New adventures in clinical psychology: Personal, professional and political partnerships
Objectives / Background: The current investigation attempts to understand the relationship between psychoanalysis and cognitive orientation. Psychoanalysis in this context represents defense mechanisms, specifically automatic processing of an event (intrusion) during cognitive orientation, as psychoanalysis and cognitive orientation share interests in unconscious, involuntary and automatic processes. This research aims to examine the relationship between defense mechanisms and intrusive cognition among those with mental health disorders compared to healthy controls.

Design / Key points: The study sample was composed of a control group with (n=60) 30 males and 30 females, and the clinical group included (n=66) 12 Depression cases, 31 Schizophrenia cases and 23 Obsessive-Compulsive Disorders (OCD) cases.

Method: This investigation used self-report questionnaires to measure intrusive cognitions, intrusive memories and defense mechanisms as key independent variables.

Results: The results found that there is a positive correlation between defense mechanisms and intrusive cognitions among the control group, regardless of gender including for memory assessments. Furthermore, there is a positive correlation association between defense mechanisms and intrusive cognitions among clinical groups. Finally, there was no significant differences between males and females in the clinical groups in regard to intrusive thoughts and memories scales.

Conclusions: Based on the findings of this investigation there is a clear indication that both healthy controls and individuals with Depression, OCD and Schizophrenia activate defense mechanisms in the presence of instructive cogitations after controlling gender as a confound. These findings indicate that despite having mental health issues, cognitive defense mechanisms remain active.
Objectives / Background: Prior studies on reward learning deficits in psychiatric disorders have used probabilistic learning tasks, making it unclear whether impairment is due to the probabilistic nature of the task rather than reward processing.

Design / Key points: Participants consisted of 66 patients (26 females) and 20 healthy control subjects (7 females). Patients met the DSM-5 criteria for bipolar disorder I or II with psychosis (19 participants), without psychosis (24 participants) or schizophrenia (23 participants).

Method: We tested probabilistic vs. deterministic reward and punishment learning in healthy controls and three patient groups: schizophrenia (SZ), psychotic bipolar disorder (BD), and nonpsychotic BD. All subjects performed two learning tasks in a counterbalanced order. All tasks were administered on a PC laptop computer, using Eprime presentation tools. Optimal performance was quantified as response accuracy on these tasks.

Results: Experimental results show that reward learning was impaired in patients with SZ and patients with psychotic BD in the probabilistic learning task compared to patients with nonpsychotic BD and healthy controls. In contrast, punishment learning in the probabilistic task was impaired in patients with nonpsychotic BD compared to the other patient groups and healthy controls. There were no significant differences among all groups in the deterministic learning task scores. Furthermore, Hamilton Depression Scale scores negatively correlated with probabilistic learning performance.

Conclusions: Data may suggest that reward learning impairment may be due to nature of the task as well as subtype of BD. Psychosis, and possibly associated dopamine dysfunction, may play a significant role in impaired probabilistic reward learning in SZ and BD.
Objectives: Refugee people often experience family separation during displacement, and family reunion is a hope that many people aspire towards. Previous research neglects young people’s perspectives on refugee family reunion within the UK. Therefore, this study addressed the research question “how do young people experience refugee family reunion once they have been reunited with separated relatives?” The study was conducted in collaboration with the British Red Cross (BRC), as they support refugee people and their relatives who arrive in the UK through refugee family reunion.

Design: The study used a qualitative design to explore young people’s experiences of family reunion.

Method: 12 young people aged 16 to 21-years-old, who had moved to the UK through refugee family reunion, were recruited through the BRC. Each young person participated in one semi-structured interview. The interview schedule was developed in collaboration with BRC staff and service-users. Interviews were facilitated by an interpreter, where necessary.

Results: Interpretative phenomenological analysis produced three superordinate themes: Challenges Experienced: “Not easy at all”, Novelty of the UK: “You have to adapt” and Supportive Relationships. These themes highlighted participants’ experiences of life in their country of nationality without their separated parent and adjusting to living together again, once they arrived in the UK through family reunion.

Conclusions: The study’s results are situated within personal, professional and political implications, with particular focus on the contribution of clinical psychologists. The researcher advocates for straightforward, expedited family reunion procedures embedded in human rights frameworks to ensure refugee people’s right to family unity.
Objectives / Background: Link is a child and family service born in 2007 to save money in Trondheim (Norway): the Municipality invested in a research project to decrease the number of children placed in institution. Firstly, I present how Link "works at the same time on different levels" with Multi Stressed families through The Network approach (inspired by Open dialogue), the Youth Group and the family-narrative therapy. Then, I present a qualitative study using grounded theory on interviews done by the present researcher with adolescents closing their experience at Link.

