



Division of
Clinical Psychology



The
British
Psychological
Society

The core purpose and philosophy of the profession



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Executive summary

This new edition of *The Core Purpose and Philosophy of the Profession* was edited by Richard Toogood, Chair of DCP Professional Governance Panel from 2006 to 2009, and published in August 2010. It builds upon the edition by Dr Peter Harvey first published in January 2001. This document is designed to guide and advise clinical psychologists and others in the development and implementation of psychological practice and services in the public, voluntary and private sectors. It can be quoted from freely and used in negotiations with managers and commissioners or when explaining the nature of clinical psychology to non-psychologists.

The document is divided into three sections. The first section is a broad statement of the nature of clinical psychology, its purposes and characteristics. The transferable skills and core competencies of clinical psychologists are explained, together with the different levels at which clinical psychologists work. The second section provides information on professional training and governance. It explains how clinical psychologists are trained and employed and the respective roles of the British Psychological Society and the Health Professions Council. The third section is a list of key publications and web links that support this document.

Section 1: The nature of clinical psychology

Philosophy of the profession

The work of clinical psychologists is based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Clinical psychologists will treat all people – both clients (across the life span) and colleagues – with dignity and respect and will work with them collaboratively as equal partners towards the achievement of mutually agreed goals. In doing this, clinical psychologists will adhere to and be guided by explicit and public statements of the ethical principles that underpin their work. The British Psychological Society *Code of Ethics and Conduct* (2006) guides all members and is underpinned by four key ethical values:

- **Respect** – for individuals, cultural and role differences including clients and the general public.
- **Competence** – the continuing development of high standards in professional work.
- **Responsibility** – to clients, to the general public, and to the profession and science of psychology.
- **Integrity** – honesty, accuracy, clarity and fairness in their interactions with all persons.

The Society's *Generic Professional Practice Guidelines* (2008) should also be read in conjunction with this document as they define good psychological practice for all applied psychologists and provide guidance on legal and regulatory issues.

Core purpose

Clinical psychology aims to reduce psychological distress and to enhance and promote psychological well-being by the systematic application of knowledge derived from psychological theory and data.

Clinical psychologists are more than psychological therapists; they are scientist practitioners. Whilst many do practice psychotherapy at

a high level this is not a skill unique to clinical psychologists, nor should it be. Like other applied psychologists, the background and training of clinical psychologists is rooted in the science of psychology, and clinical psychology is but one of the applications of psychological science to help solve human problems. The ability to design and undertake professional practice with individuals, groups, organisations and systems is developed to doctoral level and is becoming more and more valuable in the drive towards evidence-based practice. In addition, research competence and the critical evaluation of research activity is a skill which will be increasingly in demand by health and social care commissioners and provider organisations in the coming years.

It is important to emphasise that research is not thought of as an activity removed from the ‘real’ clinical workplace. While many clinical activities are supported by good data, there are still major gaps in the knowledge base. One of the important ways in which clinical psychologists contribute to health and social care is in the development and testing of new interventions and activities based on psychological theory. Thus practice feeds and draws on research and theory that in turn influences practice. The integration of theory, research and practice is key to the functioning of all clinical psychologists.

Aims

Clinical psychologists aim to enable individual service users and carers to have the necessary skills and abilities to cope with their emotional needs and daily lives in order to maximise psychological and physical well-being; to develop and use their capacity to make informed choices in order to enhance and maximise independence and autonomy; to have a sense of self-understanding, self-respect and self-worth; to be able to enjoy good social and personal relationships; and to share commonly valued social and environmental facilities. The DCP actively encourages all members to develop partnership arrangements with local service user and carer organisations and has developed *Good Practice Guidelines on Service User and Carer Involvement within Clinical Psychologists Training* (2008) and *Guidance on Service User and Carer Involvement* is being prepared.

Clinical psychologists also recognise and value the cultural, racial and community influences within individuals, groups and society. The DCP is producing guidance on *Services to Black and Minority Ethnic Peoples* and actively promotes continuous training for the profession in this important area.

