Abstracts (A-Z order by first author surname)

Ref: 1766 Poster
A Mindfulness-based Intervention for Dementia Dyads: Understanding Dyadic Experience and Possible Adaptations
Jennifer Adams¹, Chris Clarke², Emma Wolverson³
¹University of Hull / NHS, ²University of Hull, ³University of Hull

Objectives: Dementia is increasingly being recognised as an interpersonal process between the person with dementia (PwD) and caregiver. Preliminary studies suggest PwD can benefit from mindfulness, but not how this process occurs or their experience of it. Two primary research questions were explored:
1. How do dyads (PwD and caregiver) engage with and experience the practice of mindfulness over the course of an adapted mindfulness intervention?
2. How does practicing mindfulness impact on subjective wellbeing in the context of dementia and how do dyads experience this?

Design: The study took a qualitative design, guided by principles of Participatory Action Research. Qualitative data were collected at various time points before, during and after the intervention.

Method: Three dementia dyads were recruited from the community. Participants followed an adapted mindfulness-based stress reduction program and participated in a focus group and two interviews. Facilitators were also interviewed.

Results: Thematic analysis identified four superordinate and 11 subordinate themes. The findings describe dyads integrating mindfulness into their daily lives, leading to a broader understanding of mindfulness as ‘a way of life’. Wellbeing effects were identified, including positive effects on the relationship, stress and gratitude. The essential personal resources of dyads before engaging in such an intervention were also highlighted.

Conclusions: This study highlighted the importance of involving both dyad members in interventions. It builds on literature about appropriate adaptations to mindfulness interventions and emphasises the importance of person-centred adaptations. The findings also suggest what dyads need in place prior to engaging in mindfulness interventions which may affect screening processes.

Ref: 1826 Poster
Do Clinical Psychologists Have a Role in Clients’ Use of Psychotropic Medication? A Mixed Methods Investigation Exploring Current Forms of Involvement
Amy Aston¹, Sharron Smith², Danielle De Boos³, Anna Tickle³
¹Trent Doctorate in Clinical Psychology, ²University of Lincoln, ³University of Nottingham

Objectives: Involvement with psychotropic medication is not traditionally viewed as an aspect of the clinical psychologist’s identity. However, international research suggests that psychologists are likely to encounter a variety of opportunities to become involved and frequently do so. This study aimed to explore whether clinical psychologists in the United Kingdom have a role with their clients psychotropic medication by exploring forms of involvement undertaken, and decision-making behind involvement.

Design: A mixed methods design was employed for complementarity in order to first gather widespread data, and then explore participant experiences in closer detail.

Method: 147 clinical psychologists took part in an online survey, and 11 of these respondents were
interviewed. Descriptive statistics, logistic regression, and thematic analysis were used to analyse the quantitative and qualitative data respectively.  

**Results:** Results suggest that clinical psychologists are engaging in various forms of involvement with medication on a regular basis, often with intent to influence prescribing based on their agendas. A thematic map was created identifying a process by which clinical psychologists weigh up factors prior to deciding to have involvement in order to establish their rationale, and then flexibly navigate their approach and actions.  

**Conclusions:** Clinical psychologists recruited in the study are regularly engaging in roles with clients' psychotropic medication. This is despite lack of guidance from professional bodies, no professional position statement, and minimal (or no) teaching during training. The two main clinical implications are: 1) supporting the idea of training on psychotropic medication for clinical psychologists, and 2) professional guidance to inform clinical psychologists’ practice.

**Ref:** 2058  
**Poster**  
**Evaluating the effectiveness of a day service treatment for severe eating disorders**  
*Catherine Atkinson, Amy Wicksteed*  
*Sheffield Eating Disorders Service*  

**Objectives:** To evaluate the effectiveness of a 3 day a week intensive day service intervention for clients presenting with severe eating disorders.  
To explore the experiences of day service attendees.  

**Design:** A mixed methods design was adopted, using both quantitative outcome measures and co-produced qualitative analysis of service user feedback.  

**Method:** Outcome measures (EDE-Q, CORE-10 & WSAS) from 2015-2018 were collated and analysed using a matched pairs t-test.  
Clients with open episodes of care who had attended day service were invited to provide 5 single words to describe day service and their experience of it.  
23 participants were approached, of which 13 agreed to participate.  
Thematic analysis was used to analyse this data. Current day service attendees led on this in facilitated group sessions.  

**Results:** Quantitative analysis demonstrated clinically & statistically significant improvement from start to end of day service across all measures.  
Qualitative analysis illustrated the different elements that make up the process of recovery within a day service setting. In particular, the role that the day service plays in helping attendees face the challenges of moving away from the eating disorder identity of being unwell. Key themes included; choice, the approach, care & value.  

**Conclusions:** The findings confirm the effectiveness of the day service as an intervention. Various components that form the ethos and identity of the day service appear to be integral to attendees’ recovery.  
The evaluation will be shared with involved stakeholders and considered during decisions about the development of future services.
‘At times peaceful, sometimes not’: A Photo voice exploration of the psychological needs of neurotypical siblings of children on the autism spectrum

Freyja Bancroft¹, Jennie Lonsdale¹, Helena Priest²
¹North Staffordshire Combined Healthcare NHS Trust, ²Staffordshire University

Objectives: Neurotypical siblings of children with ASD largely lack the support structures routinely in place for parents and professionals. Often siblings will spend more time with a child with ASD than anyone else yet minimal research has sought siblings directly as participants for research, particularly younger children.

Design: The aim of this study was to develop an understanding of the siblings’ psychological needs from their perspectives, in a way which involved the participants and allowed their views to authentically add to the literature base.

Method: Using Photo voice as a participatory methodology, five children aged 7-11 years old were recruited via parent support groups. They took photographs under the title ‘what is it like having a sibling on the autism spectrum?’ Participants then completed individual discussing their photos, and came together as a group to theme their own photographs.

Results: The results are presented in four superordinate themes following a thematic analysis: ‘focus on the sibling with ASD’, ‘conflict and struggles in daily life’, ‘coping mechanisms’, and ‘it’s not all bad’. These are supported by quotes from participants, photographs, and the participant groups’ themes.

Conclusions: Implications of the results are considered, particularly for support services for siblings which would need to take into account the distressing nature of some of the experiences which are likely to be part of the daily life of siblings, as well as acknowledging the positive experiences having such a sibling can bring. Finally, the significance of promoting resilience and development of positive coping mechanisms is discussed.

Keynote Presentation

What can Clinical psychology offer in response to mass fatality terror attacks?

Dr Alan Barrett, Clare Jones

The Manchester Resilience Hub (MRH)

The Manchester Arena Attack on 22nd May 2017 was the deadliest terrorist attack in the UK since the attack on the London transport system on 7/7/05. A suicide bomber detonated an improvised explosive device as parents & carers were collecting their children from a music concert, killing 22 people and himself, and hundreds more were physically and or psychologically injured. The attack demanded an extraordinary response from the newly devolved administration in Greater Manchester. An innovative, enhanced NHS mental health outreach and screening service (the Manchester Resilience Hub) was established bringing together Clinical Psychologists and Psychological Therapists from CAMHS and adult MH services from across Greater Manchester. Our talk today will share some of the work that the Hub has been undertaking over the past 20 months supporting the psychological well-being of those affected. Commenting on themes of identity for those affected, the city of Manchester and us as Clinical Psychologists working in Manchester.
Ref: 1804  Part of Symposia
Homelessness, creativity and identity
Jamie Barton¹, Ste Weatherhead²
¹BigLife, ²Liverpool University / NeuroTriage

Symposia Summary
This presentation will explore the experiences of people with experience of homelessness and other complex needs such as mental health difficulties and substance misuse. The presentation will explore the ways in which creativity and the arts can be used to explore wellbeing, recovery, relapse, memories and experiences. This session will be presented jointly with people who have lived experience, and those who provide support to them.

Ref: 1805  Part of Symposia
Paper 1: Homelessness and ethnicity
Jacq Applebee¹, Stephen Weatherhead², Steve Khan¹, Ben Harrison³
¹NeuroTriage, ²Liverpool University / NeuroTriage, ³NeuroTriage & Ben Harrison Photography

Objectives: This presentation will include people with lived experience and will explore the stark reality of homelessness for people of colour. Organisations are failing people, homelessness services, campaigns, and systems are 'whitewashing'. Many people who have sought support whilst on the streets have ended up receiving multiple diagnoses and having their identity stripped away. This presentation will include the stories of people with lived experience, photography and discussion in the key issues for designing service to better meet people’s needs and show appreciation of cultural diversity.

Ref: 1807  Part of Symposia
Paper 2: Personal and professional values as drivers to provide better services
Rebecca Forrester¹, Stephen Weatherhead², Hannah Iveson¹, Rob Parker¹
¹NeuroTriage, ²Liverpool University / NeuroTriage

Objectives: The NHS is under threat through philosophical and financial barriers which mean that people who do not fit easily into services, often get further marginalised. This presentation will explore the perspectives of people at a range of stages in their careers from undergraduate psychology through to Consultant Clinical Psychologist, in how they are finding ways to stay true to their values and the socialist ideologies on which the NHS was founded, in order to provide support to homeless people in Liverpool.

Ref: 1808  Part of Symposia
Paper 3: Short Film: Breaking the cycles
Dan Linn Pearl¹, Stephen Weatherhead²
¹NeuroTriage & Deaf Pictures, ²Liverpool University / NeuroTriage

Objectives: This will be the premier of a new short film produced by Deaf Pictures and NeuroTriage, chronicling the story of Michael, a person with complex needs relating to homelessness, substance misuse, brain injury, and mental health difficulties. Michael recently died after experiencing many of the health and social care barriers faced by people with complex needs. The film is a visual representation of Michael's experiences, accompanied by audio captured during a reflective session facilitated by NeuroTriage, with staff after Michael's death. The presentation will also include discussion of key points for policy development, and providing better care for staff and for people with lived experience.
Ref: 1809  Part of Symposia
Paper 4: Homelessness, brain injury and identity
Cormac Duffy¹, Stephen Weatherhead², Sally Rowlands³, Mariam Iqbal²
¹Lancaster University & NeuroTriage, ²Liverpool University & NeuroTriage, ³The Disabilities Trust

Objectives: This presentation will discuss the development of a new service (NeuroTriage) which provides outreach neuropsychological input to homeless people in Liverpool. The service is innovative in design, providing assessment, support, and training across the city. The presentation will include discussion of the service development, design, and outcomes to date. There will also be discussion of research undertaken as part of the service, which provides a new perspective on the neuropsychological profiles of this population, presenting alarming results on the rate of brain injury, extent of cognitive deficits, and significant health and social inequalities for people who are homeless and have sustained a brain injury. The presentation will highlight way in which brain injury can impact on identity and self-concept, which becomes further eroded through the challenges of homelessness.

Invited EbE Session
Participatory Practices in collaboration with Children, Young People, their Families, Communities and Professionals
BPS CYPF Youth Panel alongside co-editors from BPS CYPF

The (re)launch of the CYPF Review, which this year had a focus on participatory practices. This symposium will provide the opportunity to hear from the CYPF Youth Panel about their experiences of co-editing a Review with members of the CYPF committee and Young Minds. They will share their reflections and what they learnt along the way. The symposium will also showcase a number of the articles featured in the review. Copies of the Review will be available. We hope it will inspire individuals and services to think creatively about participation!

Keynote Presentation
The added value of involvement, past, present and future
Anne Beales MBE
Sussex Partnership Foundation Trust

Anne will speak from the perspective of someone who used mental health services and as an activist. Using her personal experience she will explore how periods of activity around involvement, from the past and currently impacts on the potential and challenges for the future. The presentation will look at partnership working that brings about change through the added value ‘service users’ bring rather than becoming additional servants to the status quo. The presentation will look at how power and privilege impacts upon ‘involvement’ People who are very troubled remain ideally placed to be innovators and leaders. How speaking from the ‘I’ can lead to both empowerment and resistance. How the future should hold routes to wellbeing by having choice and involvement at the core for people. Therefore the business case for involvement has implications for practice. The presentation will look at who owns the language of today, co-production, engagement, participation and involvement, indeed recovery. Also tools such as peer support, people’s narrative telling, all need defining from the perspective of the people who live the stories and give while receive peer
support. How psychologists working as allies and in partnership with service users and around service user led initiatives will create a positive force for change.

**Ref: 2089  Poster**

**Social Skills Predict Diagnosis of Autism in Women**

*Hannah Belcher, Ruth Ford, Sharon Morein, Steven Stagg*

*Anglia Ruskin University*

**Objectives:** It has been suggested that the number of autistic females could be higher than previously estimated, and that some women may have evaded diagnosis due to relatively intact social functioning. We hypothesised that undiagnosed autistic women would outperform diagnosed autistic women on measures of social skills.

**Design:** We administered an online questionnaire to young adults (aged 16-40) in the UK, comprising self-report measures assessing social skills and autistic traits, in order to identify a non-clinical group of potentially undiagnosed autistic individuals and compare these to both diagnosed autistic and non-autistic women.

**Method:** We used the Autism Quotient (AQ) to test for autistic traits, and the Empathy Quotient, Friendship Quotient, Social Functioning Scale, Self-Monitoring Scale, and the Reading the Mind in the Eyes Test to assess social skills. 163 non-autistic women, 86 autistic women, and 77 women who scored over the autistic trait criteria on the AQ, indicating possible autism, participated.

**Results:** A MANOVA, controlling for AQ and age, revealed that undiagnosed autistic women scored significantly higher than diagnosed autistic women on the measures of social skills overall. Nevertheless, undiagnosed autistic women had significantly worse social skills than non-autistic women.

**Conclusions:** These findings suggest that some autistic women miss an ASC diagnosis because of their better-than-expected social skills, despite still struggling in social domains compared to non-autistic women. Raising awareness among clinicians of this possibility could improve the chances of such women receiving a timely ASC diagnosis, with earlier identification likely to improve support to the women and give them a better quality of life.

**Ref: 1754  Pecha Kucha**

**Lights 4 Violence - a European project to help 13-15yr old school children identify positive assets to prevent dating violence**

*Nicola Bowes*

*Cardiff Metropolitan University*

**Objectives:** There are alarmingly high levels of dating violence against children in European nations. 31% of girls aged 15-16 have experienced sexual violence (Aparicio et al. 2014), 42% of young women and 39% of young men (16-17yrs) have experienced physical violence (Munoz-Rivas, 2007). Positive peer relationships in adolescence is key to wellbeing, health, self-esteem, school attendance and achievement (Scales & Leffert, 1999). Lights4Violence is a European (Horizon 2020 funded) project which aims to support school children aged 13-15yrs to develop awareness of and accessibility to positive assets in their environment which may be protective from dating violence and improve their health.

**Design:** The project employs a waiting list control and baseline measures of general health and relationship history. The study will also measure baseline experience of sexual and physical violence
in the home and in dating relationships, perpetration and measures associated with perpetration (e.g. violent thinking). Lights4Violence is designed to use a peer learning approach which has been shown to be most beneficial when addressing dating violence with adolescence. The study uses peer learning, role play and video capsules as a means of enhancing skills for healthy relationships. Furthermore, the focus on protective factors is unique to this study and this will be the first Europe wide test of this evidence-based, primary intervention.

**Results:** We will present the research protocol, methodology and preliminary results, including prevalence data of dating violence for the UK, Spain, Portugal, Italy, Poland and Romania.

**Conclusions:** Conclusions will be discussed in terms of impact on European policy and research.

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**Ref:** 1688  **Oral Presentation**

**Clinical Application of the Dynamic Support Database within a Learning Disability CAMHS Team**

*Jennifer Bradbury¹, Dr Lisa Thompson²*

¹NHS, Wirral LD CAMHS, ²Wirral LD CAMHS, NHS

**Objectives:** Following events at Winterbourne View, the Department of Health set out a vision for transforming service delivery for individuals with learning disabilities (LDs) and/or autism who display behaviour that challenges and/or mental health needs. Clinical Commissioning Groups are required to keep a register of individuals with LDs and/or autism at risk of hospital admission or out of area placements. Cheshire and Wirral Partnership developed a tool, the Dynamic Support Database (DSD), to enable professionals to proactively identify adults at risk of hospital admission. The DSD has been adapted for use with children and young people (CYP) with LDs and or/autism.

**Design:** The DSD has been piloted within CAMHS.

**Method:** A quality improvement approach, the Plan-Do-Study-Act method was used to guide the development and implementation of the DSD.

**Results:** Analysis of data gathered will provide information on the severity of need for CYP accessing CAMHS. Work has resulted in standardised and objective decision making in identifying CYP at risk.

**Conclusions:** Preliminary findings of this project have provided great scope to demonstrate a new care model for CAMHS, in line with initiatives set out by NHSE and Five Year Forward View. In identifying CYP at risk, CWP will support the delivery of person-centred intensive care packages within community settings to prevent our CYP becoming a future Winterbourne View cohort. Ongoing work is required to validate the DSD further, measure the impact of DSD on outcomes and evaluate the usefulness of the tool in enabling commissioners to identify gaps in service provision.

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**Ref:** 2096  **Poster**

**Experiences of compassion for professionals from learning disability services: a narrative exploration**

*Hope Brennan¹, Dr Jenna Westbrook¹, Dr Sarah Parry²*

¹Salford Royal Foundation Trust, ²Manchester Metropolitan University

**Objectives:** Compassion is one of six core principles the NHS promotes within healthcare. However, work pressures have created a system more focused on target-driven outputs than compassionate care. There is a paucity of research exploring the experiences of compassion in learning disability services. This study aimed to explore the experiences and perceptions of compassion for
professionals in a learning disability service.

Design: A qualitative design was employed in this study, to support the collection of personal narratives and provide the opportunity to capture experiences of compassion in the individual’s own words.

Method: Twelve professionals from learning disability care providers were recruited and completed either an online survey or semi-structured interview. For both procedures, participants filled out the Professional Quality of Life Scale (ProQoL) and responded to four questions exploring their experiences of compassion.

Results: Transcripts of the interviews and online surveys were used as data. Narrative analysis was used to identify content and underlying themes within each transcript and establish thematic and linguistic connections, to develop narrative chapters of compassion experiences. In chapter one, participants explored how compassion is experienced at the individual level. In chapter two, participants detailed how compassion is shared interpersonally. Finally, in chapter three, participants described the growth of compassion over time owing to cultural, social and psychological events.

Conclusions: Learning disability professionals experience compassion in various ways, but agree a compassionate culture for all is difficult to achieve. The findings have several implications for clinical practice and policy-making.

Ref: 2057 Poster
Sexual orientation differences in the self-esteem of men and women: a systematic review and meta-analysis
Livia Bridge, Patrick Smith, Katharine Rimes
King’s College London

Objectives: Sexual minority individuals experience higher rates of mental illness than heterosexual people. It has been suggested that minority stress explains this disparity, partly by elevating rates of general psychological risk factors. Low self-esteem has been suggested as one potential risk factor. This study investigated whether self-esteem is lower in sexual minority people compared to heterosexual people through a systematic review and meta-analysis.

Method: A systematic search of four databases was conducted up to August 2018. Observational studies comparing self-esteem in sexual minority and heterosexual men and women separately were included. A qualitative synthesis and random effects meta-analysis were conducted. Potential moderators were explored using sub-group analyses of age, sexual minority identity and sample type. Thirty-two eligible studies were identified; 25 compared self-esteem in men and 19 in women.

Results: Sexual minority men (SMD = -0.33, 95% CI = [-0.44, -0.23]) and women (SMD = -0.20, 95% CI = [-0.29, -0.11]) had significantly lower self-esteem than heterosexual comparisons. This difference appeared to be moderated by sample type: there was preliminary evidence for more robust differences in men and bisexual individuals.

Conclusions: Findings are consistent with the suggestion that self-esteem is lower in those identifying as a sexual minority orientation than in heterosexual individuals. Given previous evidence that self-esteem is a risk factor for psychological disorders, self-esteem is a potential target for intervention to prevent mental health problems in this population and reduce disparities in mental illness. Future research should look to adapt existing interventions (e.g. CBT for low self-esteem) to address issues specific to sexual minority identities.
Background: Clinical Psychology has multiple identities (e.g. scientist-practitioner, Baker & Benjamin, 2000; activist-scholar, Reason & Bradbury, 2001; political change agent and active community member, Psychologists for Social Change, 2015). Clinical practice requires reflection on the interplay between personal self-identity and ‘work’, in relation to the community (Gillmer & Markus, 2003; Hughes, 2009).

Aims for attendees: Creative reflection on the complexities of personal/professional identities within Clinical Psychology; locating oneself within a wider ‘career’ journey, in relation to others; Practice with a trauma-informed therapeutic technique; Plans for enriched future practice and personal/professional development.

Key Points:
• Drawing a ‘gingerbread person’ of oneself as Psychologist (identity - interface between self and work)
• Using a creative technique based on a Narrative Exposure Therapy ‘Lifeline’ method (Jongedijk, 2014) to map the positives and obstacles in the Clinical Psychology journey. Adding on relevant key thoughts and feelings, and locating the gingerbread person.
• Placing the above in socio-political and local community context (Bronfenbrenner, 1977).
• Reflecting on this task in relation to the multiple identities of ‘Clinical Psychologists’ as a group, and different positions in the career journey.
• Planning concrete future actions based on the learning.

Conclusions: Attendees will have:
• Reflected on one’s positioning on the ‘Clinical Psychologist’ journey, and gained richer knowledge of their multiple identities (self-identity and self at work);
• Located one’s multiple identities within a socio-political context, and considered how Psychologists’ identities intersect with their local and wider communities;
• Use the above knowledge to influence future practice and personal / professional development.

Full references available upon request.

Ref: 2046 Poster
Identifying factors that influence the implementation of digital family interventions in an early psychosis service
Frank Burbach
Somerset Partnership NHS Foundation Trust & Healios

Objectives: This poster explores the factors that influenced the implementation of the Healios digital family intervention (FI), during an 18 month trial within the small early intervention in psychosis service in Somerset.

Design: A qualitative study to explore the enabling factors as well as the barriers.

Method: Focus groups were conducted using a semi-structured interview schedule.

Results: Thematic analysis revealed enabling factors including the ease of referral to Healios, overcoming geographical challenges via the internet and in some cases the structured clinical approach, but these were outweighed by the barriers. The main barriers included the view that face to face FI was preferable; digital approaches were inappropriate for clients with paranoid beliefs about technology, that many clients could not reliably access the internet due to lack of resources or
poor internet coverage in some rural locations, that for some people the approach was too structured and concerns that the digital method of delivery would reinforce social isolation. Some staff were also ideologically opposed to working with a private sector provider.

**Conclusions:** The detailed feedback from the staff has provided useful information about the range of views about digital FI and pointers as to the factors that need to be addressed to maximise the take-up of digital interventions in NHS services.

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**Invited Session**

**The role of the arts in supporting identity in dementia**

*Dr Sarah Butchard¹, Tadhg Devlin², Tommy Dunne³, Paul Hitchmough⁴, Dr Julia Boot⁴*

¹Mersey Care NHS Foundation Trust, ²Hugh Baird College, ³SURF Liverpool, ⁴Cheshire and Wirral Partnership NHS Trust

As dementia progresses there can be a threat to a person’s sense of identity. It has been proposed that there exists a complex interaction between continuity and change in sense of identity simultaneously. In this explanation people living with dementia are in a state of flux as they maintain an overall sense of their identity being preserved, whilst acknowledging that there are aspects of them that are different following the dementia diagnosis. Alongside this idea of changing identity social constructionist models propose that our identity is formed and maintained through our interactions with other. Recent years have seen a flurry of work looking at the importance of the arts in dementia. This session will explore this issue looking at the background and practical examples from a number of perspectives, with the central argument that the arts can play a role in maintaining a sense of identity in the face of the challenges of dementia. Sarah Butchard will provide an overview of the issues associated with identity in dementia and how the arts can play a role in supporting identity. Tadhg Devlin will then discuss his extensive work in using photography to raise awareness in dementia and to promote both existing and new identities. Tommy Dunne and Paul Hitchmough, as people living with dementia, will provide an insight into the impact that being involved in arts based activities has had on their wellbeing and sense of identity and finally Julia Boot will provide examples of how this kind of work can be integrated into clinical practice.

