

A care pathway

Ian Florance talks to **Jamie Durrance** about her work at Rowan House

Jamie Durrance is Chartered Clinical Psychologist at Rowan House, a specialist medium- and low-secure unit specialising in the care of adults diagnosed with personality disorders, learning disability or developmental disorders, challenging behaviours and/or

a forensic history. As we start to talk, in a quiet Italian restaurant in Norwich, she describes her teenage self as 'energetic and driven'. She's thought carefully about what she wants to say, which is good practice for any psychologist about to be interviewed by the media. She's only 33

but has already faced huge challenges and takes time to think through her answers.

'I had a good childhood, though my parents split up when I was five and there was less support and understanding at that time for a family in that situation.' In retrospect, two experiences seem to have influenced her later interest in psychology. 'When I was 14 my stepfather had a terrible car accident and was in a coma for a month. There was extensive neuropsychological damage. He recovered fully but it did change his personality for a while. Then, I had to drop out of my second year of A-levels when glandular fever developed into chronic fatigue syndrome. I didn't handle it well. My mum was an aerobics instructor so I was used to a physically energetic environment. All my peers were having a good time and I had been very focused on going to university to study law and politics.'

Jamie finally did this, after

taking her A-levels a year later. 'I went to Keele and after a term decided to leave. The subject wasn't for me and I needed time to regroup. I worked, then decided to study psychology.' What made that choice for you? 'The advice of a friend who is now a clinical psychologist. It wasn't a fully thought through decision: it just seemed like a good option.'

Theory can't prepare you for practice

'I went to Aston – a big city university – which suited me. I'd grown up in Crediton, Devon so I wanted to experience living in a city.' She says she was 'relieved' when she enjoyed psychology. 'It felt like I'd made the right choice and I started thinking early on about how I could apply what I was learning. I enjoyed neuropsychology, but I think what had happened to me when I was younger made me want to specialise in clinical work. A lecturer advised me it was simply too difficult to get onto the clinical course: that only made me more determined! However, my first practical job convinced me I could actually be a clinical psychologist. And I think that's an important step for anyone considering a clinical route, theory complements practice but it cannot replace it.'

After her degree, Jamie worked in an acute psychiatric ward. 'This was a shock to the system. I wasn't naturally a "fluffy, helping people type person" but found that I did have the people skills to do the job. I also found I enjoyed directly working with individuals who had complex mental health problems and the challenges this entailed.'

Engaging people who haven't asked for help

Jamie's next job, an assistant post in a regional secure unit in Norwich, has helped to define her later career. 'People with complex personality disorders and offending histories are fascinating. You're trying to engage people who haven't



jobs online

Make sure you visit www.psychapp.co.uk for the latest jobs. Society members can sign up for suitable e-mail and RSS alerts. Advertisers can now reach beyond the prime audience of Society members that they reach in print, to include the many other suitably qualified individuals online. Recruiters can post online from just £750, and at no extra cost when placing an ad in print. For more

information, see p.384.

Current online-only jobs at www.psychapp.co.uk include:
Rethink, Doncaster, High Intensity Psychological Therapist
Canterbury Christ Church University, Reader in Psychology
Rethink, Wakefield, Psychological Wellbeing Practitioners (Low Intensity)



asked for help. There's a constant tension between establishing a healthy, trusting therapeutic relationship and making recommendations on risk. You have to deal with extreme emotions, including personal attacks. This requires a great deal of self-regulation and the ability to focus on the underlying vulnerability of your clients.'

Jamie studied for her doctorate at the University of East Anglia after a year as an assistant, during which she completed a number of standard placements. 'I enjoyed most of them but found myself enjoying working with adults who experienced severe and complex mental health problems the most. I was also becoming more and more interested in both group and individual therapeutic approaches in which interpersonal relationships were a key part. My thesis was on the influence of personality disorder traits on emotional regulation strategies and psychosocial functioning within individuals diagnosed with clinical depression. The academic side was very intense.'