Clinical psychologists also aim to enable colleagues in other professions to develop psychologically-informed ways of thinking; to use psychological knowledge to enhance and develop their professional practice to the benefit of their clients; to be able to enhance their sense of self-understanding, self-respect and self-worth; and to use psychological information and data to aid decision-making at a clinical, organisational and societal level.

How these aims are achieved

The core competencies of a clinical psychologist are:

- transferable skills;
- psychological assessment;
- psychological formulation;
- psychological intervention;
- audit and evaluation;
- research;
- personal and professional skills;
- communication and teaching skills; and
- service delivery skills

The **transferable skills** of clinical psychologists include the systematic application of an extensive range of theoretical models and a broad evidence and knowledge base to novel situations.

Assessment of psychological processes and behaviour is a competence derived from the theory and practice of both academic and applied psychology. It is different from other activities such as diagnosis and includes both assessing individual change and stability and

comparing the individual with others. Assessment procedures include:

- securing an effective working alliance with service users and carers;
- identifying and stating clinically relevant questions for the assessments to answer;
- the development and use of psychometric tests in best practice ways (e.g. tests of intelligence and ability, mood, personality, neuropsychological function);
- the application of systematic observation and measurement of behaviour in a range of contexts and settings (e.g. the observation of nurse-patient interaction in a long-stay ward, training parents to observe and monitor a child's behaviour, enabling care staff to record self-injurious behaviour);
- devising structured assessment strategies for individual clients, teams and organisations (e.g. self report diaries or logs);
- the use of a range of interview processes with clients, carers and other professionals; and
- the design and delivery of risk assessments within clinical practice settings.

Results of these assessments are placed firmly within the context of the historical, dynamic and developmental processes that will have shaped an individual, family, group or organisation as well as future aspirations or needs. Clinical psychologists have the ability to assess the suitability of different measurement procedures depending on the purpose for which the assessment is needed, as well as being competent to devise new and context specific procedures.

Psychological formulation is the summation and integration of the knowledge that is acquired by this assessment process that may involve psychological, biological and systemic factors and procedures. The formulation will draw on psychological theory and research to provide a framework for describing a client's problem or needs, how it developed and is being maintained. Because of their particular

training in the relationship of theory to practice, clinical psychologists will be able to draw on a number of models (bio-psycho-social) to meet needs or support decision making and so a formulation may comprise a number of provisional hypotheses. This provides the foundation from which actions may derive. What makes this activity unique to clinical psychologists is the knowledge base and information on which they draw. The ability to access, review, critically evaluate, analyse and synthesise psychological data and knowledge from a psychological perspective is one that is unique to psychologists, both academic and applied. Clinical psychologists are also competent in both the verbal and written communication of formulations to service users, families/carers and other professionals.

Psychological intervention, if considered appropriate, is based upon the formulation. This may involve the use of psychological models to facilitate the solution of a problem or to improve the quality of relationships. Key to this is the development of a therapeutic working alliance with the service user, family or carers. Other types of psychological intervention may include training or coaching of others (such as professional staff, relatives and carers) and the provision of psychological knowledge by teaching or the development of skills through supervision and consultation. All these interventions or implementations of solutions are tests of the provisional hypotheses contained in the formulation and are subject to iterate modification in the light of experience and new data. Clinical psychologists will monitor and evaluate ongoing interventions and modify these to ensure compatibility with service user needs. They will also recognise when (further) intervention is inappropriate or unlikely to be helpful and communicate this to service users and others.

Evaluation, therefore, is a critical and integral part of the clinical psychologist's work. All activities and interventions need to be evaluated both during their implementation and afterwards to assess the stability and security of change. The ability to devise, modify and use evaluation procedures to improve clinical outcomes and to handle complex and difficult data are key competencies for any clinical psychologist. Many clinical psychologists are engaged to

undertake specific formal research projects commissioned by either the NHS or other grant holding bodies and often hold joint appointments with universities or other Higher Education providers.

