyable.'

HISTORY OF INTELLECTUAL DISABILITIES: CO-TAUGHT SESSION

The second year trainees at Bath also have a half-day session looking at the historical context of the lives of people with intellectual disabilities. As well as theoretical content, this session includes an extended live interview with someone with intellectual disabilities which explores their experiences of key life events such as leaving school, trying to find work, receiving support and hopes for the future. The individual with learning disabilities is interviewed by a clinical psychologist who they know via services. The Bath course provide payment (including preparation time), travel expenses and lunch for all co-teachers with experience.

Lara Best, Cathy Randle-Phillips and Trainee Clinical Psychologists
Bath Clinical Practice Team and NHS Avon and Wiltshire
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MEANINGFUL INVOLVEMENT OF PEOPLE WITH LD AND THEIR FAMILIES IN TEACHING

The University of Glasgow provides training for trainees aligned to different health boards to complete their placements, and for the majority of training, they attend one day of teaching per week. The first year of training and teaching focuses mainly on adult and older adult mental health. Moving into second year, trainees alternate between six month placements working with children and families and adults with learning disabilities (LD). Teaching begins at the start of second year and covers a wide range of topics focusing on these two population groups. There was a great variety of service user involvement throughout our LD teaching, such as talks, workshops and opportunities to meet and speak with services users. I found the inclusion of both people with learning disabilities and their carers/families an invaluable part of our academic teaching around working with people with an LD.

TALK FROM A PARENT WITH A SON WITH AN LD

A parent came to speak to us about her experience of having a son with an ID and her experience of services. Her son is now an adult and attended a day centre four days per week. I found this really helpful as she was talking not just from a mental health perspective but also from a social perspective. She discussed the challenges her family had faced, for example difficulties accessing sufficient support and funding, which helped me gain a wider understanding of the holistic needs that people with an LD experience. However, she also spoke about the many positives she had gained over the years. I thought she was truly inspirational and it was really useful to hear the ways in which services can help to improve the lives of families as a whole. The experience helped me to reflect upon the work I could do as a clinical psychologist to support both individuals with LD and their families.

TALK FROM A SERVICE USER WITH PRADER WILLI SYNDROME

A gentleman with Prader Willi syndrome presented a PowerPoint presentation about his life, alongside his support staff. It was useful to hear first-hand how Prader Willi affects people day to day, and it felt really empowering to see him stand and speak to a group of strangers with so much confidence. There was a real emphasis on this person's strengths and abilities and it was great to hear about the ways he contributed to service quality and development. It helped me to think about the ways we can challenge any stigma associated with having an LD and the importance of having activities that are meaningful in peoples' lives.

HALF DAY MEET AND GREET WITH LUNCH

We also had the opportunity to meet with a group of adult service users, who each told us a bit about themselves and then stayed for an hour for lunch. Having the opportunity to informally chat and interact was really helpful in that it created a safe place to begin to think about ways in which you can adapt your communication skills to suit other's needs. It also helped to lessen my anxieties about working with a new population and the whole morning made me feel really enthusiastic about starting my LD placement.

VIDEOS THROUGHOUT LECTURES

Lastly, throughout teaching the lecturers would often use videos, for example, videos of adapting behavioural activation for people with a learning disability and videos of people talking about their experience of living within a hospital setting. I found this really helpful for getting ideas about the kinds of practical adaptations you can make and how to adapt your communication style (e.g. matching your pace to theirs).

Overall, I think including people with learning disabilities really brought the teaching to life and for me it sparked a passion for working with this population. It was particularly helpful having the majority of this teaching before I started placement.

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ROYAL HOLLOWAY UNIVERSITY OF LONDON

SHARING PERSPECTIVES OF PEOPLE WITH LEARNING DISABILITIES: CO-FACILITATED TEACHING IN CLINICAL PSYCHOLOGY TRAINING AT ROYAL HOLLOWAY UNIVERSITY OF LONDON

At the start of their second year on the Doctorate in Clinical Psychology at Royal Holloway University of London, trainees move from the focus on adult mental health in the first year of teaching and clinical placements, into work with a broader range of clinical groups, including placements working with people with learning disabilities. From October 2016, at the start of the second year induction we included a co-constructed teaching session, involving people with learning disabilities from a disabled people's organisation, Hammersmith & Fulham Safety Net – People First. The goals of the session delivered by SNPF were: to help trainees to understand more about what it's like to live with learning disabilities, to improve communication skills, and to dispel myths and anxieties about working with people with learning disabilities. We used different teaching methods to achieve this including small group discussion tasks facilitated by SNPF members, for trainees to discuss topics such as 'hidden disabilities' and 'anxieties asking clients about learning disabilities needs'. These sessions set the context for the remainder of the learning disabilities teaching module.

