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# A course within a course a systemic foundation course multidisciplinary staff

**Catherine Butler and Jo Black**

The contexts of systemic therapy training are shifting, influenced by programmes such as Children and Young Persons Improving Access to Psychological Therapy (CYP-IAPT), training staff to the equivalent of Intermediate level, and an increasing number of professional training courses developing their systemic teaching to meet the AFT requirements for foundation. Greater attention is also being paid to 'shared learning' in professional education, based on the belief that effective client-care will be achieved through collaboration within and between professional teams. An increased knowledge and understanding about the role of other professionals can increase trust, dispel stereotypes and improve working relationships (Jones, 1986). Parsell *et al.* (1998) propose that removing discipline-based education is one way to achieve this end.

However, shared learning comes with its challenges. These include practical issues such as discrepancies in the number of students from different professional groups and contrasting learning and assessment methods (Horsburgh *et al.*, 2001). Students' attitudes to shared learning also has a large impact on its success; influenced by prejudice about other professional groups and a lack of knowledge about their approach to client care (Parsell & Bligh, 1988). Carpenter and Hewstone (1996) propose a 'contact hypothesis' whereby shared learning provides a forum for multi-professional groups to interact towards a shared goal and so break down potential hostilities and increase knowledge and positive attitudes towards each other.

While multi-disciplinary learning is a common feature on systemic training, it is not routinely offered on clinical psychology training-programmes. The current study is an evaluation of such an opportunity, conducted on a new foundation course in systemic theory and practice started at the

University of Bath. The clinical psychology doctorate started in 2011 and contained an element of systemic teaching within it, spread over three years. The revised British Psychological Society accreditation guidelines (BPS, 2015) specified courses name two therapy modalities that students would become competent and confident to deliver by the end of training. The society specified that one of these would be cognitive behavioural therapy, and the University of Bath course made a commitment to the second strand being systemic therapy. Work began on developing the existing training to create a foundation course to run during the first year of the three-year doctorate. With an emphasis on valuing multiple perspectives, the nine systemic teaching days, one a month, were opened up to external continued professional development students to join the clinical psychology trainees (hereafter referred to as 'trainees'). The course began in 2014 with an intake of 13 professional development students and 17 trainees.

The study was granted ethical approval by the University of Bath and funded by the AFT's David Campbell Fund.

## Method

Students were asked to complete the modified version of the The Readiness for Inter-professional Learning Scale (Parsell & Bligh, 1999) at three time points over the course. The scale is a 19-item self-report scale designed to assess students' readiness to engage in shared learning.

At the end of the teaching series, students were invited to take part in a focus group, one for professional development students and one for trainees; separate groups were used so that if students wished they could talk about the other students freely.

## Results

Total scores were calculated for all participants with data at one or more time

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point(s). The mean for participants who complete the questionnaire at all three time points was plotted against this (Figure 1). The same pattern is found in students who completed all three or less questionnaires.

A two-way mixed-measures analysis of variance was used to compare scores across student groups and time points. There were no significant differences between the time points for the trainees scores, however the professional development students' scores were significantly lower at time 2 in the middle of the course than at the start or end (time 1 & 2  $p = 0.066$ ; time 2 & 3  $p = 0.41$ ).

## Analysis of focus groups

The verbatim transcripts of the two focus groups were analysed using inductive thematic analysis (Braun & Clark, 2006). The recommendations of Elliot *et al.* (1999) were followed to ensure the credibility of the analysis. Thus, in order to be transparent about researcher subjectivity, it is of note that the first author is also the course director. Thus, the second author, who was employed as a researcher and had no stake-hold in the course, led the analysis. The first author reading the transcripts and then reading drafts of the analysis provided creditability checks. Differences in opinion were discussed and new themes developed as a result. By providing quotes to illustrate every point, we ground our analysis in examples and hopefully provide coherence so that it resonates with readers.

