The British Psychological Society

Division of Clinical Psychology
London Branch

DCP London Branch Newsletter

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Chair's update

Over the past couple of months I have been involved in a number of workstreams/events concerned with shaping the future structure of the DCP.

DCP English Chairs' Meetings

I have continued to be involved in the monthly DCP English Chairs' teleconferences and also a 'face to face' meeting at the DCP Representative Assembly meeting in July. There are currently eight (out of potentially ten) English Branches that are actively engaged with local members in a variety of ways. The teleconferences are an opportunity to both share good practice as well as debate and discuss how the DCP/BPS should be reshaped to meet the needs of its members.

DCP London is by far the largest Branch with our current membership of almost 1900 – representing a fifth of the total DCP UK membership (currently 9300).

The work the DCP London Branch has been undertaking including organising regular professional CPD events, producing a quarterly newsletter, communication using Twitter is certainly viewed as best practice engagement with members.

DCP Representative Assembly

The DCP Representative Assembly is composed of the DCP National Executive, Chairs of the Faculties and Special Interest Group, Chairs of the devolved nations (who also have membership of the DCP National Executive), DCP English Chairs and the BPS Members Network Services Director and Network managers. The Annual DCP Representative Assembly meeting was held in July 2018.

A number of topics were discussed including the Experts by Experience Strategy, Communications Strategy, Workforce and Training, Listing of all BPS/DCP relevant publications.

Further discussion took place regarding the funding of DCP committee roles and a proposal was to be developed by the DCP National Executive to take forward for a final decision to enable nominations and elections to the DCP National Exec to take place later this year. An additional DCP Representative Assembly meeting was scheduled to take place in mid-September but this has now been postponed to later in October – which I hope to be able to attend.

Member Report:
Chairs update, *continued*

Given the relative size of the DCP London membership and our potential influence/engagement with a number of other professional bodies and organisations, I made an argument for the DCP London Chair to also be given membership of the DCP National Executive. This was met with a 'mixed' response – but no final decision made. I will continue to make a case on behalf of our Branch.

Sarb Bajwa, the new Chief Executive of the BPS, was unfortunately unable to attend the Representative Assembly and so I am hoping to interview him for a future DCP London Newsletter and also invite him to a committee meeting.

DCP Improving Communications Strategy
As previously reported I have been contributing to a Strategy paper providing recommendations to the BPS/DCP on ways of improving communications with members. We produced a report which was submitted to the DCP National Executive in August. We included a number of recommendations including:

- Start a regular DCP national chairs blog/newsletter.
- Provide each Branch and National chair with a data pack on their area. This should be updated annually.
- Support and enable each Chair to develop their local communication plans using different media. Twitter and Facebook are two key tools to use, in addition each area will have its own favoured approaches. A suite of materials and support from colleagues should be available to enable this. Options include:
  - developing a local Facebook page for their area.
  - posting a newsletter at least once a year to all psychologists in their area.
  - develop a regular or occasional newsletter by email.
  - advertising events in their area in *The Psychologist, Clinical Psychology Forum* or by flier.
  - setting up their own website.

Chairs need a briefing on blogging, vlogging and YouTube, what each entails and what can be achieved using them. The proposed strategy was discussed with Sarb Bajwa and the response was that Sarb is in the process of appointing someone to lead a review of communications across the BPS – our report will be shared with the new person when appointed. I have expressed my concerns at a potential delay in considering our recommendations.

Liaison with London and Home Counties Branch
I had a productive meeting with James Barr – Chair of the London and Home Counties Branch – in July 2018. The Branch runs a number of shorter CPD events typically a couple of hours in the evening – single topic/speaker in venues across the region including Kent, Central London and Herts. We discussed potential co-ordination of events to avoid replication as well as DCP representation on the LHC committee (as presently there is no Clinical Psychologist involvement). I am hoping to attend a LHC committee meeting later this year.

BPS Society Review
Progress is reported to being made with the BPS Society Review. An external change consultant Judith Toland has worked with the BPS Executive to develop a revised model for the Society's structure. Apparently the revised model would lead to significant changes in the way that the networks sit within the Society and is likely to impact on all Member networks.