Design / Key points: To collect data I employed a semi-structured interview to let the conversation flow as much as possible. The questions guiding the interviews were: “What do you think about Link?”, “How would you describe Link?”, “Do you have an image or metaphor for Link?”, “Would you suggest Link to someone?” and “Do you find Link helpful for you?”. All the interviews took place in the same room at Link during the youth group day. On average each interview lasted 45 minutes.

Method: To analyse the data I decided to employ the grounded theory methodology.

Results: The three main emerging categories from the grounded theory analysis are "A Little nice shelter", "It is more like a burden right now" and "I do not have any other activities".

Conclusions: Despite Link has represented a line of flight for the adolescents, the risk of creating a certain degree of dependency toward the service is discussed.
Aim: To explore the relationship between ADHD-like traits and difficulties in emotion regulation.

Design / Key points: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental difference that is characterized with difficulties in concentration, difficulties with behaviour control, and high activity levels (Denevi, 2014). Typically, the condition begins in childhood and extends into adulthood. The exact origin of ADHD is unknown, but it is suspected to be a combination of genetic, social and environmental components, and can also be related to exposure to brain trauma (Denevi, 2014). However, it is becoming increasingly recognised that ADHD also affects emotionality, and that ‘emotion dysregulation’ – a disruption of an individual's ability to modify an emotional state so as to promote adaptive, goal-oriented behaviours - is a central component of the suite of ADHD symptoms (Shaw et at., 2014).

Methods: Participants will be administered a series of questionnaires via Qualtrics. The Adult ADHD Self-Report Scale (ASRS-v1.1), and the Barratt Impulsiveness Scale will be used to measure ADHD-like traits, and the Difficulties in Emotion Regulation scale (DERS) will be used to measure multiple aspects of emotion dysregulation. We will also administer the Autism Spectrum Quotient (AQ), given the high degree of inter-relationship between ADHD and Autism Spectrum Disorder.

Results: There is a highly significant positive correlation between the DERS and both subscales of the ASRS (Inattention & Hyperactivity-Impulsivity)
DCP Pre-Qual Pecha Kucha

The role of an Assistant Psychologist working out of hours

Brogan Algar

I was an AP working at an adult acute inpatient mental health hospital employed to work evenings and every weekend. This was a pilot scheme role and had not been tried before. It proved highly challenging but highly rewarding. It allowed me to be a force for change and shows the flexibility potentially required for future Clinical Psychologists. I would be delighted to showcase my reflections of the pros and cons of this unique experience.
Objectives / Background: A cross agency, multi-partner project to improve access to services for homeless people in Royal Borough of Windsor and Maidenhead had been running for 12 months. Success has been achieved in addressing their physical health needs, but no homeless people being seen for an appointment for their mental health issues. I was approached by the clinical commissioning group with the objective of reviewing the current provision and making recommendations for improving the access to mental health services.

Design / Key points:
Two groups were identified:-
Younger people who had experienced recent life difficulties resulting in them becoming homeless. Older people who had been homeless for a number of years and appeared to have problems with social relationships, understanding rules, and having the experience of multiple rejections and attempts to help failing.

Method: A pilot study for 12 homeless people commencing in October 2019. Consisting of :-
1. A counsellor with experience of working with the homeless/mental health/addictions to work with 6 of the younger men and offer up to 15 sessions of therapy (cbt/act) supervised by clinical psychology services and based at the drop in centres.
2. A needs analysis of six of the older homeless to be used to help adjust services to meet their particular needs.

Results: Results will be in terms of engagement, clinical outcome measures, use of services and success of placements.

Conclusions: Mental Health needs were not being addressed for the homeless, this paper will report on a review of services and the results of a pilot study.
Objectives / Background: In 2017 the NICE guidance for workplace mental health along with guidance from the Department of Work and Pensions and the Department of Health and Social Care on Mental Health and Employers (Stephenson and Farmer report) were published. These documents identified that work/employment can be a protective factor for mental well-being. The documents outlined the role of employers in supporting mental health of employees. The challenges of bringing conversations into NHS work about mental health are discussed, along with Employment Law barriers to mental health recovery.

Design / Key points: The presentation outlines the reflections of a Clinical Psychologist working within occupational health, aiming to support employees who are struggling with their mental health whilst managing their work role within a busy acute NHS University hospital. The psychological model applied is Compassion Focused Therapy that promotes acceptance and capabilities to recognise and approach distress whilst being motivated to relieve suffering.