## Results of focus groups

Quotes are labelled T (trainee) or C (professional development student); the second letter refers to the group member. '...' indicates words have been missed out for brevity. Line spaces between quotes indicates they were said at different timepoints, no line spaces indicates a continued conversation. The brackets [ ] are used to insert missed words which

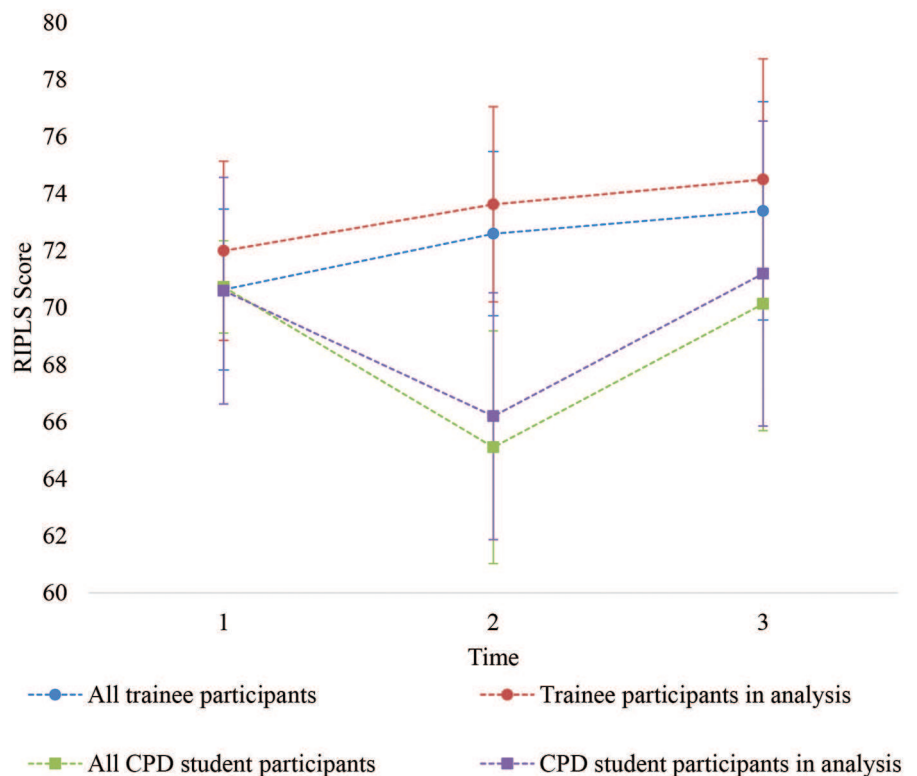


Figure 1: Mean RIPLS scores

make speech make sense to the reader without changing the meaning of the utterance.

## A sense of belonging

Regarding who had the strongest investment in the course, both groups raised that professional development students paid for the course, whereas trainees are salaried and the course is included as part of their doctorate:

**TA:** They were paying ...

**TC:** so they had quite a different attitude to the teaching as well...

**TC:** whereas we were just, you know, its part of our timetable.

This difference in funded status, integrating the course into wider work commitments, and the distances people travelled to attend, suggested a stronger commitment from professional development participants:

**CC:** It's something that they [trainees] haven't necessarily put their hands up for, it's something that they are having to do, yet we're having to fit in around them. We're the ones paying, we're the ones who are travelling many distances for many of us to come along.

This idea of having to fit 'around them' was also mentioned regarding the trainees being central:

**CC:** We're a bit of an adjunct, that we're kind of grafted on to the course.

This feeling was reinforced by a growing sense of a strong group identity forming amongst the trainees who saw each other weekly, rather than monthly:

**CC:** especially in the earlier sessions turned up feeling like an outsider ... The trainee group identity is much stronger.

With the infrequency of contact, the CPD participants found it hard to form a group identity and both groups found it hard to get to know each other:

**CC:** As a CPD group we haven't had time to form, we haven't had time to get to kind of know one another.

**TB:** I found it slightly tricky only seeing them once a month ... it meant it was always a bit of an, "Oh, it's you", kind of thing and, "What's your name again?"

**CC:** but it feels harder then to form those relationships and explore their [trainee] diversity on such a kind of part time basis.

Some trainees more than others made an effort to get to know the professional development students.

**CA:** Certain people have made an effort to come over and sit on the other side and deliberately pair up and deliberately speak to people and kind of go out their way to say hello, whereas I think there are other people who, while they're absolutely friendly, I have no idea what their names are

**TC:** ... all four of us were always trying to sit and mix with the CPD people and some people never tried

**TD:** just didn't at all

**TC:** and it would just be interesting to know what they would have said about how well enhanced their learning or not; cos I think there was some sense, at least initially, that maybe, "Oh it's disturbing our nice little group".