Thinking about thinking

Following her doctorate Jamie worked for another year before joining Rowan House, where she's been for the last three years, a year of which was spent working half-time in order to also work part-time within a local NHS acute service. 'Rowan House is run by Care Principles, originally a service set up in 1997 for those with learning disabilities. Care Principles now operates 17 secure hospitals, community hospitals and care homes offering specialist services for a range of mental health and developmental disorders. I work in the medium-secure service treating males aged between 18 and 65 who have a diagnosis of complex personality disorder with co-occurring offending behaviours. This was set up by Ron Tulloch a few years ago. Our patients are often referred from prisons and other psychiatric hospitals, including high-secure hospitals.'

'Our Personality Disorder Unit is currently quite small – although there are plans for expansion to provide a care and treatment pathway – but we offer very specific treatment. We deliver to a structured timetable, including intense group and individual therapeutic sessions, and all staff work closely together as a team to help create an environment

"A couple of hours therapy a week delivered by a lone psychologist won't work"

in which safety, containment and stability is the focus. Almost all of our patients, by the nature of their diagnoses, will have experienced chaotic, disruptive and abusive early life experiences that have led to insecure attachment patterns and high levels of unregulated emotional reactions. Therefore, we provide them with medium- to long-term treatment which enables the provision of a secure base and clear, bounded feedback on their

behaviours.'

According to Jamie, consistency is critical across a multidisciplinary team. 'A couple of hours therapy a week delivered by a lone psychologist won't work with our patients, and so all staff have to be clear about what we're trying to achieve and how we're going to go about it. Our patients are often quite clever at driving wedges between team members, so we must be cohesive. In addition there's a real danger of staff burnout, so regular formal and informal supervision and support is a must.'

FEATURED JOB



Job Title: Psychologist or Psychiatrist Member
Employer: Risk Management Authority

Yvonne Gailey, Chief Executive of the Risk Management Authority (RMA), talks with pride and enthusiasm about the organisation.

'We believe we're a unique organisation: Scotland's policy on the risk management of its most serious offenders is distinctive. RMA was established in 2005 as a public body accountable to, but independent from, the Scottish Government. Put simply, we set standards for and provide guidance on the assessment and management of the risk posed by offenders, in particular those subject to an Order for Lifelong Restriction (OLR), a new sentence introduced by the same legislation that founded the authority. But we are now creating a framework to promote consistent shared risk practice across all agencies, applied proportionately but with the same standards, principles and values, not focusing only on that very small group of high risk offenders.'

Yvonne is particularly proud of three fundamental principles in their work: 'We're evidence-based in all that we do. Human rights is at the centre of Scottish policy, balancing societal risk with an individual's rights. And collaboration is vital, to see that very restrictive risk management does not "creep" to encompass those for whom it is inappropriate.'

"Human rights is at the centre of Scottish policy, balancing societal risk with individual's rights"

Yvonne says: 'This person must be committed to multi-agency working, winning the respect of people outside and inside RMA. They will have sound forensic and ideally clinical qualifications, practice experience of detailed forensic risk assessment and management of complex cases and, since we stress evidence-based practice, ideally will have research expertise. The ideal candidate would have a reputation as a leader in this area, or a track record of supporting or encouraging others' achievement.'

This is a board position and, apart from generic strategic, corporate and financial responsibilities, each member brings a specific area of relevant expertise. 'This person may sit on committees that consider the accreditation of assessors and methods, the approval of risk management plans, and research and training. In addition to the professional expertise, the RMA needs someone who is committed to excellence, rights and evidence-based practice and who can devote two to three days a month to us. This is an area where there have traditionally been inter-professional tensions, so we must have a team player, committed to all professions' contributions.'

In return, Yvonne says the successful applicant will join a board of committed peers, all experts in their own area, and help to govern an enthusiastic team, and so enable a small organisation achieve its important objectives in challenging times. 'It's a privilege to be working on such an important issue in such a rapidly evolving field.'

You can find this job on p.387, and with many others on www.psychapp.co.uk.

Since the main approach to patients' conditions is psychological, Jamie sees herself as a leader within the team, '...which I guess suits me as I'm naturally someone who likes to lead rather than follow. But I'm not a know-it-all! I learn everyday and, in my view, if you're not learning you're not helping. You learn about patients and you learn about yourself. Self-reflection is a critical tool. You have to be honest about your mistakes and flaws, look at your own reactions to often highly emotional situations. In a sense we're teaching

patients meta-cognition – to think about their thinking – and staff have to practise that as well. It should be a skill psychologists can offer in a variety of situations. Your own therapy helps you here. Constant self-evaluation can be draining, but I enjoy it. The more awareness you have of your own approach the better.'