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**Ref: 2085 Poster**

**Is there a role for internet mental health assessments and therapy alongside face to face CAMHS services?**

*Liz Calcott¹, Frank Burbach²*

¹Healios, ²Somerset Partnership NHS Foundation Trust

**Objectives:** There is increasing recognition of the potential role for online mental health services. This poster reports on the first 14 months of an internet-based assessment and therapy service delivered via the Healios online portal to complement the traditional face to face CAMHS service in a large English mental health trust.

**Design:** Interventions and assessments designed to harness the advantages of internet-based delivery have been developed. Therapeutic materials are used interactively with people who join the sessions from different locations and qualified clinicians use semi-structured CBT-based best practice protocols. Efficacy is maximised through encouraging the involvement of the support network (the
Method: An audit of referral rates, outcomes and service user satisfaction was undertaken.

Results: Data is available from the launch of the service (April 2017) to the end of August 2018 for 799 referrals (406 in the main contract and 393 in a waiting list contract). In total 771 young people accepted the offer of a digital mental health service (96%). The poster includes demographic and access/ waiting times data for these 2 groups of clients. Details are also provided for the different types of referrals (which include Tier 2 and 3 Assessments, ASC and ADHD Assessments, CBT for Anxiety and ASC Intervention). Outcome data, reasons for lack of engagement and DNA rates are also provided.

Conclusions: Feedback from service users and families indicates that internet based mental health services effectively complement NHS mental health services, are valued by service users, and are the treatment of choice for many young people.

Ref: 2093 Poster
Exploring the Role, Impact and Identity of Peer Recovery Staff in a CMHT
Danielle Chadderton, Fay Dudley
Sheffield Health and Social Care

Objectives: The research aimed to explore opinions of individuals who have received support from a Peer Recovery Worker (PRW). This included looking at the difference in their role, the impact on the service user and ‘where they fit’ within the team.

Research question: “Does receiving support from an individual with lived experience have a differential impact on an individual’s care and recovery?”

Design: Semi-structured face to face interviews were carried out. Interviews were conducted to allow for a rich data set and instead of focus groups due to anxieties from participants around groups.

Method: Letters were sent out to any service user who had worked with a PRW within the Recovery CMHT. This was followed up with a call to determine interest and gain recruitment, which was voluntary. Face to face interviews were conducted, responses recorded and transcribed for analysis.

Results: Thematic analysis was carried out by two researchers for interrater reliability. Three main themes emerged:

Theme 1: The Relationship. A unique relationship through 'coming alongside' each other.
Theme 2: Increased understanding. Increased understanding by the PRW due to shared experiences / diagnosis, 'they just get it'.
Theme 3: Inspiring. Giving service users hope about their future and recovery.

Conclusions: The role of the PRW, specifically their shared experience and understanding, seems to have had a substantial influence on individuals’ care and recovery. Future issues around endings and ongoing support need to be considered. We aim to expand the research to include the views of PRWs and other staff members.
Ref: 2103  Poster
Understanding Personality and Complex Trauma: Can psychoeducation groups make a difference?
Danielle Chadderton, Alex Satchwell, Sue Sibbald, Linda Wilkinson
Sheffield Health and Social Care

Objectives: Sheffield Health and Social Care (SHSC) Trust have run psychoeducation groups on understanding ‘Personality Disorder’ and complex trauma since 2013. The groups are co-produced and designed to educate people using services in Sheffield about emotional sensitivity and its impact on their identity, the diagnosis of Borderline Personality Disorder (BPD), and managing emotional distress.

Research question: Can psychoeducation groups have a positive impact on attendees’ recovery and well-being?

Design: Two questionnaires and a qualitative feedback form were used. Questionnaires were chosen to enable a large range of data to be collected, and a qualitative feedback form to understand what attendees found helpful and unhelpful about the group.

Method: Everyone who attended session one and four of the group were provided with the Short Warwick-Edinburgh Wellbeing Scale (SWEMWBS) and the Understanding BPD Evaluation. At the end of the group attendees also completed a qualitative feedback form. Data was collected from 237 service users who attended the group.

Results: The SWEMWBS data was analysed using a repeated measures paired sample T-test, and data from the Evaluation for Understanding BPD was analysed using the Wilcoxon Signed Rank Test. Overall the quantitative data showed a statistically significant positive change. Thematic Analysis of the qualitative data showed that attendees highlighted the ‘length of the group’ being short as unhelpful, while ‘meeting others and feeling understood’ and ‘learning about emotional sensitivity’ were helpful.

Conclusions: The data from the evaluation indicated that the Understanding BPD group is meeting its main aims and has a significant positive impact on attendees’ recovery and well-being.

Ref: 2078  Poster
The Experience and Influence of Positive Relationships in Care Leavers
Jemma Chambers¹, Neil Frude², Liz Andrew³
¹Cwm Taf UHB, ²The Happiness Consultancy, ³Aneurin Bevan UHB

Objectives: Individuals’ identities are formed through relationships with others. Young people who are placed within the care system often have not had sufficient relationship experiences to fulfil their developmental needs. In particular, early maltreatment has been associated with poor long term outcomes. However, supportive relationships have repeatedly been found to act as a protective factor for individuals who are in care. The aim of this study was to explore care leavers’ experiences of positive relationships and the impact that they had on the achievement of developmental needs.

Design: Eleven young people were recruited from a care-leaver service and took part in a semi-structured interview about their experience of positive relationships in the fulfilment of developmental needs.

Method: Qualitative methodology was used to explore the rich patterns within the young peoples’ experiences.

Results: Interpretative Phenomenological Analysis produced three superordinate themes from the participants’ experiences: Attachment – being able to engage with a variety of attachment figures, yet still experiencing emotional dysregulation and relationship problems from early insecure
attachments; Impact of Care System – which may exacerbate attachment problems or provide a safe haven for development; and Developmental Needs – how developmental needs were met through relationships or the barriers to them.

**Conclusions:** These results were discussed in relation to how the emotional and relational effects of early insecure attachment was likely to be further impacted upon through experience of the care system. The specific influence of trust and rejection appeared throughout the results and was discussed in relation to service development and interventions focusing upon relationship needs.

**Ref:** 1764  Oral Presentation

**Identities as interactional achievements: making 'intellectual disabilities' relevant in healthcare conversations**

*Deborah Chinn*
*King’s College London*

**Objectives:** For most psychologists, ‘identity’ is assumed to be a relatively stable internal system that drives attitudes and behaviours. Ethnomethodology/conversation analysis (EMCA) takes a different view. EMCA research is interested in how ‘identity’ is worked up and negotiated in interactions as part of local projects to pursue participants’ social goals (Antaki & Widdicombe, 1998). My aim here is to show how an ‘intellectually disabled identity’ is made relevant when a patient with intellectual disabilities and her mother attend a healthcare appointment.

**Design:** Data is taken from an observational study of people with intellectual disabilities attending GP learning disability health checks.

**Method:** Thirty four health checks were video recorded. These were transcribed and analysed using conversation analysis, a micro-analytic and multi-modal method that examines naturally-occurring talk to explore how sequential organization of interactions reveals how social relationships are managed. The focus here is on a single ‘telling case’ and homes in on the interactional practice of ‘speaker selection’; the orderly way that participant’s co-ordinate turns at speaking.

**Results:** The nurse in this case appears to orientate to institutional ideologies of ‘patient centeredness’ and selects the patient with intellectual disabilities as the respondent to her questions. However, we can see instances where the patient’s speaking rights are overridden, implying a less competent and more ‘disabled’ identity.

**Conclusions:** Instead of assuming that ‘intellectual disability’ as an identity category can account a priori for how interactions are organized, it is important to identify how participants in interactions create and accept/resist this positioning in real life interactions.

**Ref:** 1772  Oral Presentation

**Intersecting identities: being a Bangladeshi parent with intellectual disabilities**

*Deborah Chinn¹, Emily Durling², Katrina Scior³*

¹King’s College London, ²Anna Freud National Centre for Children and Families, ³UCL

**Objectives:** ‘Parent’ and ‘Person with Intellectual Disabilities’ are identity categories that are not universally fixed, and can vary significantly across different national, historical and cultural contexts. We report here on research that explored how these identities are constructed and intersect for parents with intellectual disabilities from the Bangladeshi community in the East End of London.

**Design:** We conducted a qualitative interview study with Bangladeshi parents with intellectual disabilities, their family members and other community representatives.
Method: Semi-structured interviews were conducted with 4 parents, 4 family members and 6 community representatives, all from the Bangladeshi community in Tower Hamlets. Interviews were transcribed and analysed using thematic analysis (Braun & Clarke, 2006) and mind mapping (Buzan, 1984). Consultation with a cultural consultant contributed to ensuring the validity of the analysis.

Results: Participants described the institutionally defined category of ‘intellectual disabilities’ as an ‘alien concept’ in their community. Marriage and parenting were seen as integral parts of the ‘cycle of life’ for all community members, including people with intellectual disabilities. Parenting was viewed as a shared task, with many family members contributing.

Conclusions: Community understandings of parenting and intellectual disabilities created opportunities for Bangladeshi adults with learning disabilities to access valued roles as mothers and fathers. However, families also faced dilemmas in supporting parents with intellectual disabilities, not least negotiating tensions between community values and institutional goals of autonomy and independence.

Ref: 1672 Pecha Kucha

Autism Identity and Collective Self-Esteem – An Exploration of Content and Impact
Rosalind Cooper¹, Ailsa Russell², Kate Cooper², Laura Smith²
¹Cardiff & Vale NHS, ²University of Bath

Objectives: Research suggests that people with Autism experience a higher rate of mental health difficulties and lower self-esteem compared to people without Autism. The experience of adverse events, such as a high rate of stigma, may partly account for these differences. Resilience is defined as the ability to respond adaptively to negative events, with positive outcomes for mental health and self-esteem. However, it has received little research attention within Autism. Previous research suggests that social identity and collective self-esteem may have a positive impact on self-esteem and resilience, but their relevance within Autism is largely unknown. The present study aimed to investigate the features and attributes that comprise an Autism social identity and to examine the relationships between this with collective self-esteem, resilience and individual self-esteem.

Design: The study consisted of an online survey followed by a series of focus groups.

Method: 140 participants completed a series of measures via the survey, including the contribution of information on the content of Autism identity. This was then rated and evaluated by four focus groups, with a total of 15 participants.

Results: The top ten traits of Autism social identity were identified and explored. Collective self-esteem was positively associated with resilience and Autism social identity was associated with resilience when mediated by collective self-esteem.

Conclusions: The findings expand current understandings of how people with ASD view their social identity as a person with Autism and highlight the importance of collective self-esteem as a determinant for resilience. Clinical and research implications will be discussed.
Ref: 1815  Oral Presentation  
Commissioning Skills for Psychologists - An opportunity to revisit Commissioning Skills within the current and future landscape  
Rebecca Courtney-Walker¹, Dr Amra Rao²  
¹DCP Leadership & Management Faculty, ²Psychological Horizons  

Objectives: (90 mins requested) The workshop will look at the current commissioning context and how CPs can develop a confident role and skills in this area, including the practical advice of how to work in commissioning contexts and how to create influence. This will be considered in relation to various roles psychologists can offer to create a greater impact of the profession nationally and locally within commissioning and what we think could be useful to support this.

Design: Content: The first half of the workshop will be largely didactic, briefly describing the background of the original 2014-15 project but then describing the current commissioning context and how CPs can develop their skills in this area, including the practical advice of how to work in commissioning contexts and how to create influence.

The second half will be workshop based to explore (1) how we can develop our skills and what support CPs want from the society to support this and suggestions of how this could be implemented and (2) how to create a greater impact of the profession nationally and locally within commissioning and what we think could be useful to support this.

At the end, participants will be asked if they would like to be part of the project moving it forward.

Conclusions: Following consultation, an action plan will be developed to consider supporting needs of psychologists in this area.

Ref: 1757  Oral Presentation  
‘You’ve got to get into a junkie’s mind’: An interpretative phenomenological analysis of service users’ experiences in a psycho-social intervention  
Runa Dawood, Dr John Done  
University of Hertfordshire  

Objectives: The aim of this study was to explore the subjective experiences of participants who a. received a psycho-social intervention as part of an addiction recovery research trial, b. responded to treatment through drug reduction, with the intention of eliciting qualitative change processes of recovery.

Design: Data were collected using semi-structured interviews designed to capture detailed descriptions of participants’ experiences of recovery within the intervention.

Method: Four participants who had achieved drug abstinence by successfully completing the psycho-social intervention took part in the study. The data were analysed using interpretative phenomenological analysis (IPA).

Results: Four superordinate themes were identified in areas relating to becoming immersed in the bespoke aspects of the intervention, trust as integral to the working therapeutic alliance, motivation as derived from within themselves and driven forward through interpersonal relationships, and the mind of the addiction client as different from other peoples’.

Conclusions: These findings suggest individualisation of intervention and attention to the tacit features of the therapeutic relationship are key considerations for addiction research and intervention. External social factors and addiction identity may influence motivation, engagement and success in treatment. Future research is required to generalise these findings to wider addictions populations.
Objectives: The Disability Rights Movement addresses the limitations of the way in which the Welfare and Medical systems construct the definition of disability. The introduction of the “Social Model of Disability” (Oliver, 1983) facilitated the disunion between the term ‘disability’ and its associated notion of impairment. This broadens disability issues out from the remit of physical and mental impairment, to socio-political oppression. Psychological studies reveal the significance of this on the individual, families and carers. However the limitations of the individualistic model in psychological practice and research may play a role in the over-simplification of disability issues.

Design: This opinion piece examines the role of the socio-political in individual formulation in psychology and questions the potential for bias towards normalcy in research, guidelines and implementation. This is discussed with reference to the application of the disability studies literature to therapeutic practice and models in reflexivity.

Method: It is the author’s viewpoint that insight and reflective practice specific to marginalised identities can enable psychologists when working with individuals who identify as disabled.

Invited DCP Executive Session
DCP Executive Inclusivity – Discussions of diversity, representation and marginalisation in the profession; is it time for a paradigm shift?
Runa Dawood
University of Hertfordshire

A discussion of diversity in the context of recent conversations around inclusivity in clinical psychology. This talk will provide an introduction to the DCP Minorities Group and the work that they have been doing for aspiring and practicing psychologists. The speakers take a look at the experiences and issues faced by aspiring psychologists from minority backgrounds. Issues around frameworks for understanding diversity and inclusivity are discussed. The audience is invited to engage in reflections challenging their awareness and frames of working with and understanding these issues.

Invited DCP Executive Session
Power Threat Meaning Framework panel discussion
This will be chaired by Laura Golding. Four panellists, two clinical psychologists and two experts by experience will briefly present their positions on the Division of Clinical Psychology’s Power Threat Meaning Framework which was launched in January 2018. Members of the audience will be invited to contribute comments and questions.
Objectives: Identity can be defined as “the collective term for the roles, goals and values that people adopt to give their lives purpose” (Berman, 2016). Adverse childhood experiences such as sexual, physical or emotional trauma have been linked with disruptions to the development of schematic representations of the self (McCann and Pearlman, 1990). Reviere and Bakeman (2001) also found that trauma severity was significantly negatively correlated with identity integration. Identity conflicts within the self have been linked with affective instability (Koenigsberg et al. 2001) and behaviours such as suicide attempts (e.g. Yen et al., 2004). Working therapeutically to resolve these conflicts and to consolidate identity has been viewed as a factor in client change (Greenberg and Angus, 2004). The Fens Service is a treatment service for male prisoners with histories of childhood trauma and attachment disruptions. This presentation will present the cases of several individuals within the service, through a combination of video and interview accounts. It will explore how their experiences affected their sense of identity and the impact of this on their lives. It will then discuss the changes they have experienced in their identity through the course of the therapeutic work that they have undertaken, and their experience of the impact of this on their wellbeing. NB - This presentation is not based on empirical data and I have therefore not followed the standard structure guidelines.

Objectives: Abbot and Haworth’s (2005) seminal study exploring the experiences of lesbian, gay bisexual and/or Trans (LGBT+) people with an intellectual disability (ID) concluded over a decade ago. Since then, research aiming to understand the lives of LGBT+ people labelled with intellectual disabilities (ID) has been limited. There are few recent studies, and available findings are often contradictory and inconsistent. The main aim of this study was to explore: 'how do people labelled with ID who are, or think they might be, LGBT+ experience their sexual identities?'

Design: This qualitative study facilitated an interpretative exploration of experiences of minority sexualities in a sample of adults labelled with ID, via individual semi-structured interviews.

Method: Participants were recruited from an LGBT-specific NHS service in a city in the north of England. Five LGBT+ people labelled with ID were interviewed and interviews were transcribed.

Results: Data were analysed using interpretative phenomenological analysis (IPA). Four superordinate themes represented: common experiences of bullying/abuse, how participants understood their own and others’ sexualities, how others responded to participants’ ID and sexualities, and how they navigated acceptance from others.

Conclusions: Strategies for coping with abuse maintained participants’ engagement in local communities. Sexuality was often problematised by others despite being generally accepted by participants. Coming out was a continual process of decision making to facilitate safety and acceptance. Implications for research and clinical practice are suggested.
**Ref: 1771  Oral Presentation**
Clinical Psychology Forum Update  
*Ben Donner  
BPS*

**Objectives:** To provide DCP members with information and an update about CPF.  
**Key Points:** To promote CPF and DCP.  
To encourage people to submit papers.  
To show the work we have done.

**Ref: 1657  Part of Symposia**
The Development of Ethical Identity in Clinical Psychologists  
*Helen Ellis-Caird¹, Angie Jenkin⁴, Catherine Chiffey², Becky Grace¹  
¹University of Hertfordshire, ²Canterbury Christ Church University*

**Symposium Summary**  
Clinical Psychologists make complex ethical decisions every day in the course of their clinical work. Balancing multiple considerations, including personal values, professional ethical guidelines, local service policy, as well as the needs and values of clients, families, carers and the multi-disciplinary team. Our decisions have real impact on people’s lives, and yet the complex and multi-layered processes which inform our ethical behaviour have barely been considered in UK research literature. This symposium hopes to address this deficit, presenting four original research papers. The symposium will assert that the ethical behaviour of clinical psychologists is founded on a sense of ethical identity. In other words, the integration of one’s personal ethical identity with the values that we share as a profession. This will be explored through two papers considering the ethical decision making of trainee clinical psychologists using qualitative and quantitative methods, and two papers looking at ethical behaviour post qualification, one using Grounded Theory to explore ethical sensitivity and the second attempting to find consensus on ethical drivers using the Delphi Method. The symposium will conclude that the development and ability to sustain our ethical identity is tested by the contexts in which we find ourselves, which can impact our ability to identity ethical difficulties, and make ethical decisions. This is a concern for our profession, and suggests more attention should be paid both during training and in continuing professional development to nourish and support our ethical identity. Ideas and suggestions for future initiatives will be discussed.

**Ref: 1712  Part of Symposia**
**Paper 1: The Ethical Identity and Behaviour of Trainee Clinical Psychologists’- an exploratory study**  
*Helen Ellis-Caird¹, Tony Wainwright²  
¹University of Hertfordshire, ²University of Exeter*

**Objectives:** Ethics is central to the role of clinical psychologists, and training is believed to be a critical period for developing a strong ethical identity to ‘counter misconduct and manage changing ethical landscapes’ (BPS, 2015, p3). Yet little research has looked at trainee’s ethical identity or behaviour. This study sought to explore how trainees make ethical decisions and what impact training has on developmental of ethical identity.  
**Design:** A qualitative design using thematic analysis was employed.  
**Method:** An opportunistic sample of 36 trainees from two clinical psychology programmes in the south of the UK were recruited. A survey was administered online, with open-ended questions exploring trainees’ ethical identity and behaviour. Thematic Analysis was used to develop a map of
pertinent themes.

**Results:** Participants spoke of personal, familial, religious and professional values and ‘gut instinct’ as important factors influencing their ethical decision-making. The majority felt their clinical psychology training had been important and had aided their ability to ‘think from others perspectives’. However, participants stated that personal interests and pragmatics could impact their motivation to act upon their moral judgement. Context also appeared key, with confidence, feeling they lacked power and restrictive policy and procedure on placement cited as ethical constraints.

**Conclusions:** The ethical identity of trainee clinical psychologists appears fragile. Contextual factors and moral motivation seem to constrain the noticing of ethical issues and ability to form and decide to act on moral judgement. The study concludes that the development of a resilient ethical identity requires greater support during training, and post-qualification.

Ref: 1671 Part of Symposia

**Paper 2: The Integration of Personal and Professional Ethical Decision Making Constructs in Trainee Clinical Psychologists**

Angie Jenkin  
*University of Hertfordshire*

**Objectives:** Ethical decision-making is an important but challenging aspect of the role of a clinical psychologist. Little research has been conducted concerning how clinical psychologists make ethical decisions, with even less known about trainees’ experiences of adapting to a new professional identity where complex ethical decision-making is required. The current study aimed to examine how trainees make ethical decisions, and how this changes over training.

**Design:** A mixed methods correlational and comparative cross-sectional design was used to explore differences between groups.

**Method:** An online version of The Defining Issues Test (DIT-2, Rest et al., 1999) measured level of sophistication of trainees’ ethical schemata, and repertory grid interviews examined the integration between trainees’ personal and professional ethical decision-making construct subsystems. Nineteen first year and 20 third year trainees were recruited from 17 doctoral training programmes throughout the United Kingdom.

**Results:** Most trainees adopted a sophisticated approach to ethical decision-making, with half of all ethical decisions made from within a post conventional schematic approach. However, a minority operated from less sophisticated schemata based on maintenance of societal norms or personal interests. Less sophisticated thinking was demonstrated in more experienced trainees. Less experienced trainees relied comparatively more heavily on their personal construct subsystems, while more experienced trainees relied more heavily on their professional construct subsystems. Increased integration between subsystems was apparent in more experienced trainees.

**Conclusions:** The study demonstrates support for an ethical acculturation process, whereby trainees’ personal and professional values amalgamate to create a more integrated sense of ethical identity.

Ref: 1729 Part of Symposia

**Paper 3: Clinical psychologists’ ethical sensitivity in clinical practice**

*Catherine Chiffey¹, Helen Ellis-Caird²*

¹Salomons Centre, Canterbury Christ Church University, ²University of Hertfordshire

**Objectives:** Ethical practice is a key requirement of clinical psychologists and therefore arguably central to the professions identity. This study aimed to understand how clinical psychologists notice ethical issues in their everyday practice. It aimed to describe this process of ethical sensitivity and examine how a need to engage in ethical decision-making is identified.

**Design:** As the process of ethical sensitivity had not previously been explored, a qualitative design
was adopted using Grounded Theory method.

**Method:** Twelve clinical psychologists participated in semi-structured interviews. Theoretical sampling was employed to facilitate the development of the emerging theory.

**Results:** A model of how participants identify ethical issues was developed. The first step in noticing an issue was through a felt sense of discomfort. This was rooted in the perception of a clash with the participants’ values, which were linked with their sense of identity, both personal and professional. This discomfort motivated thinking about the issue, which was then consciously realised as an ethical problem. Service contexts could either aid or restrict this thinking. Restricted thinking resulted in an ongoing emotional burden, which several participants sought to escape by leaving posts to search for a work setting that enabled them to work in a way which better fitted their ethical identity.

