



**WENDY WILLIAMS** *questions assumptions about how best to get into clinical training*

# Relevant experience

## Alternatives to the assistant psychologist post?

**T**HE road to becoming a qualified clinical psychologist is a long and precarious one. The psychology graduate must obtain 'relevant experience' before applying for clinical training. As competition is intense, what is considered to be sufficient relevant experience by courses has become more stringent. Many psychology graduates see NHS assistant psychologist posts as compulsory for entry into clinical training. Clare (1995) found that 69 per cent of successful applicants to a clinical training course had worked as assistant psychologists and 34 per cent had worked as research assistants or assistant psychologists conducting research. *The Alternative Handbook* (produced by the Affiliates Group of the Division of Clinical Psychology), which details successful applicants' experiences, also confirms this view of the assistant psychologist post.

NHS assistant psychologist posts are scarce, however, and graduates greatly outnumber vacancies. Those who are financially able take unpaid work in psychology departments. Those who are not so fortunate compromise by taking posts such as those of care assistant or support worker either within or outside the NHS.

### What is relevant experience?

In attempting to clarify the constituents of 'relevant experience', the following important elements have been identified (Midence, 1997; Roth, 1998):

- experience of working with a relevant client group;
- work in similar settings to and contact with clinical psychologists;
- a realistic appraisal of the role;
- working as an assistant psychologist for two or more years in more than one speciality;
- conducting a research project; and
- obtaining a publication.

Differing criteria are stated by courses in the *Handbook for Entry* (produced by the Clearing House for Postgraduate Courses in Clinical Psychology). These include:

- an understanding of the NHS and commitment to working in it;
- direct experience and awareness of the role of the clinical psychologist;
- work with voluntary agencies, social services, or as a care assistant;
- work as an assistant psychologist or research assistant;
- work with children or adults with mental health problems or disabilities or other relevant client groups;
- ability to apply psychological theory in clinical practice;
- knowledge and experience of other cultures or minority ethnic groups;
- knowledge of professional issues;
- ability to relate successfully to healthcare professionals and interpersonal skills; and
- conducting research.

Most courses mention two or three of the above criteria, but some only make a vague reference to the requirement for a 2:1 plus relevant experience. Interestingly, Roth (1998) implies that the crucial purpose of gaining relevant experience is to achieve a realistic appraisal of the role of the NHS psychologist.

### Being an assistant psychologist

We might assume that assistant psychologist posts are broadly similar in the quality of experience they provide, but recent research indicates they are highly variable. In one study, assistants reported that their responsibilities varied from largely clerical duties to responsibility for complex clinical cases: 35 per cent received less than the minimum level of supervision laid down in the Division of Clinical Psychology (DCP) guidelines (Taylor, 1999). Rezin and Tucker (1998) report that the majority of assistants are given supervision below the absolute minimum level recommended by the DCP, and identify two types of 'problem assistant posts'. In an 'under-used' post an

individual lacks work and has little confidence. In an 'over-used' post an individual receives inadequate supervision, inappropriate clients and experiences a lack of confidence in their skills and intervention outcomes. The DCP guidelines advise employers against employing assistants to undertake solely clerical duties, prohibit assistant psychologists working alone on complex cases, and recommend agreeing a maximum of client contact per week. The authors conclude that this guidance is not always followed.

Other drawbacks of being employed as an assistant psychologist include insecure employment with below-average graduate wages; variable training opportunities and low status; and a lack of career structure or accreditation of experience (e.g. Miller & Wilson, 1998). Whitley Council guidelines state that normally no one should be employed as an assistant psychologist for more than three years. So assistant psychologists are, after three years, in danger of being left 'high and dry'. Perhaps unsurprisingly, assistant psychologists report feeling dissatisfied in their posts (Taylor, 1999).

Previous articles have suggested ways of minimising some of these problems by introducing various forms of training including the introduction of a formal pre-training grade, a master's degree to the standard of psychological therapist, accredited speciality training and in-house modular training (Harvey & Tait, 1999; Miller & Wilson, 1998). It is unlikely that any such recommendations will have a significant impact on posts that are not currently meeting minimum standards.

### Alternatives? An example

Recently agencies have shown an interest in employing psychology graduates in support worker and other unqualified roles, with advertisements appearing in the Society's *Appointments Memorandum*. These posts involve links with clinical psychology departments, and some include clinical supervision.

Through collaboration between

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a psychology graduate, a voluntary agency and a psychology department we established a pilot project where the voluntary agency employed a psychology graduate as a support worker providing social and emotional support to people with severe and enduring mental health problems living in supported accommodation. The graduate carried out an additional session of psychological work per week. She received supervision for support work, external supervision from a clinical psychologist and maintained peer support through the region's graduate psychologists' group.

As the post effectively combined two roles – housing support worker and graduate psychologist – an important issue was that of boundaries of confidentiality. These were agreed with the client, and a distinction between the two roles was maintained, confining psychological work to the therapeutic hour with separate support worker visits and activities.

The graduate had the opportunity to develop most of the skills listed in the *Handbook for Entry*, including developing clinical expertise, use of different styles of supervision, ability to use autonomy, application of psychological theory, experience of working with a vulnerable and challenging client group, and

experience of working with qualified clinicians.

The experience of working in non-statutory services was a positive one, as they operate from a more holistic perspective than medically led statutory services. This is more consistent with a psychological approach. The graduate was still able to gain an appreciation of the NHS (identified in the *Handbook* as relevant experience) through attending care-programme meetings and multidisciplinary working.

### Conclusion

Not only are assistant psychologist posts scarce, the quality of experience they provide is not guaranteed and conditions of employment are less than ideal. It is possible to meet many of the criteria listed in the *Handbook for Entry* independently of employment as an assistant psychologist. Instead of taking work as assistant psychologists or care assistants and hoping courses will see this as sufficient 'relevant experience', perhaps graduates can gain from seeking to meet course criteria using more innovative methods.

However, a word of caution is needed before embarking on this strategy: despite the variable quality of assistant psychologist posts, most graduates who

currently gain entry into clinical training have worked at some point as assistant psychologists. Currently, employment as an assistant psychologist does increase the probability of entry into clinical training.

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