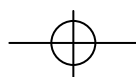
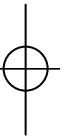
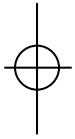
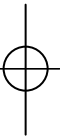
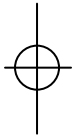
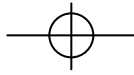


Division of Clinical Psychology

The Core Purpose and Philosophy of the Profession

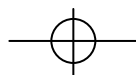


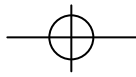


This new edition of *The Core Purpose and Philosophy of the Profession* was edited by Dr Peter Harvey and published in January 2001.

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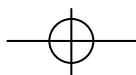
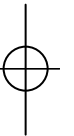
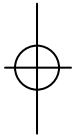
Introduction

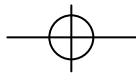
What is this document?

It is divided into three sections. The first is the broad statement of the nature of clinical psychology, its purposes and characteristics. The second is made up of background information. The third is a full listing of key documents which support this document.

What is its function?

It is designed to guide and advise clinical psychologists in the development and implementation of their services. It can be quoted from freely and used in negotiations with managers or when explaining the nature of clinical psychology to non-psychologists.





Part 1: What is clinical psychology?

Philosophy

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 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.

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.

Aims

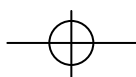
Clinical psychology services aim to enable individual service users to have the necessary skills and abilities to cope with their emotional needs and daily lives in order to maximise psychological and physical well-being; to develop and use their capacity to make informed choices in order to enhance 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.

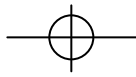
Clinical psychology services aim to enable other service users to develop psychologically-informed ways of thinking; to use psychological knowledge to enhance and develop their professional practice to the benefit of their clients; to be able to enhance their sense of self-understanding, self-respect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

How these aims are achieved

The core skills of a clinical psychologist are:

- assessment;
- formulation;
- intervention;
- evaluation.





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:

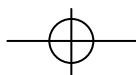
- the development and use of psychometric tests (e.g. tests of intelligence and ability, mood, personality, neuropsychological function);
- the application of systematic observation and measurement of behaviour in both real-world and other settings (e.g. the observation of nurse-patient interaction in a long-stay ward, training parents to observe and monitor a child's behaviour, enabling care staff to record self-injurious behaviour);
- devising self-monitoring strategies for individual service-users (e.g. diaries of intrusive thoughts);
- the use of formal and informal interviews with clients and carers.

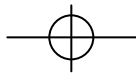
Results of these assessments are placed firmly within the context of the historical and developmental processes that will have shaped either an individual, family, group or organisation.

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 and test one-off, individualised assessment procedures.

Formulation is the summation and integration of the knowledge that is acquired by this assessment process (which may involve a number of different procedures). This will draw on psychological theory and data to provide a framework for describing a problem, how it developed and is being maintained. Because of their particular training in the linkage of theory to practice, clinical psychologists will be able to draw on a number of different explanatory models and so a formulation may comprise a number of provisional hypotheses. This provides the foundation from which some actions may derive. What makes this activity unique to clinical psychologists is the 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 pure and applied.

Intervention, if appropriate, is based on the formulation. This may or may not involve the application of a formal process of behaviour change (i.e. one of the psychological therapies). Other sorts of intervention may be training of others (professional staff, relatives and carers), the provision of psychological knowledge by teaching or the development of psychological skills through supervision. All





these interventions are tests of the provisional hypotheses contained in the formulation and, as such, are subject to modification in the light of experience and new data.

Evaluation is, therefore, 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. Again, the ability to devise and use assessment procedures and to handle complex and difficult data are key competencies for any clinical psychologist.

In summary, it is the mixture and synthesis of competencies, built on the body of psychological theory and data, which are applied to helping people solve personal, family, group, work or organisational problems that makes clinical psychology unique in health and social care.

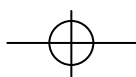
Clinical psychologists as scientist-practitioners

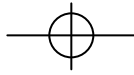
Clinical psychologists are more than psychological therapists. While many do practise psychotherapy at a high level this is not a skill unique to clinical psychologists, nor should it be. The background and training of clinical psychologists is rooted in the science of psychology, and clinical psychology may be seen as one of the applications of psychological science to help solve human problems. The ability to design and carry out applied research is a skill developed to a doctoral level in training and is one that is becoming more and more valuable in the drive towards evidence-based practice. In addition, one element of research competence is critical evaluation of research activity and this again is a skill which will be increasingly in demand over the coming years.

It is important to emphasise that this research activity is not thought of as an activity removed from the "real" clinical workplace. While there are good data which support many clinical activities, there are still major gaps in the knowledge base. One of the important ways in which clinical psychologists contribute is in the development and testing of new interventions and activities, based on psychological theory. Thus practice feeds and draws on research and theory which in turn influences practice.

Who uses clinical psychology services?