While accepting some responsibility for the lack of mixing, both groups felt that the course leaders could take more responsibility for helping the groups mix:

**CD:** Would that improve our shared learning experience?

**CA:** Well, it would, assuming the structure's the same, in terms of a group that's half and half and monthly, cos then you'd just be forced to mix a bit more.

**CD:** Yeah it requires an outside aid or a person of authority to do it.

**TA:** It shouldn't have to be this way and we are adult learners, but maybe it needs to be like a rule of you have to have 50/50 on each side or something.

There was thus recognition and concern from both groups about whether the professional development students felt a sense of belonging on the course and how different elements might have feed into that.

### When two worlds collide

#### A mixed group in general

The professional development participants felt systemic therapy training complimented working in a mixed group across discipline and experience:

**CD:** To hear other people's experience helps me cement the knowledge or helps me make a connection to what I'm learning on paper, so that's valuable.

**CC:** I think also it says something about the potential breadth of application of systemic and family therapy.

The mixed group brought opportunities for trainees for learning about the professional role of others:

**TB:** It was an insight into how other professionals work which is really important when you're developing as a psychologist cos you are going to be fitting into a team and it's important to understand what everybody's place in that team is.

**TC:** ... also not being too shy to explain what exactly it is you are doing, because I guess that's the other thing, that we think that everybody knows what psychologists are doing, which they may to an extent, but there might be misperceptions about that.

The professional development participants did not share this aspect of learning from training alongside different professions:

**CA:** I have a similar team... that's very well established and multi-disciplinary, that probably informs things more than shared learning across this cohort.

This could be because groups viewed the trainees as a homogenous group:

**CD:** I would be happy to sit in a room full of very disparate people rather than just the clin psychs cos that would be enormously helpful particularly with regard to what we're, our course subject is: a sense of curiosity, a sense of multi-team working.

**TC:** ... we were quite a homogenous group and they were from all sorts of backgrounds weren't they?

**TD:** Yeah definitely

**TC:** with various amounts of practical experience and different ages and different stages of their careers.

#### A mixed group within a clinical psychology doctorate

Professional development students were concerned about differences in core training between the two groups:

**CC:** I also do worry in terms of the clinical psych course that because it's so CBT focused ... I do kind of worry about that in general. We're coming from a much more diverse therapeutic background.

Trainees also picked up on this difference. One participant took the learning she had gained from training with

professional development students around their perception of CBT into her work placement in a helpful way:

**TA:** I was speaking to two other psychologists and they were saying something about CBT ... I remembered this woman on our course, and what she had said about it, and so I did step in then and say, "That's not true, that's not what happens".

This idea of learning when to speak up and when to keep quiet was an important professional lesson for many of the trainees:

**TA:** It was good for me to think about how I respond to things as well... there was one person in particular who'd just make these sweeping statements ... but I just didn't say anything because I just thought, "Well, there's no point, like, pick your battles". That's a lesson I'll take with me in the future ...

**TB:** and we are gonna come across this kind of thing in our careers, aren't we? Every professional will come across people from other professions who don't get what they do, or have very strong opinions on what you do, and yeah, that's a really important lesson, that you don't always have to fight back or make a big issue out of it.

Another difference between the groups was how they regarded each others' expertise, the professional development students were viewed as having more practical professional experience, whereas the trainees as being more comfortable with the academic context:

**TC:** ... even though I felt they, the CPD students, had a lot more to contribute in terms of actually having the practical experience, when it came to actually doing something like a presentation they were all getting really cold feet and looking to us.

**CC:** they are here so much more than we are, they are orientated aren't they? To everything. So I think in some ways I know I've looked at them in terms of, what are they doing or how are they doing this for a particular task? And that feels helpful in terms of a bit of guidance around it.

Perhaps related to this, the trainees felt they held a different 'work ethic' to the professional development students:

**TC:** the work ethic was variable wasn't it? In terms of what

**TB:** yeah yeah

**TC:** whereas in our smaller group [of trainees], that's never really been that much of an issue so

**TD:** ... within our smaller group we just tend to do the work.

Both groups also picked up on the academic language that trainees had become accustomed to using:

**CA:** *Within this kind of academic context there's a way of speaking that doesn't feel, that feels very different to it in practice from just the people that I've worked with, and they have that language, they have that way of saying, always bringing it back to those kind of core competency things*

**TC:** *and also that makes you aware of the, even though we're at the start of our training, we're already being socialised into particular jargon psych speak.*