I am planning to attend one of the meetings in London next week when more information will be shared on the proposals seeking feedback from various network representatives. I will share whatever comes from the meeting.

Dr Roman Raczka
Consultant Lead Clinical Psychologist
Chair, DCP London
5 September 2018

Psychologists for Social Change, by Dr John Cheetham, Clincial Psychologist, SLaM, NHS, London

As a clinical psychologist in a learning disabilities team, I've become increasingly aware of how national-level policy issues impact the possibilities of my work. There are clients who have been plunged into thousands of pounds of debt and made street-homeless because of errors made by Universal Credit. There are the clients who are depressed because their support hours have been cut and they can no longer access work, college or day centres. The examples are endless – and the answer is not therapy. My role is increasingly becoming one of advocating for the rights of the vulnerable and the forgotten, and explaining to those with power why and how their actions are causing harm. This is why I have become increasingly interested in the work of Psychologists for Social Change (PSC; http://www.psychchange.org/).

PSC started out in 2015 as a campaign group raising awareness of the impact of austerity policies on mental health. PSC's work foregrounds the research evidence showing how 'emotional wellbeing' is determined by multiple interacting factors including the economy, society and families, as well as individual psychological and biological factors. Despite this evidence, we in mental health services often do not consider ourselves able to offer interventions outside of the therapist-client dyad – be it medication or therapy, we rarely consider what our role might be in making changes outside of the individual's mind.

Restricting ourselves to intra-psychic interventions, even where we know systemic and structural social issues are intrinsically involved in the client's presentation, has been noted by the United Nations as a violation of Human Rights. We are actively locating the responsibility for change within an individual, when we know that the aetiology of their suffering is far more complex. We then offer interventions that focus on increasing people's resilience in order to help them survive in a toxic world, and it is rare that we go on to consider how to reduce the toxicity of the worlds in which we and our clients live.

PSC have outlined five markers of a healthy society that we can use in our work, and in our day-to-day lives, to tackle this toxic environment:

1. **Agency** – feeling a sense of mastery over one's immediate world. 'I have a choice about how my world looks, and can influence it. It's not all dictated by others.'

2. **Security** – the basics of Maslow's hierarchy of needs. Having good quality housing, feeling safe in your home and community, having enough food and clothes. Knowing the wolf is far from the door.

3. **Connection** – we know humans have a biological need for relationships with other humans right from birth. There is an essential positive impact of feeling connected with those around us. This extends to the impact of having a sense of community on our individual wellbeing.

4. **Meaning** – Feeling that one's life is meaningful and worthwhile. This might be sought through work, but it is dependent on the quality of the work. Low-skilled and menial jobs, and work with an insufficient 'effort-reward' balance are inversely associated a sense of life being meaningful. Meaning is also generated through occupying voluntary positions, as well as the quality of our relationships, opportunities for creativity, spirituality and civic participation.

5. **Trust** – Trust facilitates the development and maintenance of social capital, bonds and networks. Increased individual trust and community cohesion are mutually reinforcing. Trusting individuals generate communities which have stronger bonds within them, and which can bridge links between groups more easily. Trusting relationships nurture us, and are the foundation for good mental health.

Through my involvement with PSC, I have been simultaneously relieved and overwhelmed. Relieved to know that there are thousands of clinicians up and down the country talking about these issues and seeking redress, and that there's not another technique or model I need to read up on in order to get involved. But – overwhelmed by the challenge of using my training creatively to shift the spotlight onto different ways of engaging with these problems. Perhaps by opening these ideas to discussion and debate, we as a profession can start to engage with all levels of our formulations and consider how we can use our position and knowledge to influence the development of a psychologically healthy society.

In conversation with Dr Nina Browne, Clinical Psychologist, OWLS, London

Dr Roman Raczka in Conversation with Dr Nina Browne – Clinical and Community Psychologist working for Owls

Roman: Could you tell me about is your organisation 'Owls'?
Nina: The Owls Organisation (Owls) is a London based social enterprise that was set up in October 2016 by Dr Charlie Howard, a fellow Clinical and Community Psychologist (Founder of MAC-UK). I joined her to set it up. We have no ambition to grow other than through partnerships. The fundamental belief of Owls is that we need to listen to communities for their ideas about their mental health and enable these ideas to happen. Owls seeks to do this by collaborating with others, building solutions that work for everyone. It draws on Community Psychological thinking to do this.