Research competencies include the ability to identify and critically appraise research evidence to inform clinical practice. Clinical psychologists can understand a broad range of research methods including quantitative and qualitative strategies of enquiry and plan and conduct research in a manner which satisfies the highest ethical standards.

The **personal and professional skills** of clinical psychologists include an ability to work effectively with clients from a diverse range of backgrounds and to have an awareness of social and cultural factors. Whilst working at an appropriate level of autonomy they accept accountability to professional and service managers and recognise their own personal development needs. They use clinical supervision to reflect upon and improve their own clinical practice and seek and use appropriate support and guidance within the limits of personal and professional boundaries. They behave consistently in a manner that is compatible with ethical principles, codes of conduct and professional standards.

Communication and teaching competencies are fundamental to a clinical psychologist's role. At all times clinical psychologists ensure that verbal and written communications meet expected standards of confidentiality and pay due regard to issues and laws surrounding data protection. They plan and deliver teaching and training in a manner which takes into account the needs, goals and characteristics of recipients.

Service delivery competencies include working with service users and carers to facilitate their involvement in service planning and delivery, working with issues and mechanisms to facilitate organisational change, and developing and sustaining effective partnerships with a range of commissioners and delivery systems. Increasingly clinical psychologists are occupying leadership roles in clinical teams, project development and formalised managerial hierarchies.

Critically, it is the mixture and synthesis of these competencies, built on the body of psychological theory and data, which are applied to helping individuals, groups and systems solve personal, family, group, strategic or organisational problems that makes clinical psychology unique in health and social care.

Who uses clinical psychology services?

Clinical psychologists work with individuals and carers, couples, families and groups and are committed to the principles of partnership and where appropriate multidisciplinary team working with colleagues. They also work across the lifespan from very young children to older people and work with people with mild, moderate and severe mental health problems, with learning disabilities, with physical and sensory handicaps, with brain injury, those who have alcohol and other drug problems and people with a range of physical health problems (e.g. HIV and AIDS, cancer, heart disease, pain, diabetes). It is important to emphasise that clinical psychologists may have their greatest influence on enhancing psychological well-being of service users by working at systemic levels. There will always be more demand than psychologists can fulfill, so by working with organisations to provide psychologically appropriate services, or by working in a staff development and supervision mode, clinical psychologists can ensure that many more users have access to psychologically informed practice than can be delivered by psychologists alone.

Having effective leadership in place at all levels across all agencies is crucial to facilitate the engagement of both staff and organisations in service modernisation. The Department of Health *New Ways of Working for Applied Psychologists in Health and Social Care* report (2007) advocates a stronger clinical leadership role for applied psychologists and the DCP has produced guidance on *Leading Psychological Services* (2007) to support and encourage clinical psychologists to develop these roles.

Where do clinical psychologists work?

Clinical psychologists can be found working within mental health trusts, acute hospitals, child health teams, community trusts and residential facilities, social services teams, older adult services, substance misuse services, learning disability services, forensic services and rehabilitation and resettlement teams. The recent Department of Health initiative, Improving Access to Psychological Therapies (IAPT), is showing an increase in the number of clinical psychologists working in primary care both as therapists and as supervisors of other staff.

A significant number of clinical psychologists work in higher education (some in joint academic/clinical posts) contributing to the training of psychologists and others, as well as to both academic and applied research. Whilst the majority of the profession is employed within the NHS, some clinical psychologists work for other public service agencies and voluntary or charitable organisations. An increasing number of clinical psychologists are now working in private practice.

What do clinical psychologists do in their work?

It is impossible to encapsulate briefly what clinical psychologists do across a vast range of client areas and specialisms, and across the range of seniority and experience within the profession.

Assessment, for instance, might include a complex neuro-developmental assessment of a child with developmental delay, assessment of a young man with first episode psychosis for Cognitive Behaviour Therapy, assessment of a person with learning disability for a home-based intervention for challenging behaviour, to a forensic risk assessment within a secure hospital setting, contributing to a decision about whether an offender might be able to move on, or to a differential diagnosis of a older person with failing memory.