**Conclusions:** A feeling of discomfort is key to clinical psychologists’ identification of an ethical problem. Having a context in which noticing ethical problems is facilitated is key to ensuring ethical practice, thus maintaining clinical psychologists’ sense of personal integrity.

Ref: 1692  Part of Symposia

**Paper 4: Ethical Identity in Clinical Psychology: Towards a Model of Ethical Competence**
Becky Grace¹, Helen Ellis-Caird², Tony Wainwright³
¹University of Hertfordshire, ²University of Hertfordshire, ³University of Exeter

**Objectives:** This study aims to develop understanding of ethical identity in clinical psychology by exploring ethical competence. It will investigate what psychologists consider are appropriate justifications for moral judgements made about ethical dilemmas and; whether the ethical identity drawn upon to do this is best explained using existing frameworks (e.g. Kohlberg, 1973; Bebeau & Thoma 1999; Gilligan, 2008) or through a new model.

**Design:** Mixed-methods will be employed using quantitative questionnaire data and qualitative justifications.

**Method:** The Delphi method will be used to seek consensus, as moral judgement is argued to be a professional cultural identity (Handelsman, Gottlieb & Knapp, 2005). Clinical psychologists (n = 40) will be recruited into three groups using opportunistic sampling within stratum. Participants will respond to ethical dilemmas in vignettes through online questionnaires and, through controlled feedback, will rate collective responses. A focus group of new participants will discuss the dilemmas and responses. Finally, participants working in clinical psychology ethical training will be asked to respond.

**Results:** The study is in process and results will be available prior to the conference. It is anticipated that consensus about appropriate justifications for moral judgements will be demonstrated. Levels of agreement and dispersion in responses will be reported. Qualitative data will be analysed using thematic analysis to explore drivers for ethical decision making.

**Conclusions:** If consensus is reached, this will further support ethical competence as a shared professional identity. Further, it is anticipated that a model of ethical competence will be derived, elucidating this aspect of ethical identity in clinical psychology.
Ref: 1825  Poster
A vignette-based exploration of the views of mental health experiences and help-seeking amongst women from a Pakistani community
Gemma Evans, Samiyah Naeem
university of Chester

Objectives: The current research sought to explore the views of women from a Pakistani community around the experience of mental health difficulties and help-seeking within familial, community and healthcare settings. Analysis of local mental health service data around access and outcomes associated with this client group has highlighted a need for further exploration of potential barriers and facilitators to help-seeking.

Design: The current research used semi-structured interviews within a vignette based paradigm. Three vignettes related to mental health experiences and help-seeking were presented to ten women recruited from a local community centre who self-identified as being of Pakistani ethnicity. Subsequent questions explored the factors that were considered important in understanding mental health experiences alongside views on the facilitators and barriers to accessing support from professional services and other sources. A vignette-based approach was used to support discussions given the potentially sensitive nature of topics, however allowed participants to draw on their own experiences as they wished.

Results: A thematic analysis of data is currently being undertaken. Emergent themes will be presented in the conference poster, however preliminary analysis indicates initial themes related to perceived public and private identity and the impact on both understanding and help-seeking for emotional distress.

Conclusions: Conclusions will consider the emergent themes in the context of current literature, theories and policies and recommendations for local service provision will be highlighted.

Ref: 2052  Poster
An investigation into the role of self-compassion, coping strategies and well-being in fibromyalgia
Gemma Evans
Chester University

Objectives: Self-compassion is considered to have three components; self-kindness, sense of common humanity and mindfulness (Neff, 2009) and has been integrated as a core component in the third wave treatment approach termed compassion focussed therapy (Gilbert, 2009). Self-compassion has been consistently implicated as an important component within mental well-being, with a large meta-analysis demonstrating links between compassion and psychopathology (Macbeth & Gumley, 2012). Self-compassion has been found to be associated with adaptive coping within long term physical health conditions (Sirois, Molnar & Hirsch, 2015) and has been shown to be an important factor in pain adjustment within persistent pain conditions (Wren et al., 2012). The role of self-compassion within fibromyalgia however remains largely unexplored. It is hoped that further understanding these relationships may inform the role of certain psychological therapies within helping to support the emotional well-being of people experiencing pain conditions, such as fibromyalgia.

Design: The current study aims to explore whether self-compassion and pain acceptance plays a role in the coping strategies used within individuals who experience fibromyalgia symptoms. It also aims to look at the relationships between self-compassion, pain acceptance, different coping strategies, self-rated fibromyalgia symptoms and emotional well-being.

Method: An online self-report survey was used. Currently 190 participants have completed the
study.

Results: Results and conclusions will be finalized in September 2018 following termination of recruitment

Conclusions: Conclusions will be presented at the conference

Ref: 1698 Oral Presentation
Identity Development and Psychological Distress in Young British Muslims
Mohammed Fahim Uddin, Hina Dadabhoy, Dr Amanda Williams, Dr Katharine Alcock
University College London

Objectives: Given increasing scrutiny on young Muslims, and disproportionately negative media representations of young Muslims, we sought to investigate whether such experiences adversely affect wellbeing. We also sought to explore the heterogeneity of young Muslim experiences and perspectives in Britain.

Design: Semi-structured interviews were used to collect qualitative data. An anonymous online survey was used to collect quantitative data.

Method: Twelve young people aged 18-25 were interviewed. The online survey asked about discrimination, with questions adapted from a Perceived Islamophobia scale published on US students. Questions also addressed visibility as a Muslim, and mood (PHQ-9 and GHQ-12).

Results: Interviewed participants expressed a strong connection with their Muslim identity. They spoke about Islam having a positive influence on their wellbeing and providing a sense of community. All participants spoke about experiences of Islamophobia and finding ways of responding to these experiences. 457 survey responses showed a wide range of anxiety and depression scores, with 37% in the moderate or severe depression range on the PHQ-9. Perceived discrimination showed around 12% shared variance with each mood score. Multiple regression showed that perceived discrimination contributed a statistically significant amount to prediction of anxiety score when controlling for depression score, and depression score when controlling for anxiety score.

Conclusions: Identity was influenced by childhood experiences, transitions, and frequent experiences of othering. Several clinical implications were indicated, including a need for psychologists to understand the impact of Islamophobia on young people, and Islam itself being a resource that can be used in the development and delivery of services and interventions.

Ref: 1775 Part of Symposia
Symposium Improving the Psychological Wellbeing of Children + Young People: Effective Prevention and Early Intervention Across Health, Education and Social Care
Julia Faulconbridge
DCP Chair

Symposium Summary:

We will look at child mental health and psychological wellbeing from the opposite perspective to that often employed. Rather than focus on what to do when serious problems have arisen, we will approach this topic by considering what we can do, as a society, to raise children and young people to be psychologically healthy and how we can facilitate the growth of resilient human beings who are able to enjoy productive lives and manage the difficulties and challenges which will inevitably come their way.
The first paper will cover:

- What are the cornerstones of raising psychologically healthy children?
- What are the harms that need to be avoided and prevented?
- How we can structure community resources to intervene early if a child is having difficulties?

There will be 3 further papers looking at this approach in different settings, based on chapters in the book due out in October 2019 "Improving the Psychological Wellbeing of Children and Young People: Effective Prevention and Early Intervention Across Health, Education and Social Care" Faulconbridge, hunt and Laffan (eds)

- Physical Health Sally Benson and Sara O’Curry (abstract ready)
- Complex Social Care and Criminal Justice Jenny Taylor and Lisa Shostak (abstract not available yet)
- another yet to be confirmed either Early Years or Community Approaches

Part of Symposia
Paper 1: What might effective prevention and early intervention look like in primary care and community child health?
Jaime Craig
Family Psychology Services Ltd

Objectives: In this paper we will explore effective early and integrated psychological input ‘where the needs of the child and their family are known’ and in doing so pose some challenges to service structures and mind-sets that situate the multi-modal cross-lifespan skills of Clinical Psychologists at a distance from this, often in child ‘mental illness’ services. We will make the case for bringing these skills ‘upstream’ and available in primary care and community child health contexts.

Part of Symposia
Paper 2: How early intervention and prevention can lead to positive outcomes for children with physical health conditions
Sally Benson
Cambridge University Hospital and Cambridge and Peterborough Mental Health Trust

The complex interplay between physical and mental health in children and young people is increasingly receiving the attention it deserves. The call for professionals to reflect on themselves and their own services as ‘hard to reach’ as opposed to the populations they serve is long overdue. Given that many long term physical health conditions and chronic medically unexplained symptoms begin in childhood, how we deliver services to these children and their families has an astonishing impact upon their experience of care and the burden of care on the NHS as these young people transition to adult services. Mobilising services to work together to intervene early and demonstrate the social and economic benefits of early intervention and preventative service models is a key pre-occupation in relation to paediatric populations currently. We will look at a number of models of care, case examples of service delivery that is transformative for children and young people and some of the barriers to change.

Part of Symposia
Paper 3: Using STAIRS to support front line workers in intervening to create effective change as early as possible with children and young people in social care and criminal justice settings
Jenny Taylor
Taylor Conway Assoc
STAIRS is a collaborative and analytic approach to creating change that can be used in a wide range of different contexts and with a wide range of different professionals. The following presentation will aim to summarise the key stages of the STAIRS framework and provide a brief overview of the different ways and different contexts in which it is currently being used to try to prevent longer term problems, including early help services, edge of care services, third sector voluntary support work teams and children with disabilities teams.

The concept of a STAIRS approach to creating change developed out of work within Children’s Social Care and Youth Justice, and consideration of the key elements of effective practice in interventions that have a good evidence base within these settings, such as Multi-Systemic Therapy, AMBIT, and the Enhanced Case Management Approach. In both Children’s Social Care and Youth Justice, professionals with a range of different trainings are working to create change in complex patterns of behaviour between people (most commonly between parents and children, and between young people and the community). There are a myriad of specific intervention packages, training courses, and whole system approaches on offer for working in these settings. What is less available is an easily accessible overall framework for staff to use when considering which of the range of therapeutic and practical approaches at their disposal is likely to create change in a particular situation. Having such a framework can help ensure that interventions are as effective as possible as early as possible.

Future of the DCP – With positive organisational change developing in BPS what does the future hold for the DCP?

*Julia Faulconbridge*

*DCP Chair*

This session will give you the chance to both learn about all the potential new developments in the BPS and DCP and, through the discussion contribute to the thinking about the future. Their new CEO of the BPS, Sarb Bajwa, has ambitious ideas for making it into the sort of proactive, outward facing and flexible organisation we have all been arguing for over many years. Some of the changes have implications for the DCP and its constituent parts and we want to involve our membership in thinking about how we, in turn, can change for the better. We have been through an extremely difficult few years but there is now optimism about the future and this is an opportunity for you to contribute to that future.

DCP Executive Workforce – The expansion of psychological practitioners in the workforce – a threat or opportunity for clinical psychologists?

*Julia Faulconbridge*

*DCP Chair*

There are major and fast moving developments aiming to expand the psychological workforce. Whilst this has been happening for a while, there is increased impetus due to the recognition that workforce is perhaps the major impediment to the delivery of more and better services. The fact that there are many more psychology graduates who want to work in health provision than there are training places in the current professions is a major driver and developing more types of worker at lower costs and with lower salaries obviously has an attraction to policy makers. Some of the developments include the possibility of associate psychologists trained via apprenticeships and new integrated career pathways across the psychological workforce. This is an opportunity to learn more about what is happening and to contribute your ideas to help guide the DCP over the coming year.
Ref: 2070   Poster
Evaluating a genetic counselling narrative session for people living with the HD gene fault: an interpretative phenomenological analysis
Mariangels Ferrer Duch
Riverbankpsychology

Objectives: The study aimed to evaluate the effects in participants of a narrative group intervention based in the Tree of life exercise from Collective Narrative Practices.

Design: We designed a genetic counselling session using collective narrative practices which aimed to boost resilience in people who had been tested for the Huntington Disease (HD). Initial responses to the test for the HD gene can include shock, anger, regret and survivor guilt. Psychological interventions, may be useful at this time.

Method: Twelve participants living with the HD gene fault who attended the narrative session were interviewed about their experiences of that session. Interviews took place two weeks after taking part in the narrative group. Their transcripts were analysed using Interpretative Phenomenological Analysis (IPA).

Results: Three major themes arose from analysis of the data. In the power of the group, participants described the benefits of meeting with other people living with the HD gene fault. The subsequent impact of the session demonstrated that the session boosted the mood of many participants, enabled higher levels of disclosure of HD status. The final theme, another voice: the experience of two participants for whom the session was less beneficial, outlined the experiences of the minority group of participants for whom the session didn’t feel relevant.

Conclusions: The session had a powerful, positive impact on the majority of participants, enabling them to bond with other people living with the HD gene fault, disclose their status to more friends and family, and think more positively about the future.

Ref: 1728   Oral Presentation
“Not who am I, who are you? And what can you do for me?” What clinical psychologists can offer developmentally traumatised young people
Paul Gaffney¹, Sanna Cramnell², Eimear Ryan², Paul Walton², Aisling Hagerty³
¹Health Service Executive, Ireland, ²Assessment, Therapy & Consultation Service, Tusla, Ireland, ³Leeds Therapeutic Social Work Team

Objectives: Despite strong evidence for the role of Adverse Childhood Experiences in the development of difficulties for many young people who end up being looked after and/or in youth detention systems, clinical psychologists and other mental professionals can find it demanding to take a balanced position, acknowledging both the invalidation the young person may have experienced along with the need to help them address their trauma, behaviours, and daily life problems. This difficulty is exacerbated by frequent crises and anxiety around such young people within a system which can be by times seem to be either too punitive and/or too permissive. This workshop will provide a multi-disciplinary, multi-country overview of the challenges experienced in this work, outlining a safe yet evidence based foundation to work from, along with tips for what works best in practice and a self-care checklist for clinicians.

Design: The workshop will focus on finding a balanced position in the midst of each case milieu, including the importance of childhood adversity/trauma in formulating the narrative for each individual young person and their family, the key role of psychologists and other clinicians in being helpful and focusing on solving rather than accounting for problems as they arise.

Conclusions: The workshop hopes to encourage clinical psychologists to continue to work with this
vulnerable yet challenging population, highlighting the importance of steady and reliable clinicians in the lives of these young people and how with good supervision and effective team working, much better outcomes can happen for this population.

Ref: 1405
Who are we, what am I - professional identity of Clinical Psychologists
Simon Gelsthorpe
DCP

Objectives: To help Clinical Psychologists consider and discuss issues relating to their own individual and collective identity as Clinical Psychologists.
As the "family" of Psychological Therapies continues to grow, the need for a firm identity as a professional Clinical Psychologist increases.
NB - I anticipate this will need a session of 1.5 hours

Design: The session begins by presenting some background research into professional identity. This is followed by some interactive work to explore how individuals perceive themselves as clinical psychologists and the extent of their personal investment as one. The session then explores how (we believe) other disciplines perceive clinical psychologists. This is supported by informal data/opinions/thoughts gathered from others.

Method: Either in small groups or as one group (depending on numbers), the participants discuss the nature of our identity as clinical psychologists and consider the impact of this on our work performance and our wellbeing. Within this there is a focus on our own individual unique experience and our collective shared experience.

Results: The final element of the workshop is time to plan our own individual and collective action points in relation to how we actively promote our (individual and collective) identities and what we may need to do to protect our own wellbeing as professional Clinical Psychologists.

Ref: 1780  Oral Presentation
Experiences of Posttraumatic Growth in the Long-Term Phase of Spinal Cord Injury: An Interpretative Phenomenological Analysis
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Objectives: A spinal cord injury (SCI) can have devastating physical and psychological consequences, shattering an individual’s identity. Research has demonstrated that as individuals struggle to make sense of their new reality, positive growth can occur, known as posttraumatic growth (PTG). Studies suggest that PTG may unfold and change over time. No qualitative studies had previously explored experiences of PTG solely in individuals during the long-term phase of their SCI. Therefore, the aim of this study was to explore how individuals experienced and made sense of PTG during the long-term phase of their SCI.

Design: This study was a single cohort design, using in-depth interviews.

Method: Six participants in the long-term phase of their SCI were recruited through an SCI centre and an SCI charity. Interviews were transcribed and analysed case-by-case, using interpretative phenomenological analysis (IPA), focusing on how they experienced and made sense of their PTG.

Results: Three master themes were discovered; ‘The earthshattering consequences of the injury’, ‘Determination to reclaim one’s life’ and ‘Roses (PTG) and thorns (injury and struggle)’.
**Conclusions:** Participants’ narratives revealed the shattering impact the injury had on their lives and identity, as they were plunged into a cruel new world. They demonstrated tenacity and chose to see the positive as they fought to reclaim their lives and sense of self. Through their positivity and determination, their lives flourished in new ways. Their struggle with the SCI continued as they aged, and alongside this, PTG continued, which provided new insight into the PTG following an SCI.

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**Ref: 1777  Oral Presentation**  
**The importance of identity in working with Complex Post Traumatic Stress Disorder**  
*Glasgow Psychological Trauma Service*  
*Glasgow Psychological Trauma Service NHS Greater Glasgow and Clyde*

**Objectives:** Complex Post Traumatic Stress Disorder (CPTSD) has recently been recognised by ICD-11 and includes traditional post-traumatic symptomology (intrusions, avoidance and hyper arousal) as well as the impact on a person’s identity: change in their self-concept, their belief system and disturbances in their ability to relate to others (ICD-11). These identity based disturbances are pervasive and occur across various contexts and relationships regardless of proximity to traumatic reminders (Cloitre et al., 2013).

**Design:** Glasgow Psychological Trauma Service is a tertiary level mental health service providing multi-disciplinary psychological interventions to service users who present with CPTSD. A recovery based model of person-centred care, offering evidence-based interventions within a phase-based structure, is championed to help people make sense of and integrate their experiences; this empowers the development of a new identity not defined by trauma (Herman, 2015).

**Method:** The workshop aims to promote discussion around how identity presents in our clinical work, how we work with identity and how integral this is to our understanding of the impact of complex trauma. Clinicians discuss examples from a variety of specific client groups seen by the service including people who have been involved in a major incident; victims of human trafficking, people who are homeless, adult survivors of childhood sexual abuse, asylum seekers and refugees and supporting people who have experienced abuse whilst in institutional care.

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**Ref: 2095  Poster**  
**Are suitable services available to help parents with Complex Post Traumatic Stress Disorder?**  
*Glasgow Psychological Trauma Service*  
*Glasgow Psychological Trauma Service NHS Greater Glasgow and Clyde*

**Objectives:** Evidence suggests that people with complex post-traumatic stress disorder (CPTSD) can experience difficulties in their capacity to parent though little is known about interventions with this client group. This project aimed to identify existing parenting interventions within the trust, specifically the availability, relevance and effectiveness for this client group, and to identify clinicians’ perceptions on the need for parenting interventions for clients presenting with CPTSD.

**Design:** All clinical psychologists, psychotherapists and psychiatrists in the trust were asked to complete a questionnaire exploring their views on interventions for parents presenting with CPTSD symptoms. Additionally, unstructured meetings were conducted by the researcher with experts in the area.

**Method:** Responses were grouped to combine viewpoints on different areas of interest, based

**Results:** The questionnaire had 135 respondents. 75% had worked with a client with CPTSD who presented with parenting difficulties, suggesting parenting problems are a key area of concern. 58% reported that they would work directly on parenting difficulties, while 30% reported referring them onto another service for intervention. 13% respondents specifically claimed there wasn’t an appropriate service for this group of parents, others explained that they had referred them onto a generic parenting intervention such as Triple P or mellow parenting.

**Conclusions:** Overall there was recognition that there was an unmet need for a service in this area, there is a shortage of resources and acknowledging that a new service would be helpful. There was an understanding that this vulnerable client group would require a specific trauma informed approach.

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**Ref: 2097 Poster**

**Reducing revictimisation in adults with CPTSD**

*Glasgow Psychological Trauma Service*

*Glasgow Psychological Trauma Service NHS Greater Glasgow and Clyde*

**Objectives:** Adults with Complex Post Traumatic Stress Disorder (CPTSD) are at greater risk of revictimisation. Whilst an evidence base has emerged for group interventions in relation to symptom reduction and interpersonal difficulties, re-victimisation has not been evaluated or targeted. This study aims to examine whether an intervention which targets dynamic risk factors for revictimisation will improve well-being and reduce the risk of revictimisation for females with CPTSD.

**Design:** A longitudinal design with measures completed at assessment, post group and 3, 6 & 12 month follow-up.

**Method:** Females with a history of homelessness and revictimisation, meeting criteria for CPTSD attended a phase one treatment programme for CPTSD which consisted of group and one-to-one treatment. Change was assessed by the Initial Trauma Review – 3, the Trauma Symptom Inventory, the CORE Outcome Measure, the Inventory of Interpersonal Problems – 48 and a 5 item self-report measure of safety developed by the authors. T-tests and intention to treat analysis of the data were carried out.

**Results:** At 12 month follow up, participants reported a 60.2% reduction in physical abuse within relationships, 83.4% reduction in emotional abuse and 100% reduction in sexual assault and non-intimate partner violence. Improvements in homeless status and all other outcome measures (except Schema Mode Inventory) were observed post intervention with improvements being maintained at 12 month follow up.

**Conclusions:** Preliminary findings suggest that symptoms of CPTSD and rates of revictimisation can be reduced by targeting dynamic risk factors for revictimisation. Larger sample sizes using a randomised controlled design are required.

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**Ref: 2101 Poster**

**Psychological and biological factors involved in stress sensitivity and risk for depression**

*Rachel Gleave¹, Kimberly Dienes²*

¹Sale Grammar School, ²University of Manchester

**Objectives:** Psychological and biological factors have been separately linked to stress sensitivity for depressed individuals in past research, but have rarely been combined
**Design:** We intend to use structural equation modelling to assess relative contribution of early adversity, chronic stress, episodic life stress, personality variables, genetic risk, and cortisol secretion to stress sensitivity in depressed adolescents. The present results represent pilot work examining the association of these variables to depression symptomatology in a sample of university students.

**Method:** Participants included 54 students (40.8% Black, 31.5% Caucasian, 27.7% other) age 18 to 46 (M = 22.4) at a Midwestern university in the USA. The Life Experiences Questionnaire and the Childhood Adversity Questionnaire were used to assess interpersonal and non-interpersonal adversity. Chronic stress over the past 12 months was assessed using the Life Stress Interview. Depression symptomatology was assessed using the Beck Depression Inventory. Salivary cortisol was collected at waking and +12 hours across 2 days. Cortisol reactivity was assessed using the Trier Social Stress Test.

**Results:** Correlational analyses were conducted. Diurnal cortisol and cortisol reactivity were not significantly related to any variables. Total chronic stress, close friend chronic stress, and interpersonal childhood adversity were correlated with depressive symptomatology. Total chronic stress and close friend chronic stress were correlated with interpersonal and non-interpersonal childhood adversity. Social chronic stress was correlated with non-interpersonal childhood adversity.

**Conclusions:** Depressive symptomatology had a stronger relationship to psychological (interpersonal stressors) than biological variables. More research is needed with a clinical sample of depressed individuals and SEM to examine stress sensitivity factors.