TRAINEE FEEDBACK AND RECOGNITION

Since its implementation, each year trainees have given very positive feedback on the co-facilitated session. All trainees consistently report in their feedback forms that they feel the workshop helps them to develop their communication skills, and trainees' self-reported confidence in working with people with learning disabilities improves. Some of the qualitative feedback from trainees has included: 'A fantastic session – informative and inspiring!', 'Helpful to understand viewpoints we might not otherwise have known', 'It dispels stigma and myths about learning disabilities. Has made me enthusiastic about having a learning disability placement', 'Helpful with communication skills – safe space to ask questions about anxieties'.

The teaching was awarded a College Team Teaching Prize in 2017, with feedback that the committee liked the thoughtful, collaborative and inclusive practice that is of great benefit to students.

SHARING THE LEARNING

We have expanded the delivery of this teaching to other programmes including the MSc in Clinical Psychology at Royal Holloway and MSc in Forensic Psychology at Kingston, where it was also positively received by students: 'The workshop was well structured and very insightful. I really enjoyed listening to individual experiences'; 'I thought it was really helpful, really nice to have an interactive lecture, felt that I learnt more than a normal lecture!'

Collated feedback from the co-facilitated training session has been shared with the trainers, trainees, wider programme staff, our Service User and Carer Involvement Group, and NHS programme commissioners. The trainers and trainees made have made videos outlining how valuable this collaborative session has been, which have been shared more widely

to promote and share the learning, including with NHS programme commissioners, BPS DCP GTICP, and the broader Programme Service User and Carer Involvement Group and the wider group of Safety Net People First – Disabled People's Organisation.

Since its initial development, the teaching has been developed further to allow opportunity for direct practice of good communication skills through a skills-based exercise; practising explaining confidentiality and consent to an initial psychology session.

Samantha, Martin, Richie and John
Hammersmith & Fulham Safety Net
People First
Kate Theodore
Clinical Psychologist/ Lecturer
www.royalholloway.ac.uk/research-and-teaching/departments-and-schools/psychology/studying-here/clinical-doctorate

SALOMONS CENTRE FOR APPLIED PSYCHOLOGY (CANTERBURY CHRIST CHURCH UNIVERSITY)

Using drama to hear the voices of people with learning disabilities in academic teaching

At the end of the first year of teaching, trainees on the clinical psychology doctorate programme at Salomons Centre for Applied Psychology start the academic teaching to prepare them for their placements in the second year of the course. Trainees have alternating six months placements working with children and families and adults with learning disabilities. Involvement of people with learning disabilities in the teaching, particularly in the introductory lectures, prior to trainees going on placement has been well established within the course for a number of years.

AIMS OF THE INTRODUCTORY TEACHING SESSIONS

Through meeting people with learning disabilities and hearing about their experiences, it is hoped that trainees reflect on their own assumptions and ideas about people with learning disabilities and how this might impact on their practice. It is also a chance for trainees to understand more about the varied lives that people with learning disabilities live, their skills and abilities and about important issues that impact on them, such as health inequalities. It also creates an opportunity for trainees to meet people in a more relaxed and informal way, and to engage in joint creative tasks to promote adapting their communication skills and collaborative working, which they can transfer to their work on placement. It is also hoped that some of the creative ways of working in LD services are mirrored in the teaching methods.

HOW THIS IS ACHIEVED

At Salomons the Baked Bean Company (BBC) are involved in teaching every year. The BBC was founded in 1997, in South West London, to provide outstanding services for people with learning disabilities. They provide a number of classes including drama, music, theatre, singing, DJing, life skills and they also offer holidays. They have a group called 'Beans in Education' which is a touring drama group, made up of adults with learning disabilities, who travel around the country performing short plays designed to educate the audience about what living with a learning disability is really like. After completing lots of interactive exercises with trainees and facilitators to warm up, the actors perform their 'health bites' show, which discusses issues around health inequalities and accessing services.

