



PSYCHOLOGY IN PRACTICE

ECPS4024

Week Four: Clinical Psychology

Activity One: Myth vs Fact Quiz

- Everyone experiences feeling stressed, distressed, or overwhelmed sometimes.
- These feelings can last for prolonged amounts of time and cause problems in functioning.
- Clinical Psychologists work to help alleviate these symptoms by getting people to understand their thoughts and behaviours.
- They often work as part of multidisciplinary teams (MDTs) which involve a range of professionals with differing skills and roles.

The Economic Cost of Mental Health Problems

- Mental health problems are the single largest cause of disability in the UK (World Health Organisation, 2008).
- Around one in six adults met criteria for a common mental health problem (CMHP) in 2014 (NHS Digital, 2014).
- The number of people accessing mental health services has risen from one in four in 2007 to one in three in 2014 (NHS Digital, 2014).
- In the UK, the cost of mental health problems has been estimated at £35 billion each year (Centre for Mental Health, 2017).

Who Are Mental Health Professionals?

- **GPs** are usually the first point of contact with mental health care services and only a small percentage is referred on to specialist services.
- **Community mental health nurses** are registered nurses with specialist training in mental health – they can offer counselling and psychotherapy and prescribe medication.
- **Psychiatrists** are qualified medical doctors with further training in mental health problems – they provide initial assessments and can prescribe medication.
- **Clinical psychologists** are psychology graduates with three years of intensive postgraduate training – they assess and treat mental health problems but cannot prescribe medication.

Who Are Mental Health Professionals?

- **Counsellors** offer talking therapies to support people with mental health problems.
- **Psychotherapists** often specialise in a particular therapeutic approach and may provide long-term support.
- **Occupational therapists** help people with mental health problems adjust to day-to-day living.
- **Social workers** provide a link between mental health services and broader social service provision.
- **Approved mental health practitioners** have a professional clinical qualification and special training to assess and support people who may need to be compulsorily detained due to their mental health problems.

- Mental health professionals often work in MDTs to provide clients with a holistic approach to care.
- In MDTs, clinical psychologists offer a perspective based on their professional skills, such as providing assessment, evaluating client needs, determining causes and creating interventions.

Providing Mental Health Services

- Most people are treated on an **outpatient basis** – they are able to live in the community and get treatment at dedicated mental health centres or GP surgeries.
- Some people voluntarily admit themselves to **inpatient hospital care**.
- Some people can be compulsorily detained under the **Mental Health Act** if they are a risk to themselves or others.

- Services in the NHS are **structured around client groups**, such as:
 - Children and young people (CAHMS)
 - Working age adults
 - Older adults
 - Children and adults with learning disabilities
 - People with substance misuse problems
 - People with brain injuries and neurological deficits.

Clinical Psychology in the UK

What do Clinical Psychologists do?

- Assess, diagnose and treat a wide range of mental health, behavioural and neuropsychological difficulties.
- Work with individuals, families, groups and organisations.
- Use evidence-based psychological therapies and interventions.
- Work across the lifespan, from children to older adults.

Adult Mental Health

Common conditions

- Depression
- Anxiety disorders
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Bipolar disorder
- Psychosis and schizophrenia

Typical settings

- Community Mental Health Teams (CMHTs)
- NHS hospitals
- Psychological therapy services

Child & Adolescent Psychology

Common presentations

- Anxiety and depression
- Behavioural difficulties
- Autism spectrum conditions
- Attention Deficit Hyperactivity Disorder (ADHD)
- Self-harm and emotional regulation difficulties

Typical settings

- Child and Adolescent Mental Health Services (CAMHS)
- Schools and educational settings
- Community clinics

Learning Disabilities & Neurodevelopmental Services

Areas of work

- Intellectual/Learning Disabilities
- Autism assessments and support
- Behavioural support and intervention
- Family and carer support