**Ref:** 2119 Poster

**A randomised control trial of PEGASUS: a psychoeducational programme for children on the autism spectrum and their parents**

*Kate Gordon¹, Marianna Murin², David Skuse³, Will Mandy³*

¹University of Reading, ²Great Ormond Street Hospital, ³University College London

**Objectives:** Psychoeducation is recommended for autism although such interventions currently lack an evidence-base. The PEGASUS programme comprises 6-session groups for children and their parents. In PEGASUS, autism is considered as a form of neurodiversity, with an emphasis on strengths as well as difficulties to foster a positive identity. We sought to assess whether PEGASUS would increase autism knowledge in children and parents and enhance understanding of one’s own autism-related strengths and difficulties or those of their children.

**Design:** Young people and their parents were randomised to PEGASUS (n=24) or “treatment as usual” (n=24). The main outcome measures, The Autism Knowledge Quiz (AKQ) measured autism knowledge and recognition of autism-related abilities.

**Method:** 48 children (9-14 years; 8 girls) with autism diagnoses and their parents participated. Measures were completed at baseline (T1), after 3 months (i.e., post-treatment - T2) and after 9 months (6 months post-treatment - T3). Assessors were blind to allocation. Multi-level modelling was used to analyse the data.

**Results:** PEGASUS was associated with significant increases in children’s knowledge of autism (p=0.011) which persisted to T3 (p=0.016) and in children’s autism-related self-awareness at T2 (p=0.016) and T3 (p=0.002). Parents’ autism knowledge increased significantly after PEGASUS (p=0.018) but this did not persist to T3 (p=0.063). No change in parents’ recognition of their child’s autism-related abilities after PEGASUS was detected (p=0.561; p=0.961).

**Conclusions:** PEGASUS enhanced children’s knowledge and self-understanding. There appeared to be less impact on the parent measures. The current results should be tested in a range of real-world clinical settings.
UK Armed Forces veterans' experiences of belonging and life after service: Qualitative approaches and interventions

Kim Gordon¹, Karen Burnell², Clare Wilson³
¹Liverpool Hope University, ²Solent University, ³University of Portsmouth

Objectives: Military personnel who have seen active service can be affected by their experiences. Much of the literature on the mental and physical health battles faced by men and women who leave the Armed Forces, is dominated by research in the United States (US) (Iversen, et al., 2008), and are particularly focused on exposure to combat conditions and effects on mental health.

Design: Research in the United Kingdom (UK) tends to focus on depression or alcohol misuse and the impact these issues have on currently serving personnel. Since 2012, military research in the UK has increasingly investigated life after service, access to and use of treatment interventions, post-service life and, importantly, impact on the family.

Method: Semi-structured interviews explore experiences of 30 male and female participants (aged 26-92 years old) and across multiple war cohorts. Data were analysed using Thematic Analysis and Narrative Analysis. Experience with mental health service provision differs across military service divisions, length and type of service. Experiences of wellbeing were shared across war cohorts from WWII to Iraq and Afghanistan.

Results: Shared experiences across veteran cohorts, focussed on main themes such as pre-service adversity ranging from: feeling isolation in school, bullying, childhood abuse, to limitations in working opportunities pre- and post-military service affecting veterans individuals and their family.

Conclusions: Expanding clinical research from the experiences of UK serving personnel to include the effects of pre-military adversity, should be considered alongside military deployment experiences of the individual. Interventions designed to address transition into life after service are discussed.

Pre-Qualification Session
Political identity of a prequalified psychologist

Orla Gormley
Assistant Psychologist, Belfast Health & Social Care Trust

One’s “Political Identity” refers to a chosen affiliation, real or perceived, to a particular concept and the personal, social and/or political implications that derive from this choice (DeMichele 2017). Such concepts can include specific political parties, or broader views on race, nationality or community beliefs. A person chooses to affiliate with this concept due to an understood connection between what it represents and what is important to them. Consequently, this political identification is not simply an arbitrary decision, but rather signifies membership in a group that is closely associated with their core beliefs (Mamdani 2012).

With a long standing history of political differences between the Nationalist and Unionist communities, Northern Ireland provides a fitting context to explain the concept of Political Identity. In my talk, I will explore more on what it means to have a Political Identity, using my personal connection to Northern Ireland as an example. I will also invite audience members to consider what concepts they connect to, how or why that connection has come about and the personal, social and/or political impactions of this affiliation.
Objectives: Suicide risk has been consistently shown to be elevated in those with a history of childhood trauma. The aim of this study was to examine the role of psychological factors mediating the relationship between childhood trauma and suicide attempts. Specifically, this study focused on the domains of self-concept, relational functioning, and affect regulation.

Design: A cross-sectional, questionnaire-based design was used, with bootstrapped mediation models used to test for mediating relationships between childhood trauma and suicide attempts.

Method: 330 adults seeking treatment for psychological trauma were recruited from an NHS trauma service. Participants completed self-report questionnaires assessing trauma history, attachment style, complex post-traumatic stress disorder (CPTSD), cognitive emotion regulation strategies, and suicide attempt history. Questionnaires were completed on the site of the trauma service, with an Assistant Psychologist present to provide clarification as required and to monitor participant distress.

Results: Childhood trauma severity was found to increase the likelihood of a suicide attempt history. This relationship was mediated by CPTSD symptoms of intrusion, emotion hyper activation, emotion deactivation, negative self-concept, and disturbed relationships. The emergence of CPTSD following childhood trauma was found to be mediated by the absence of a secure attachment style.

Conclusions: Results highlight the importance of screening for CPTSD in those with childhood trauma histories in order to best mitigate suicide risk. Additionally, findings suggest an interplay between perceptions of the self, interpersonal functioning, and affect regulation process following childhood trauma across the perceptual level of attachment, and the behavioural level of CPTSD, with this interplay subsequently increasing suicide risk.

Objectives: There is controversy about the extent to which delusional beliefs are shaped by motivational and emotional factors in addition to cognitive and neurological factors.

Design: This was a qualitative study of delusions which deployed in depth interviews to explore detailed aspects of individual systems of delusional belief. This approach was adopted to understand specific evidentiary and emotional components of beliefs from the perspectives of those holding them.

Method: 17 individuals, designated by treating clinicians as experiencing or having experienced delusions, were recruited from a secure inpatient hospital system. Semi-structured interviews were conducted. These focused on assessing the reasons that individuals gave for their ideas, participants’ response to counter-evidence, their consonance with other beliefs, and their tendency to guide participants’ actions. Transcripts were read and coded for pre-determined themes. The transcripts were then reviewed again and secondary emergent themes were identified and coded in a manner consistent with a Grounded Theory approach.

Results: Results from this study suggested participants were frequently able to identify aspects of their delusions which were appealing, interesting or comforting; additionally they often treated
delusions as more “special” than other beliefs and took action to protect them from evidentiary challenges by professionals. These results bring into focus the ways that delusional beliefs could be understood as resulting from motivational factors as well as information processing biases or deficits.

**Conclusions:** Delusions may often be experienced as interesting or reassuring, despite their apparently distressing content. This complicates our understanding of delusions as phenomena that are primarily distressing.

**Ref:** 1788  **Workshop**  
**Identity, experience, power and supervision**  
*Beth Greenhill¹, Katy Lobley²*  
¹University of Liverpool/North West Boroughs NHS Foundation Trust, ²University of Liverpool

**Background:** Clinical supervision is one of the core processes of clinical psychology, both in training and beyond. As the profession continues to wrestle with developing the diversity of its membership and inclusive practice, it seems timely to explore how the supervisory relationship might best create a space in which diverse identities can flourish. Drawing on the work of Nimisha Patel, Gill Aitken, Helen Beinart, Sue Clohessy and others, the workshop aims to briefly summarise the existing literature in relation to diverse identities and experiences in clinical supervision. Intended outcomes for participants include greater awareness of theory and practice in relation to culturally competent supervision and consideration of how power, race, class, gender, mental health, disability, and sexuality may impact on the supervisory relationship. Participants will also be able to share practice with other supervisors and contribute towards developing supervisor training in working with aspects of identity, diverse experience and power.

**Key Points:** Through a variety of small group and individual exercises, participants will be able to explore how supervisors and supervisees might make their cultural, sexual, gender, and class identities more present in the supervisory relationship. Case studies will also explore how assumptions relating to identity may sometimes challenge the supervisory relationship. Adapted tools and resources to support effective supervision will be shared. Supervision within different therapy models will be considered.

**Conclusions:** The workshop will conclude by drawing together the shared learning in the group and through discussion of how to disseminate this learning with others, potentially through supervisor training and written guidance.

**Ref:** 2088  **Poster**  
**The Perception of Threat from Emotions in People Who Have a History of Self Injury**  
*Mark Guyers¹, Bethan Marsh²*  
¹BPS Pre-Qualification Group, ²BPS

**Objectives:** The ‘affect regulation’ theory suggests that individual’s self-injure to regulate emotion states that are negative. In this study, we used a basic emotions perspective to explore whether there were differences between individuals who have historically self-injured and those who have not in terms of the degree to which they perceive emotions to be threatening.

**Design:** Considering basic emotions and their perception of threat within self-injury could be helpful within assessment and treatment.
It is possible that sadness and anger appear to be particularly threatening within populations who self-injure.
The construct and subsequent perceived threat of emotions within negative affect states are useful to understanding the reasons for self-injury.

**Method:** A non-clinical sample (N= 84) completed the ‘self-harm inventory’ and ‘perception of threat from emotions questionnaire’ and differences were tested by the use of a MANOVA.

**Results:** The results suggested that sadness and anger were perceived to be the most threatening emotions for those who had previously self-injured.

**Conclusions:** The findings are consistent with existing theories of self-injury and make additions to the ‘negative affect’ theory. Negative affect has previously been understood as a state in which negative emotions occur. The current study suggests the same, but displays how individuals who self-harm experience emotions as a threat at these times.

**Ref:** 1677  Oral Presentation


Kathryn Harper¹, Gita Bhutani², Neelam Dosanjh², Amra Rao², Jeremy Clarke³

¹Lancashire Care NHS Foundation Trust, ²DCP L&M Faculty & New Savoy Partnership, ³New Savoy Partnership

**Objectives:** The importance of wellbeing has been well documented in recent years. The aim of this study was to explore the professional identity of psychological professionals in line with health and wellbeing between 2014 and 2017 and identify areas for improvement.

**Design:** This study utilised a qualitative approach which explores and compliments the quantitative analysis previously completed for the data.

**Method:** An annual measure of staff wellbeing for psychological professionals was disseminated to a range of professional networks by NSP and BPS between 2014 and 2017. The online survey encouraged quantitative and qualitative responses in addition to demographic and professional details. This study focuses on analysing the qualitative responses (n = 2439 across the four years).

**Results:** Thematic analysis of the qualitative data reveals common themes across perceived identities in regards to both the professional (desired and achievable) and the patient. The data explores how these identities align with the workplace system and the impact that agreement and conflict has upon wellbeing. Professionals have identified both barriers and protective factors which would support their professional identity and wellbeing. Changes across the four years have been examined.

**Conclusions:** The ability to achieve our desired professional identity in the workplace has an effect on health and wellbeing. There are systems in the workplace which can be utilised to improve the balance between the desired and achieved professional identity and health and wellbeing. Change across the years demonstrates the impact of systemic and corporate decision making.
Ref: 1730  Workshop
Transforming identities through Transforming Care: exploring the experiences of people with Intellectual Disabilities who moved out of hospital
Annabel Head¹, Louisa Rhodes², Helen Ellis-Caird³
¹SLAM, ²Hertfordshire Partnership NHS Trust (HPFT), ³University of Hertfordshire

Background: Following the uncovering of abuse at Winterbourne View, the ‘Transforming Care’ NHS England agenda has seen people with intellectual disabilities (ID) moving out of hospitals into their own homes. Our research team are the first in the UK to consider the impact of Transforming Care from the perspective of those with ID themselves. Workshop participants will step inside our research through experiential exercises and group tasks, and consider the research findings in their own work contexts. We aim for participants to gain new ideas about supporting transitions, whatever the clinical context; and appreciate the value in hearing the voices of people with ID in research.

Key Points:
Part 1: ‘Ask me and I will tell you’.
A human library will be presented in which people with ID will share their experiences of the hospital journey, from pre-admission to post-discharge, through a range of methods including ‘live’ stories, family members sharing the service-user’s story, video clips and abstracts from verbal accounts.
Part 2: Transforming Identities through Transforming Care.
Participants will be invited to think about their own identities and how they connect or disconnect from the stories in Part 1, before exploring our research findings on how environments and opportunities shape identities.

Conclusions: Participants will work in groups to generate ideas about practical applications of the ideas generated during the day, to be taken into their own clinical practice. Such applications could have significant consequences for reducing the ‘revolving door’ effect of people being re-admitted to hospital when community placements break down.

Ref: 1723  Poster
Evaluation of Psychologically Informed, Person-Centred Dementia Care Training
Emily Hemming, Vasiliki Kiageri, Julia Cook, Julia Blatchford
Dudley and Walsall Mental Health Partnership NHS Trust

Objectives: To evaluate a psychologically informed person-centred training package for NHS mental health staff providing support to people living with dementia. Identifying and rectifying skills gaps for the NHS mental health workforce is vital for service development and adherence to national guidelines and implementation of The NHS Five Year Forward View. The Prime Minister’s Challenge on Dementia 2020 outlines the importance of appropriate staff training, and draft NICE guidelines (2018) encourage a person-centred approach for supporting people living with dementia from diagnosis to end of life care. A CQC review (2016) highlighted a gap in dementia training in Dudley and Walsall Mental Health Partnership NHS Trust (DWMH). A package was designed to meet this need based on competency requirements identified through a Health Education England psychological upskilling project from Birmingham University.

Method: 45 members of DWMH staff completed two days of training in May and October 2017. Training consisted of presentations and workshops facilitated by multidisciplinary experts in dementia care and an 'expert by experience' who had cared for a loved one with dementia. The presentations focused on a non-pharmacological, person-centred approach to dementia care, and
the importance of self-care and reflection. Staff-members rated the training using a 0-10 Likert-type scale assessing confidence and integration of new skills in practice, and also provided qualitative feedback. Cyclic, consistent evaluation is used to inform successive dementia training programmes.

**Conclusions:** Evaluation shows promising results in incorporating psychological skills in improving person-centred care for people living with dementia. Future rounds will also measure skills transfer to practice.

**Ref:** 1704  Oral Presentation  
**Identity and Diagnosis: Offering an Alternative to Diagnosis to Support Healthy Identities for Young People**  
*Lawrence Howells*  
*NSFT*

**Objectives:** The diagnostic model is the dominant model offered to young people within which to make sense of their emotional experiences. As a result, it is having an increasingly significant impact on the identity development of young people, for example in terms of self-efficacy, agency, self-perception, and social communication. Young people’s mental health is frequently discussed in national media and in parliament. However, the issues with the validity of the diagnostic model are rarely discussed and the potential risks of using such a model on such a wide scale are ignored.

**Key Points:** This workshop highlights the issues with diagnosis and the development of identity in young people, in particular the invitation to identify as a ‘different’ or an ‘ill’ person. It provides clear and visual ways of explaining this issue to other professionals and young people presenting for help and their families. It then outlines an alternative way of understanding emotions in this population, using emotion science rather than the diagnostic framework to encourage an identification as a human being like everybody else rather than a ‘disordered’ or ‘ill’ individual. Clinicians should leave the workshop with a different framework within which to understand and discuss emotional distress with young people and their families.

**Conclusions:** This workshop aims to provide practical ways to understand and explain the potential impact of the diagnostic model on the identity development of young people, and to provide a clear alternative framework based on emotion science and psychological development.

**Ref:** 1743  Workshop  
**Identity, Power and Leadership in the Profession of Clinical Psychology**  
*Nargis Islam¹, Annette Schlosser²*  
¹Oxford Health NHSFT & Metanoia Institute, ²Clinical Psychology Training, University of Hull

**Background:** Context: Although there is a common language to the family of psychology, difference is a feature of the psychological workforce, however inequality and power are rarely addressed in discussions of leadership and career progression. This workshop will provide a forum for attendees to discuss and reflect on current evidence on structural inequalities, recognising and reflecting on our own contexts, in particular minority status, and how leadership and career progression has been understood and managed within this.  

**Key Points:** Workshop Plan: An introductory section which would set the context and ground rules. 5 invited speakers who identify with one or more categories of difference related to race/ethnicity, mental health, disability, social class, gender, nationality, sexual orientation will provide a short, personal account. We aim to encourage participants to illustrate their experiences as creatively or as
traditionally as they wish to, e.g. written, video/music. Reflection time between accounts ensures a dynamic interactive process with speakers and the audience. Throughout the workshop attendees will note down important issues and these will be collected in at the end of the workshop with participants’ permission. We aim to collate the reflections / feedback and provide a summary to be exhibited in the main conference area for workshop attendees and other conference delegates to read and provide further comments on.

**Conclusion:** Our hope is that this workshop will further our collective exploration of the identity of clinical psychologists with regards to 'access' to positions of leadership and influence, allowing for the airing of voices that might otherwise remain marginalised or silenced.

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**Ref:** 1806   Oral Presentation  
**Diasporic identity and transnational belonging: Developing and delivering Mental Health interventions in the Rohingya Camps, Bangladesh**  
*Nargis Islam*  
*Oxford Health NHSFT & Metanoia Institute*

**Objectives:** Since August 2017, approximately one million people from Myanmar have fled from genocide, gender based violence and torture in northern Rakhine state, Myanmar to Cox’s Bazar in neighbouring Bangladesh (UNHCR, 2018). International and local humanitarian agencies are struggling to serve over 1.3 million people who are dependent on aid, including the host communities.  

Working as an 'International' Consultant Psychologist whose origin is Bangladesh engenders necessary reflections on the interface between professional and personal identity.  

This paper presents a ‘tiered model’ of psychosocial skills interventions by ‘grass-roots’ counsellors in the Camps, and considers diasporic and transnational belonging issues emerging from the Consultant Clinical Psychologist working with local services.  

**Design:** The ‘tiered model’ of working was developed by the author in collaboration with a local NGO over the past 5 years, and is now being delivered in the Rohingya Camps. Learning from the first 6 months of interventions are discussed.  

Given the recognition that historically western narratives are privileged over non-western knowledge and experiences, key learning around the necessity of reflective and ethical practice competencies within the model are outlined. Reflections and learning from managing overlapping personal and professional identities are presented.  

**Results:** The importance of reflective and ethical competencies are discussed in the context of delivering effective and culturally congruent, meaningful and useful interventions.  

**Conclusions:** Working with local services in humanitarian settings demands self-awareness and reflexivity. The paper outlines key learning and reflections from working in the Rohingya Camps in Bangladesh, and how it applies to UK and International clinical practice.
**Ref: 1760  Pecha Kucha**  
**Communicating lived experiences of recovery from childhood sexual abuse: "We won’t be shoved under the carpet or buried in the sand."**  
*

**Carly Jackson**  
*Cardiff and Vale University Health Board*

**Objectives:** The scale of childhood sexual abuse (CSA) in the UK is larger than previously believed. Evidence shows a lack of research surrounding women’s experience of recovery from CSA. Furthermore, the role of mental health services within this experience has largely been ignored. The aim of this research was to explore how women who were sexually abused as children understand their experience of recovery and the role they perceived mental health services to have had throughout and to make these outcomes accessible to the majority.  

**Design:** Semi-structured interviews were conducted with seven women who had experienced CSA and accessed support from statutory mental health services. Interviews elicited narratives regarding perceptions of recovery and the role of mental health services. Transcripts were analysed using Interpretative Phenomenological Analysis to identify themes and participants designed images to represent the themes identified.  

**Method:** Four superordinate themes were identified:  
‘the ongoing, unfinished journey of recovery’ - capturing the nature of the process of recovery;  
‘the power of being silenced by others’ - encompassing the influence of others inhibiting their ability to speak out and the related consequences;  
‘acknowledging the past and uniting it with my life’ – describing vital internal processes experienced during recovery;  
‘I can’t do this alone: ingredients for connections with others’ – specifying that recovery is better experienced in unison with a supportive other.  

**Results:** Results were considered in light of existing evidence and psychological theory.  

**Conclusions:** Results can inform the development of services for women who have experienced CSA, and outline a number of clinical recommendations that could aid recovery.

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**Ref: 1781  Oral Presentation**  
**A Sense of Belonging: Does Identifying as an Addict Help Foster Connectedness in Twelve-Step Fellowships?**  
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**Clemency Jacques**  
*East London NHS Foundation Trust*

**Objectives:** To explore if the process of identifying with the label of ‘addict’ has recovery benefits and contributes to mechanisms of change, or if the term increases feelings of stigmatisation.  

**Design:** Coming from an insider perspective, using a Constructivist Grounded Theory (CGT) approach, to reflectively analyse member experiences of twelve-step fellowships. This approach takes into account the social construction of identity and addiction, enables researcher bias to be taken into account and provides a methodical analysis of the underlying processes at play.  

**Method:** Participants were sourced from a range of twelve-step fellowship meetings in London. Nine qualitative interviews, consisting of six sampling, two theoretical and one negative case, were conducted. This was analysed using Nvivo computer software and followed Charmaz’s (2006) CGT procedural protocol.  

**Results:** Participant accounts suggest that through the twelve-step’s emphasis on identification as an addict this promotes connection, a sense of relating to others and belonging. However, for the negative case sample, the emphasis on identifying as an addict is felt to be a hindrance to recovery.
Conclusions: The study demonstrates that the process of identifying as an addict is a mechanism of change, a reclaiming of the word and its negative connotations. Identifying with others is one of the primary forms of connection experienced by participants and fosters a sense of belonging. Connecting with other addicts helps participants to reduce isolation, share their experiences, be part of a recovery-focused support network, increase meaning and reduce shame. These conclusions are supported by similar findings from other theorists and researchers.

Ref: 1752  Oral Presentation
‘I am simply an athlete’: A psychological exploration of athletic identity in physical impairment and amputation
Kimberley Keegan, Craig Murray, Jane Simpson
Lancaster University

Objectives: To explore the identity-related experiences of elite athletes with physical impairments; and to understand whether perceived social stigma mediated the relationship between increased physical activity and greater athletic identity for people with amputations.

Method: The literature review adopted a meta-synthesis method. The empirical study adopted a cross-sectional, quantitative design using mediation analysis.

Results: Participation in sport facilitated the expression of valued identities for individuals with physical impairments. Despite this elite athletes were not immune to the influence of societal notions of an impaired or disabled identity. The stigma attached to a disability identity was evident in the way participants experienced this identity as limiting and restrictive, but also in the way they compared themselves to other people with impairments who were not active. It was also evident that sport facilitated athletes to actively challenge societal understandings of what it means to be physically impaired. The empirical paper found that perceived social stigma mediated the relationship between increased physical activity and greater athletic social and self-identity.

Conclusions: The review concluded that athletes used their role as elite athletes to tackle social stigma related to physical impairment; however, their actions also had the potential to inadvertently further stigmatise in-active individuals with physical impairments. The empirical study showed that physical activity may form an effective intervention in the reduction of internalised stigma, and the associated effects on identity, in the early stages of rehabilitation to amputation.

Ref: 2087  Poster
The identity of individuals supported by Greater Manchester Police's Integrated Healthcare Liaison and Diversion Team: Ensuring an individualised approach
Katie Knott
North West Boroughs Healthcare NHS Foundation Trust

Objectives: The objective of this poster is to visually portray the distribution of varying aspects of individuals' identities who have been in contact with the criminal justice system in Greater Manchester. It is hypothesised that the prevalence of these different identity aspects will vary across the ten boroughs of Greater Manchester. This poster aims to raise awareness of the differing identities to ensure an individualised support plan is provided.

Design: The quantitative data was extrapolated from the clinical record system (SystmOne) used by the integrated partnership.

