

‘You can use your intellect and your emotions’

Michelle Rydon Grange talks to Ian Florance



Michelle Rydon Grange works as a Senior Clinical Psychologist at a forensic hospital. Ian Florance asked her about what she does and how she got there.

Tell me a bit about your background.

I grew up in a small seaside town in North Wales and spent most of my summer holidays on the beach. I still never like to stray too far away from a beach. I went to my local primary and secondary schools, which were Welsh-medium... I still speak Welsh daily, both in my personal and professional life.

I fell in love with psychology when I did my A-levels, then did a psychology degree at Manchester. I remember feeling physically very small in comparison to this huge city, missing home and disliking the anonymity... I think I realised then how central being Welsh is to my identity.

What was it about psychology that made you fall in love with it?

As an undergraduate, attachment theory was a real eye-opener for me, and I still draw heavily on it in my work. I also read Freud – his ideas fascinated me, but it was really only when I started working clinically that I came to appreciate the contribution he made to psychology, and in particular in helping us understand the therapeutic relationship.

Once I'd graduated I knew I wanted to be a clinical psychologist, so I studied for a master's degree and then looked for assistant psychologist jobs. My first was with a child and adolescent learning disabilities team, then I worked in a CAMHS setting, co-facilitating an evidence-based parenting programme. I also managed to get some research assistant experience evaluating the same parenting programme. I was lucky to have this good mix of clinical and research posts. It gave me a thorough grounding in behavioural theory because I worked in child learning disability and child and adolescent mental health services. Those experiences have stayed with me, and I still think in terms of 'establishing operators' when trying to understand the world around me! The research posts taught me that you don't always have to be sitting opposite a client to be able to effect change in their lives. Applied psychologists can do that by dedicating time to research too and advancing knowledge.

When I graduated from my PhD, I took up another research post. I decided to apply for the clinical doctorate and graduated in October 2015.

Tell us about your present job.

I am Senior Clinical Psychologist in a medium-secure forensic hospital for adult males. Our clients often have

significant histories of trauma and disempowerment creating a context for mental health difficulties and contact with the criminal justice system. I'm involved in clients' psychological assessment and treatment. Assessment can involve anything from neuropsychological testing to assessing a client's personality functioning.

I also take the lead on the dialectical behaviour therapy (DBT) programme within the hospital and am involved with various research projects. It's a really varied role, and I get to flex all of the skills clinical psychologists possess from assessment to consultation! I also try to squeeze in some reading and writing time, depending on what has inspired me that week.

You seem to see researching, writing and publishing as a central part of what you do.

Absolutely! Clinical psychologists are contributors to, as well as consumers of, the evidence base. Writing and researching enables us to apply psychological principles on a wide scale. A paper I published last year examined failures in our modern healthcare system through certain psychological perspectives, such as learned helplessness. Psychology allows you to make sense of things, and it affects your and others' practice.

Currently I'm looking at the psychological research on compassion. I'm really interested in the idea that the human compassion system is adaptive. If we want to provide compassionate care in our hospitals, we really require a better understanding of how compassion operates from a psychological perspective.

The topics I'm interested in are inspired by my clinical work. Forensic populations throw up many emotional reactions. You need to be aware of how they might impact upon therapeutic relationships, and you need to be curious about your own subjective reactions to a patient. Without this, you can easily become seduced into re-enacting unhelpful patterns from the patient's past. Transference phenomena are really one of the pleasures of clinical practice; I can't think of many professions where you can use your intellect *and* your emotions in your daily work.

My most recent doctoral research thesis examined the association between traumatic brain injury (TBI) and obsessive-compulsive presentations. My doctoral research study contained one of the largest sample sizes in the literature, and so it was great to be able to contribute to a growing area of research in this way.

What do you most enjoy about your work?

The contact I have with patients. That's the stuff that gets me leaping out of bed in the morning. Building therapeutic and healing relationships with people who have been abused, exploited or harmed is particularly humbling. The more I work clinically, the more I recognise the importance of being human with the people who use our services. Psychologists' key role is to develop a validating, warm, respectful and empathic relationship from within which psychological intervention can be undertaken. In the absence of such

a therapeutic relationship, you're merely applying a set of techniques, which might actually be detrimental to that person. It's really heartening to read research which demonstrates that the quality of the therapeutic alliance has the biggest impact on treatment outcome, over and above any specific psychological treatment. Typically, risk concerns dominate people's thinking in forensic environments; it's important but difficult to privilege the therapeutic relationship.

I also enjoy the complexity of the work I do. Trying to understand human behaviour and cognition is the most complex scientific endeavour we're ever likely to come across.

What new areas are you thinking about?

I'm involved in an exciting collaboration between our service and North Wales police force. I'm also part of a group of healthcare professionals trying to enhance compassionate care within our organisation.

Forensic populations' health-related outcomes are a concern, and a small team are particularly interested in the management of obesity in inpatient forensic settings and the ethical framework surrounding this issue. I've also recently taken the lead on an audit examining how acute psychological distress is managed on the wards. This data is going to give us a really good baseline to work from, in terms of identifying how often we help patients to access non-pharmacological means of managing distress – DBT skills, for example – and how we can support ward staff to engage in this work with patients when the patients are acutely distressed.

What one thing would you change about your work?

Our tendency to decontextualise distress. Mental health difficulties result from people's best efforts to make sense of their experiences. Their symptoms are not devoid of personal meaning... they haven't occurred in a vacuum.

We also tend to view patients as somehow qualitatively different from us. My hunch is that this divide occurs more often in forensic settings than others, due to the very serious nature of the difficulties we're working with. I guess it's psychologically protective to consider patients as 'different' from us.

Any message for aspiring psychologists?

Spend time reflecting upon why you want to be a psychologist. And don't neglect research. Lots of aspiring psychologists focus on gathering clinical experience, when actually, as I've said, research is a core part of what we do. Even when we're trying to unpick a client's narrative and reach a psychological understanding, we have hypotheses, we're gathering 'data', be that through clinical interview or some other means. Working scientifically is an ingrained part of what we do.

Also, find an inspiration and try to develop those qualities within yourself. Identify your own strengths and the things you value. Surround yourself with those who are going to nurture you and provide you with opportunities to develop. Always be curious about what you're doing and why you're doing it.