Method: The presentation will outline areas being developed to support employees with their mental health, support managers to feel skilled to recognise and discuss mental health with their employees/team and to support the organisational culture, to offer an emphatic response to mental health difficulties when it still has to deliver on the NHS objectives in challenging times.

Results: The presentation will offer evidence of the impact of developments and how they can act to shape future opportunities for growth.

Conclusions: The presentation will sum up challenges for further growth and possible barriers within Employment Law that may be biased against supporting employees who experience mental health difficulties.
Setting up a ClinPsyD Trainee Lived Experience Group: personal reflections

Sophie Allan
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No one is immune from experiencing mental distress, least of all Trainee Clinical Psychologists. For many trainees these personal experiences (whether of themselves or loved ones) are important drivers in pursuing the career, but the role of lived experience is not always acknowledged explicitly. To this end a monthly Lived Experience Group was set up by a trainee for their cohort, aiming to make space for frank, supportive conversations about the impact of mental distress on training. Reflections on the rationale and process of establishing the group, barriers, and suggestions for implementing similar initiatives in other courses will be presented.
Objectives: This study aimed to explore whether clinical psychologists in the United Kingdom (UK) 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; 147 clinical psychologists took part in an online survey, and 11 respondents were interviewed. Targeted and opportunistic sampling was used. The online survey asked participants about their involvement with their clients’ psychotropic medication and general views towards medication use. Involvement was defined as a variety of activities that have the potential to influence a change in the client’s medication regime, or may maintain its current state.

Method: Both quantitative and qualitative data were collected via online survey and interview. Descriptive statistics, logistic regression, and thematic analysis were used to analyse the quantitative and qualitative data respectively.

Results: All respondents reported having some role with their clients’ psychotropic medication. A thematic map diagram was created to capture the process of how clinical psychologists choose to become involved, weigh up decisions, and intervene.

Conclusions: Consensus was reached in that clinical psychologists do have a role with their clients’ psychotropic medication, although specific roles vary by clinician and take many forms. This is despite a lack of guidance from professional bodies, no professional position statement, and minimal (or no) teaching during training. Findings translate into two main clinical implications: 1) professional guidance to inform clinical psychologists’ practice, and 2) supporting the idea of training on psychotropic medication for clinical psychologists.
Cultural Acceptability and Effectiveness of the Sinhala Version of Mindfulness-Based Cognitive Therapy (MBCT) for Depression

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Objectives / Background: To examine cultural acceptability and outcomes of the Sinhala version of MBCT intervention for depression in Sri Lanka. Firstly, it examined whether MBCT will be an effective therapeutic intervention to reduce depressive symptoms. Secondly, it examined whether MBCT will be an effective therapeutic intervention to reduce relapses in depression, and thirdly it assessed the effect of the MBCT on quality of life.

Design / Key points: Experimental research

Method: The sample consisted of 54 individuals. The experimental group included 30 and control group included 24 individuals. Both quantitative and qualitative analyses were conducted. Quantitative data were collected using questionnaires that included the Peradeniya Depression Scale (PDS), the Depression, Anxiety and Stress Scale-21 (DASS-21), the WHO Quality of life- Bref and the Therapy Compliance Scale. Data were collected at the pretest, posttest, and two follow ups conducted within one year.

Results: Results of the pretest indicated that 79% of the experimental group had depression and 63% of the control group had depression before intervention. Results of the post test revealed that the level of depression was reduced in the experimental group. Follow up results also suggested that the level of depression in the experimental group has reduced compared to the control group. With regard to quality of life, results suggested that the quality of life of the experimental group has improved after the intervention.

Conclusions: Findings have suggested that mindfulness-based cognitive therapy has an effect on reducing depression and relapses. Further, MBCT helps increase quality of life of the depressed individuals.
**Background:** Within forensic mental health we support service users to transform their futures by promoting positive goal-attainment and reducing risk. Often a stumbling point can be the discharge process, where service users and professionals may have different ideas about readiness or requirements for discharge from a secure hospital setting. With psychological services often provided in only inpatient or outpatient settings, revolving-door admissions are frequent, with significant costs in terms of a disrupted recovery pathway, and financial implications to NHS England. BSMHFT have attempted to change this through creating a forensic transition team to ‘bridge the gap’ at discharge. We attempt to work alongside service users and their support networks to promote safe and sustainable recovery. Our practice talk aims to share our learning from the past two years, with feedback given from professionals and experts by experience. We will consider opportunities and challenges, and would invite participants to reflect on service user involvement and transition approaches in their own settings.

