

From Montana to Ely via California and Nicaragua...

Ian Florance talks with the Society's Practitioner of the Year **Jill Winegardner**, about her journeys working in brain injury rehabilitation

In February, Jill Winegardner won British Psychological Society Practitioner of the Year for her work in brain injury rehabilitation. One of her comments on receiving the award was: 'Although I miss the California coast, I was happy to trade it to work in a health system founded on principles of access and fairness to all.' How did her journey come about?

Jill grew up in Montana, which she tells me is bigger than the UK and still only has a population of just over a million. She proved to be a modest and drily funny raconteur. Thus, when I asked her why she chose to do psychology, she answered, 'I went to Stanford to do an undergraduate degree. I was a language major but I overslept and missed my language placement exam and had to choose another major, so I chose psychology. In the States you have to have a PhD to be a psychologist so I did my MA and PhD in clinical psychology at the University of Montana. That was in 1981.'

I wanted to backtrack. What appealed to you about psychology or was it really a question of overtiredness!? 'I was lucky that Stanford was rather anti the approaches of clinical psychology and psychiatry at the time... I graduated in the mid-seventies. Stanford took a more social psychology approach, and that appealed to me. It made me think about how you "do" behaviour – was it defined by social constructs, by what happened inside the brain? In addition, my PhD clinical psychology course was clinically rich. We did clinical work for a large percentage of the course, so you were always brought back to reality by the real clients in front of you.'

And neuropsychology? 'At that time it had a more scientific basis than the psychiatric and clinical skills approaches. During an internship I was introduced to neuropsychology on a two-week rotation, and I loved it. After finishing graduate school I was pretty sure I didn't want to be a psychotherapist, so neuropsychology appealed. In retrospect it was great being in at the start of a discipline.' Later in the interview Jill mentions 'my family – my sister, brother and my parents were affected by brain illnesses. That has given me a motivation since family is very important to me.'

Jill completed her internship and a neuropsychology fellowship at Case Western Reserve School of Medicine in Cleveland, then joined the Cleveland Metrohealth Hospital, as well as holding an assistant professorship at Case Western Reserve University. She worked for five years consulting with a number of rehabilitation units, then worked for five years at the Cleveland Metro Brain Injury Rehabilitation Programme, which she founded. 'We thought we had a problem with lack of resources for brain injury rehabilitation at the time, but in hindsight I see that the programme I set up and worked in for five years was well funded and resourced. Most particularly we had a diverse team drawing on a variety of therapies.'

It was at this stage that she met Barbara Wilson, who 'was and still is a huge influence on me. I started to draw on more non-American approaches to rehabilitation.' I asked Jill to explain what she meant by that. 'Well, in the USA neuropsychology was all about testing, imaging, measuring. This was typified by huge neuropsychological test batteries such as the Luria Nebraska. Outside the US I found more humane and person-centred approaches and more interest in rehab. My mentor Dr James Mack influenced me hugely in this, emphasising that you must be driven by the need to help others and by your own hypotheses based on talking to patients, not by numbers. After this discussion I'm



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heading off to give a lecture about interviews in neuropsychological rehabilitation at UEA. I rely on interviews much more than formal number-generating assessments.'

4am in New Orleans

Perhaps it shouldn't have come as such a surprise, given the huge role that oversleeping had played in Jill's career moves, that on the strength of one conversation at 4am in New Orleans, she moved to Nicaragua to help set up the practice of neuropsychology. 'I couldn't pass up the opportunity even though it meant learning Spanish and writing a manual before going. It was a hugely life-changing experience. I then moved there, arriving in 1990, the year in which the Sandinista government was defeated in an election after, in effect, 20 years of revolution. I found myself in a completely different politico-social situation. I had to unlearn certain Western prejudices – such as the idea that norms on a spatial memory test in a "third world" country would be worse than the US ones. In fact, Nicaraguans were particularly good at that skill for very specific societal reasons.' You must have faced some criticism given the States' very different relationships with the Contras and the Sandinistas. 'I was, and still am, a strong, old-fashioned leftie. In my first week there, my picture was on the front of a Nicaraguan newspaper when I took part in a protest in front of the El Salvador embassy. So, yes, I got criticism. But I went there for a three-month sabbatical and ended up staying two and a half years! And my experience there only confirmed my professional views on the importance of a person-centred approach.'