Interventions also span a wide range from models – behavioural (for instance in addressing challenging behaviour) through CBT for psychosis in first episode psychosis to highly specialist interventions (such as Dialectic Behaviour Therapy for personality disorders), as well as psychotherapy, family and systemic working.

Most psychologists, including the most senior, would maintain a clinical practice but would combine this within an average week with a range of other activities as described above.

Section 2: Training and governance

How are clinical psychologists trained? Clinical psychologists are amongst the most intensively trained professionals in health and social care. After a first degree in psychology most graduates will go on to some sort of further experience, undertaking research (often for a higher degree), working in health and social care (as an Assistant Psychologist) or some other relevant work. After this period (usually between one and three years) they apply for a place on one of the 27 training courses in the UK. In 2009 there were well over 2,000 applicants for just under 616 places. Training is regulated by a formal accreditation process whereby the Department of Health is advised by the British Psychological Society as to which courses are suitable. This has now changed, however, with the Health Professions Council becoming the Statutory Regulator for Applied Psychologists from July 2009. The accreditation process is a continuous one and the regulatory authority has the authority to withdraw accreditation if a course does not reach the appropriate standard. The broad training requirements for all courses demand that trainees demonstrate competence in three areas – clinical practice, academic ability and research skills. Training involves all three aspects, with supervised clinical practice taking at least half of the total training time. All trainees are expected to gain experience of working with different client groups over the life span with a variety of different clinical problems in a range of settings. Trainees cannot qualify unless they satisfy the examiners of their competence in all three areas. Training takes place over three years of full-time study, at the end of which successful candidates are awarded a Doctorate of Clinical Psychology which is recognised by the Health Professions Council as allowing them to practice. All training is within the higher education sector and is almost entirely funded from central government through local commissioners.

Clinical psychologists trained overseas can apply to the Health Professions Council to become registered in the UK. The HPC scrutinises an applicant's training and experience against the *Standards of Proficiency for Clinical Psychologists* (2009).

How are clinical psychologists' professional standards monitored and maintained?

For many years the Society has supported the introduction of statutory regulation for all applied psychologists in order to maintain professional standards and protect the public from malpractice.

On 1 July 2009 the Health Professions Council opened the Practitioner Psychologists section of its register of Health Professionals. 'Clinical Psychologist' is now a protected title and it is a criminal offence for an individual to use this title unless they are registered as such with the HPC. HPC registration is also required for employment as a clinical psychologist within the NHS and private/voluntary organisations. Like all other state registered health professionals they will be required to undertake a programme of continuous professional development (CPD) and confirm to the HPC every two years that they are fit to practice. A small random sample of the register will be required to submit their CPD records for assessment by the HPC. The HPC also investigates complaints regarding conduct of individual registered health professionals and has the power to remove any clinical psychologist from the register if found guilty of a serious professional misdemeanour or lacking in essential competencies. For further information see www.hpc-uk.org/registrants/cpd. The DCP is also producing *Guidance on CPD for Clinical Psychologists* (2010) and has published a *Policy on Continuous Supervision* in 2006, available from the Division website (www.bps.org.uk/dcp).

Chartered members of the Society continue to be subject to the Society's *Code of Ethics and Conduct*. The Society retains its own disciplinary process and may develop arrangements with the HPC whereby a member breaching of the Society *Code of Ethics and Conduct* will be reported to the HPC if registered with that body.

Within clinical psychology, the Division of Clinical Psychology issues a series of continuously updated documents to assist its members. These take the form of :

- **Good Practice Guidelines** – usually produced by a Faculty of the Division to highlight evidence-based practice with a particular client group.
- **Briefing Papers** – denoting recent evidence or developments in professional practice.
- **Occasional Papers** – individual contributions to the professional practice literature.

These documents are available on the DCP website (www.bps.org.uk/dcp) or from the Society shop (www.bpsshop.org.uk).

A clinical psychologist in any job would be required to meet professional standards and this would be monitored and supported at local level with regular clinical and professional supervision, with appraisal and performance review and acknowledgement of the need for CPD and training.