R: Why was Owls set up?
N: Owls believes that the solution to problems need to be co-developed with the people themselves; if we really want to address the struggles that people experience we need to do more than consult and include them. They need to be grass-roots, community-led and tackle the structural inequalities that stop this happening.
I choose to work in this way with Charlie because we are both interested in how psychologists use their skills to influence policy change.

R: Can you give me an example as to how this may work in practice?
N: 'Problem Solving Booths' were an early example of putting our ideas into practice. The idea for Problem Solving Booths came from a young man when asked what would make a difference in his community he said 'a problem solving booth right here on my street'. This young man didn't get asked much for his help but he wanted to give it. So we tested it out, we went out with a couple of pens, some cardboard boxes and a couple of chairs and began to run Problem Solving Booths on the streets of London. Problem Solving Booths bring strangers together to have conversations about everyday problems, including their mental wellbeing. They give us permission to talk to each other and help us to see that mental wellbeing is relevant to us all, and that we all have the potential to both be 'helped' and be the 'helper' to one another. ProblemSolving Booths have been run all over London (and popped up around the world now) in a range of settings with a diverse range of people on an individual, organisational and policy level. For example, we developed them partnership with Thrive LDN – the London wide movement for mental health supported by the Mayor of London.
Examples include: five minute street conversations between two strangers – swapping the roles of helper and helped; organisations using Problem Solving Booths in service re-design and the London Met Police setting up booths on the Piccadilly line to talk with commuters. Problem Solving Booth conversations often begin with the request… 'Can you help me to…?'

R: What other projects are you working on?
N: The Problem Solving Booths lead to the development of 'Street to Scale' by a team of us – Owls, Ratio and The Owls Trust. We believe that it is the people who are experiencing life's challenges that are the best innovators. 'Street to Scale' nurtures new ideas by putting a community of interest around an idea, supporting the work and providing flexible trust-based funding that develops as the idea scales. We are working on ways of putting money and resources into the hands of community members themselves. By taking away the structural barriers, it is very much a new way of funding community innovation. For example, I was hanging out in my local park last week and I met a young woman had an idea of turning the bench into a 'Moms Bench'. Recognising that young mothers are at risk of social isolation and at times can really struggle with their mental health – the idea was that this was a bench that moms could sit and talk to other moms. We shaped it up together, found a spot and tested it out. The woman then said how great it would be to have a mom's picnic around the bench – so I gave her a card with some money on it so she could test this out the next day. We learn by doing. We connected around 10 moms that day. We did not have a delay in the idea being implemented. There was no need for a small grant application. All it took was trust and community empowerment. Taking this idea from the Street to (a larger) Scale – with a Mom's bench in every London park for example – would need a willingness to engage and partnerships being developed between various people and organisations – moms, park wardens, maternal mental health teams, and so on. The 'mom's bench' is just one idea and we expect to find hundreds and thousands more innovative community ideas like this that are simple to try out. We have about 10 people who have cards at the moment – our aim is that will soon multiply to over a thousand!

R: What is your vision for the future of clinical psychology in London/UK?
N: Clinical psychologists need to continue to be aware of the societal and structural inequalities impacting on people who seek our help, using tools offered by community psychology to work at multiple levels. Our starting point should be co-production and we need to work much more closely with local communities. We need to go out into the community and see what we can add to the helping that is already going on in day to day life. We need to use the expertise of people who use our services to tackle the problems that we don't, and shouldn't necessarily, have the answers to. I really want to see the way we train and teach clinical psychology change in line with this too.

R: Where can we find out more about your work?
N: Start by checking out the website for owls – www.owls.org.uk and the website for Problem Solving Booths – www.problemsolvingbooths.com.