Goals

- Improve quality of life
- Enhance independence
- Reduce challenging behaviour

Health and Physical Conditions

Psychological support for

- Chronic pain
- Cancer
- Diabetes
- Cardiac conditions
- Neurological disorders

Role of the psychologist

- Adjustment to illness
- Coping strategies
- Behaviour change and treatment adherence

Neuropsychology

Conditions

- Traumatic Brain Injury (TBI)
- Stroke
- Dementia
- Multiple Sclerosis (MS)
- Epilepsy

Key activities

- Cognitive assessment
- Rehabilitation
- Memory and executive functioning support

Older Adult Services

Common issues

- Dementia
- Depression in later life
- Anxiety
- Adjustment to loss and illness

Work includes

- Cognitive assessments
- Family support
- Psychological therapies
- Capacity assessments

Forensic and Specialist Services

linical psychologists may also work with

- Offenders and secure services
- Substance misuse services
- Eating disorders
- Personality disorders
- Crisis and inpatient services

Main aim

- Reduce risk, improve wellbeing, and support recovery.

Key Capabilities and Competencies

- Clinical psychologists receive training in many approaches (e.g. cognitive behavioural, psychodynamic, and systemic).
- Their skills are used in a wider framework including **four stages**:
 - assessment,
 - formulation,
 - intervention
 - evaluation.

Key Capabilities and Competencies

- **Assessment** includes understanding the client's problems and how they would like to change; it can include classifying the client's symptoms according to a set of diagnostic criteria (**diagnosis**).
- Information can be collected through several sources, including clinical interviews and cognitive ability tests.
- From the beginning, it is important for the client and the clinical psychologist to **build a good working relationship**.

Key Capabilities and Competencies

- The **formulation** stage combines psychological theory and information from the assessment to determine how the client's problems came about and what interventions might be useful.
- In the intervention stage, **hypotheses** that the clinical psychologist has made during the formulation stage **are tested out**.
- **Interventions** might be based on a specific psychological approach (e.g. CBT) or may integrate several.
- The client is often involved in the intervention planning and their family might be part of the intervention itself.

Key Capabilities and Competencies

- Outcomes of the intervention are **evaluated** through many qualitative and quantitative sources, like discussions with the client and validated questionnaires.
- While questionnaires provide objective measures of change, the client and family should be consulted to see whether there are subjective changes.

Counselling Psychology

- Counselling psychologists are regulated by the HCPC and can be chartered by the BPS.
- Regulation and monitoring means that research by counselling psychologists should have a high level of scientific rigour.
- NICE provides guidance on carrying out good quality research that can be used in the NHS.

- Counselling psychologists are required to draw on research in their practice.
- The HCPC's standard of proficiency states that a counselling psychologist must:

'be able to use professional and research skills in work with service users based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation' (HCPC, 2015, p.122).

Empirically Supported Treatments

- Practice should be fundamentally directed by the evidence base.
- The therapeutic approach one uses with a particular client should have empirical research supporting its efficacy with clients who present in therapy with a similar problem.
- This is the foundation of **empirically supported treatments (ESTs)**.

Empirically Supported Treatments

- Some treatments are more efficacious than others for some conditions and, on the basis of a client's diagnosis, the therapist should therefore provide a given intervention (Wilson et al., 2009).
- Clinicians cannot always keep up to date with recent research findings and would benefit from summaries of evidence provided by expert reviews (Chambless & Ollendick, 2001) - **NICE guidelines**.

A Research-Informed Approach

- ‘Practice should be **evidence informed** but not evidence-driven. This is a key distinction. It suggests that the practitioner needs to take evidence into account in making his or her decisions, but evidence does not dictate the decision’ (Bohart, 2005, p. 40).
- This is completely consistent with the American Psychological Association definition of Evidence-Based Practice in Psychology (EBPP).