Method: Burnham’s (1992) mnemonic of the Social GGRAAACCCEESSSS was used as the basis to
extrapolate clinical data to show social difference across Greater Manchester. Focus was given to the
data for female and BME individuals following The Bradley Report (2009) which highlighted the need
for an individualised approach. The data was visually presented to emphasise the nature of the
geographical distribution.

**Results:** This poster uses multiple colour coded maps of Greater Manchester to show the frequency
of identity characteristics within each borough. This illustrates the identity of the population within
each borough and empowers practitioners to utilise this knowledge in their individualised support
plans.

**Conclusions:** This poster shows the discrete aspects of identities of individuals within the criminal
justice system across the boroughs of Greater Manchester. This has a profound effect on service
requirements in each borough and will assist practitioners within the partnership to be mindful of
the population's core identities within the geographical area in which they are working, only with
this can individualised care be optimised.

**Ref:** 1659  Oral Presentation

**A comparison between British and German therapists towards initial client contact and employed
therapeutic proceedings**

*Sophie Landmann, Josephine Chen-Wilson, Maria Bisconti*

*University of Wolverhampton*

**Objectives:** This doctoral research study explores the influences of a client’s ethnic background on
the therapist’s perception and chosen therapeutic approaches across two nationalities – Great
Britain and Germany. In this, it strives to close a research gap by comparing two developed countries
of which one has been shaped by coexisting cultural heritage since colonial times, whereas the other
has only recently seen a sharp increase in diversity. This research seeks to answer whether
therapists’ practise with clients of different ethnic backgrounds is underlined by biases.

**Design:** This study employs a mixed methods approach using a between-subject design ensuring a
cross-cultural comparison of self-reported and experimental data on implicit as well as explicit
perceptual bias.

**Method:** A combined sample of 150 therapists recruited from Britain and Germany is randomly
assigned to either the Caucasian-only or the ethnically-diverse condition. Responding to fictional
vignettes therapists display their initial perception of the client and their problems as well as their
intended approaches. Secondly, an implicit racial preference task (IAT) is administered to explore the
therapists’ implicit bias towards individuals of different ethnic backgrounds.

**Results:** Results are pending. Data are analysed using multivariate modelling and content analysis.

**Conclusions:** It is expected that findings demonstrate a bias between the two conditions as well as
between the two nations and highlight the need for specific cultural training. The findings from this
research may contribute to the body of knowledge of psychology as it may bring the underlying,
implicit as well as explicit, bias in therapists to the table.
Ref: 2051  Poster
Personal Growth after Domestic Abuse: a Pilot Study
Julien le Jeune d’Allegeersheucque1, Breda Cullen2, Clare McFeely3
1University of Glasgow, 2University of Glasgow, Institute of Health and Wellbeing, 3University of Glasgow, School of Medicine, Dentistry and Nursing

Objectives: This study aimed to obtain information on the feasibility and acceptability of researching Post-Traumatic Growth (PTG) in female survivors of Domestic Abuse (DA), as well as to explore the possible relationship between PTG and social support in this population.

Design: There were two phases, an interview-based preparation phase and a mixed-methods feasibility study.

Method: In the preparation phase, four Women’s Aid (WA) staff were interviewed to inform the design and conduct of the feasibility study. In the feasibility study, 13 WA service users completed written questionnaires, including the Psychological Well-Being Post-Traumatic Changes Questionnaire (PWBSPTCQ), Multidimensional Scale of Perceived Social Support (MSPSS), and acceptability questionnaires.

Results: Working with WA allowed the study to follow guidelines on safeguarding participants during research into DA and facilitated recruitment of service users. The feasibility study confirmed the internal reliability and acceptability of both the PWBSPTCQ and MSPSS in this population (alpha 0.97 and 0.85, respectively). Eleven participants (85%) showed evidence of growth on the PWBSPTCQ. However, open-ended comments suggested that quantitative research should be supplemented by a narrative interview-based approach. This study provides important information on realistic recruitment expectations for future studies. Exploratory results of the correlation between Social Support and PTG are also presented.

Conclusions: It is feasible and acceptable to conduct research into PTG in survivors of DA, and it is possible and recommended to work in partnership with specialised third-sector parties to carry out research of this type. These pilot results will directly inform plans for further research in this field.

Ref: 1702  Oral Presentation
Preserving and evolving the identity of clinical psychology in an ever-changing NHS landscape: current dilemmas and future directions
Venetia Leonidaki
East London Foundation Trust

Objectives: Identity development is a dynamic and complex process, influenced by social comparison (Tajfel, 1972) and existing power structures (Foucault, 1980). The game-changing arrival of the Improvement Access to Psychological Therapies (IAPT) programme, the new-generation of high-intensity (HI) therapists, and the latest national workforce plan (PPN, 2018) have been shaping the identity of clinical psychology. This presentation aims to capture the impact of the above developments on our discipline and clinical psychologists’ (CPs) reactions to them.

Design: Literature review and mini-audits

Method: It combines a reflective comparison between the roles of HI therapists and CPs, a critical review of relevant literature and guidelines (e.g. BPS 2014), and mini-audits regarding the content of clinical psychology training courses and job descriptions in the NHS.

Results: Elements previously seen as unique to our discipline are now shared with HI therapists. Most IAPT vacancies are exclusively tailored to HI therapists, the content of some training courses is changing to help newly qualified psychologists be more readily eligible for psychotherapy accreditations, and clinical psychologists seem to distance themselves from primary care.
**Conclusions:** Recent developments pose the risk of forcing CPs out of frontline mental health services and them being replaced by HI therapists. Unique aspects of our profession, such as the critical practitioner model or integrative skills, could be promoted further. A call is being made to address any pre-existing fragmentation in our identity to make our professional roles more robust and competitive so the profession can more adequately adjust to the new reality moving forward.

Ref: 1707  Part of Symposia
**Lived Experience of Psychological Distress in the Clinical Psychology Profession: Issues of Disclosure**
*Katy Lobley*
*University of Liverpool*

**Symposium Summary**
There is an increasing awareness that mental health professionals as a body report high levels of their own psychological distress and difficulties (past or current). There is increasing research interest into the mental health of clinical psychologists and other mental health professions, raising many important questions. For instance, what are our professional role models for disclosing our own mental health issues? How do we confront our own social stigma and shame around mental health? What are the factors that affect self-disclosure? This symposium presents recent research into the experiences of mental health professionals disclosing their own lived experience of significant distress. The first paper describes an overview of past and current disclosures within the clinical psychology profession, asking us to reflect on what is visible, and what are the various impacts of that visibility on ourselves, colleagues and the public. Two research papers report on qualitative and quantitative data regarding the experiences of clinical psychology trainees who identify as having lived experience of psychological distress. These reports both identify pragmatic, social and psychological factors that interact with the decision around self-disclosure. Finally, an emerging self-help programme for health professionals is described and discussed, which actively works to support mental health professionals with issues of stigma, shame and discrimination that may be associated with their lived experience of distress. Thus the symposium explores issues and barriers to disclosure, with a move to action to combat the specific psychological barriers of fear and shame.

Ref: 1708  Part of Symposia
**Paper 1: Public disclosures of mental distress, difficulty and diagnoses in clinical psychologists: What is being made visible?**
*Katy Lobley*
*University of Liverpool*

**Objectives:** This narrative review describes how and where clinical psychologists disclose their own experiences of significant distress in the public arena. Social media and the internet have introduced new ways of psychologists disclosing to others, ranging in brevity and detail. The majority of disclosures refer to experiences in the past, made from a point of ‘recovery’, and a relative position of power. The power of social media and internet anonymity allows for less tidy and coherent narratives of lived experience to emerge. Pre-dating the internet, psychologists have acknowledged or disclosed their own mental health in peer-review journals, academic texts and memoirs. This review of disclosures by professionals discusses the commonalities and differences in types of disclosure, with a specific focus on issues of power, timing and the language of disclosures. This is contextualised within the broader societal changes that may influence clinical psychologists
disclosing their own difficulties with mental health. The discussion ends with an open reflection on how these disclosures may interact with the professional world around clinical psychologists, including the perspectives of peers, employers and clients.

**Ref: 1709  Part of Symposia**
**Paper 2: Perfectionism and Pragmatism: What affects trainees’ likelihood of disclosing lived experience of mental health problems?**
*Tom Grice, Katharine Alcock, Katrina Scior*
*University College London*

**Objectives:** Research suggests that disclosure of mental health problems brings numerous benefits. For clinical psychologists in training (trainees), disclosure may be important as a way of: accessing support, meeting professional standards, and helping to reduce societal stigma towards mental health problems. There is no current data on the proportion of UK trainees experiencing mental health problems, or the factors associated with the likelihood of these being disclosed.

**Method:** Surveys were distributed electronically to trainees on UK-based DClinPsy training programmes. Surveys asked trainees to respond to hypothetical disclosure scenarios. Trainees were asked about their own experience of mental health problems and likelihood of disclosure. Each question provided space for qualitative feedback.

**Results:** 67% of the 348 respondents considered themselves to have lived experience of one or more mental health problem. Quantitative data showed that trainees anticipated being least likely to disclose to course tutors and placement supervisors compared to other people. The data also highlighted a strong negative correlation between ‘maladaptive’ perfectionism and likelihood of disclosure. Qualitative data pointed to the significant role that pragmatism (‘I would disclose if necessary’) plays in trainees’ disclosure decisions.

**Conclusions:** Our results suggest that trainers and trainees could be thinking differently about the practical benefits that disclosure of lived experience can have for oneself and others. A shift towards a culture of transparency and interdependency may require a shift in focus away from the self and towards the other. It also demands further reflection on what it means to be ‘perfect’ in this profession.

**Ref: 1710  Part of Symposia**
**Paper 3: What factors affect trainee clinical psychologists’ decision to disclose, or not disclose, their own mental health difficulties during clinical training?**
*Laura Willets, Laura Golding, Beth Greenhill*
*University of Liverpool*

**Objectives:** This study aimed to understand what factors affect trainee clinical psychologists’ decision to disclose, or not disclose, their own mental health difficulties during clinical psychology training. The main objectives were to: explore UK trainee clinical psychologists’ own experience of mental health difficulties; explore what factors affect trainee clinical psychologists’ decision to disclose, or not disclose, their own mental health difficulties during clinical training; develop a model that describes the decision making process.

**Method:** Twelve recently qualified clinical psychologists were interviewed about their experiences of mental health difficulties, and their mental health disclosure decision making, during training. A constructivist grounded theory methodology was used to develop a detailed theoretical understanding of the decision making process.

**Results:** A theoretical framework, containing ten categories, was developed. The theoretical framework shows that trainee mental health disclosure decision making is a dynamic process that relies on multiple factors, including whether, or not, the trainee has a reason to disclose; the
anticipated response to disclosure; situational factors; and the amount of fear and shame or comfort and acceptance associated with personal experiences of mental health difficulties and disclosure.

**Conclusions:** The findings emphasise the importance of fostering an open and supportive environment in clinical psychology training; eliminating shame about personal experiences of mental health difficulties and fear of disclosure; and ensuring trainees receive a validating and normalising response to disclosure. These factors are likely to enable trainees to disclose their mental health experiences, should they wish to.

**Ref:** 1711  Part of Symposia

**Paper 4: The acceptability and feasibility of a self-help intervention supporting mental health professionals with lived experience in reaching disclosure decisions**

*Anna Hildebrand, Harriet Mills, Henry Clements, Katrina Scior*

*University College London*

**Objectives:** To assess the acceptability and feasibility of the research protocol and the newly developed Honest Open Proud for Mental Health Professionals (HOP-MHP) self-help intervention, in supporting mental health professionals in making decisions about disclosure of lived experience.

**Design:** The study employed a mixed methods design. Acceptability, feasibility and qualitative data were combined to inform adaptations to the intervention and the research procedure prior to a full-scale RCT. This research followed on from findings of previous UCL studies which suggested that clinical psychologists report high levels of mental health difficulties.

**Method:** A new guided self-help intervention was adapted from the original HOP group intervention, with input from stakeholders. A mini pilot (N=5) informed the finalised version of the HOP-MHP self-help guide. A pilot RCT was conducted (N=51) to assess the acceptability and feasibility of the intervention.

**Results:** Quantitative and qualitative analyses were conducted. Overall the intervention and research protocol were found to be acceptable and feasible. Participants particularly valued the anonymous web peer forum alongside the intervention. Recommendations were made to improve acceptability and feasibility in the future.

**Conclusions:** While the intervention and research protocol have been found to be acceptable and feasible, further research is required to confirm the effectiveness of HOP-MHP. The limitations identified should provide helpful guidance in ongoing research of HOP-MHP, and more broadly the field of stigma and disclosure among health professionals. It is hoped that this will help to address the “us and them” divide within the field of mental health and more widely.

**Ref:** 2074  Poster

**Understanding Mental Health: A psychoeducational framework for increasing knowledge and self-esteem, and reducing stigma within a forensic inpatient population**

*Megan Macadam, Alexandra Priestner, Kirsty Taunton*

*Essex Partnership University NHS Trust*

**Objectives:** Psychoeducational programmes are implemented in forensic settings to increase patients’ insight and reduce reoffending. The inclusive nature of psychoeducation groups allows severely unwell patients to improve knowledge of their diagnosis, which plays a significant role in recovery. Patients with complex and enduring mental illness commonly lack insight, which can negatively impact on engagement and progress. The aim of this research was to evaluate the effectiveness of psychoeducation in improving insight into mental health among forensic inpatients. The impact of increased knowledge on stigma and self-esteem was also considered.
Design: A psychoeducation group for male forensic inpatients, across medium and low secure wards was facilitated. Quantitative self-report measures assessed patient knowledge of mental health issues, patient perception of stigma linked to mental health, and patient self-esteem.

Method: Participants attended six to eight group sessions a week. Standardised pre and post measures were used; the Mental Health Knowledge Schedule, the Stigma Scale and the Rosenberg Self-Esteem Scale. These measures were used to assess knowledge of mental health difficulties, perception of stigma and self-esteem. Open ended questionnaires were utilised post group to gather qualitative feedback.

Results: Differences in pre and post scores will be reported, alongside qualitative feedback from participants.

Conclusion: The implications of the effectiveness of psychoeducation in increasing knowledge and subsequent effects on perception of stigma and self-esteem will be considered. Qualitative feedback will also be considered, in addition to its recommendations for the application of psychoeducation in this population and potential directions for future research.

Ref: 1682  Oral Presentation
The role of personal resources in explaining burnout and work engagement: A Job Demands-Resources approach
Sameen Malik, Noelle Robertson
University of Leicester

Objectives: Diminished resources alongside increasing demands in the NHS have contributed to heightened workplace distress among UK psychologists. Consequently, interest in resilience has grown. Using the Job Demands-Resources model, this study explored the role of psychologists’ personal resources in explaining burnout and work engagement through their interactions with various job characteristics.

Design: A self-report, cross-sectional survey of 422 psychologists working therapeutically with NHS patients in England was undertaken between June 2017 and March 2018. Responses to validated measures assessed: three job demands (workload, psychological demands and work-self conflict); three job resources (autonomy, colleague support and work feedback); three personal resources (self-efficacy, proactive behaviour and reflective behaviour); burnout; and work engagement.

Method: Hierarchical multiple regression analyses first examined associations between job demands and burnout, and job resources and work engagement. Moderation analyses then identified whether interactions between personal resources and each job characteristic explained additional variance in burnout and work engagement.

Results: Job demands and job resources were the most important predictors of burnout and work engagement respectively, with unique variance accounting for between 7 to 24% of the variance. Overall, the interaction terms computed for personal resources did not contribute to the models tested.

Conclusions: To reduce burnout and enhance work engagement, employers should direct their attention and efforts to the balance of job demands and job resources, rather than overstating the benefits of personal resources alone. Interpersonal job resources such as autonomy, colleague support and work feedback could enable psychologists to remain engaged in the workplace.
Ref: 1683  Pecha Kucha  
The impact of patient suicide on doctors and nurses: A critical interpretive meta-synthesis  
Sameen Malik, Noelle Robertson  
University of Leicester

Objectives: Losing a patient to suicide is often described as an occupational hazard for clinicians. This meta-synthesis provides a conceptual overview of how doctors and nurses experience patient suicide and its impact.

Design: Privileging qualitative research, a critical interpretive meta-ethnographic approach was utilised to capture phenomenological experiences.

Method: Electronic databases AMED, CINAHL, Medline, PsycInfo, Scopus and ISI Web of Science were searched systematically using key words and subject headings within the core review concepts of suicide, profession and qualitative methodology. Primary, qualitative research published in English of doctors’ and nurses’ experiences of patient suicide were included, with psychologists excluded given limited returns of suitable papers. Data were extracted from seven papers, with constructs elicited and synthesised via reciprocal translation analysis.

Results: Emergent findings comprised four inter-related themes: (1) Intrinsic but taboo – patient suicide was perceived as inevitable yet difficult to discuss (2) Significant emotional impact – clinicians were all deeply affected, with resilience an important factor for mitigating overt distress (3) Failure and accountability – clinicians experienced intense self-scrutiny, guilt and shame with attributions of blame differing across professional cultures (4) Legacy of patient suicide – opportunities for growth were identified but there was a clear lack of formal postvention guidance.

Conclusions: The loss of a patient to suicide profoundly affects clinicians. Organisations should therefore be alert to its impacts and prepare to respond to clinicians’ needs, acknowledging and addressing the differing professional cultures. Further research is required to support organisations in defining and developing such strategies for clinician self-care following patient suicide.

Ref: 2104  Poster  
The effects of staff training on the quality and quantity of friendships for people with learning disabilities  
Elin Margetts¹, Jill McGarry², Jenna Westbrook², Lindsay Prescott²  
¹Salford Royal NHS Trust, ²Salford Learning Disability Service

Objectives: People with learning disabilities (PwLD) have a right to develop friendships and enjoy an active social life, just like anyone else. However, the friendship needs of PwLD are often ignored and loneliness is commonly reported amongst this population. Salford Learning Disability Psychology team have delivered ‘Friendships and Relationships’ training for care providers in Salford since 2016. This study aimed to explore the effects of staff training on the quality and quantity of friendships of those they support.

Design: A qualitative design was adopted in this study, providing valuable insight into the friendship experiences of PwLD whilst enabling their voices to be heard.

Method: A questionnaire was designed to gather information around both the quantity and the quality of friendships of PwLD. After attending the one-day ‘Friendships and Relationships’ training, ten staff members completed the questionnaire with an individual they supported. The same questionnaire was then completed during a one year follow up, in addition to a semi-structured interview.

Results: Thematic analysis was conducted using the qualitative data from semi-structured interviews. Emerging themes included improvements in the quality and quantity of PwLD’s
friendships following staff training, the importance of staff’s role in facilitating friendships and a desire to develop friendships independently where possible.  

**Conclusions:** Friendships are a priority for people with learning disabilities and proactive, skilled support is often required for this to be achieved. Staff training may be an effective way to improve the social lives of the people they support. The findings have several implications for clinical practice and the future development of training packages.

**Ref: 1774  Workshop**  
The Gender Identity Development Service: A workshop about working with gender diverse young people and their families in context  
Tom Matthews

*Gender Identity Development Service, Tavistock and Portman NHS Foundation Trust*

**Background:** Some people feel uncomfortable with the gender they were assigned at birth whilst others are unhappy with the gender role that society requires. The Gender Identity Development Service (GIDS) is a service for young people presenting with difficulties with their gender identity, and their families. The workshop aims to:
- Introduce some ways of conceptualising gender identity
- Give an introduction to the approach of the Gender Identity Development Service (GIDS)
- Consider some of the dilemmas involved in this clinical area
- Think about what support can be useful for young people who are exploring their gender.

**Key Point:** Alongside introducing gender identity and the work of GIDS as a topic, the workshop will focus on the interface between community services and specialist support. It will also consider how those working in community services can best support adolescents who are exploring their gender. It will also be an opportunity to discuss some of the challenges and dilemmas of working with gender diverse youth within the current socio-political context.

**Conclusion:** This workshop will combine more formal presentation with a chance for questions and discussion of case material. Depending on numbers this could be completed within larger or smaller groups. If the group size is too large to allow true participation, the speakers will have a reflective conversation in front of the audience.

The workshop will introduce research in the area, including data emerging from the active research programme at GIDS.

The workshop will be delivered by staff from the GIDS Leeds team.

**Ref: 1755  Oral Presentation**  
Skills for Living: helping young care leavers develop a resilient identity  
Elanor Maybury

*Action for Children/ NHS Wales/ Cardiff Metropolitan University*

**Objectives:** Skills for Living is a community-based project funded by Welsh government and delivered by Action for Children.

We work across Wales with young people aged 16-24 who are leaving care. The team use a trauma and attachment-informed DBT model to help young people improve their psychosocial skills and develop strengths-based identities. We are interested in the idea of helping young people feel that they matter and developing their sense of 'mattering' as part of this process of identity development.
Young people leaving care are at risk for developing mental health difficulties. The transition from care to independent living is particularly difficult for many young people who, despite changes to legislation, often find themselves with little emotional support. Our team aims to support young people in this transition and foster the development of hopeful and effective adult self.

**Design:** The presentation will outline the key features of the Skills for Living service including the make-up of the teams (psychology-led with young people’s practitioners) and the phases of the work. We will discuss the components of the psychological interventions. We will briefly summarise the research on 'mattering' and its relevance for clinical work, particularly in relation to identity development. We will discuss the importance of having a focused engagement phase in successfully working with young care leavers.

**Results:** Clinical outcome results and qualitative feedback from young people indicate they find the support very beneficial.

**Conclusions:** Skills for Living is an effective and innovative model for supporting young people and helping them feel they matter.

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**Ref:** 2063 Poster

**Group therapy for female survivors of Childhood Sexual Abuse**

*Shelley McCann*

*Cwm Taf UHB*

**Objectives:** Recovery from childhood sexual abuse does not happen in isolation. Women have identified a need to meet with others who have had similar abuse experiences to share empathy and connection in order to heal (Jackson, 2016). SAFE (Survivors of abuse: Freedom and Empowerment) has achieved this through process group therapy.

**Design:** Group therapy is effective in addressing effects of CSA such as isolation, stigma and shame, self-blame and re-victimisation. They have been shown to reduce trauma symptoms and mental health distress

**Method:** Group Trauma Focused Therapy for women survivors of CSA has been offered continuously over the last three decades in Exeter, Devon (SAGE). This Trauma Focused Group Therapy has recently been extended to Cwm Taf Health Board, South Wales, under the name SAFE.

**Results:** Evaluations of the groups have shown a significant decrease in women’s reports of shame, self-blame, depression and trauma symptoms and an increase in self-esteem.

**Conclusions:** SAGE and SAFE are time intensive, but local evaluations have shown them to be cost effective, with savings on inpatient bed use and decrease in secondary mental health service.

MDT staff report that their involvement is highly rewarding and this has increased their general trauma work skills.

The groups have helped to embed trauma-informed thinking within the MDTs and led to a peer support group for survivors of abuse, and the opportunity for graduates of the groups to be involved in staff training.
Ref: 1687  Workshop
Adverse effects of psychotherapy; implications for clinical practice and therapist identity
Edel Mc Glanaghy
NHS Forth Valley/Edinburgh Napier University

Background: There is a growing acknowledgement of adverse effects (a.k.a. side effects) of psychotherapy and recent results from APTMOS Delphi study indicate that professionals are more conservative in their views on this topic, than people undertaking therapy. Professional avoidance of this area may be due to concerns that talking about adverse effects may 'put people off therapy' or lead to 'nocebo effects'. It is also possible that discussing potential adverse effects of psychotherapy raises the uncomfortable position that well-intentioned interventions may also have a negative impact.