Back in the US, Jill found that a lot of rehabilitation programmes had closed down and resources were in short supply. 'They're expensive. I worked in Cleveland and then moved to California, where I set up a private practice that assessed brain injury and provided legal evaluations among other services. I first consulted to an acute rehabilitation unit and then directed a residential brain injury programme.'

'We try to understand identity before moving on to injury'

How and when did you come to the Oliver Zangwill Centre in Ely? 'I've been here for six years. Originally I came here to offer someone else a break. While I was here the lead psychologist was leaving so I stayed on and took that job. The OZC has an international reputation and

practises rehabilitation in exactly the way I feel it should be done – a way that is no longer possible in the States.'

Jill's book (co-written with Barbara Wilson and Fiona Ashworth) *Life After Brain Injury: Survivors' Stories* (2013, Psychology Press) gives a vivid account of that approach illuminated by wonderful case studies. In describing 'Tim's' case, for instance, Jill describes the 'therapeutic milieu' as 'an alliance of staff and clients in which the clients experience trust and safety through constructive feedback as they develop an understanding of the consequences of their injuries and try out new strategies to compensate for them'. The rehabilitation process focuses on three stages:

1. Finding out what the problems are
2. Trying out strategies
3. Putting them into practice.

I suggested to Jill that her approach to brain injury rehabilitation is similar to the way Cordelia Galgut's experience of breast cancer affected her work with patients (as described in our interview with her in the June edition) – an understanding that pathologising a client didn't help. Jill agreed. 'We have the resources to understand clients here. We look at people as much, much more than just a brain injury. I start with interviews about

where the people come from, who their friends are, what their values and interests are. I look for the underlying identity and his/her motivations. We try to understand identity before moving on to injury. We look at how the injury has affected clients existentially, not just how it's affected their skills. Many clients say "I'm not me any more": we try to understand who that "me" is. Rehabilitation is not about accepting the effects of brain injury but of tolerating them.'

Jill has said her Practitioner of the Year award was for all the staff at the centre. She means it. 'This is the best experience I've had of interdisciplinary team work. We work with clients over long periods, we value each other's skills, the atmosphere is great.'

Jill's explanation inspired me but she had a word of warning for people thinking of moving into the area. 'These sorts of holistic programmes are very expensive. It costs a lot to work with the clients, even though our success means later costs to society are much lower. So we need to look after this sort of work.'

And one way she's doing this is co-editing *Neuropsychological Rehabilitation: An International Handbook* – 'a book which will encompass this approach of putting the person first'.

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An educational experience

Helen Owen attempts to plot a route onto an applied doctorate

Graduating from Leeds University in 2013 with a First, I remember thinking ‘this is it. I’m on my way. What an enriching, full, brilliant four years I’ve completed.’ I knew I had a long road of studying ahead to becoming an educational psychologist, but I was committed to the task. I did have a dilemma many graduates face, though – do I get straight to working on a career, or do I go travelling (again)? Attempting to meet both my growing determination to get myself on the Applied Child and Educational Psychology Doctorate and my desire to be abroad, I spent a summer garnering experience with children as a Head Camp Counsellor in Ontario, Canada. It was amazing and exhausting in equal measure, and I returned home believing I was in a strong position to start an application for the doctorate. However, three years on, a place on the applied doctorate course remains elusive, and thinking of it still largely dominates my professional life.

Rewind three years, after my summer in Ontario, my first ‘proper job’ was one that my dad, a former secondary head teacher, advised me against. So naturally I took it. The role was a Learning Support Assistant in an Emotional Behavioural Social Difficulties school for 11- to 16-year-olds, mostly boys. At the time of my appointment, I was one of only three female members of staff, and the youngest. If you haven’t spent time in an EBSD school, it’s quite difficult to explain. Set up like a ‘normal’ school with timetabled lessons, break times, and so on, the school is characterised by an overarching focus on individual young people rather than the school as a collective. The staff mould themselves to fit each young person’s needs, creating a more nurturing environment, with the rationale that many of the young people missed out the development of core skills and emotional regulation during their formative years. The predictable unpredictability of behaviour leaves you drawing on all the teaching and behaviour management resources you have – differentiation of work, de-escalation, distraction, but above all listening and attempting to understand the cause of the not-infrequent verbal, and sometimes physical, outbursts. In fact, the staff experience a heady daily

mix of exhilaration and genuine anxiety when working with the young people.