In recognising this within themselves, the trainees spoke of the value of

**TC:** *and so if we're using certain words without really being very clear about what we mean, but we all think we know what we mean, so to actually have people saying, "Ok, so what do you mean by containmentment?" or that kind of thing*

**TD:** *yeah*

**TC:** *to just be a bit more explicit and prepared to explain stuff.*

Similarly, the cases the professional development students were involved in at their work settings gave trainees a taste of complexity they felt they were being protected from on the doctorate:

**TD:** *...that sort of full on, the case study examples were much richer as a result of, because [professional development] people would say "Oh this is actually quite a simple family" ... I think when you're taught [on the doctorate] people tend to give you fairly simple case examples*

**TA:** *yes*

**TD:** *and nothing like what we were being shown*

**TC:** *...in a way that's been a downside of some of the other [doctoral] teaching which we've had: that there's been a much bigger gap in terms of what we're taught in the classroom and then what's happening on placement in terms of complexity. And actually this one felt more that we had the complexity in the classroom.*

### Structure

The room sessions are held in is long and thin, with the seating arranged in two halves. Both trainee and professional development participants spoke about how this was not conducive to mixing as a group:

**TC:** *one of the down sides of it was I found having a big group like that in a room shaped like that... it was easier in that sort of spatial*

*set up to maintain the different, you know, the camps.*

Similarly, the professional development students felt the impact of the teaching room being the 'trainees' room':

**CB:** *The trainees are in that room all the time; their lectures are always in that room so it's kind of their room and we're going into their room.*

The online space, where course resources are placed and a discussion forum is hosted, was also difficult for the professional development participants to navigate:

**CC:** *We're off doing everything else that we need to do in our lives and then come back to it so, "Oh flipping heck, what's my password for this again? How do I get on and who's around?"*

Both groups named the overall size (30 students) as in the way of developing relationships:

**CB:** *That it is a very big group and it probably wouldn't feel so separated if it was maybe half the size.*

Although, one thing that was felt to help with this was that all lecturers included small group work as part of the teaching day:

**CB:** *The teaching styles definitely helped the connection*

**CD:** *and I respond very well to any sort of form of physical intervention and that means getting us to move around.*

It was suggested this was perhaps more difficult for an external lecturer to do:

**CB:** *They don't have an idea of what our relationships are together, they just kind of come to deliver, they don't know who's who ...*

What remained obvious was that both groups of participants felt that mixing between the groups was important because:

**CD:** *A sense of cohesion within the group aids learning.*

### Discussion

The quantitative data shows that the professional development students became dissatisfied with the shared learning aspect of the course as time went on, although this improved by the end of the course. The qualitative data suggested two reasons for this dissatisfaction: a part-time course within a full-time course and a multi-disciplinary group training alongside a uni-disciplinary group.

A full-time course understandably develops its own culture and language, the results of which may not be shared

by the part-time students, which may lead them to feel 'like an outsider'.

These differences showed themselves in perceived differences in commitment and 'work ethic' and in the use of 'academic language'. These descriptions fit with Tajfel's social identity theory (1974), which suggests not only do members of one group psychologically identify with each other, they also promote favorable differences between themselves compared to the other, or 'out', group. In-group favouritism is witnessed with examples such as the professional development students valuing their perceived diversity, and the trainees valuing their perceived commitment to 'doing the work'. This theory would also explain the perceived in-group homogeneity of the trainees. It is perhaps inevitable there will be two different student groups training together on a course made up of full-time and part-time students. There is little to no literature in this area, and so the current study goes some way in attempting to identify ways the two groups can usefully train alongside.

Both sets of students recognised the valued connection between systemic practice and multiple perspectives, be these professional or personal, in enriching understanding and in working with more complexity. Both groups recognised the professional development students as bringing this, with their longer life and work experiences, and so they were a valued addition to the full-time course that enriched trainees' learning experience in ways reportedly not delivered in the doctorate.

The trainees also greatly valued the chance to learn more about the role of other professionals, lending support to Carpenter and Hewstone's (1996) 'contact hypothesis'. While the professional development students did not share this view, the trainees reported times they felt they misunderstood the role of psychologists. They students might have missed this because the limited mixing between the groups meant the trainees remained a homogenous group, with limited opportunities to explore the diversity of interests and experience within them. Thus, while training alongside other professions broke down stereotypes and increased professional role understanding for trainees (as predicted by Jones, 1986), this did not happen for the professional development students.