Key Point: This workshop will begin with a brief overview of the emerging field by Edel Mc Glanaghy (APTMOS Delphi study of adverse effects). Participants will then be invited to form small groups to reflect on specific discussion topics. These discussions will then be shared with the full group to inform a wider discussion about the pros and cons of measuring adverse effects in clinical practice, and the potential barriers to acknowledging adverse effects when they occur.

Conclusion: Under the theme of identity, this workshop will encourage self-reflection, and will provide a safe space for critical discussion about the implications of adverse effects on therapist confidence, practice and identity.

Ref: 2084  Poster
The Relationship between Traumatic Experiences and Alcohol/Drug Use as Reported by Young People Admitted to Youth Detention in Ireland
Anna McInerney¹, Paul Gaffney², Miriam Finnegan³, Eimear Ryan⁴, Colette McGee⁵, Tim Trimble⁶
¹Assessment, Consultation & Therapy Service (ACTS) & Trinity College Dublin, ²HSE, ³HSE National Drug Treatment Centre, ⁴Assessment, Consultation and Therapy Service, ⁵Oberstown Children Detention Campus, ⁶Trinity College Dublin

Objectives: Young people in youth detention typically present with extensive trauma histories and often report extremely high rates of alcohol/drug use. This study aimed to explore the relationship between participants’ traumatic experiences and their alcohol/drug use. It was hypothesised that there would be a positive association.

Design: The current study used a quantitative, correlational design using historical mental health screening data of young people admitted to a youth detention centre.

Method: The Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2; Grisso, Barnum, Fletcher, Cauffman, & Peuschold, 2001) is a screening tool developed to assess the mental health needs of young people entering the youth justice system. This study examined MAYSI-2 data, specifically Traumatic Experiences (TE) and Alcohol/Drug Use (AD) subscale scores of young people (317 males, 18 females) admitted to youth detention in Ireland between July 2014 and December 2016.

Results: Chi-square analysis showed a statistically significant, positive association between the young people’s scores on the TE and AD scales of the MAYSI-2. Binary logistic regression showed that as the number of traumatic experiences increases, so too do the odds of scoring above the clinical cut-off on the AD scale (odds ratio [OR] = 1.72).

Conclusions: The results of this study have implications for young people in youth detention and the people who work with them. The findings demonstrate a relationship between trauma and substance use among young people in youth detention. The results highlight the multiple, complex
needs of this cohort and the importance of offering trauma informed care and interventions to address these needs.

May Davisdon Award Winner
Think again: Tackling PTSD in children and adolescents
Richard Meiser-Stedman
University of East Anglia

Trauma exposure is a widespread feature of childhood and adolescence, and increases the risk of a child or young person going on to develop chronic mental health problems. Post-traumatic stress disorder (PTSD) is one particularly serious response to trauma, that seems to be a common pathway for many of the worst psychological outcomes. Moreover, PTSD is a common disorder in children and adolescents, with recent one recent study suggesting a UK prevalence of 3%. In this talk I will outline how cognitive models have advanced our understanding of PTSD in children and young people over the past decade and clarified how we view psychological treatments for this population. In particular I would like to look at the role of negative trauma-related appraisals in shaping how children and adolescents respond to trauma and then recover.

I also want to us think again about how we see this problem. If as common as some surveys suggest, PTSD is a considerable public health issue that needs addressing. While psychological therapies are effective, the scope of the problem is such that a broader range of interventions needs to be considered.

Ref: 2067   Poster
Culturally adapting health measures for ethnic minority groups: An illustration using the Addenbrooke’s Cognitive Examination Version III
Nadine Mirza¹, Maria Panagioti², Muhammed Wali Waheed³, Waquas Waheed²
¹University of Manchester, ²The University of Manchester, ³The University of Leicester

Objectives: The need for health measures for ethnic minority groups exists as language and culture impacts perception of measures and scores, leading to false positive and false negative screening and diagnoses. We illustrated culturally adapting versions of measures by selecting the Addenbrooke’s Cognitive Examination Version III (ACE-III), a cognitive assessment that has been adapted for cultures and languages previously. We demonstrated adaptation for British South Asians and assessed its suitability, understanding and acceptability within this demographic.

Design: This was a multi-method qualitative study.

Method: Combined information from a systematic review of 32 primary publications of the ACE-III and completed questionnaires from 7 ACE-III adapters formed guidelines on ACE-III cultural adaptation. ACE-III Urdu items were developed with these guidelines and their appropriateness assessed through focus groups with 12 British Urdu speaking elderly lay persons and an experts’ consensus meeting with two old age psychiatrists to finalise the ACE-III Urdu. Its cultural validity was assessed through 25 cognitive interviews on acceptability and understanding.

Results: We successfully developed guidelines and utilised them to adapt the ACE-III Urdu, with feedback from lay persons and experts. Through 25 cognitive interviews we found the overall response to the ACE-III Urdu was positive, with participants finding it to straightforward, understandable and culturally acceptable and appropriate.

Conclusions: This research has resulted in a culturally validated ACE-III Urdu, guidelines for culturally
adapting the ACE-III and cross cultural implications that allow for the methodology to be used to develop guidelines for adapting other health measures and assessing their suitability for any ethnic group.

Ref: 2068  Poster

Barriers and solutions for the recruitment and methodology of conducting dementia research in British ethnic minorities: A systematic review

Nadine Mirza¹, Waquas Waheed², Muhammed Wali Waheed³, Amy Blakemore², Cassandra Kenning², Yumna Masood², Peter Bower²

¹University of Manchester, ²The University of Manchester, ³The University of Leicester

Objectives: There is no collation of information that details recruitment and methodological issues researchers face when including ethnic minorities within dementia research. Without such a compilation solutions to negate existing issues cannot be devised and future researchers may continue to face issues with no protocol to measure their methodology against. Therefore, we conducted a systematic review of the barriers and solutions for the recruitment and methodology of conducting dementia research in British ethnic minorities.

Design: A systematic review and qualitative analysis.

Method: Our systematic review included publications detailing UK based dementia research that included any ethnic minorities. Information from the publications was extracted regarding the recruitment and methodological issues faced by the researchers, along with any solutions they considered. Related extracts were grouped to form overarching themes.

Results: We identified 46 papers meeting our inclusion criteria of which 30 described methodological issues. These were collated into six themes, with individual subthemes; Attitudes and beliefs about dementia, recruitment process, data collection issues, practical issues, researcher characteristics and paucity of literature. These themes identified three areas that require intervention for improvement in dementia research: community and patient education, health services and researcher training. Extracts pertaining to solutions are being attributed to these three areas and individual themes on issues.

Conclusions: Acknowledgement of the areas that require improvement along with our collation of reported recruitment and methodological issues acts as a precursor for improving existing and developing new solutions. This review can be utilised by future dementia researchers to identify gaps in their own methodologies.

Ref: 1684  Workshop

Being human: exploring progress, power and identity with the DCP Expert by Experience Strategy Group

Annie Mitchell
Devon Partnership NHS Trust

Background: DCP Expert by Experience (EbE) Strategy Group, along with others from our network, offer this workshop to share our varied experiences of being human: exploring why we might decide to speak openly or remain silent; attending to differing and overlapping identities as people who might deliver and/or use psychology services, professionals, clients, patients and/or carers, in research, teaching, practice or everyday life.

We outline the work and progress of the DCP EBE Strategy Group over the last year, including our
December 2018 two day event in Bristol in co-production with people with learning difficulties, links with other BPS structures and scoping of how other professions work in co-production. And we will share stories of trying to be human together, questioning how aspects of power and identity shape and limit our efforts. What do we hope to achieve by working together? What helps and hinders? What does it mean for us to take on (and retain or shed, attempt to mingle/try to harmonize) our different identities? How do we express (or suppress, or forget?) our differing values in working together? And how does psychology fit into all of this – if at all? We will invite workshop participants to contribute their reflections in an open shared conversation. We hope that insights about what we are in accord about and things we don’t all agree on, and what we are progressing, will deepen our collaborative partnership in everyday practices, including through the EbE Strategy Group and beyond to the wider BPS. We recognise this is a vast topic to attempt to explore in two hours, and hope the conversation will inform a larger project for next year’s conference, expanding the enquiry into symposium format from many different angles.

M.B Shapiro Award Winner
On leading from the middle
Annie Mitchell
DCP SW Branch

I want to celebrate the leverage for social good that we have in our everyday lives: arguing that we do not have to reach the dizzy heights of academic professor-dom, or of senior management roles, to make a positive difference in the world and in our own profession. In fact, I wonder if it’s actually easier to make a difference if we don’t get to the top. It’s true that we often seem small to ourselves, when we don’t feel in charge, yet there is so much scope for influence and leadership by being the agitator and disrupter in the middle of things. These are deeply challenging times. There is no denying that with climate chaos, environmental degradation, excruciating austerity and widening social and economic inequalities, we have our work cut out in trying to help make the world a better place and reduce the suffering in people’s lives. To do this work we so need the energy, optimism, generosity and creativity of our fabulous clinical psychology trainees, dedicated Experts by Experience, supportive colleagues from other disciplines, and patients, clients and citizens who care so kindly for one another when their resources allow. I will draw on examples of how I have been inspired by others’ determination to make a difference in the world: including the work of our research group Folk.us, our recent research with people who donate their “spare” kidney to a stranger, of psychologists tackling the injustices of the UK benefit system, and more. And I will speak too of asking for help, love in the workplace, everyday kindnesses and not being a sheep.

Ref: 1516 Poster
‘Moving forwards with life’: experiences of people with brain injury attending an ‘Emotions Management ‘ Group
Miguel Montenegro, Pauline McLoughlin
TRU

Objectives: The multiple losses that people experience after traumatic brain injury (TBI) are often accompanied with many psychosocial difficulties, such as depression, anxiety, psychosis, changes in personality, social disinhibition, and other complex difficulties. Forums for people with brain injury (PWBI) to explore their emotions can be a valuable resource in the pathway to adjustment. In particular, group therapy can promote improved mood, social involvement, acceptance and
ecologically valid goal-setting.

**Design:** This study aimed at evaluating PWBI’s experiences in attending an ‘Emotions Management Group’ facilitated at a residential setting, by using the Q-methodological approach. This study also analysed outcome data on anxiety, depression and stress levels using a pre-post design.

**Method:** Eight PWBI attending the group completed the study. The study was completed over several stages as typical to Q-methodology. Pre-post outcome data on anxiety, depression and stress (DASS) were also collected as part of group protocol and included in the analysis.

**Results:** Statistical analysis with Varimax rotation revealed four factors which explained 67.62% of the total variance: removing the mask, together in this journey, insight about self, and an emotional experience. Statistical analysis using Wilcoxon signed-rank test identified statistical significant difference between pre-to-post outcome measures (p≤ .05) on anxiety, depression and stress levels.

**Conclusions:** Group structure and contents is thus reconsidered to provide PWBI with extra support to apply learned skills to outside the group. Recommendations are considered for future clinical applications of similar groups.

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**Ref:** 1718  **Oral Presentation**

**Am I a leader? Investigating leader identity in trainee clinical psychologists**  
**David Murphy**  
**University of Edinburgh**

**Objectives:** In recent years there have increasing expectations that clinical psychologists develop leadership competences during training. The DCP Leadership Framework (2010) explicitly included trainees, and leadership was included in the CTCP accreditation criteria in 2014. However, to date, no research has been conducted to assess if trainees identify themselves as potential future leaders or the factors related to nascent leadership identity. This study directly addresses these questions.

**Design:** This paper presents cross-sectional data relating to leader identity and beliefs about leadership from phase 1 of a longitudinal study of leadership development in trainee clinical psychologists.

**Method:** 400 clinical psychology trainees completed standardized questionnaire measures of leadership identity, motivation to lead, leadership self-efficacy and beliefs about leadership at the start of their training. Demographic information and information about previous leadership experience was also collected.

**Results:** Although there was a wide distribution, mean scores on measures of motivation to lead and leader identity were lower than other published studies using undergraduates. Higher scores were not related to gender, ethnicity, socio-economic background, age or birth order. However, disparity between beliefs about the self and about prototypical leaders was inversely related to both motivation to lead and leader identity.

**Conclusions:** Low levels of leader identity and motivation to lead among trainee clinical psychologists and are potentially an obstacle to professional and employer intentions for Clinical Psychologists to develop leadership roles. A discrepancy between self-identity and beliefs about leadership is a significant factor related to motivation to lead; implications of this in relation to promoting leadership development will be discussed.
Symposium Summary
The roots of modernist psychology are a mixture of what now would be understood as racism, heterosexism, and colonialism. These form the foundations of what kind of “differences” might be explored and what kind of “treatments” might be suggested for those seen as sufficiently beyond the arbitrary norms declared by a non-reflexive hegemony within the psy professions. Allied with notions of degeneration, the differences promoted by psy have led to othering, sterilisation and death-making.

The symposium examines some of the legacy of this reading of history with particular reference to the state of clinical psychology in terms of diversity, the position of learning disabled people where racism rarely appears on the agenda and the equally invisible racism within counselling and psychotherapy.

Part of Symposia
Paper 1: Invisible anti-semitism in Psychology
Professor Kate Loewenthal
Royal Holloway University of London

Objectives: I will look first at definitions of anti-semitism, and the question whether it is on the increase. Turning to psychology I will offer some experiences from my life in psychology, and from the experiences of others, including experiences in universities in general, and some evidence from the history of psychology. Finally I examine invisibility, and ways in which invisible racism is experienced. One central issue is the "invisibility" of Jewishness, the difficulty of identifying Jews as such, and the consequences of this, including the wish of many Jews for their Jewishness to be invisible.

Ref: 1761 Part of Symposia
Paper 2: ‘You shall not replace us!’ White Supremacy, Psychotherapy and Decolonisation
Dwight Turner
University of Brighton

Objectives: I consider the role unconscious white supremacy plays within counselling and psychotherapy. Offering a plea for counselling organisations to consider whiteness studies as an integral aspect of their trainings, this paper sees decolonization as a route towards this, and towards a greater engagement with the other both as trainees and as potential clients.

Ref: 1762 Part of Symposia
Paper 3: Race, Learning Disabilities and Us
Deborah Chinn
Wandsworth Community Learning Disability Healthcare Team

Objectives: In this paper I explore the kinds of identities clinical psychology (as an institution and sets of discourses and practices) makes available to people with learning disabilities regarding race, culture and ethnicity and how our own positioning’s as clinical psychologist are implicated in these.
Unique coping style and sleep disturbances of individuals with a prevention-focused orientation
Jiaqing O1, Donald Byrne2
1Aberystwyth University (Formerly of the Australian National University), 2Australian National University

Objectives: One main objective was to investigate if one’s sense of identity (whether one sees himself/herself primarily as prevention-focused) would serve an evolutionary function in dealing with stressors. The key hypotheses were whether: 1) a prevention-focused orientation would play a part in regulating well-being (sleep issues); and if 2) one’s level of distress and coping style (superstitious coping) at work would influence this relationship.

Design: The study was conducted using a quantitative cross-sectional design, whereby participants would indicate their responses to items on a questionnaire by means of an online survey. Such a design afforded the quick collection of data from a large group of people.

Method: Invitation emails were sent out to email addresses that were readily and freely obtainable on the internet. 474 individuals responded to the invitation email for participation and 414 of them (212 in New Zealand and 202 in the Republic of Ireland) eventually completed the online questionnaire (which consisted of scales measuring all the key variables for this study).

Results: Meditational analyses using bootstrapping procedures were utilized to evaluate the hypotheses. Findings, while accounting for location and perceived uncertainty, indicated that those who were prevention-focused and have largely utilized superstitious coping at work were more likely to be less distressed and have fewer sleep complaints.

Conclusions: Results have huge implications for understanding the evolutionary role of a prevention-focused orientation (a ubiquitous factor in many disorders) and how individuals with such a sense of identity might cope in an idiosyncratic manner.

A pilot study of an Acceptance & Commitment Therapy based group intervention programme to promote reconnection with life within a trauma-informed CMHT
Brian O Ceallaigh1, Elanor Maybury2
1Cardiff University, 2Cwm Taf University Local Health Board

Objectives: Reconnection with others and engagement with valued goals is a recognised component of phase-based models of recovery from mental health problems. However, only a small body of literature to date has considered how clinicians might support this process. Acceptance and commitment therapy (ACT) is a values-based behavioural therapy which has demonstrable efficacy in helping people to both approach valued goals and experience emotional discomfort non-judgementally. This pilot study outlines the development and implementation of an ACT-based group to promote reconnection with life in service users who have received input from a community mental health team (CMHT).

Design: The six-session ACT-based psychoeducational group was piloted with a small group of service users who had previously received input from the CMHT. This focussed on values-based action, cognitive delusion and mindfulness practice. Information about ACT and the material taught in the group were also made available in workbook format to enable them to be used with service users on an individual basis.

Method: Pre-group measures were taken of mood and psychological flexibility. Goal-based outcomes were used to assess attainment of valued goals.

Results: Post-group measures will be taken and within-subject differences will be analysed using
Wilcoxon signed-rank tests. Qualitative feedback will also considered.

**Conclusions:** The results of this study will be of interest to service users and clinicians seeking a novel approach to promote reconnection with valued goals and relationships as part of recovery from mental health problems. Future studies may consider conducting controlled trials of similar interventions and assessing their longitudinal impact.

Ref: 1794  Pecha Kucha

I Call It As I See It: Assessing the Consequences of Endorsing Gang Stereotypes

*Ashley Peart*

*NHS*

**Objectives:** There is a lack of evidence examining the perception of gangs from individuals within society. The identity of gang members is arguably misconstrued due to the bias propagated within the public domain and academic literature. This online study aimed to assess which stereotypes and counter stereotypes 207 psychology undergraduate participants (25 Males, 182 Females) endorsed about gangs and the implications of these perceptions in individual judgement tasks.

**Design:** Within participants design- The independent variables (exposure to threat and stereotypical attitudes towards gangs) were examined as predictors of the dependent variable, which measured the likelihood of gang membership for the targets. Stereotypical attitudes towards gangs was also examined as a predictor of the dependent variable, which measured attribution of blame to the targets.

**Method:** Online study
Completed exposure to threat scale
Attitude towards gangs scale
Read a vignette and saw a picture of a supposed gang namber
Completed individual judgement tasks- likelihood of gang membership scale and attribution of blame scale

**Results:** Analyses using Multiple Regressions and Paired T-Tests revealed partial significant results. Endorsing stereotypical attitudes towards gangs and low experiences of threat, predicted judging a target to be a gang member. Endorsing stereotypical attitudes towards gangs also predicted attribution of blame to a target.

**Conclusions:** Arguably, stereotypes are useful to an extent to help form the basis of our understanding but if they are used to make important decisions, this is when applying the common gang stereotype about the identity of a gang member to offenders and non-gang members may become consequential.

Ref: 1673  Workshop

Working towards a shared identity within the psychological professions workforce

*Alice Plummer¹, Clare Baguley², Cristina La Cara²*

¹Psychological Professions Network, Kent, Surrey and Sussex, ²Health Education England

**Objectives:** The vision of the Psychological Professions Network (PPN) is to build a powerful voice for the psychological professions by joining up the whole psychological workforce with key stakeholders. This is to foster collaboration on a regional and national level by promoting the psychological professions and services, influencing policy and practice within continuously evolving and changing systems, in co-production with experts by experience. This approach is underpinned by
the communities of practice theory.

**Design:** An important aspect of the network’s maturing process is to think about identity and belonging. Especially as ‘we’ (the multiple psychological professions) don’t tend think about ourselves as having a shared identity. Rather each profession has its own identity, with a unique training route and professional accreditation process.

**Method:** The aims of this collaborative workshop are:

- To give clinical psychologists an opportunity to reflect about their unique core identity and the features they share with the wider psychological workforce;
- To explore opportunities and risks when uni-professional groups position themselves within a multi-professional psychological workforce and a broader, collective identity;
- To consider a communities of practice model in developing a shared identity.

**Results:** The PPN believes that by collaborating together while articulating the unique core identity of each psychological profession alongside what it means to belong to a community of practice, we enable psychological professionals to work more effectively together within teams and services.

**Conclusions:** We also maximise the impact both regionally and nationally of what we all have to offer for the benefit of the people and communities that we serve.

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**Ref:** 1719   **Workshop**

**Neither fish nor fowl - The barriers faced by bisexual people in working with Mental Health Professionals**

**Karen Pollock**

**Counselling in Northumberland**

**Background:** I am a bi counsellor who works with gender and sexual diversity. Despite making up the majority of the LGBTQAAI community, multisexual people - usually identified as bisexual, pansexual or queer - (henceforth bi) are often invisible in training and in considerations of how to work with sexual diversity.

Bi people have poorer mental health, higher rates of smoking, alcohol abuse, domestic violence and self-harm than lesbians and gay people. We are less likely to be out to medical professionals, including psychologists, and more likely to expect a negative reaction to coming out.

Negative attitudes to bi identities, myths, and the belief it is a transitory stage combine to impact on the therapeutic relationship between bi people and mental health professionals... Anecdotally bi people report having their sexuality used against them as evidence of mental illness, as it is seen to show promiscuity, lack of identity formation, indecision and proof of internalised homophobia.

**Key Points:**

In this workshop participants will:

- receive an overview of multisexual identities
- Gain an understanding of what those identities mean to clients
- Using experiential group work explore, assumptions, myths, internalised biphobia
- Consider the challenge of fluidity in a clinical context, where certainty is often the therapeutic goal
- Understand how the bi experience often does not fit with classic coming out models

**Conclusions:** Fluidity of sexual identity can challenge those used to a static sense of self. Bi identities are often either erased, ignored or pathologised. Participants will leave this workshop better equipped to work supportively and affirmatively with bi people.
Ref: 2092  Poster
Is there a digital solution to the challenge of providing Autism Spectrum Condition (ASC) diagnosis to adults and young people?
Sally Powis, Astrid van Wilsem, Sarah Cunningham, Frank R. Burbach
Healios

Objectives: Adult and young people’s autism services frequently struggle to cope with the demand for diagnostic assessment, resulting in long waiting lists and frustration for all involved. This poster describes the evaluation of a novel online diagnostic assessment approach conducted by qualified clinicians.

Design: Healios’ online portal and secure video link is used to take a detailed developmental history, an observational assessment and information is sought from schools. In accordance with NICE guidelines, two clinicians conduct the assessment using internationally recognised and validated assessment tools. Individuals and families receive a detailed report and a feedback session to discuss the outcome. The service is currently commissioned with several NHS Trusts around the UK and this poster reports on one adult and one C&YP service.

Method: An audit of referral rates, outcomes and service user satisfaction was undertaken to evaluate two NHS contracts.

Results: The C&YP service received 163 referrals (April 2017 to August 2018); 108 ASC assessments and 55 ASC/ADHD assessments. 35 declined the service and were discharged (21%) and 4 were ongoing. 106 ASC and 18 ADHD assessments were completed with 71 diagnoses of ASC (67%). The adult service received 144 referrals (January to August 2018); 7 early discharges; 75 were ongoing; 48% resulted in a diagnosis of ASC. The poster provides details of the assessment process, outcomes and evaluation of the service, including qualitative feedback.

Conclusions: Feedback suggests individuals and families are satisfied with an online digital service and the outcomes, particularly the flexibility and being assessed in their home environment.

Ref: 1691  Poster
Predicting Happiness through Self-Esteem, Locus of Control, and Social Relationships.
Jack Purrington
Chrysalis Associates

Objectives: This study examined whether self-esteem, locus of control, and social relationships could predict happiness.

Hypothesis One: Self-esteem, social relationships, and locus of control would each significantly predict happiness.