Working with Goals in Psychological Therapies: Reflections on the DCP London Workshop on 20 July 2018

Summary

This free, DCP London organised, event summarised evidence and theory around the value of setting goals in psychological therapies, drawing together ideas from different therapeutic orientations, and clinical settings. The day built on the recently published collection Working with Goals in Psychotherapy and Counselling, edited by Mick Cooper and Duncan Law.

Mick Cooper began the session with a discussion of the way different therapeutic and philosophical approaches have defined goals, as well as summarising evidence supporting the importance of collaborative goal-setting in therapy. Duncan Law then gave a more concrete explanation of goal-orientated practice within a child clinical psychology setting. This was followed by contributions from Leanne Walker, Amy Feltham, and Kate Martin, part of the Common Room Experts by Experience group. They provided their reflections on working with goals from a service-user perspective. The day was rounded off with a panel discussion of the topic.

Reflections

Thinking back over the day, we were struck by several ideas across the presentations. One underlying theme was the importance of goals being collaboratively set within any therapeutic work, to provide a shared understanding of the purpose of the relationship. At times the speakers seemed to suggest that a good therapeutic goal may almost function as a distilled version of a formulation. The importance of collaborative discussion of goals in therapy was further emphasised by the suggestion that a person's psychological wellbeing could in fact be conceptualised in terms of whether and how much they are moving towards their life goals, and that psychological distress is marked by difficulty connecting with or achieving these important goals.

A further recurring theme was that often an important barrier to talking about goals may be the therapists' worries about the client or the therapeutic approach. The Common Room Experts by Experience perspective was illuminating on this issue. While emphasising that at times the prospect of setting ambitious goals might be intimidating to clients, in general they had found goals had helped to focus their therapeutic work and give it more meaning. They also recalled interesting experiences of therapeutic practice that had seemed to have become detached from collaborative goals-setting, and spoke about how this could lead to situations where therapy felt confusing or stuck. They also pointed out that when a discussion about goals in therapy is lacking, even if the client wants the work to have a goal or focus, it can be very difficult to request this of the therapist.

We were also struck by the many different suggestions for terms that could be used to talk about goals, such as an aim, a hope, a focus, a direction, a plan, the top three problems, etc. The suggestion was that careful use of language in introducing the idea of goals into therapy could help to counteract some of the obstacles to talking about goals, helping to make the topic more approachable. This can be particularly important when working with particular client groups such as young people.

It was also discussed whether goals should be 'SMART' (specific, measurable, achievable, realistic, time-limited), an idea associated with some approaches to cognitive-behavioural therapy. The consensus seemed to be that this kind of structured goal could be useful in some circumstances, but was not appropriate for every client, particularly where it might endanger the therapeutic relationship by getting in the way of really listening and understanding the client.

Final thoughts

On reflection, we wondered about the place of values within all this talk about goals. Much of what was discussed, and in particular the idea of collaboratively thinking about clients' important, intrinsic or 'higher-order goals' was very much in line with acceptance and commitment therapies' emphasis that any therapeutic work must be situated within a client's network of personal values. However, the speakers did not link their ideas to research or theory in these areas, which might have illuminated the topic further. Overall, we left the event with new perspectives on and more appreciation of the importance of using goals in therapy, and a number of interesting and helpful ideas on how to make goal-setting more collaborative and more meaningful for both clients and therapists. **https://goals-in-therapy.com**

By Barbora Novokova and Toby Newson,
Clinical Psychology Trainees from Royal Holloway, University of London

Forthcoming DCP London Training Events

Wednesday 31 October 2018	**Community Psychology** Innovative approaches to working with our local communities
Friday 18 January 2019	**AGM event: Behaviour Change** We are delighted that Karyn McCluskey agreed to be one of the speakers at our AGM. She is the Psychologist who designed the knife crime reduction programme in Glasgow, an initiative which is now being rolled out in London.

All events are held at the London BPS offices in Tabernacle Street.

DCP London Goals

Development	DCPL is committed to providing four free training events for members per year.
Collaboration	DCPL collaborates with key London partners to strengthen the voice of Clinical Psychologists.
Promotion	DCPL promotes the psychological needs of Londoners, particularly unmet needs.
Leadership	DCPL identifies future challenges for Clinical Psychologists in London, and leads on tackling these.