We also have a person with a learning disability, Di Morris, who is part of Salomon's Advisory Group of Experts (SAGE). Di helps with teaching sessions on the module (including performing a play, with trainee volunteers, that she co-wrote with a previous member of staff about her experiences at school), speaking

about what having a learning disability means for her as well as what she thinks it's important for trainees to know, before they go on placement. Di also sits on interview panels for staff and trainee selection and contributes to the work of SAGE on various projects around service user and carer involvement in all aspects of the course.

TRAINEE FEEDBACK

'EXCELLENT day – a really good example of how to work collaboratively with service users to learn from them, and give them an opportunity to learn through working with us, in a fun and interactive way. The activities were enjoyable as well as thought provoking, and avoided the pitfalls of feeling awkward or tokenistic. Thanks to all at The Baked Bean Company for their enthusiasm and insights.'

'Brilliant and creative introduction to the area.'

'It was really great to hear from Di, such an insight and first-hand experience.'

'This was a really excellent introduction to the LD module. I particularly enjoyed the theatre production at the end of the day as it helped to bring important issues into the spotlight in a very engaging humorous way.'

'Really valuable to have service user there and she seemed to be genuinely involved rather than just tokenistic.'

'Great to have Di's perspective, and I LOVED the baked bean company – brilliant day.'

'A big thank you to Di for sharing her personal experiences about living with a learning disability. I found it moving to listen to and this was most useful part of the day for me and gave me lots to think about.'

'Baked Bean Company was excellent and inspiring.'

'This was such an awesome day! Thank you for putting so much careful thought into our learning and experiences and for making this so fun! We really enjoyed meeting you all and think the performances were just brilliant. What a talented bunch! We also really found it helpful hearing about how BBC has been helpful for you.'

'Just can't rate this day high enough, learning from people with LD in such a fun way but also contained material and thought provoking ideas needed. 20 out of 10.'

Di Morris
SAGE

Dr Julie Steel
Consultant Clinical Psychologist and Clinical and Academic Tutor
www.canterbury.ac.uk/study-here/courses/postgraduate/clinical-psychology-20-21.aspx

UNIVERSITY OF ESSEX

Introduction to the Intellectual Disability Module; Visit to Project 49

At the University of Essex the Intellectual Disability Module runs throughout the second year of training on the doctorate in clinical psychology programme. As with other modules, we were keen to include experts by experience and this led us to approach Project 49 in 2016 in the hope that they might be able contribute to the programme.

Project 49 is a busy and innovative community-based resource for adults with learning disabilities. They provide a range of activities to encourage healthy living and wellbeing and have developed several projects and partnerships within the local area to promote independence, confidence and positive engagement.

Project 49 is very much characterised by a 'can do' approach which has resulted in them

hosting a visit for our second year Trainees for five years running. This takes place at the beginning of the ID Module and has proved to be a popular day for all involved.

The format of these visits has varied but usually starts with Project 49 sharing information about the range of community events they are involved with (such as an annual Big Health Day, gardening projects, open mic sessions and art projects throughout the local area). This is followed by a large group activity where trainee psychologists and Project 49 attendees spend some time getting to know each other and sharing different aspects of their lives. A member of staff also participates in a question-and-answer session around their career experiences. At lunchtime, Project 49 have provided fantastic home cooked meals via their 'pop up kitchen'. The afternoon provides an opportunity for everyone to participate in more structured psychology-based activities, such as the 'Tree of Life' or learning techniques to cope with stress. In 2020, due to Covid restrictions, the event still went ahead as a virtual visit, making use of breakout rooms and even including some Project 49 attendees who were shielding at home.

Feedback from trainee psychologists about the day has been consistently positive; the visits have been described as an 'invaluable experience' which contribute significantly to the academic teaching that the programme provides. In particular, the warm and welcoming atmosphere has been commented on, as is the involvement of Project 49 Attendees in every part of the day. Trainees have also been impressed by the way that Project 49 continually 'gives back' to the local community and they have valued the opportunity to listen to members of staff talking about both the challenges and rewarding aspects of their work.

Prior to the visit many trainees have not had any personal experience of meeting an individual with learning disabilities and some have expressed feeling nervous before the day. However their feedback suggests that having the opportunity to socialise and interact on a more informal level helps to dispel any misconceptions, increase their confidence and generally raise enthusiasm for starting the ID placement.

We are very grateful for Project 49's input into the doctorate programme and hope that future visits will continue to be possible.

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