Hypothesis Two: Self-esteem would be the greatest predictor of happiness compared to locus of control and social relationships.

Design: A cross-sectional research design was utilised. The design maintained ecological validity by applying minimal interference to the sample observed, promoting the transferability of results.

Method: 511 Participants were selected through opportunity sampling which, although lacks in generality to populace, ensured the project was completed in good time with minimal cost, safeguarding repeatability.

The Oxford Happiness Questionnaire was used to assess happiness levels. Social Support which was self-reported as each participant's number of social relationships, Locus of Control was measured using Rotter’s Locus of Control Scale, and Self-Esteem was assessed using Rosenberg’s Self-Esteem Scale.

The questionnaires were completed online and results were collated.
**Results:** A multiple regression analysis was applied. The results supported the research hypotheses illustrating that each predictor variable can significantly predict happiness, with self-esteem being the greatest predictor.

**Conclusions:** It is widely accepted that a strong sense of identity is central to global well-being, however this relationship is likely affected by reverse causality. With this in mind, increasing happiness levels in individuals experiencing maladaptive emotions could be a powerful facilitator for developing a sense of self. Providing individuals with greater levels of happiness is likely to increase the chances of them engaging in adaptive lifestyle behaviours, allowing them to explore, secure, and develop their self-identity.

**Ref:** 1785  **Oral Presentation**  
**Tattooed and modified bodies: The personal and professional politics of evolving identities**  
*James Randall 1, Faye Harrison Yuill 2*  
1NHS, 2Nottinghamshire Eating Disorders Service

**Objectives:** The speaking of who we are is a political act. In session, James and Faye explore how visibility and the act of ‘showing’ who we are, can serve the purpose of politicising personal and professional spaces.

**Design:** James describes his personal commitment to participating in dialogues about difference through focusing on the social grace of ‘appearance’. He explores his own personal experiences that lend to his position of becoming more visible and which emphasize for him, the importance of taking such risks. He also invites the audience to consider their own participation through reference to the relevant literature – particularly from systemic schools of thought.

Faye explores identity using the concept of body-modification. In particular, how her visual identity has evolved. She explores how body-modification can be a way of maintaining psychological health, the stereotypes that surrounds this and invites others to do the same. She considers issues of power and control in times of adversity, feelings of powerlessness and how visual identity can and is used to manage this.

**Method:** Developing one’s own position in relation to the self within their clinical practice may in part help to highlight some of the unvoiced, silenced, non-visible or hidden differences within the profession. Together we can consider what contextual factors perpetuate such processes and support others to develop their own position in relation to the personal within the professional. Reflecting on our positions towards body-modification and taking back the self may offer different opportunities for working with and understanding others.

**Ref:** 2091  **Poster**  
**Title:** The meaning of interpersonal relationships for women who are homeless: A qualitative investigation using Interpretative Phenomenological Analysis  
*Tamryn Renwick 1, Nargis Islam 2*  
1University of Oxford, 2Oxford Health NHS Foundation Trust

**Objectives:** There is a well-developed appreciation of the importance of relationships for well-being and evidence that homeless men and women have different characteristics, needs and experiences. Preliminary findings have pointed to the role of relationships for homeless women, as both a cause of homelessness and source of support; however, little is known about how interpersonal relationships are experienced in this population. Thus, this study aimed to investigate how women
who are homeless experience their interpersonal relationships.

**Design:** A qualitative research design was employed, using semi-structured interviews and Interpretative Phenomenological Analysis (IPA) methodology.

**Method:** Nine women who were unsheltered or provisionally accommodated participated in semi-structured interviews that incorporated a visual relational mapping exercise. Data was analysed using IPA.

**Results:** Three superordinate themes were identified: (1) disconnection and connection, (2) safety and danger in relationships, (3) and the significance of support. Themes detail how participants experienced their relationships and interactions with others - as primarily disconnected, threat-based and unsupportive, and how their identity as a woman influenced their experience. Furthermore, the themes highlight the active way that participants regulated the emotional impact of, and threat present in, such relationships and give voice to the importance of relationships that were perceived to provide a sense of connection and meaningful support.

**Conclusions:** Findings highlight the value of psychological theory, including attachment theory, theories of resilience and feminist theory to understand female experiences of homelessness. These themes illustrate the unique experience of women who are homeless and add weight to the importance of a gender- and trauma-informed service response.

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**Ref:** 1663  Oral Presentation

**The role of applied psychology with Trans and non-binary people**

*Christina Richards*

*Tavistock and Portman NHS Foundation Trust*

**Objectives:** Trans and non-binary people are those people who are not content to remain the gender they were assigned at birth. Some people identify within the gender binary of male or female and some identify outside of the binary. Many Trans and non-binary people do not feel the need to assistance from psychologists, just as cisgender (non-trans) people do not. However this presentation will cover work with people whose gender brings them to see an applied psychologist.

**Design:** The presentation will cover therapeutic work around fear and shame using an integrative approach including CBT, Existentialism, Person Centered Therapy and Psychodynamic approaches. Further, the place of psychologists assessing for hormones and surgeries within the NHS will be overviewed.

**Results:** Psychologists have a unique position as scientist-practitioners who are also extremely mindful of social justice concerns and the subjectivity of the client. We are therefore ideally placed to offer support through therapy to Trans and non-binary people (psychologists may be Trans or non-binary too of course), as well as to assess for hormones and surgeries from the position of formulation and affirmation rather than diagnosis and treatment.

**Conclusions:** Psychologists should consider their practice with this client group in light of the considerations outlined in the presentation irrespective of their work setting. Psychologists may also consider accrediting with the BPS Gender Diversity Specialist Register (GDSR) if they are specialising in the field and lead discussions without medical and psychiatric colleagues as to appropriate engagement with these historically marginalised groups.
Ref: 1664 Oral Presentation

Applied psychology in troubled times
Christina Richards
Tavistock and Portman NHS Foundation Trust

Objectives: As psychologists we like to argue among ourselves. One rather suspects that were there to be only a single psychologist left on earth they would never be able to pass a mirror as the inevitably ensuing argument with them self would effectively last forever. Small differences in opinion or approach become magnified out of all proportion and vigorous discussions of the greatest import bemuse the wider public who do not know the difference between us and psychiatrists. But we have more in common than separates us, even (dare I whisper it?) among all Applied Psychologists, not just within our insular Divisions.
Change has rightly come to the BPS, both in structure and in terms of intervention into the wider political sphere. This workshop considers how we might engage across Applied Psychology and beyond to the third sector and to people who are open about lived experience of mental distress - in order to begin to build bridges rather than burning them.
Design: The workshop will use guided exercises to identify the challenges to integrative working and to identify the solutions to those challenges.

Ref: 1703 Oral Presentation

Exploring power and privilege: a look at co-production and the multiplicity of identity
Jenny Richards1, Jo Hemmingfield2, Sue Martindale2, Kath Boon2, Liza Monaghan2
1Sheffield Health and Social Care NHS Foundation Trust, 2Sheffield Health and Social Care NHS Foundation Trust/University of Sheffield

Objectives: The workshop will draw on the creation of two innovative ‘Co-production consultant’ (CC) posts in Sheffield, who work with both the University’s DClin programme and Psychological services within Sheffield Health and Social Care NHS Trust in order to encourage co-production and promote the voice of user experience. Presented by the CCs and colleagues, the workshop aims to invite participants to consider the role of power and privilege in defining identity. The workshop has the outcome of enabling participants to reflect on their organisational context in relation to co-production, alongside their personal position within these organisational parameters.
Design: The workshop will include a brief presentation around the background and context of the CC role, with reference to Arnstein’s Ladder of Participation (1969). It will include reflections on the barriers and enablers of forming good working relationships/carrying out the work of the role, with particular discussion around identity and power as outlined above. An activity will follow this in order to prompt participants to examine their own ideas around identity and power in connection with the emotional and organisational challenges to true co-production.
Conclusions: It is hoped that the workshop will lead participants to examine their own multiplicity of identities, to consider where these are drawn from and the role that power plays in which identity they choose to present. It is hoped that participants will explore the two positions of ‘staff’ and ‘service user’ and consider the extent to which they are able to exist simultaneously or in opposition.
Ref: 1666  Part of Symposia
LGBT+ young people: Factors associated with mental health and support-seeking
Katharine Rimes
King’s College London

Symposium Summary:
Young people with a minority sexual or gender identity (e.g. lesbian, gay, bisexual, transgender; LGBT+) have increased risk of mental illness, self-harm and suicidality, and therefore greater needs from mental health services. Understanding more about factors contributing to the mental illness in sexual and gender minority young people would help to improve preventative or treatment interventions.

Anna-Sophia Warren presents the first longitudinal study demonstrating a significant association between gender nonconformity in early childhood and subsequent emotional problems for boys. She reports that adjusting for bullying victimisation, lower self-esteem, feeling different and feeling unaccepted by peers reduced the strength of the association, indicating possible mechanisms for this relationship.

Georgina Gnan presents data about identity issues in LGBT+ university students with experience of a common mental health problem. Her qualitative interview study provides an in-depth understanding of how LGBT+ students can experience multiple issues concerning their identity and how these may affect their mental health.

Elizabeth McDermott presents a mixed-methods study investigating LGBT+ young people’s help-seeking behaviour. Experiences of abuse related to sexuality or gender were associated with increased help-seeking, indicating that LGBT+ youth have additional specific support needs.

Angeliki Argyriou presents a longitudinal study investigating self-esteem, unhelpful attitudes and family factors as mediators of the relationship between minority sexual orientation and increased depressive symptoms at age 18 years.

This symposium provides a more detailed understanding about factors associated with mental health and help-seeking in LGBT+ youth; these findings are potentially useful for clinical psychologists and others supporting LGBT+ young people.

Ref: 1667  Part of Symposia
Paper 1: Childhood gender nonconformity, peer relationships, self-esteem and emotional problems: A prospective birth-cohort study
Anna-VSophia Warren, Kimberley Goldsmith, Katharine Rimes
Institute of Psychiatry, Psychology & Neuroscience, King’s College London

Objectives: Childhood gender nonconformity (CGN) has been found to be associated with poorer mental health. Previous studies are limited by retrospective measures of CGN. This study investigated whether CGN measured in childhood was prospectively related to emotional problems in later childhood and adolescence.

Design: Longitudinal data from the Avon Longitudinal Study of Parents and Children (ALSPAC) was analysed. CGN was rated by carers in infancy and by self-report at 8 years. Parent-rated emotional problems were rated using the Strengths and Difficulties Questionnaire at 6, 9, 11, 13 and 16 years. Potential psychosocial confounders were assessed at various time-points.

Method: All participants were included who had data for CGN measures (parent-rated CGN n = 11,192; child-rated CGN n = 7,049). Multiple imputation was used to handle missing data. Linear mixed regression models were fitted to assess whether parent and child-rated CGN was associated with more emotional problems.

Results: For both girls and boys, more feminine parent-rated and child-rated gender-typed
behaviour was significantly associated with more emotional problems after controlling for demographic confounders. Lower self-esteem, subtle bullying victimisation, feeling different and feeling accepted by peers weakened this association for boys.

**Conclusions:** Higher CGN in boys is related to worse emotional outcomes. Schools should consider the risk of bullying and rejection for gender atypical male students and consider interventions to minimise this risk. In contrast, CGN in girls is related to better emotional outcomes. Research should investigate whether girls are typically encouraged to behave in ways that negatively impact on their mental health.

**Ref:** 1668  Part of Symposia  
**Paper 2:** Identity and mental health in LGBTQ+ university students: Qualitative interview study  
*Georgina Gnan, Qazi Rahman, Katharine Rimes*  
*King’s College London*

**Objectives:** This study involved interviews with LGBTQ+ university students with experience of a common mental health problem. The present paper is a sub-analysis of a larger study on factors that affect LGBTQ+ students’ mental health. The main objective was to gain a better understanding of the LGBTQ+ students’ identity issues and how these related to their mental health.

**Design:** The study involved individual interviews which were analysed using thematic analysis. This approach was adopted to gain in-depth information about the different aspects of identity that affected participants’ mental health.

**Method:** Semi-structured interviews were conducted with 20 participants. Eligibility criteria for the study were (i) self-identifying as LGBTQ+, (ii) 16 years of age or over, (iii) currently enrolled as a student at a UK College or University, and (iv) having past or present experience of a common mental health problem (e.g. depression or anxiety). Interviews were audio-recorded and transcribed verbatim.

**Results:** Thematic analysis indicated several themes. These included (1) "identity development" with the subthemes "confusion around identity", "denying identity", "negative feelings towards self" and "compensating for LGBTQ+ identity", and (2) "identity acceptance", with the subthemes "societal improvements", "labels", "there’s more to me than being LGBTQ+" and "self-acceptance".

**Conclusions:** This is the first qualitative study to report on specific identity issues in UK LGBTQ+ students with experience of a common mental health problem. These results could inform interventions to help distressed LGBTQ+ students establish and maintain a positive identity and improve their mental health.

**Ref:** 1669  Part of Symposia  
**Paper 3:** Youth suicidality, LGBTQ identity and help-seeking: A mixed methods study  
*Elizabeth McDermott*  
*Lancaster University*

**Objectives:** To generate baseline evidence on LGBTQ young people’s help-seeking behaviour in relation to suicidal feelings and self-harm in England.

**Design:** A sequential exploratory mixed method research design in two stages. A qualitative first stage (online and face-to-face semi-structured interviews), and quantitative second stage (online questionnaire).

**Method:** Stage one involved 29 online (n=15) and face-to-face (n=14) semi-structured interviews with LGBTQ youth aged under 25 years old. Stage two utilized an online LGBTQ youth questionnaire employing a community-based sampling strategy (n=789). Qualitative data were analysed thematically. Logistic regression was performed on the questionnaire data to examine specific predictors for help seeking among LGBTQ youth.
**Results:** Across the sample LGBTQ youth who self-harmed or felt suicidal were reluctant to seek help. Results indicated that participants were normalising their emotional distress and only asked for help when they reached crisis point and were no longer coping. Those who self-harmed (p<0.001, OR=2.82), had attempted or planned suicide (p<0.05, OR=1.48), or had experience of abuse related to their sexuality or gender (p<0.01, OR=1.80), were most likely to seek help.

**Conclusions:** The interpretation of these results suggest participants’ problems accessing help were due to: negotiating norms in relation to sexuality and gender identity, mental health and age; being unable to talk about emotions; and coping and self-reliance. It is crucial that policies and services that aim to prevent LGBTQ youth suicide recognise that sexual and gender identity can present an additional difficulty to youth accessing mental health support.

**Ref:** 1670  Part of Symposia

**Paper 4: Psychosocial mediators of the relationship between sexual minority identity and depressive symptoms in young people: Longitudinal study**

*Angeliki Argyriou¹, Kimberley Goldsmith², Alkeos Tsokos³, Katharine Rimes²*

¹King’s College London, ²Institute of Psychiatry, Psychology & Neuroscience, King’s College London,
³University College London

**Objectives:** This study investigated psychosocial mediators in the relationship between sexual minority identity and depressive symptoms in young people.

**Design:** Longitudinal study analysing birth cohort data from the Avon Longitudinal Study of Parents and Children (ALSPAC).

**Method:** Sexual orientation was assessed at 15 years and depressive symptoms were assessed at 18 years (Short Moods and Feelings Questionnaire). Mediators were assessed at 17 years and included: unhelpful attitudes (Dysfunctional Attitude Scale – Short Form); self-esteem (Bachman revision of the Rosenberg Self-Esteem Scale); and family relationships measured with four items assessing family relationships. Using Full Information Maximum Likelihood, data from 14,814 individuals were analysed. Multiple mediation using structural equation modelling was conducted, with family entered as a latent variable and the mediators examined in parallel. Potential confounding variables were entered as covariates. Sex was examined as a moderator.

**Results:** Sexual minority youth had higher risk for depressive symptoms at 18 years than heterosexual youth. They also had poorer relationships with their family and higher levels of unhelpful attitudes, and there was weaker evidence suggesting lower self-esteem, especially for boys. Poorer family relationships and unhelpful attitudes mediated the relationship between sexual minority status and depressive symptoms, while there was weaker evidence regarding self-esteem as a mediator. There was no evidence to suggest that sex moderated these relationships.

**Conclusions:** Results emphasise the importance of family relationships and unhelpful attitudes as mediating mechanisms and point to possible areas for prevention and intervention.

**Ref:** 2116  Poster

**An Exploration of Drawings as a Method for Understanding Identity in Adults with a Learning Disability**

*Josephine Robinson, Sarah Eagle*

*University of Bristol*

**Objectives:** The aim of this study was to explore the process of drawings to help facilitate the exploration and understanding of identity in adults with a learning disability.

**Design:** Listening to the voices of people with a learning disability is vital in our understanding of
identity as it helps us understand what life is like for them and how they make sense of their disabilities (Schwartz, 2005). Creative methods may enable people who struggle with speech the opportunity to communicate meaning about their identity (Weber, 2008). Drawings may therefore provide access to meanings and perspectives not possible through other methods.

**Method:** Four participants with a learning disability were asked to draw self-portraits on a piece of A4 paper with coloured pencils, pens and paints provided. Unstructured interviews and a Tree of Life approach were also adopted to interpret and clarify meaning from the drawings.

**Results:** The drawings were analysed through a three step approach; focusing on production of the drawing, what the drawing looked like and what it can tell us about identity. Subjective interpretations were then made and where possible they were supported by participants’ extracts. The drawings highlighted important elements of identity including gender, hobbies, interests and the influence of significant others. The drawings also demonstrated a potentially engaging and fun method to explore identity and access the experiences of people with limited verbal abilities.

**Conclusions:** Drawings offer a valuable technique to access perspectives and ensure experiences are heard. Overall, there is a need to do further research involving drawings so that this method can be developed.

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**Ref: 2069  Poster**

**Loneliness, self-regulation and self-disgust in older adults: An eye-tracking study**

*Anna Robson, Antonia Ypsilanti*

*Sheffield Hallam University*

**Objectives:** For the first time, the study assessed the association between loneliness and self-disgust after controlling for the effects of social networking size and self-regulation. It also measured attentional vigilance (threat detection), disengagement/maintenance, and avoidance towards people’s own faces or the faces of others in an eye-tracking task.

**Design:** A cross-sectional, correlational, survey-based design was used to measure the associations between loneliness, social networking, self-regulation and self-disgust. To examine differences in eye gaze between high and low self-disgust groups, a mixed design was used with first fixation, first fixation duration and total fixation duration as the dependent variable.

**Method:** 80 older adults participated in the study and completed measures including loneliness, self-regulation, social networking, and self-disgust. They also participated in an eye-tracking task involving gazing naturally at pictures of their own faces or the faces of unknown other people.

**Results:** Independent samples t-tests showed that lonely older adults reported significantly higher scores in self-disgust and lower scores in self-regulation, compared to non-lonely ones. There were no differences in social networking. Bootstrapped linear regression analysis showed that loneliness and self-regulation, but not social networking size, significantly predicted self-disgust. Repeated measures ANOVA further showed that participants with high (vs. low) self-disgust displayed attentional avoidance of their own faces, compared to other faces.

**Conclusions:** Loneliness induces negative feelings towards the self (self-disgust) and lowers the self-regulatory capacity of older adults. We found initial evidence that the attention deployment pattern in individuals with high and low self-disgust scores differs in avoidance but not in vigilance and disengagement.
Ref: 2079  Poster
“My identity…..I suppose I’ve kind of moulded it to suit other people”: A process focused case study
Nadia Rose
Staffordshire University

Objectives: Narrative Therapy is a psychotherapeutic approach that considers how people’s lives are mediated through stories and identities. This case study explored the therapeutic processes involved in Narrative Therapy and highlights the role identity has in promoting psychological wellbeing.

Design: This is a qualitative process focused case study completed with a service user who reported experiencing low mood. This approach enabled an in depth exploration and discussion of the therapeutic processes involved in Narrative therapy.

Method: A therapy session was audio recorded and subsequently transcribed verbatim. The case study has been written post therapy with input from the service user. This was chosen to be written up as it provides an insight into the role of identity in psychological wellbeing and how it is a key consideration in Narrative Therapy.

Results: The transcript was thematically analysed in order to identify the presence of the psychological processes involved in Narrative Therapy. A core overarching theme of ‘developing a preferred story and identity’ was evidenced, with the following subthemes also being illustrated; ‘positioning collaboratively’, ‘externalising the problem’, ‘excavating new outcomes’, ‘thickening the new plot’ and ‘linking the past and extending to the future’. The service user was able to co-author a preferred story and identity and reported that the sessions ‘made a difference to my life - to having a life’.

Conclusions: Psychological processes involved in Narrative therapy have been illustrated and provide an insight into how therapists can work with service users to reduce psychological distress by helping them to develop their preferred identity.

Ref: 1800  Poster
Bringing the Outside In: The feasibility of virtual reality with individuals living with dementia in a locked psychiatric hospital
Vienna Rose1, Dr Inga Stewart1, Dr Keith Jenkins1, Luma Tabbaa2, Dr Chee Siang Ang2, Maria Matsangidou2
1St Andrew’s Healthcare, 2University of Kent

Objectives: Emerging research supports Virtual Reality (VR) use with individuals living with dementia in the community. The feasibility of VR within a locked psychiatric hospital with individuals with a dementia diagnosis is explored.

Design: A mixed methods design measured affect and behaviour using the Observed Emotion Rating Scale, Overt Aggression Scale-Modified for Neurorehabilitation and the St Andrew’s Sexual Behaviour Assessment Scale. Thematic analysis was conducted following semi-structured interviews to give participants the opportunity to talk about the experience.

Method: Eight individuals living with dementia and sixteen caregivers were recruited from a UK hospital specialising in progressive neurological conditions. Participants were observed 15 minutes prior to VR exposure, during and after VR exposure.

Results: Overall VR was tried and accepted by individuals with dementia. Both they and the caregivers viewed VR as a positive tool that offered a change in environment. Most would use VR again; however, it did not suit everyone’s interests. Individuals with dementia experienced more pleasure during and after VR compared to before VR exposure, as well as increased alertness after
VR compared to before. Themes that emerged were ‘VR experiences’, ‘impact of VR’ and ‘experiences within the virtual environment’.

**Conclusions:** This is the first study to explore the feasibility of VR with individuals living with mild to moderately severe dementia in hospital, and found that overall VR is viable. It can be used to evidence the clinical feasibility of VR implementation in this environment and to inform future research to further explore and expand VR applications in clinical settings.

**Ref:** 2071 Poster

**Improving Mental Health Service Use Amongst Men: A Systematic Review of Behaviour Change Techniques within Interventions Targeting Help-Seeking Behaviours**

*Ilyas Sagar-Ouriaghli, Livia Bridge, Laura Meade, Emma Godfrey, June Brown*

*King’s College London*

**Objectives:** Men are less likely to seek help and receive treatment for mental health difficulties compared to women when controlling for prevalence rates (McManus et al., 2016) despite a considerable interest, a paucity in evidence-based solutions remains for this problem. This review sought to synthesise the interventions designed to improve psychological help-seeking in men.

**Design:** A systematic review was conducted across three electronic databases (MEDLINE, EMBASE and PsychInfo) identifying 5,846 potential articles. Seven studies met the inclusion criteria.

**Method:** A meta-analysis was problematic due to dissimilar interventions, outcomes and populations. It was therefore decided to use an innovative approach adopting the Behavioural Change Techniques (BCTs) taxonomy to synthesise each intervention’s key features likely to contribute to improvements in help-seeking (Michie et al., 2013).