**Key points:** The key points of this practice talk will be discussing transition from secure mental health care into the community and service user involvement in recovery. The activities will include an experiential task related to locus of control, as well as clinical reflections.

**Conclusions:** This practice talk aims to inspire policy change through the encouraging feedback from this innovative project, with a particular emphasis on increased service user involvement. It is hoped that gaining direct feedback from service users will focus on the person-centred approach to forensic care.
Objectives: Children tend to feel sad, angry, irritated and fearful when they are hospitalized. It was hypothesised that different types of diseases like the disease of the lungs and heart will have different impact on affect and after intervention there will be an increase in positive affect.

Design: It is a quasi-experiment however descriptive statistics of diseases have been so far studied.

Method: Interventions based on a manual created by the authors were given to the children. Mental status examination and demographic variables were observed before and after the session.

Results: 618 (M= 1.732) play therapy sessions were given to children aged between 3 months to 18 years between March 2018 and March 2019. 402 children received one session, 111 received 2 sessions, 46 received 3 sessions and 23 received 4 sessions. 81 diseases were identified (data from 228 discharge summaries), out of which common spectrum was of pneumonia (n=20), followed by the disease, ventral septal defect (n=9). Different moods were assessed session wise such as anger (before (f)=16; after (f)=3), fearful (before (f)=81; after (f)=33), happy (before (f)=10; after (f)= 164) and relaxed (before (f)=81; after (f)=81). The affects of diseases of heart were angry (before (f)=6, after (f)=3) and fearful (before (f)=6, after (f)=3). Affects of diseases of lungs were fearful (before (f)=8; after(f)=3) and pain (before (f)=2; after (f)=0).

Conclusion: Play stimulation at hospital reduces negative affects. However, a detailed data analysis with significant (p values) is recommended.
Ref: 4137 Poster
Topic: DCP 2020
Exploring clients with intellectual disabilities’ experience of attending the "Managing Difficult Feelings" group

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Objectives: Existing research suggests that group-based intervention is effective for individuals with a range of psychological difficulties; however, current research into adults with intellectual disabilities’ (ID) experience of attending groups, is scarce. The aim of this service evaluation is to evaluate individuals with an ID’s experience of attending a “Managing Difficult Feelings” group run by Psychology and Occupational Therapy, to ascertain what works well and any areas requiring improvement, to ensure it meets clients’ needs. The group uses aspects of Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT).

Design: A qualitative inductive Thematic Analysis was undertaken to identify emerging themes that remained strongly linked to the data.

Method: Six adults with ID who attended the group participated. Two focus groups were run and the data was collected using semi-structured interviews.

Results: Three overarching themes emerged from the data; 1) “Consolidation of knowledge”, which encompassed two subthemes; psychosocial barriers and facilitating techniques; 2) “Experience of Taught Strategies” which encompassed three subthemes; retention, helpfulness and enjoyment; and 3) “Awareness of CBT Model” which encompassed two subthemes; understanding and identification.

Conclusions: This service evaluation highlights aspects of the group content that clients found easier or more challenging to understand and implement. Furthermore, clients appeared to prefer more interactive than didactic ways of learning. This feedback has been included in the adaptation of the “Managing Difficult Feelings” group. However, the conclusions and clinical implications are drawn cautiously due to the identified limitations.
Background: Despite the widespread international implementation of the Dialectical Behaviour Therapy for Adolescents (DBT-A) programme, its empirical grounding is still in its relative infancy. Furthermore, the published RTCs have only evaluated the intervention in its multifamily group skills form. Programmes across the UK offer DBT-A in various forms with variation in family involvement and skills group delivery but this has not been widely evaluated in NHS settings.

Key points: We conducted a small scale service evaluation of a full DBT-A programme in an NHS setting over a 5 year period

- We will share our journey as Clinical Psychologists in developing and growing the service in consultation with young people and families
- Implications for future development of DBT-A in NHS and multiagency settings will be discussed

Methods: Self-report measures were administered at three time points to all participants during a 24 week programme. Semi-structured interviews and focus groups have been implemented to continually evaluate and develop the programme.

Results: Effect sizes comparable with RTC reported outcomes were found across multiple outcome domains. Recovery rates were also comparable with the published data in the DBT adult literature.

Young people and parents/carers offered themes of non-judgemental acceptance, shared language to negotiate difficulties and skills knowledge as key factors in positive change.