I spent every day in the classroom but was assigned the task of developing general literacy skills. This involved one-to-one reading with the young people displaying the most challenging behaviours, who, coincidentally, were largely non-attenders. In reality, my ‘reading interventions’ were as much a nurture session as they were a time for reading development. I had a chance to practise my child-centred approach in an environment that was crying out for some kind of regular, tailored, therapeutic intervention. This was a topic frequently debated by staff, always resulting in bafflement that these young people, each with an Education Health Care Plan specifying a range of emotional and behavioural needs, were not supported by a therapeutic action plan to address the very reason they were there.

I think my year and half spent at the EBSD school will always be my favourite job (so far). Many sleepless nights and a hairline fracture to the jaw (the chair flying through the air was not aimed at me) are just a few of the memories, but when I reflect on my time, it’s the achievements of the young people that eclipse everything else. These experiences are what I believe got me to the interview stage last year at the University of Birmingham for the applied doctorate. I was delighted to receive a place on the offer reserve list, fuelling my commitment to keep going. However, my frustration with the lack of psychological input at the EBSD school that was so desperately needed, coupled with my personal frustration with my own lack of formal training in psychological practice, grew as the months went by.

This led me to apply for my current role, in an environment where I could at least be on the periphery of psychological input; I hoped that this would be the ‘start’ of my experience that would lead me on to the sought-after Applied Doctorate in Child and Educational Psychology. I now work within the education team at an inpatient centre for young people with complex mental health, behavioural and emotional needs in Northumberland. The facility provides multidisciplinary inpatient assessment and

No typical shift

Hollie Richardson on volunteering as an e-mail counsellor for ChildLine

Being a child can be difficult. We face a lot of challenges – from family problems to self-esteem issues, from school issues to coming to terms with sexuality. I was no different, struggling in my childhood with family separation and bullying at school, but I was lucky enough to have a supportive network around me. Unfortunately, some people aren’t so lucky.

That’s one reason I applied to volunteer with ChildLine as an e-mail counsellor last summer. After applying online, going to a group interview and having an intense day of training, I went home feeling both excited and sick with nerves, but ready to start my first shift as a volunteer e-mail counsellor. Since that

first day, I’ve learnt a lot about ChildLine, counselling, children, and myself, so I thought I would share a typical shift...

It’s five o’clock on Friday, and I’ve just finished work for the week. Before I can go home, get into my pyjamas and prepare for a night with a good box set, I head over to the ChildLine office in Birmingham for my shift. I get some sweets from the tuck-shop and settle in to the briefing room to hear the updates from the week. Every session ends with a ‘success story’ – a message from a child who has been helped by ChildLine. This always gets us motivated, if we weren’t already, to go out and make a difference for the next four hours (the length of each shift, as it can be very

difficult and emotionally draining work at times).

With a cup of tea in hand, I settle in at one of the computers, log on and wait. Within seconds my computer is pinging. It’s a first contact, a 14-year-old wants to leave home but doesn’t know their options and how to go about this. This is the first e-mail I’ve received on this topic, and I have no idea what to recommend. I put my hand up to get some support from my supervisor; after reading the e-mail themselves, they ask me what I think I should say in response. Something I learnt early on is that with e-mail counselling, it’s OK to be at a complete loss with your response at first, and there’s always someone to help you when you feel like this. This is the main reason

treatment for young people, including those with a learning disability, and is the first such integrated service of its kind in the country. It has been really interesting working with the teachers to plan and deliver tailored sessions that consider communication levels, appropriate topics, timing of sessions, and reward systems, whilst all the time fitting everything around the young people's psychology and therapeutic appointments. Maximising the therapeutic and social benefits experienced by young people during the process of their admission to the facility is a priority and something I am very much involved in.