Other types of psychologists in health and social care

Historically, clinical psychologists have been the only qualified applied psychologists working within health and social care. However, it is now common practice within many organisations to employ graduate psychologists to carry out some routine psychological tasks under supervision. Such posts have expanded in number and have developed into Assistant Psychologist posts. These will often be filled by people wishing to gain experience prior to clinical training and are usually short-term appointments. It is important to note, however, that such posts are not a substitute for a qualified clinical psychologist and Assistant Psychologists can only work under close supervision to perform a circumscribed set of tasks. (See *Guidelines for the Employment of Psychology Assistants*, 2006, which were jointly developed by the DCP and Amicus – now part of Unite.) In recent years, other types of applied psychologist have developed. Of particular importance in health and social care are counselling psychologists, health

psychologists, clinical neuropsychologists and forensic psychologists. While each of these groups has some specialist skills and knowledge, there are also many commonalities with clinical psychologists.

Advising commissioners and providers

It is important that providers and commissioners of services are both clear about the nature of the psychological needs to be fulfilled in order to ensure that the appropriately qualified psychologist is employed.

Currently, clinical psychologists are in the best position to advise on the psychological needs of the communities they serve and on how such needs might be fulfilled. Because of their historic position in the NHS and their numbers (they are currently the largest single group of applied psychologists) local lead clinical psychologists can advise on the skill mix required to fulfill psychological needs. This will include ensuring that different types of applied psychological skills are properly represented in the portfolio of services offered and there is the appropriate workforce employed to do the job, comprising both qualified psychologists and others providing psychological interventions. This implies an organisational framework that allows for a variety of different skills and talents to be used and requires a system of clinical governance for the development, delivery and monitoring of the quality of psychological interventions.

Within current services there are a range of models by which clinical psychology services are organised. It is seen as important that there is recognition of the need for both a rigorous general management system which might entail accountability to someone outside the profession but also for clinical and professional supervision which needs to be delivered primarily from within the profession. The preferred organisational model is for a professionally managed service, accountable for its performance to a Trust executive board, rather than small groups or individual clinical psychologists working in isolation without appropriate professional supervision and governance. The latter is not recommended as a means of delivering and maintaining high quality psychological services to needy and vulnerable people and is actively discouraged by the profession.

Section 3: Useful publications and web links

Publications

British Psychological Society. (2008). *Generic professional practice guidelines*. (2nd edn.). Leicester: Author.

British Psychological Society. (2006). *Code of ethics and conduct*. Leicester: Author.

British Psychological Society and NIMHE. (2008). *Good practice guide on the contribution of applied psychologists to improving access to psychological therapies*. Leicester: BPS.

British Psychological Society. (2009). *A guide to DCP publications*. Leicester: BPS.

British Psychological Society and NIMHE. (2007). *New ways of working for applied psychologists in health and social care. The end of the beginning. Summary report*. Leicester: BPS.

Division of Clinical Psychology. (in press). *Guidance on CPD for clinical psychologists*. Leicester: British Psychological Society.

Division of Clinical Psychology. (2008). *Good practice guidance on service user and carer involvement in clinical psychology training*. Leicester: British Psychological Society.

Division of Clinical Psychology. (2007). *Leading Psychological Services*. Leicester: British Psychological Society.

Division of Clinical Psychology. (2006). *Policy on continued supervision*. Leicester: British Psychological Society.

Division of Clinical Psychology and Amicus. (2006). *Guidelines for the employment of psychology assistants*. Leicester: British Psychological Society.

Health Professions Council. (2009). *Standards of proficiency for practitioner psychologists*. London: HPC.

Web Links

The British Psychological Society

www.bps.org.uk

Department of Health

www.dh.gov.uk

Division of Clinical Psychology

www.bps.org.uk/dcp

Health Professions Council

www.hpc-uk.org

NHS Northern Ireland

www.hscni.net

NHS Scotland

www.show.scot.nhs.uk

NHS Wales

www.wales.nhs.uk

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