



CPD sample profile

1.1 Full Name: Newly qualified Clinical Psychologist

1.2 Profession: Clinical Psychologist

1.3 Registration: PYL XXXX

2. Summary of recent work experience/practice

I am currently working in a Community Learning Disability Team where I have been in post since qualifying three years ago. I work in a large multi-agency/multi-disciplinary team including psychologists, nurses, occupational therapists and speech and language therapists. Since taking up this post I have developed a range of clinical skills including working with service users with challenging behaviour, assessment of Autistic Spectrum Conditions and working with staff teams. I have been involved in the development of a range of therapeutic groups to address issues such as, anger management, social skills and healthy living and I have developed and delivered training to local services regarding communication with service users with Autistic Spectrum Conditions. As a consequence I have developed my group facilitation skills and skills in teaching and mentoring other professional colleagues.

The range of difficulties experienced by service users with learning disabilities and the need to work indirectly with staff teams on occasion, means that I have needed to be flexible in my approach and I have drawn on a range of psychological models, such as systemic and cognitive behavioural models, to inform my practice. In addition to delivering group based interventions I also work individually with service users. In this context I have developed skills in delivering cognitive behavioural interventions for a range of difficulties, such as depression and anxiety, in a way that is accessible to service users with learning disabilities.

I have enjoyed the challenges of my current post and believe they have helped me develop self-awareness and an ability to contain my own and others, anxiety. I have shown myself able to cope calmly and professionally in some challenging situations

I receive both clinical and managerial supervision from an experienced Consultant Clinical Psychologist. I also provide clinical supervision for other professional colleagues delivering psychologically informed interventions and for trainee Clinical psychologists on placement with the team.

(Max. words: 500)

3. Personal Statement

Standard 1: A registrant must maintain a continuous and up-to-date and accurate record of their CPD activity.

I maintain a continuous and up to date record of my personal and professional development using the BPS online CPD system. This provides a chronological record of all my CPD activity as well as reflective accounts of my learning and development and I update it regularly. I retain copies of all certificates of attendance to demonstrate participation in formal training events. I use my CPD log to inform discussions about my professional development needs with peers and my line manager and it informs my annual appraisal.

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice.

My CPD activities range from the formal to the informal and vary to the extent to which they either directly inform practice or are interesting to me personally. Both extend my knowledge and skills base so that I can offer more when working with my clients.

As a member of the Division of Clinical Psychology, for example, I receive the Clinical Psychology Forum. Via this monthly publication I remain aware of current issues, developments, key players and contacts in the various fields of interest and relevance to my work.

I attend journal club meetings every two months. All staff working in clinical psychology services in learning disability teams in the 8 boroughs of NW London are invited and we take turns to present journal articles followed by discussion. This is a useful way of networking and finding out what others are thinking. I also attend quarterly, multi-agency, challenging behaviour forum meetings (NW London, as above). A recent topic for discussion was physical intervention in challenging behaviour. These training sessions help me to maintain awareness of good practice in the field of learning disabilities.

The Multi Disciplinary Team in which I work has a good practice forum, which occurs monthly and I both attend these and make presentations on occasion. I have extended my group facilitation skills by supporting service users to run a support group and by preparing and co-facilitating a number of psycho-educational groups, which has required a review of relevant literature and treatment approaches. I have been instrumental in setting up a peer supervision group with other Band 7 psychologists, the focus of which is to reflect on service related issues and the development of leadership skills in preparation for taking on more senior roles in the future. I have prepared and delivered training sessions to multi-disciplinary colleagues, which has also required a review of the relevant literature and current good practice.

In addition to networking and peer supervision opportunities, I also attend formal training courses, which address specific issues that arise in the context of my work, for example I recently attended a training course on assessment of Autistic Spectrum Conditions in adults.

In addition to increasing knowledge formal training can also help to promote reflection and mindfulness in relation to therapy for particular clients or particular situations. Both formal and informal CPD activities increase my ability, skills and professionalism as a Clinical Psychologist and therapist and as such inform my current practice.

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.

Standard 4: A registrant must seek to ensure that their CPD benefitted the service user.

The examples below demonstrate how my CPD activity has contributed to my practice and how this may be of benefit to service users (clients, carers and staff). A summary of supporting evidence is attached.

Journal articles (evidence number 1)

I have read a variety of journal articles relevant to my area of practice in a community Learning Disability Service from journals such as the Journal of Learning Disabilities and the British Journal of Learning Disabilities.

Reading journal articles helps me to keep up to date in areas relevant to my practice. My reading over the past two years has helped me to extend my knowledge of working with challenging behaviour and the assessment of Autistic Spectrum Conditions and as a consequence has helped to ensure that my formulations and interventions, whether with service users, carers or staff groups are evidence based. I was able to use my knowledge of Autistic Spectrum Conditions to successfully argue for the development of a training programme on communication for staff working in both community and residential settings with service users who have an Autistic Spectrum Condition. The training was well received and a version of it is to be included in the induction of all new staff joining my organisation.