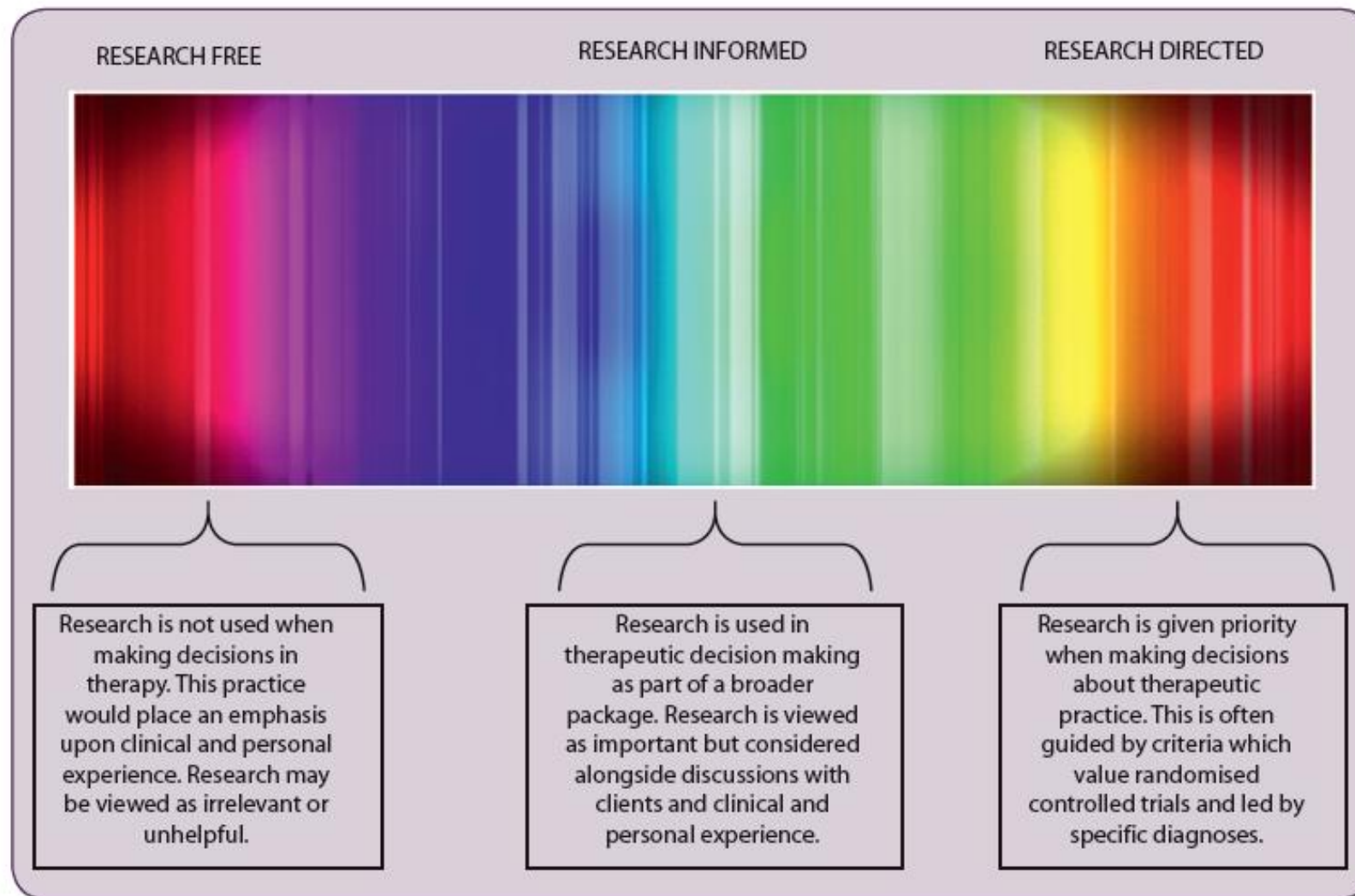


FIGURE 28.3 *The research/practice spectrum.*

Regulation and Continuing Professional Development

- Clinical psychologists are regulated by the Health and Care Professions Council (HCPC).
- Clinical psychologist is a **protected title** that can only be used with appropriate training and registration with the HCPC.
- The HCPC can take actions against clinical psychologists who do not meet their standards.
- Clinical psychologists are expected to undertake **continual professional development** to stay up to date with the newest research and practice.