Outcomes are important to Jamie and her work. 'You can take people so far in a medium-secure unit. Our idea is to be able to move patients through a care pathway. Ideally, we are aiming to develop

a low-secure unit for patients to progress to, offering the consistent support of the same key professionals in an environment with less security and more community access in which to "test out" what they have learnt.'

There's still so much to learn

Jamie's comments – in the now busy restaurant on Norwich's newly refurbished waterfront – highlighted a tension between her real drive and commitment to her work and a sense

Low intensity, but a high caseload

Kirsty Golden (Central London Community Healthcare NHS Trust) gives a personal overview of the Psychological Wellbeing Practitioner role

Since the implementation of the Improving Access to Psychological Therapies (IAPT) initiative in 2008, the face of mental health treatment within primary care in the UK has been overhauled. Within IAPT, the post of Psychological Wellbeing Practitioner (PWP) is an increasingly popular option among psychology graduates seeking an entry-level job with direct clinical experience as part of a mental health team.

At Step 2 of the stepped-care model, the basic functions of the PWP's role are to provide 'low-intensity' cognitive behavioural therapy-based guided self-help and to signpost clients to relevant local agencies, such as employment support agencies or SureStart groups. We typically see clients with mild to moderate depression and anxiety, but can also provide help with problems such as stress and low self-esteem. Sessions are fewer in number than in traditional CBT (Step 3), and usually last for 30 minutes or less. The focus of the sessions are workbooks or other self-help materials. Rather than providing 'therapy', PWPs act in a coaching role, working collaboratively with the client to choose the direction of the sessions. As clients are often unfamiliar with this form of intervention, the PWP must work creatively and help the client to engage with the material and to understand what is expected of them. To provide the client with a flexible and accessible service, sessions can utilise a number of formats, including face-to-face, telephone, psychoeducation groups, and computerised CBT. At this level

of intervention, caseload volume and client turnover are high; a PWP may help over 250 clients per year. With such high turnover, regular supervision is vital to the role.

To save time and allow increased opportunity for the PWP to meet their targets, IAPT services are shifting the emphasis from conventional face-to-face sessions, to those carried out over the telephone. Resistance to this method of

work. Practitioners are typically sceptical of telephone work, as it does not allow for the use of non-verbal cues, silences are difficult to interpret, and the practitioner is unable to provide a safe, calming environment for the session to take place in. However, positive outcomes can nonetheless be achieved through this method.

Some trainees are disappointed when they learn the realities of the role, as

sessions do not involve therapy, and the amount of face-to-face contact may be less than anticipated, but there is a lot to gain from a PWP post. The role enables the development of many useful clinical and organisational skills; PWPs independently manage their own caseload and must keep up to date with an ever-evolving evidence base, which will form the foundation of their interactions with clients. A PWP will learn how to offer balanced sessions that facilitate what is the most rewarding aspect of the job, client progress; there is much satisfaction that can be gained from seeing people take control over their own well-being and face their personal challenges.

To encourage applicants with a wider range of experience into the post, entry requirements to the PWP role are broadening. Whereas in the past an undergraduate degree in health, psychology or a social science was an essential



kirstygolden@hotmail.com

intervention and its suitability often comes from the practitioner rather than the client, although I have found that if given the choice, many clients will opt for face-to-face

of how demanding it is, both physically and personally. I raised this with her and, after a hesitation, she began to recount how important this issue is to her personally. 'I became very ill two years ago. I won't go into detail but I was young to get the condition. I had fantastic support and also engaged in my own course of psychotherapy in which there was an emphasis on mind-body links. After this I went back to work part-time for a while. The whole experience has affected how I balance my professional and personal life and my approaches as

a therapist. You do need time to "smell the flowers" and there's a danger for psychologists, particularly in the sorts of area I work in, that you let your life get out of balance. As I said at the beginning, I have always been quite driven, but there's more to life than a career. So it's nice to sit here and talk it over!