Attendance at professional forums (evidence number 2 and 3)

I regularly attend two, local, professional forums, the Challenging behaviour forum and the multi-disciplinary good practice forum. This has been useful in terms of extending my opportunities for professional networking. As a direct result of attending the challenging behaviour forum I have had the opportunity to visit another service in the local area to discuss their approach to managing challenging behaviour in service users with profound learning disabilities. Following on from this I have been involved in developing, with multi-disciplinary colleagues, group supervision sessions with the staff team on a local residential unit. The aim of the supervision is to promote psychological models of working with service users in order to extend the range of interventions available to staff, as well as to reduce stress and hence improve the health and well being of the clinical team. This has helped to reduce sickness levels which benefits service users by helping to maintain a stable workforce that understand their care needs.

Attendance at the multidisciplinary good practice forums has helped me to gain a better understanding of the roles and professional perspectives of other multi-

disciplinary colleagues. I have been able to organise a number of days shadowing multi-disciplinary colleagues to observe their work. For example I spent a day with the Consultant Psychiatrist and sat in on their outpatient clinic. This was useful in expanding my knowledge of the use of medication, but more specifically in relation to my work, common side effects and the impact of these on individual functioning. This has proved particularly helpful when considering the results of psychometric assessments for service users.

Supervision (evidence number 4 and 5)

During the course of my current post I have supervised a trainee clinical psychologist on placement and two assistant psychologists working in the department and I have attended an accredited supervisor's training course. Both the training course and the experience of providing supervision have led me to read about and consider different models of supervision. I am currently using a developmental model of supervision, which has helped me to reflect upon my own needs from supervision as well as helping supervisees to think about their development. The provision of supervision helps the staff member to maintain the fidelity of psychological approaches and helps to reassure the service user that psychological interventions are appropriate and of high quality.

I have also been instrumental in setting up a peer supervision group. Although this group sometimes discusses clinical issues the main focus has been on service related issues, leadership and the role of psychologists in these areas. One of the main learning points from this experience has been to reflect on my personal interactional style and how this impacts on other staff members. This has led me to consider ways in which I might modify my behaviour in order to work more effectively with colleagues. For example, I was recently working with a staff team trying to understand the reasons for a service users challenging behaviour. The team had been asked to complete ABC charts to support a functional analysis but were consistently failing to do so. After reflecting on the difficulties in peer supervision, rather than pointing out that the charts had not been completed I decided to explore with staff their perceptions of the barriers to completing the charts. Staff highlighted a number of difficulties, for example the charts being another piece of paper to be completed following an incident, as well as a general lack of knowledge regarding the purpose on the charts. As a result the charts were simplified and following this and some short, awareness raising sessions regarding functional analysis, completion of the charts improved.

I also receive clinical supervision from a consultant clinical psychologist. My supervision sessions have been an invaluable support to me as a relatively newly qualified clinical psychologist. Pressure from other team members, means that demand for psychological services can be high and supervision has helped me to prioritise my work load whilst maintaining a high quality but efficient service.

In addition clinical supervision has helped me to keep a focus on the treatment goals and interventions I have agreed with service users. For example, I had contracted with a service user to do some therapeutic work in relation to social anxiety difficulties. Part way through the intervention I was asked by a colleague to comment on the service users capacity as a parent. Supervision helped me to reflect on the potential implications on my therapeutic relationship with the service user and the

limits of my professional expertise. This in turn enabled me to discuss the potential difficulties with my colleague and refer them to a more experienced clinician with expertise in parenting assessments as well as maintaining therapeutic focus and rapport with the service user.

Training in relation to Autistic Spectrum Conditions (evidence 6 and 7)

I have undertaken a training course in the assessment of and interventions for service users with autistic spectrum conditions. Attending the training means that I have developed skills in the assessment of adults with autistic spectrum conditions. This has directly benefitted service users referred to the Community Learning Disability Team because access to clinicians with skills in the assessment of autistic spectrum conditions has been severely limited. This has meant that some service users who have been unable to access services are now able to do so following a comprehensive assessment. Following on from the training I have recently become involved in setting up a group for men with Asperger's syndrome. The group is supported by clinicians but is run by the service users and provides an opportunity for participants to discuss their difficulties with other service users in a supportive environment. The group has provided me with experience in supporting service users to facilitate a group, which requires different skills from those involved in delivering psycho-educational groups.

(Max words: 1500)

4. Summary of supporting evidence submitted

Evidence number	Brief description	Number of pages	CPD standard
1	Notes from reading journal articles British Journal of Learning Disabilities, Journal of Learning Disabilities, DCP Forum, The Psychologist)	3 pages hard copy	2, 3 and 4
2	Presentation prepared for Multidisciplinary Good Practice Forum	3 pages hard copy	2 , 3 and 4
3	Case presentation prepared for Challenging Behaviour Forum	2 pages hard copy	2, 3 and 4
4	Supervision log	4 pages hard copy	2, 3 and 4
5	Certificate of attendance on accredited supervisor training course	1 page hard copy	2, 3 and 4
6	CPD log	3 pages hard copy	2, 3 and 4
7	Certificate of attendance on Autistic Spectrum Conditions training event	1 page	2, 3 and 4