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How Do Counselling Psychologists Make Decisions About Their Therapeutic Work?

The Therapist and Their Personal History

- We come into our therapeutic work with a personal history - our own understanding of the world based on experience.
- Psychologists need to be particularly mindful of how our power and privilege, or experiences of discrimination and marginalisation, may impact on how they perceive themselves and relate to others (Watkins & Shulman, 2008).

The Therapist and Their Training

- A counselling psychologist may have trained in a number of therapeutic approaches.
- Training will influence the decision they make with a particular client.
- Where it is judged that something may be useful to a client that we are not competent to offer, this is a matter for discussion and a potential referral.

Pluralism, Research, and Counselling Psychology

- Pluralism argues that any important question has a number of different but possible answers (Rescher, 1993).
- Every individual has their own understanding of the world, and that this 'otherness' should be respected.
- The same client would potentially benefit from different approaches at different times throughout their life and, therefore, the therapeutic work.
- Counselling psychologists must: 'understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy' (HCPC, 2015, p.28).
- Being responsive and being integrative in our practice is one way to do this.

The Reflective Practitioner Model

- Clinical psychologists and Counselling Psychologist should adopt a **reflective practitioner approach** – they should reflect on their own experience when working with clients (Schön, 1983).
- Reflective practice can be achieved through attending reflective practice groups or through psychotherapy.

The Diagnostic Model

The **diagnostic model** is an approach that identifies and classifies mental health difficulties into recognised disorders based on clusters of symptoms.

- A person's symptoms are assessed and compared with diagnostic criteria.
- Diagnoses are based on classification systems such as:
 - **DSM-5-TR** (Diagnostic and Statistical Manual of Mental Disorders)
 - **ICD-11** (International Classification of Diseases)

The Diagnostic Model

Examples

- Persistent low mood, loss of interest, and fatigue → **Depression**
- Excessive worry and physical symptoms of anxiety → **Generalised Anxiety Disorder**
- Hallucinations and delusional beliefs → **Schizophrenia**

The Recovery Model

- In the Recovery Model, recovery is viewed as an individual journey rather than a set outcome (Repper & Perkins, 2006).
- It is a holistic model that is **more than the treatment of symptoms** but rather the development of a person in their environment (Repper & Perkins, 2006).
- Important features include: hope, a secure base, a strong sense of self, supportive relationships, empowerment and inclusion, coping strategies, and meaning (Repper & Perkins, 2006).
- The Recovery Model is at odds with the **Diagnostic Model**, which does not generally consider the causes of mental problems (Compton, 2007).

Case Formulation

Case formulation = a psychological explanation of a person's difficulties.

It helps psychologists answer:

- What difficulties is the person experiencing?
- What factors may have contributed to these difficulties?
- What keeps the difficulties going?
- What strengths and resources does the person have?

A formulation is different from a diagnosis.

- Diagnosis labels a condition.
- Formulation explains an individual's experience.

The "5 Ps" Framework

Presenting Problem

What is happening now?

Predisposing Factors

What may have made the person vulnerable?

Precipitating Factors

What triggered the current difficulties?

Perpetuating Factors

What keeps the problem going?

Protective Factors

What strengths, supports, or resources help?

Activity Two: Clinical Psychology Case Formulation

Small Group Task

- Use the 5 Ps framework to identify possible factors for the two provided scenarios (also on Moodle)

Discussion

- Which factors are unique to each case?
- Which factors appear in both cases?
- How do social relationships influence mental health in both examples?
- Why is formulation often more useful than focusing solely on diagnosis?
- What further information would you want before planning intervention?