And the future? 'I'm going on after this meeting to an interview for a diploma

"I have always been quite driven, but there's more to life than a career"

course in cognitive analytic therapy. I want to do a little bit more academically and I'm in the process of writing up some case studies. As ever, I'd like to get more feedback on what I do. But I don't see myself as moving away from patients with complex personality problems. The last ten years have seen personality disorder move back to the centre of clinical work and, increasingly, of psychological practice. There's still so much to learn.'

requirement for 'low-intensity' roles, this is no longer the case (although they are still valued). Applicants must demonstrate an ability to study at an undergraduate level, but those with qualifications in areas such as nursing and social work are now also able to apply, meaning that teams are often from a diverse range of backgrounds. My undergraduate degree is in history, and I have studied a conversion course in psychology, whereas some of the trainees who have recently taken up posts in my team have backgrounds in research, and occupational therapy. While there are a number of different paths to becoming a PWP, experience working with people with mental health problems remains crucial, so early volunteering can often be beneficial in supporting your application.

In response to the IAPT bidding process, many NHS Trusts joined with third-sector agencies to strengthen their bid. As a result, a PWP may find that they are employed by a charity rather than the NHS. Although it varies between employers, new trainees tend to be employed at Band 4 of Agenda for Change until they successfully complete the employer-funded IAPT training course, a postgraduate certificate level qualification that is usually studied at a nearby university. Once qualified, PWPs are employed at band 5. Contracts are offered on a permanent basis, so the post can often provide a secure employment option within a clinical setting.

I have been a qualified Psychological Wellbeing Practitioner for over a year, however when I came into post, the title on my name badge read 'Graduate Mental Health Worker'. Many Graduate Mental Health Workers have now found themselves 'converted' into PWPs during the IAPT rollout, since the concept of the PWP is an evolution of the Graduate Mental Health Worker role. The benefit of these changes is that the IAPT initiative provides increased structure and recognition for those of us

who are working using 'low-intensity' interventions. Under IAPT there are now guidelines for what services teams should be providing, what supervision should entail, as well as team training requirements. This has provided increased confidence within the role, and an increased understanding of the PWP role among the wider team, which had previously been a common and challenging problem amongst teams accustomed to the traditional service-delivery model. There are, however, some issues with accreditation, as there is not yet a route for those who have completed the Postgraduate Certificate in Primary Mental Health Care rather than an IAPT-accredited course, although options for accreditation are set to expand in the future. The British Association for Behavioural and Cognitive Psychotherapies, who currently offer the accreditation route for those who have received IAPT training, plan to introduce a further option for those with similar training if they complete IAPT-accredited top-up training. The British Psychological Society is also working on an accreditation system. These are exciting developments that recognise the importance of the role.

Career progression is an issue for PWPs, as this aspect of the role has largely been neglected. Some NHS Trusts are employing Senior PWPs at Band 6, which involves holding a small caseload and taking on a PWP management role, providing supervision and training, however the availability of these posts is limited. Advancement will often require training in a different skill set, nonetheless being established in the PWP role and the experience that it provides is a valuable foundation for further development. Two years' postqualification experience is required before PWPs become eligible to apply for IAPT high-intensity training roles, and the clinical psychology training course also values PWP experience.

As the majority of clients referred into the IAPT service will be screened as appropriate for a low-intensity intervention, the importance of the PWP role cannot be overemphasised. Working with a large caseload poses its own challenges, but confidence increases with experience and the knowledge that you are part of a wider team who can provide support and guidance really eases some of that pressure. Through reflecting on my own experience and talking to my colleagues, we all agree that the role is demanding, be it due to the volume we work with, or the clients themselves, but it has also provided us with much satisfaction, and a clinical skill-set that is constantly developing.

A note from Simon Bowen, British Psychological Society Director of Membership Support and Services:

'The Society has led the course accreditation process for Psychological Wellbeing Practitioner training since 2009, and during that time has worked with the national IAPT programme to widen access to training, both to Psychology graduates and people with a range of other experiences and motivations for working in PWP roles. Courses are increasingly being offered at both undergraduate and postgraduate levels, and the workforce is becoming more diverse as greater numbers of PWPs are completing their training. As IAPT services are developing, so too is the role of the PWP, particularly into senior PWP roles (at band 6 and even band 7). Additionally, some courses are employing qualified PWPs on their tutor teams, adding a highly valuable dimension to the PWP training experience and offering a further route for progression.

It is important that Society members are able to register their training in IAPT, and the Society will be launching a register of members qualified for individual accreditation shortly.'