To address the reduction of natural social interaction, due to being in an inpatient service, the Ferndene NHS Trust multidisciplinary team of psychiatrists,



psychologists, speech and language therapists, occupational therapists and teachers have created a bespoke social skills programme. It includes a variety of modules and offers an opportunity for the young people to come together as a group

to be taught topics such as emotional literacy, relationships and social communication skills. The modules have been designed to enable the young people to develop reflective skills and become aware of their own progress as well as to increase the confidence that can be carried over to other situations. The philosophy of the programme is one of therapeutic risk management as opposed to risk avoidance, and in

many cases where there were concerns of potential risk behaviours, the programme has provided a safe place for conflict resolution and skill building. By its very

nature, the multidisciplinary team really does consider individuals holistically, something I try to reflect in my practice, too.

I have made it my aim to try to get a wide variety of experiences since graduating back in 2013. As a result, my views on education, applying psychology in practice and working effectively with young people are continually evolving and being refined; the journal that I have been keeping for some time is a great aid and gives a sharp clarity to professional reflection. I certainly made a few journal entries following my training as a local Community Panel Member in South Tyneside, tasked with creating a contract for a young offender to make amends to a victim of a crime in the name of restorative justice. My involvement in a language development research project at Newcastle University's Institute of Neuroscience has reminded me what research can unearth and offer to psychology, too.

I'm optimistic that the road ahead is leading me to a future as an educational psychologist. For now, I remain tantalisingly on the outside looking in.

I started with e-mail counselling rather than jumping straight onto the telephone. I've since learnt just how important the e-mail service is; ChildLine receives a lot of silent calls, often young people calling for help but feeling too ashamed or scared to speak to us. Esther Rantzen, founder of ChildLine, hopes the introduction of e-mail counselling will provide a lifeline for young people who have had their voices taken from them through abuse, bullying, or anything else affecting them.

With my initial panic reducing, I work with my supervisor to construct a response that will help the young person if they decide to leave home. However, I'm careful to make sure the young person is informed of all of the possible consequences – it's not going to be smooth sailing for a 14-year-old going it alone. Instead, I urge them to come back to us so we can help them through whatever is going on for them at home – 'We're always here to listen and support you, 24/7'. And it's onto another e-mail...

This time it's a young person who has been talking to us by e-mail for some time. I read the e-mail to check for any immediate risk, and then begin to read back through the conversation to get a deeper understanding of what's happening. I can see that she's been struggling with an eating disorder for some time now, but

hasn't felt able to get help from anyone close to her and is too scared to see her GP.

For me, this is one of the lows of volunteering for ChildLine, as I realise you can sometimes only help so much; as an e-mail counsellor you are always there to listen and support young people, but you can only break the confidentiality promise if someone is in immediate danger. So, even though this young person has been struggling for a long time, I can only repeat the advice previous counsellors have given her – 'We're always here to listen, but it's really important that you get help from someone close to you as well, so things can start to change for the better for you' – and hope this gives her the courage to speak to someone. This is difficult and disheartening, but it's important not to get sucked into the 'doom and gloom': although I can't 'fix' everything, I'm still here to make sure the young person doesn't feel alone.

Come the end of the shift, we all head back into the briefing room for a de-brief. Esther Rantzen recently discussed the fact that counsellors often found they took home the memory of difficult conversations, leading to volunteers 'burning out'. Now, all our shifts end with an opportunity to talk with our supervisor and fellow volunteers about the conversations we've had with young people and the support we've offered.

It's during this time that I'm able to reflect and realise that there is no typical shift: we're always hearing from new young people with new problems and worries.

Although my experience as an assistant psychologist prepared me with some of the skills needed as an e-mail counsellor – for example, I was able to offer advice to service users and other counsellors about types of therapy I otherwise would have no knowledge of – I quickly realised that there's always more to learn. I have since learnt a lot of skills with ChildLine that I now use in my role as an assistant psychologist, such as the importance of validation, and the ability to reflect back to the service user what they have told you so they know you are always listening to them.

For anyone with an interest in counselling or clinical psychology, or who just wants to make a difference to young people's lives, I'd highly recommend volunteering for ChildLine. It can be daunting – trust me, I've been there! – but the e-mail counselling allows you to learn some skills you need without the pressure of the live interactions, and there's always someone to support you. I'm sure we all have advice we'd love to pass on to our younger selves, so why not start giving it to young people who might be experiencing the same things?