Case Formulation V Diagnosis

Reasons Diagnosis Can Be Helpful



Guides treatment

- Helps professionals identify interventions that have been shown to be effective for particular conditions.



Supports communication

- Provides a shared language between healthcare professionals and services.



Access to services

- Some NHS and specialist services require a diagnosis for referral or eligibility.



Research and evidence

- Diagnoses help researchers study conditions and evaluate treatments.



Validation for some individuals

- Receiving a diagnosis may help people understand their experiences and access support.

Case Formulation V Diagnosis

Limitations of Diagnosis

- ⚠ People with the same diagnosis can have very different experiences.
- ⚠ Diagnoses may not explain *why* difficulties have developed.
- ⚠ Labels can sometimes contribute to stigma or stereotypes.
- ⚠ Many difficulties are influenced by social, psychological, and environmental factors that diagnoses may not fully capture.



15 minute break



BPS Code of Ethics and Conduct

Code of Ethics and
Conduct | BPS



BPS Code of Human Research Ethics

- SOCIAL RESPONSIBILITY



Psychologists must be able to work in partnership with others (including professional colleagues, research participants, and other persons;



be self-reflective;



be open to challenges that question the contributions of psychological knowledge to society.



Psychology researchers need to be aware of their personal and professional responsibilities,



be alert to the possible consequences of unexpected as well as predicted outcomes of their work, and to acknowledge the often problematic nature of the interpretation of research findings.



They should always work within the limits of their professional competence



Ethical Dilemmas in Mental Health

- Ethical dilemmas in clinical and counselling psychology often involve balancing several competing responsibilities, such as client autonomy, confidentiality, safety, and professional integrity.
- There is rarely one perfect answer, but psychologists use ethical principles, supervision, and professional guidance to make informed decisions.

What Do We Mean by Ethics?

- Ethics are the principles and standards that guide psychologists' professional behaviour and decision-making.
- Clinical and counselling psychologists often work with people experiencing distress, vulnerability, or risk.
- As a result, ethical decisions are a central part of practice.
- *Ethical dilemmas rarely have a simple "right" answer. Psychologists often need to balance competing responsibilities.*

What Do We Mean by Ethics?

Core Ethical Principles

- Respect for autonomy (supporting client choice)
- Beneficence (doing good)
- Non-maleficence (avoiding harm)
- Confidentiality and privacy
- Professional integrity

Confidentiality, Privacy & Safeguarding

- Clients need to feel safe sharing personal information.
- Psychologists therefore have a duty to protect confidentiality.
- However, Confidentiality Has Limits

When should confidentiality be broken?

Who should information be shared with?

How much information is necessary to share?

Confidentiality, Privacy & Safeguarding

- Information may need to be shared if:
 - There is a serious risk of harm to the client
 - There is a risk of harm to others
 - A child or vulnerable person may be at risk
 - Legal or safeguarding requirements apply

Professional Boundaries & Relationships

- Psychologists must maintain clear professional boundaries with clients.
- Ethical Risks
 - Becoming friends with clients
 - Social media contact
 - Accepting expensive gifts
 - Working with someone you already know
 - Developing multiple roles with the same person

Why does this matter?

Professional Boundaries & Relationships

- Poor boundaries can:
 - Affect objectivity
 - Create conflicts of interest
 - Harm the therapeutic relationship
 - Reduce trust in professional services

Ethical Challenges in Online Therapy

- New Technologies, New Ethical Questions?
- Many psychological services now take place online through video calls, messaging, and digital platforms.
 - Potential Challenges:
 - Maintaining confidentiality at home
 - Managing risk during remote sessions
 - Session recording without consent
 - Data security and privacy
 - Social media and online boundaries
 - Using AI and digital tools

Ethical Challenges in Online Therapy

- What happens if a client disconnects during a crisis?
- How can privacy be ensured during online sessions?
- Who has access to digital therapy records?

