

## 'The families are at the centre of all this'

Jon Sutton meets clinical psychologist **Fleur-Michelle Coiffait** to hear about her work with Leicestershire Partnership Trust

### Tell me about your job.

It's a bit of a long job title... I'm a specialist clinical psychologist in neurodevelopmental conditions, and I'm also the autism spectrum disorders clinical psychology lead. I'm working for Leicestershire Partnership Trust, and my job is quite unique because I work across both CAMHS and the community child health services, which includes speech and language therapy, paediatricians, et cetera. So in terms of NHS services it's across tiers, it might be at the level of people recognising something is a bit different about this child, they might be having first thoughts about autism, ADHD or other developmental disorders; right the way through to the really complex ones who have multiple problems, might have mental health issues as well, might be risk issues, saying that they want to harm themselves. My job is to support the clinical psychology aspect of that provision, from first level all the way up. So it's quite a big task.

### And there's a lot of responsibility too, given that so much of the emphasis is on early diagnosis and intervention?

It is a huge job. I've always worked with more senior psychologists above me, so that's been a bit of a challenge because now there's a shift to being expected to do much more much earlier in your career. I think part of the reason I got this job is because I did the Edinburgh five-year clinical training, a more specialised version of the doctorate. You specialise in a particular client group or area of work, and you work half-time with a specific service in your second and third year. I worked for four years in a learning disability team, and it was fantastic for my development. I started off as a baby psychologist, I'd not worked in that area. I don't know if it was because it was working with developmental issues, but it

was very good for my own development, thinking about where I needed to get to at the end of my training, and how I was going to get there. I grew up into a fully fledged psychologist.

**It's impressive that you think of all those steps. I've been blown away lately by how professional and driven early-career psychologists are, because I look back to my own days and I don't remember there being anything like that level of planning!**

There's a lot more pressure these days to



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have those ideas earlier and earlier. It does feel, certainly in clinical psychology, that you need to be 10 steps ahead.

### What would you say to a 21-year-old you?

I curate a forum for early-career psychologists, and I get students who ask me 'What's the magic formula?'. I try to impress on them that there isn't one – it's

a job like anything else, it's hard work and fairly unglamorous in a lot of ways. You need to focus on enjoying the time now, enjoy your studies but have fun, seek out stuff you're interested in, not just things that tick off a list of 'what do I need to do to get into clinical psychology?' A lot of being a good clinical psychologist can't be taught – it's being a compassionate and warm person, for example.

### Can that be almost trained out of you, the more form filling and box ticking the profession becomes?

Especially in the current NHS context. There's a lot of pressure to get people through the doors and out again, on figures, on waiting times. There's a lot of politics, agendas, and because resources are scarce people want you to do things right now. Sometimes in meetings with other colleagues who aren't psychologists, I remind people why we are here, for the 'little people'. It's so easy to get caught up in the other stuff. The families and the difficulties they have are at the centre of all this.

But there is a lot of pressure... In our service I've taken a leading role on that, because I think as psychologists we've got skills in service evaluation, in evidence, measuring, and translating that into a format that says 'we're doing this because it makes a difference, here is how that difference can be shown'. Other professions that don't have that scientist-practitioner background struggle with that. We need to speak the language of commissioners, and show them that this is worthwhile.

### That goes back to what you were saying about budding psychologists, it's about transferable skills.

Yes, the other stuff you will learn through your training. A trainer doesn't want someone who is already set in their ways, you can't shape that person into a well-rounded practitioner. They want people who are open to new experiences and learning, and that's very much influenced by the placements you do. I learnt more in the placements than on the academic side of things.

### Learning from 'the little people'. So tell me about them, what have you been up to this morning?

Friday is a bit of a quiet day for me. On a Monday and Tuesday I have clinic days, and I'm limited by what space is available to see families and patients. So I can have my appointments at the beginning of the week. This morning I was doing a home visit. I cover Leicester, Leicestershire and

Rutland, so very diverse! Because I live in Nottingham I have the home visits out towards where I live at the beginning of the day. So I went to see a family who I have recently completed an assessment for. My assessments can last two to three months with the more complex individuals I work with. It's usually young people who have been seen by CAMHS, had various inputs from psychiatry, nurses, they might have been along to group work, but the case manager feels something more specialist is required in relation to their autism or ADHD. So they've done the standard help that is on offer, and either it hasn't worked or they've made as much progress as they can. They're referred to my team, and I will always do an assessment. People will often say 'Oh, they need this', but I find it useful to go there fresh. I go through a full developmental history, asking the parents and sometimes the young person about their speech development, all different aspects of their physical, cognitive and emotional development, going right back to pregnancy. I ask about the wider family history, current problems... I think something which psychologists do that often gets missed is asking the person 'well, how do you make sense of that?' I might do some more specialist assessment, such as neuropsychological testing. I look at practical skills, to build up a picture of where their strengths and weaknesses lie and how that fits with what they're presenting with.