This could also be because the dominant perception of the trainees held by these students was of their academic ability; they might have felt intimidated by this and so not explored other differences; but also, emphasis on academic performance within the doctorate might have meant trainees were less reflexive about other aspects of themselves that informed their work. It could also be that the academic requirements of the doctorate were different to the training standards and assessment methods professional development students encountered in their core professional training, a factor highlighted by Horsburgh *et al.* (2001). The general feeling was that professional development students felt disadvantaged to trainees in this respect and that the course itself offered little structured assistance with this.

### General recommendations for shared learning courses

This study investigated the unique challenges that can present where a systemic course is run within a larger full-time professional course. There will be unique challenges to implementing such a course at different institutions; however, the following recommendations can be made:

- The shape and layout of the training room should be considered to encourage group mixing. Ideally, the training room should not be one that is regularly used by the full-time students to develop a shared sense of belonging.
- The use of small-group work is essential to foster inter-group relationships, especially in larger training cohorts. Guest lecturers in particular may need instruction on the value of doing this.
- The diversity and experience brought by part-time, professional development students to full-time students is greatly valued; however, part-time students, who may have been out of education for some time, need course support to reconnect to the culture, language and expectations of academic contexts. Professional development only events are essential in providing this, both at the start of the course and in ongoing tutor support. There may be ways to also tap into the full-time students as a resource for providing support, such as organising study groups or a buddy system.

### References

- Braun, V. & Clark, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3: 77-101.
- British Psychology Society (2015) *Standards For The Accreditation Of Doctoral Programmes In Clinical Psychology*. Leicester: BPS.
- Carpenter, J. & Hewstone, M. (1996) Shared learning for doctors and social workers: Evaluation of a programme. *British Journal of Social Work*, 26: 239-257.
- Elliott, R., Fischer, C.T. & Rennie, D.L. (1999) Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38: 215-229.
- Horsburgh, M., Lamdin, R. & Williamson, E. (2001) Multiprofessional learning: The attitudes of medical, nursing and pharmacy students to shared learning. *Medical Education*, 35(9): 876-883.
- Jones, R. (1986) *Working Together – Learning Together*. Occasional paper no. 33. Exeter, Royal College of General Practitioners.
- Parsell, G. & Bligh, J. (1998) Educational principles underpinning successful shared learning. *Medical Teacher*, 20, 409-416.
- Parsell, G. & Bligh, J. (1999) The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS). *Medical education*, 33: 95-100.
- Parsell, G., Spalding, R. & Bligh, J. (1998) Shared goals, shared learning: Evaluation of a multiprofessional course for undergraduate students. *Medical Education*, 32: 304-311.
- Tajfel, H. (1974) Social Identity and Intergroup Behavior. *Social Science Information*, 13: 65-93.

# Using narrative communication

William Coman, Sinead Dickson

There is a considerable body of research comparing looked after children with children from within the general population, using measures of education, physical health and development, mental health and lifestyle factors, with a consistent finding that they significantly underperform (Coman & Devaney, 2011; Tarren - Sweeney, 2016). These findings apply while children are in care and also when they leave care, for many a disproportionate number are more likely to become teenage parents, be unemployed, end up in prison or become homeless (DHSSPS, 2007). Why are outcomes so poor? Children entering care are vulnerable in terms of future outcomes by virtue of their pre-care experiences of maltreatment and associated relational trauma. Coman and Devaney (2011) note, however, that the corporate parenting context has the potential to amplify, dampen or have no effect on that vulnerability.

...identifying and changing those aspects of the environment [the corporate parenting context] that may be toxic for children can be considered a preventative intervention akin to attending to hygiene before surgical intervention (p.49).

Communicating with children about challenging issues is repeatedly referred to as an aspect of corporate parenting that requires improvement (Munro, 2011) (VOYPIC, 2013): this is particularly evident when it comes to communicating with children about their 'entry to care'. Entry to care raises questions about why they had to leave their birth family, whose fault it was and whether they will be returning home or not. It also raises questions about the complex legal and social-care processes that are launched at that stage. Responding to such questions, however, can be fraught with dilemmas for social workers, foster carers and birth parents (Coman *et al.*, 2016) and there is no best-practice model to help them navigate their way through. As a result, the child's questions can be overlooked, avoided or responded to with partial information. Furthermore, there is