Activity Three: Ethical Dilemmas in Mental Health (40mins)

Activity Three: Ethical Dilemmas Workshop

Question	Notes
What happened?	Summary of the dilemma
Who could be affected?	Client, psychologist, family, public
What ethical principles are involved?	Confidentiality, autonomy, beneficence, etc.
What are the risks?	Short-term and long-term
What should the psychologist do?	Justify decision
What additional information is needed?	Missing facts

Dr Evans is a clinical psychologist working in a hospital. During lunch in a busy café, she discusses a particularly challenging client with a colleague. She does not mention the client's name, but describes their age, occupation, and a highly unusual medical condition.

- A person sitting nearby overhears the conversation and realises the client is their neighbour.

Discussion Questions

- Has confidentiality been breached?
- Could the client be identified even without their name being used?
- What harm might result?
- How should psychologists discuss cases safely?

Mia, aged 15, is attending counselling for anxiety. During a session she tells the psychologist:

- "Sometimes my mum's boyfriend gets really angry and pushes me when nobody is around."
- Mia becomes upset and says:
- "You can't tell anyone. If you do, my family will be angry with me."
- The psychologist wants to respect Mia's wishes but is worried about her safety.

Discussion Questions

- What concerns does this disclosure raise?
- Does confidentiality still apply?
- When should safeguarding procedures be followed?
- How could the psychologist involve Mia in any next steps?

A long-term client who is ending therapy brings their clinical psychologist an expensive watch as a thank-you gift.

- The client appears genuinely grateful and says refusing the gift would upset them.
- **Discussion Questions**
- Should the psychologist accept the gift?
- How might accepting or refusing affect the relationship?
- Could accepting create ethical concerns?
- What factors should influence the decision?

Tom is a counselling psychologist in a small rural community. A new client, Sarah, contacts the service and is assigned to him.

- At their first appointment, Tom realises Sarah is the captain of the local football team that he plays for every weekend.
- Tom worries that refusing the client could delay support, but continuing the therapeutic relationship may create complications outside therapy.

Discussion Questions

- What problems might arise from this dual relationship?
- Could objectivity be affected?
- What boundaries would be difficult to maintain?
- Should Tom continue seeing Sarah?

After several counselling sessions, a client sends their psychologist a friend request on social media along with a message saying:

- "You've helped me so much. I feel like we're friends now."
- The psychologist wants to be supportive but is unsure how to respond.

Discussion Questions

- Should the psychologist accept the request?
- What boundary issues could arise?
- How could they decline professionally?
- How might social media affect the therapeutic relationship?

Leah, a counselling psychology client, attends online therapy sessions from her bedroom. During several sessions, she keeps her camera turned off and gives very short answers.

- One day she says:
- "I'm fine, honestly."
- However, her voice sounds shaky and upset. The psychologist cannot see her facial expressions or surroundings and is concerned that important signs of distress may be missed.

Discussion Questions

- What challenges does online therapy create in assessing risk?
- Should clients be required to use their cameras?
- How might the psychologist explore concerns appropriately?
- What professional responsibilities exist when information is limited?

Session Summary

- The high prevalence rates of mental health problems have implications for both personal suffering and economic cost.
- Mental health services are relatively underfunded.
- Mental health problems require a range of professionals with a variety of skills.
- Clinical psychologists and Counselling Psychologists work around a framework which includes assessment, formulation, intervention and evaluation.
- They are expected to reflect on their own experiences, engage in continuous professional development, and need to be registered with the HCPC.

Session Summary

- Diagnosis identifies what difficulties a person may be experiencing.
- Formulation helps explain how and why those difficulties developed and are maintained for that individual.
- Clinical psychologists often use both diagnosis and formulation to develop a holistic understanding of a person's needs.