**Results:** Of the seven studies, three were engagement strategies (i.e. brochures), two RCTs and two pilot RCTs. Key processes that improved psychological help-seeking for men included: using role-models to convey information, psycho-educational material to improve mental health knowledge, assistance with recognising and managing symptoms, active problem-solving tasks, motivating behaviour change, sign posting services and finally, content that built on positive male traits (e.g. responsibility and strength).

**Conclusions:** This is the first review to use this novel approach of using BCTs to summarise male help-seeking interventions. We have identified specific techniques that may contribute to an improvement in male help-seeking interventions, whether engagement with treatment or the intervention itself. Overall, we hope the current evidence surrounding male help-seeking interventions has been made clearer, informing future research and clinical practice.

**Ref:** 1681 Pecha Kucha

**Shifting sands: Re-discovering identity after acquired brain injury**

*Carol Sampson*

*Integrity Neuropsychology Service*

**Objectives:** Objective of this study is to explore the process of identity re-formation following acquired brain injury. In particular to look at clinical models of identity formation, psychological adjustment and the key role of memory.

**Design:** This is a descriptive case study which explores key themes emerging during the process of therapy and the psychological models used to address the identified needs. A case study methodology was employed as this is a pragmatic way of obtaining an in-depth understanding of the
impact of a brain injury on sense of self whilst working in a busy clinical setting.

**Method:** Single case design using pre-intervention assessments of mood, self-identity and adjustment, formulation, intervention phase (ACT, metaphorical identity mapping) and post intervention assessments. N=1

**Results:** The service user was able to make significant changes in perception of positive self-identity pre to post intervention. This was associated with significant changes in key areas of life including career changes and life transitions.

**Conclusions:** Acceptance and Commitment Therapy (ACT), combined with interventions derived from identity mapping was useful in helping a service user to regain her identity and find meaning and purpose in life following brain injury.

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**Keynote Presentation**

**Disability as identity: the dangerous intimacy between subjectification and subjection**

*Professor Thomas Shakespeare*

*University of East Anglia*

In this talk, I will explore the growth of disability identities, thinking about physical impairment, intellectual impairment and mental health conditions. Making up people, according to Ian Hacking, changes the space of possibilities for personhood. Jeffrey Weeks has referred to identity “a map for exploring a new country”. How does a label become a badge? Why would people celebrate their difference, and what are the consequences? I will argue that disability identities can be liberating but also imprisoning, and argue, following Nancy Fraser, for a parity of participation approach, rather than a politics of group identities.

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**Ref: 2110  Poster**

**Evaluating the effectiveness of autism training for IAPT therapists through their self-reported confidence in understanding autism and adapting their practice**

*Emily Sigston, Amber Iszatt, Andrea Stoltenberg, Nina Viljoen*

*HPFT NHS Trust*

**Objectives:** IAPT has demonstrated good outcomes with people with mild to moderate depression, anxiety and OCD within the general adult population. However, it has been reported that people with ASD and mental health co-morbidities, show less effective outcomes. The IAPT service within the trust requested training on how to work more effectively with people with ASD. Training was consequently designed to increase awareness of ASD and possible reasonable adjustments to improve support for people with ASD. The objective of the poster is to evaluate any change in confidence levels when supporting this population following training, and possible implications for future.

**Design:** Quantitative and qualitative self-report measures were carried out before and after a training session for IAPT therapists.

**Method:** Fifteen therapists attended the training event, which incorporated information on ASD, presentation of comorbidities, building on strengths, and reasonable adjustments in sessions. Questionnaires, including a Likert scale and open questions, were completed prior to and immediately after training. A two month follow up questionnaire and focus group will measure changes in confidence in supporting people with ASD and consider qualitative information.

**Results:** Pre and post measures were collected and will be reported along with the follow up
questionnaire and focus group. Preliminary results indicate increased confidence levels in all measured areas.

**Conclusions:** A preliminary conclusion is that the training was effective in increasing confidence levels in therapists. Future studies could investigate whether an increase in confidence will improve outcomes for people with ASD and mental health co-morbidities who access IAPT.

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**Ref: 1778  Workshop**

**How do diagnostic labels impact upon the developing identities of young people and subsequently how they are perceived by peers, families and professionals?**

*Tracey Smith¹, Children and Young People’s Faculty CyPf²*

¹Children and Young People’s Faculty, ²BPS

**Objectives:** To hear about the experiences of young people who have received either mental health diagnoses or labels aimed to describe differences in their development (e.g. Autism Spectrum Condition) and how they have seen the impact on their developing sense of self.

**Key Points:** A co-produced workshop on behalf of the Children and Young People’s Faculty with some or all of the following groups:
- Young Minds Youth Panel
- Bradford CAMHS Young Dynamos
- the CAMHelions

**Method:** Method to be co-constructed with the Young People. Likely to be an interactive facilitated workshop, with short film.

**Results:** To hear from young people about their experiences of growing up with a diagnostic label and how they feel it has affected them and their relationships with the systems around them - potentially both positively and negatively.

To hear about ideas they may have about how psychologists can work in partnership with young people and their families / carers with an awareness of this.

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**Pre-Qual Session**

**Why a change of diagnosis shouldn’t matter... But it does; A patient’s perspective**

*Suzanne Syrett*

*University of Glasgow*

This presentation looks at the many implications that a change of diagnosis can bring; implications that reach far wider and impact to a much greater extent than might be expected for something that often happens during the confines of a single psychiatric appointment. These impacts can extend to every aspect of the person in receipt of the change of diagnosis’s life; their identity, understanding and framing of their symptoms, access to support, treatment, their social relationships and even their employment status or access to welfare. This presentation looks specifically at this process of change, describes a difficult journey through 3 different diagnoses and asks why, in a diagnostic world, there is currently little or no available support for patients who experience a change of diagnosis: a phenomenon that is all too common an experience for today’s long term psychiatric patient.
Ref: 1782  Oral Presentation
“STAIRS” – a conceptual framework and a practical approach for coaching front line social care workers
Jenny Taylor, Lisa Shostak
Taylor Conway Associates

Objectives: The STAIRS framework was developed within Children’s Social Care and Youth Justice, following consideration of the key elements of effective practice and the key issues that reduce the likelihood of creating change - namely lack of an analytic approach, struggles with collaborative practice, and limited understanding around how to create sustainable change.

Design: STAIRS approaches highlight the importance of a formulation-driven, analytic approach and of teaching this approach to frontline workers. The framework also addresses the issue of collaboration. Unlike treating an adult requesting help for depression, or providing support to a family with a child with a disability, much of this work is carried out because someone other than the client considers there to be a problem. This then requires significant skill from frontline workers to collaboratively formulate with and choose interventions with their clients and work with them to find ways to sustain change.

Method: The STAIRS framework is a collaborative and analytic approach to creating change that can be easily communicated and kept in mind by professionals from a variety of different backgrounds, and be relevant whatever the presenting problems and range of interventions. The framework has to date been core to two DfE Innovations projects, the current NHSE transformation programme for the CYP secure estate, and a number of local statutory and voluntary change programmes. This workshop takes participants through the framework and invites a conversation about how we support one another to spread this way of working.

Ref: 1740  Pecha Kucha
In-group identity and psychological well-being among Arab college women in the UAE
Justin Thomas, Ian Grey
Zayed University

Objectives: A sense of connectedness and belonging to a valued social group (social identity processes) has been found to promote psychological wellbeing. This study, using implicit and explicit assessments, extends the exploration of social identity and wellbeing to citizens of the United Arab Emirates (Emiratis).

Design: This study uses a cross-sectional correlational design.

Method: Emirati college women (N = 210), all of them bilingual (English/Arabic), performed an affective priming task designed to assess, implicitly, in-group (Emirati) preference (a positive bias towards the in-group relative to an out-group). Participants also completed the Multi-Component In-group Identification Scale (MIIS), a measure of in-group identity, and self-report measures of English/Arabic language proficiency. Participants also reported their psychological wellbeing using the World Health Organization’s wellbeing index.

Results: Implicit in-group preference and self-reported Arabic language dominance were independently predictive of higher levels of psychological wellbeing. The implicit measure was the strongest, most robust, predictor.

Conclusions: Interventions aimed at maintaining or increasing a positive sense of a shared social identity may be a useful objective of public mental health strategy.
Ref: 1751 Oral Presentation
Maintaining Recovery from Drug and Alcohol Addiction: A Service User’s Perspective Using Interpretive Phenomenological Analysis
Rachel Tribe¹, Paul Davis²
¹University College London, ²University College Surrey

Objectives: Literature in the field of addiction provides information on the initial stages and routes out of the addiction process; less is known, however, about maintaining recovery (McIntosh & McKeganey, 2000). The research aims to analyse recovery narratives to more fully understand what maintains recovery in the longer-term.

Design: This study uses the qualitative methodology of Interpretive Phenomenological Analysis (IPA; Smith & Osborn, 2003) which has been praised for unearthing the ‘daily reality’ of an addict and the social meanings attached to drug use (Neale et al., 2005; Rhodes & Moore, 2001).

Method: Purposeful sampling was used to recruit four participants who had complex histories with drug and/or alcohol abuse ranging from 5 – 30 years. Each participant took part in in-depth interviews, which yielded a large, rich data set.

Results: Analysis of the data discerned three superordinate themes of suffering, awareness and relationships, all of which were adjusted as each participant progressed from addiction to recovery. Transcending this was the overarching theme of identity that was transformed by the assimilation of an alcoholic identity, helping others and a positive self-concept. Social Identity Theory (SIT; Tajfel & Turner, 1985) was used as an interpretive framework to understand how participants derived a sense of self. Identity Process Theory (IPT; Breakwell, 1986) illuminated this process by suggesting how the participants assimilated their new identity and the function it served.

Conclusions: The findings have informative implications for addiction services by providing insight into the nature of identity change in recovery.

Ref: 2102 Poster
Predicted risk and its relationship to violent incidents in a sample of female forensic patients
Rosie Watson¹, Megan Macadam²
¹University of Reading / Brockfield House, ²Brockfield House (EPUT)

Objectives: It is widely understood that most structured professional judgement risk assessment tools have been developed for males, with research into their predictive validity and accuracy using male samples. However due to the differences in male and female offending behaviour, these tools may lack validity when applied to females. The HCR-20 FAM (female additional manual) is a recently developed tool that aims to provide a solution to this.

The aim of this service-evaluation was to examine the relationship between level of risk of violence in female forensic patients measured using the HCR-20 FAM, and the number of violent incidents over a three month period.

Design: This was an observational service-evaluation. The independent variable is the predicted risk of violence, as measured by the total scores of the HCR-20 FAM. The dependent variable was the number of recorded violent incidents across a three month period.

Method: A total of 18 participants were included. Each item in completed HCR-20 FAM assessments were scored (0=not present, 1=partially present, 2=present) and summed. For a three month period following the completion of each HCR-20 FAM, incident reports were collected. These reports are collected as part of routine clinical care. They were anonymised and the total number of violent incidents per participant was summed, as well as recording type of violence, e.g. physical.

Results: Upon completion of data collection, a regression analysis will be used to evaluate how well
the model of HCR-20 FAM scores fits the data from violent incident reports. The goodness of fit will be assessed and sums of squares calculations will be reported.

**Conclusions:** Implications of these results will be explored, and recommendations for future research and practice will also be made.

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Ref: **1776** Oral Presentation

**An Exploration of the impact of Facial Reconstructive Surgery on an Individuals Self Concept**

Lauren Williams¹, Emma Lewis², Robert Goddard³

¹University of Hull/NHS, ²University of Hull, ³Hull and East Yorkshire Hospitals Trust

**Objectives:** Research has shown the our facial appearance has a significant effect on the development and maintenance of self-concept, interacting with the sub-components; self-esteem, self-image, social-self and self-schema. As a result it is hypothesised that changes to facial appearance may result in changes to self-concept. Orthognathic treatment is the treatment of malocclusions (under/overbites) through orthodontics and jaw surgery. Previous research has focused on treatment outcomes rather than the effect of the change process. This research aims to further understanding on the effect of changing the face on self-concept.

**Design:** An exploratory qualitative method was chosen, with data generated through semi-structured interviews and analysed using thematic analysis. An inductive approach was taken meaning results were strongly linked to the data.

**Method:** Six participants, four female and two male, were recruited through social media and a local maxillofacial unit. Participants were between seven months and five years post-surgery. Interviews were conducted either at home or over telephone. All interviews were recorded and transcribed, analysis of transcripts was conducted in parallel to recruitment.

**Results:** Themes were split across three time frames; Pre, During, and Post Treatment. A total of six themes, and twelve subthemes were identified, relating to understanding of the face and effects of change on understanding.

**Conclusions:** Understanding of the face was informed by appearance, function, and social reactions; effecting how comfortable/confident participants felt. Negative effects were exacerbated during treatment but significantly alleviated upon completion. Female participants expressed a greater effect than male participants. Participants emphasised the greater importance of other areas of life.

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Ref: **2111** Poster

**Psychosocial support for male partners of women admitted to Mother and Baby Units**

Anja Wittkowski¹, Beth Ruffell¹, Debbie M Smith²

¹The University of Manchester, ²The University of Manchester

**Objectives:** This study explored what support male partners of women admitted to Mother and Baby Units (MBUs) wanted in terms of content, delivery and timing. Although research has highlighted the need to support male partners of women admitted to specialist MBUs, little is known about the type of support men want and how they wish support to be delivered.

**Design:** Ten men whose partner was admitted to a MBU in the United Kingdom or Australia participated in semi-structured interviews.

**Method:** Data were analysed using Thematic Analysis.

**Results:** Five themes were identified: 1) A smoother journey to and from the MBU, 2) Feeling included, 3) Uncertainty about ‘what is going on’, 4) Barriers to support and 5) Facilitators of
support. Men identified what practical, emotional and social support they would have found beneficial and shared ideas on best deliveries models for support.

**Conclusions:** This qualitative study was the first of its kind to specifically explore the type of support male partners of MBU patients would like to be offered in terms of content, delivery and timing. Participants expressed the need to be included and involved in care decisions regarding their spouse and infant and to be offered advice from professionals. They also highlighted barriers to accessing support and offered solutions to minimise those. In terms of clinical implications, we recommend a support package, which could be developed for MBUs to improve outcomes for male partners and their family.

Ref: 2112 Poster

Women’s experiences of anxiety during pregnancy: an interpretative phenomenological analysis

Anja Wittkowski, Brendan Hore, Debbie Smith
The University of Manchester

**Objectives:** Pregnancy represents an important time of transformation and adjustment for women - physically, psychologically and socially. Although pregnancy can be a time of joy, it can also be a difficult time for women, potentially leading to anxiety (Dunkel et al., 2012). Given pregnancy is a significant time of transformation and transition, the experiences of anxiety are likely to be qualitatively different than when a woman is not pregnant. In order to understand pregnant women’s understandings of their lived experiences of antenatal anxiety, the current study aimed to explore women’s experiences of anxiety during pregnancy.

**Design:** A qualitative, interpretative phenomenological analysis approach was used to explore women’s lived experiences, using semi-structured interviews. Women were recruited through an antenatal clinic in the North West of England and through online forums.

**Method:** Seven women who identified as experiencing anxiety during their pregnancy were recruited.

**Results:** Four superordinate themes emerged: 1) Adjustment to pregnancy and motherhood and the experiences of anxiety, 2) Unfamiliarity, uncertainty and uncontrollability of pregnancy influences anxiety, 3) Personal and social expectations and pressures of pregnancy and motherhood and 4) Relying on healthcare systems – the good and bad.

**Conclusions:** Women described cognitive and emotional aspects of anxiety during pregnancy and how these impacted their wellbeing. Personal and social expectations of pregnancy and motherhood increased anxieties. Being primipara, within the first trimester or experiencing pregnancy complications all involved uncertainty which increased anxiety. Healthcare professionals have the potential to reduce anxiety by normalising and validating experiences and offering emotional support. Continuity of care is important for developing trusting relationships whereby women to feel confident to disclose anxiety. Developing information for women regarding the range of physical and emotional experiences which can occur during pregnancy might be helpful in normalising experiences and reducing uncertainty and anxiety.

Ref: 2114 Poster

Women’s psychological and emotional response to a prenatal diagnosis of fetal growth restriction

Anja Wittkowski¹, Claire Blakeley¹, Debbie Smith¹, Edward Johnstone²

¹The University of Manchester, ²St Mary’s Hospital, Manchester
Objectives: Our objective was to explore women’s experiences following a prenatal diagnosis of fetal growth restriction, with eventual loss. The study aimed at understanding women’s decision-making processes during pregnancy.

Design: A qualitative study was undertaken.

Method: Qualitative interviews with women who had attended a specialist service following a prenatal diagnosis of fetal growth restriction were conducted. Interpretative phenomenological analysis was used to analyse the interview data.

Results: A total of six participants were interviewed, with three superordinate themes identified. Theme 1 described women’s perception of there being ‘a fine line between supportive and unhelpful’ in their experiences of care. Women reflected on their experience of information being disclosed and at times withheld, feeling isolated from other pregnant women, and perceptions of other people’s understanding of their situation. Women also discussed helpful strategies they had utilised. A second super-ordinate theme of ‘understanding the situation and decision to be made’ described how women faced many uncertainties throughout their experience, holding on to hope for a more positive outcome and describing the precious nature of their unborn child’s life. They reflected on the potential quality of life their unborn or young child may experience if they survived, and described their realisation of the severity of the situation following periods of reassurance seeking. The final theme of ‘parental responsibility’ reflected how women imagined their futures to have been following their pregnancy, exploring their embodied parental role and connection to their unborn or young child.

Conclusions: Women described a variety of factors influencing their decision-making and their experience of care. Women reflected on the importance of maternal healthcare teams providing clear information. Women reflected on their desperation for a positive outcome. Understanding these factors can enable maternal healthcare teams to facilitate informed decision-making and provide emotional support.

Ref: 2118  Poster

Children with Single Ventricle Congenital Heart Defects: Considering the Parent Experience
Anja Wittkowski1, Midori Lumsden1, Emma Twigg2, Debbie Smith1
1The University of Manchester, 2Alderhey Hospital

Objectives: Congenital heart defects (CHD) can be detected during routine antenatal scans, but can also go undetected or undiagnosed until birth. Compared to parents with a typically developing child, parents of children with CHD have a markedly different experience, as they navigate the journey from diagnosis, surgery and after care to the child developing their own independence. Thus, this study aimed at exploring the in-depth experience of parents of children with CHD who had completed their Fontan surgical procedure.

Design: As part of this qualitative study, interviews were conducted with 12 parents who were recruited from a children’s hospital and were diagnosed either antenatally or postnatally.

Method: Interpretative Phenomenological Analysis (IPA) was used to identify themes across parents’ accounts.

Results: Findings suggest that parents experience a period of emotional distress at the point of diagnosis, then find their own way of accepting and integrating the experience of CHD into family life. Through becoming experts in and taking responsibility for the management of their child’s physical health care, they are able to develop their own sense of normality. Challenges arise when their children reach transitional stages, such as puberty or approaching adulthood: parents are often unprepared for the emotional demands that arise at these points.
Conclusions: Accepting CHD and taking control of its management enabled parents to integrate it into their lives without it restricting their activities; parents regain a sense of control and normality within the family. In this first study of its kind, clinical implications are discussed, highlighting how health care professionals can promote emotional wellbeing and provide support to families with a diagnosis of CHD at significant time points during the patient journey.

Ref: 1706 Workshop
How to get a bit more in touch with your own gender identity and work more effectively with gender diverse people
Debbie Wood
OutREACH Cumbria/BeNorth

Background: As the number of people openly expressing gender identities beyond social norms of ‘man’ and ‘woman’ increases exponentially, clinicians and health care staff are increasingly called upon to work with people who they may fundamentally not understand. This has been reflected in studies which demonstrate poor healthcare experiences and outcomes for transgender and non-binary people.

Building on last year’s ‘Working therapeutically with gender diversity’ this two hour workshop, facilitated by a trans identified accredited CBT Practitioner, aims to build understanding of how gender diversity challenges notions of our own gender identity – and how coming to a greater understanding of ourselves helps us to better understand our gender diverse clients. The workshop begins with an experiential journey intended to break down some of the barriers between cisgender and transgender. This is followed by a mixture of teaching and exercises designed to build understanding of the challenges faced by gender diverse people, and how Psychologists can work with them in the therapeutic alliance and beyond to make their workplaces more inclusive for Trans’ clients and staff.

Key Points:
• Deconstructing binary gender norms
• Contemporary gendered experiences
• Thinking about how this applies to everyone
• Tran’s mental health: disorder or fruit of minority stress?
• Therapeutic approaches and relationship
• Trans inclusivity: Wider healthcare implications

Conclusions: Exploration of our own gender identity can aid understand of Trans and non-binary people and the challenges they face. In turn this can help us to provide better healthcare and life experiences by changing the way we work and approach gender in everyday life.

Ref: 1783 Oral Presentation
Does Whiteness Need Dismantling?
Nicholas Wood
University of East London

Objectives: To introduce the notion of 'Whiteness' as a salient aspect of identity, that requires both awareness raising and interrogation.

Design: How best does one work with 'difference' with clients?
I build an argument that one key aspect is awareness of one’s own assumptions, cultural biases and
intersectional identities. By increasing self-awareness around key aspects of identity, e.g. Age, sex, culture, ethnicity, origins etc., a practitioner psychologist can perhaps begin to separate themselves more clearly from 'unconscious' and internalized dominant discourses about clients that may be harmful to developing rapport and acknowledging differences. Whiteness may be one central and visible identity marker that may need self-reflexive discussion, as it could easily become the 'elephant in the room' that prevents opening up of client experiences around diversity and racism. How, though, is this best facilitated?

**Method:** I demonstrate some workshop exercises used to broach 'whiteness' amongst trainee clinical psychologists at UEL and outline why we all need to learn how to tackle sensitively discussions around 'race' and racism, both with clients, each other as professionals, and the wider society.

**Results:** A fruitful summary of workshop exercises around 'Whiteness' and whether and/or how we should manage this as a difficult, but ongoing development of most of our own personal and professional identities. And, if we are not 'white', what we would like white Psychologists to be particularly mindful of.

**Conclusions:** The workshop will be concluded with references and an invitation to perhaps participate in a Whiteness Project being undertaken by Prof. Nimisha Patel at UEL.

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**Ref: 1722  Poster**

**Service evaluation: Impact of psychological input for people with dementia who are experiencing stress and distress**

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**Objectives:** To evaluate the efficacy of a novel introduction of Personalised Behavioural Support (PBS) plans based on the Newcastle Model for older adults living with dementia who are experiencing stress and distress on an inpatient ward at DWMH Trust. NICE guidelines (2006) encouraged use of non-pharmacological approaches to support people with dementia. Banerjee’s (2009) review of antipsychotic medication concluded that quality of life for people with dementia who are distressed could be increased by non-pharmacological approaches to dementia care. These approaches are now first-line treatment recommendations (NHS Institute for Innovation and Improvement, 2011). A service evaluation aimed to investigate whether use of PBS plans led to enhanced care practice and/or reduced stress and distress for people with dementia.

**Method:** Data was collected retroactively from 23 in patients with established dementia diagnoses. At three time intervals 1) two weeks before implementation of PBS 2) two weeks after implementation of PBS 3) two weeks before discharge from the inpatient ward, we measured target, type and triggers of aggressive behaviour, de-escalation used, management/restraint of actual or potential aggression (MAPA), psychiatric medication prescribed and taken.

**Conclusion:** Descriptive statistics indicated that following PBS implementation, there were decreased incidents of physical aggression, unplanned medication, medium/high level MAPA and increased low level MAPA. Limitations include missing data due to indirect data collection methods. This evaluation indicates that the novel application of the Newcastle Model via PBS plans facilitates the delivery of person-centred care, with positive impacts on care practices.