Clinical psychologists work with individuals, couples, families, groups (therapeutic, staff, informal) and at the organisational level (e.g. hospital wards, day centres, Community Mental Health Teams, NHS Trusts, Primary Care Groups and Trusts). They also work with all age groups from very young children to older people. They work with people with mild, moderate and severe mental health problems, people with learning disabilities, people with physical and sensory handicaps, people with brain



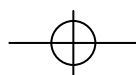
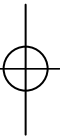
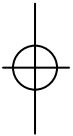


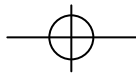
injury, people who have alcohol and other drug problems and people with a range of physical health problems (e.g. HIV and AIDS, cancer, heart disease, pain, diabetes).

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 fulfil, 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.

Where do clinical psychologists work?

The training of clinical psychologists means that they are not restricted to work in any particular institutional setting. Currently, clinical psychologists can be found working within primary care, mental health trusts, acute hospitals, child health teams, community and residential facilities, social services teams, substance misuse services, forensic services and rehabilitation and resettlement teams. A significant number of clinical psychologists work in higher education (some in joint academic/clinical posts) contributing to training of psychologists and others, as well as to both pure and applied research.





Part 2: Background information

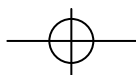
How are clinical psychologists trained?

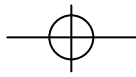
Clinical psychologists are amongst the most intensively trained professionals in health and social care. After undergraduate education in psychology most graduates will go on to some sort of further experience doing research (often for a higher degree), working in health and social care (as an Assistant 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 1998, there were 1556 applicants for just under 400 places. Training is regulated by a formal accreditation process whereby the NHSE is advised by the British Psychological Society as to which courses are suitable. The accreditation process is a continuous one and 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 variety of different 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 NHSE as allowing them to practice. All training is within the higher education sector and is almost entirely funded by the NHSE.

How are clinical psychologists' professional standards monitored and maintained?

Although not yet formally regulated by law (although this is the profession's firmly stated commitment and has been for some years), clinical psychologists are part of a wider structure which has been set up by the British Psychological Society (BPS) in order to regulate the practice of psychology. This is done through the process of chartering. A Chartered Psychologist has successfully completed an approved undergraduate degree in psychology and, for a period of three years, either further accredited postgraduate training or supervised practice. Chartered Psychologists agree to abide by the BPS's Code of Conduct and can be removed from the Register for breaches of the Code. The BPS has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists. Chartered Psychologists may use specialist titles (e.g. Clinical, Educational, Occupational, Health) to identify to their particular area of specialisation.

Within clinical psychology, the Division of Clinical Psychology has issued a series of documents which identify good practice.



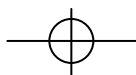


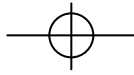
Are there other types of psychologists in health and social care?

Traditionally, clinical psychologists have been the only type of clinical psychologist working within health and social care. Some 20 years ago, some clinical psychologists employed graduate psychologists to carry out some routine tasks under supervision. Such jobs have expanded in number over the years and have developed into Assistant Psychologist posts. These will often be filled by people wishing to gain experience prior to clinical training. It is important to note, however, that such posts are not a substitute for a qualified clinical psychologist and Assistants can only work under close supervision to perform a circumscribed set of tasks.

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. It is important that both providers of services and commissioners of services are 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 probably 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) they can advise on what sorts of psychologist are required to fulfil which psychological needs. This will include ensuring that different types of applied psychological skills are properly represented in the portfolio of services offered. This implies an organisational framework that allows for a variety of different skills and talents to be used. This can only happen properly if psychology services are organised in such a way as to employ a variety of different applied psychologists and other professionals. The preferred model is for a professionally managed service, accountable for its performance to a Trust Board, rather than small groups or individual clinical psychologists working in isolation. The latter is not recommended as a means of delivering high quality services to needy and vulnerable people and is actively discouraged by the profession.





Part 3: Supporting documents

Careers in Psychology. The British Psychological Society, February 2000

A Code of Conduct for Psychologists. The British Psychological Society, 2000

Guidelines for Clinical Psychology Services. Division of Clinical Psychology, The British Psychological Society, 1998

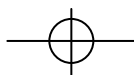
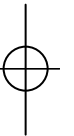
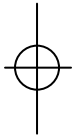
Guidelines for continuing Professional Development. Division of Clinical Psychology, The British Psychological Society, 1998

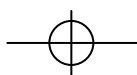
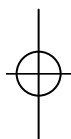
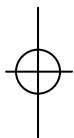
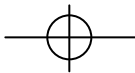
Guidelines for the Employment of Assistant Psychologists. Division of Clinical Psychology, The British Psychological Society, 1997

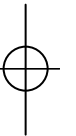
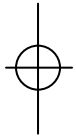
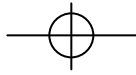
Professional Practice Guidelines. Division of Clinical Psychology, The British Psychological Society, 1995

A pack of information on becoming a Chartered Psychologist is also available on request

All these documents are available from the DCP Administrator at The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR







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