**It sounds like detective work, almost.**

It is. And psychologists do it differently... I speak to speech and language therapists and get their take on that bit, and pull it all together. I use a sheet, 'This is me', which has all these different boxes for the child's functioning and how that affects them. People find that useful. I developed that, because a lot of my role was pulling everything together and taking a holistic view. Families can look at it and understand it, and if they're going to a new school for example they can take that and say 'Look, this is Joe, this is who he is'. They've got a starting point. Then after my assessment, I'll decide what will support in those areas. Maybe it's recommendations for school, or they may need to see someone else for assessment or advice. I look to give the child an understanding of what they are good at too, and how they can manage their issues in the real world. I'm not going to be there to hold their hand.

**You say that, but you're talking about three-month assessments... how many**

**times do you see them, and do you inevitably get personally involved?**

It's usually fortnightly... you spend a lot of time chasing other people for information, that's a big issue. Yes, you do build a relationship with that young person. Working with people with autism, that's a key part of getting them to engage. You have to take that time to find out what they're interested in, how you can 'speak their language'. They need to feel comfortable and trust me, as do parents. We're talking about quite personal stuff, and they might not have spoken to anybody about it in that way before. There is the potential to develop these quite unique relationships with people, but I've always got to remember why I'm there, and what's best for that family. It isn't good for them if they get too close and start to see me as a friend, I learnt that in my training. When you finish the work, families can feel abandoned, so you've got to have that balance of being approachable but not be their friend.

**And it's about managing expectations as well, I suppose. People are coming to you at the stage they've probably tried a range of things, then you come along and they see you as the answer to their prayers.**

That can happen, and also people can be very angry by the time they see me. I'm quite honest that I might not have an answer. I can say I specialise in this work, I've seen lots of people like you, I will do a thorough assessment, and check that everything's been done that can be done, that we're not missing anything, but sometimes we can't do anything more. That's really hard. And because developmental issues can be lifelong, we have to help parents come to terms with the fact that it's not going to go away. They need to come to terms with that, but also see the things they are doing well, their strengths. There's a lot of resilience in these families, and they need to realise what they are doing right. It goes back to my thesis... I found locus of control was a really important issue, and even in my work now it's about helping families see what they can control and make a difference with. If you can get families to a place where they have some control, and they can feel it...

**So in the midst of this responsible, time-consuming job, are you finding time to do the blogging side of things, which is where I came across you?**

Not as much as I would like! Being a full-time practitioner you don't get the same opportunities to do that. It's very easy to

end up taking work home, and it freezes out that side of things, particularly if you want to have some kind of life! But I will quite often be driving to a clinic or meeting and think 'I'd really like to write a blog about this'... it's a shame that isn't built into our role.

**What do you think it brought you in the years you did do it?**

I had so many ideas going around my head, it was a good space to formulate and organise them. To invite other people's thoughts, comments and experiences, to look at different perspectives... you don't get that in a research article necessarily. There's also a role for opening up what we do to Joe Bloggs.

**Now you're mostly restricted to Twitter, which I suppose serves some of the same functions.**

I see it as a bulletin, you can share things really easily, get in a discussion... it's like a micro blog.

**Where do you see yourself ending up?**

As with many similar NHS services, in the service I'm in there's a lot of challenges – the post is new, my team is new, so I'd like to get that formally set up and stable and then I may move on, because I'm not enjoying the commute! I'd quite like to go back to Manchester, I have family there. I think I bit off more than I could chew, coming somewhere I didn't know, to a new service, a new post... hard work.

**You don't seem like someone who's scared of a challenge.**

I know, I seem to get attracted to them. I became a specialist in children with life-limiting conditions because I would have the really difficult conversations. It was very worthwhile work. I did a placement in adult oncology too, working with people with cancer. It's very humbling, it's an honour to do it.

**It will be interesting if and when you have your own kids... It changes how you interact with other children. In some ways I think it shuts you off from other them and their problems, because all you can do is imagine if it was your own child.**

The thought of that does scare me, because I've seen the really sharp end of kids with significant problems. I can see everything that can go wrong, I'm well aware of it. It's quite funny though, when I see my nieces and nephews, I'm like 'Woah, they're normal!' It's nice for me to spend time round them, to put it in context a bit.