Conclusion: Preliminary evidence suggests DBT-A under the clinical leadership of Clinical Psychologists can be implemented and maintained in NHS community CAMHS settings to good effect. Recovery rates and the role of family involvement and wider systemic consultation remain areas for future research.
Ref: 4015 Poster
Topic: DCP 2020
Investigating the relationship between sleep-related attentional bias, ADHD symptoms and sleep variables in adults

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Objectives: Although previous research has found an association between insomnia and attentional sleep-bias, this phenomenon has not been investigated in ADHD despite findings demonstrating high prevalence of insomnia in ADHD populations. Evidence suggests that poor sleep contributes to ADHD-like symptoms, e.g., increased impulsivity/inattention. We investigate whether sleep-related attentional biases are associated with ADHD-symptoms in a normative adult sample, and whether such biases are predictors of ADHD scores and associated sleep/circadian rhythm characteristics.

Design:
- Cross-sectional design employed
- Purposive sampling technique employed to recruit 35 typically functioning participants (20-35 years)

Method:
1. Participants completed 5 questionnaires assessing:
   - ADHD symptoms (Adults ADHD Self Report Scale (ASRS), Barrett Impulsivity Scale)
   - Sleep-related parameters (Pittsburgh Sleep Quality Index (PSQI), Sleep Condition Indicator, Munich Chronotype Questionnaire)

2. Modified emotional Stroop task completed to assess sleep-related attentional biases.

Results:
- Mean reaction times (RT) for sleep related, emotionally negative, positive and neutral words respectively were negatively correlated with subjective sleep quality scores from PSQI \( (r = -.423, -.427, -.373, p < .05) \) and ASRS-DSM-5 total scores \( (r = -.340, -.352, -.359, -.373, p < .05) \), indicating links between poorer sleep/high ADHD screener scores and lower RT in Stroop test
- Positive correlation found between Chronotype and ASRS inattention scores \( (r = .392, p<0.05) \) and ASRS-scores and PSQI global scores \( (r = .423, p<0.05) \)
- Group-wise difference between mean Chronotypes of high/no ADHD likelihood was found \( (F(2,32) = 3.08, p = 0.1) \)

Conclusions: Our pilot study demonstrates preliminary links between sleep-related attentional biases, inattention/hyperactivity and sleep quality/Chronotype.
"Adjusting to sexuality within an asexual world" - encouraging awareness of sexuality within male forensic mental health services

Lucy-Courtney Brisbane, Ashley-Christopher Fallon
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**Introduction:** Research demonstrates that LGBT-specific needs are not considered in healthcare provision. Further, LGBT service users face stigma, discrimination and invisibility within services. Within secure care, concerns exist that discussions of sexuality may aggravate the mental health of service users; though no specific research supports this. To open conversation about LGBT-specific needs, one male medium secure service dedicated a month to sexuality awareness.

**Methods:**
There were three core areas of activity:

1. Direct consultation and discussion with service users
2. Developing and exchanging written materials
3. Utilising external LGBT materials and adapting these for secure services.

Service users collaboratively created a series of leaflets, including two personal disclosure pieces regarding being LGBT. Responses were invited, to be presented at an event. Twenty-five people, across twelve sixty minute groups, met to discuss stigma, discrimination and how sexuality is discussed in services.

**Results:** The month was generally well received. The groups were well attended, generating interesting conversation. Responses to the personal disclosure pieces were overwhelmingly positive, with seven service users expressing support and encouragement. Service users valued the opportunity to speak with professionals about sexuality and relationships. Thirty service users engaged with the materials for the final "Pride" event.

**Conclusions:** The month's successfulness demonstrated that sexuality can be addressed in male secure environments in a safe and valuable way. The month will return, building on this year's successes and learning. One goal is to include outside organisations to develop community links. Another is to engage more staff; addressing the institutional discomfort and inexperience around discussing sexuality.
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Objectives / Background: SECURE and STAIRS are acronyms describing what is needed to support staff and key elements of a young persons care pathway for the youth secure estate. SECURE STAIRS is a movement that aims to improve quality of care. Our main objective is to take the key SECURE STAIRS principles and develop a training package that all members of the network contribute to. It is hypothesised the training will improve care, reduce disparity in care offered and help the secure estate become more attachment and trauma aware.

Design / Key points: A training scoping exercise was completed to identify areas of need across the secure estate for young people. In particular, establishments were asked what training is needed to apply attachment and trauma theory in practice. Six training modules have been developed and trialled in different establishments, evaluated and then altered. The training is going through an accreditation process with an awarding body.

Method: Network members completed a questionnaire about their training needs. Additionally, members were also asked about their needs when at a network meeting.

Results: The results of the analysis demonstrated that training modules were needed on the following:

1) SECURE STAIRS introduction
2.) Understanding attachment and trauma in a secure setting
3.) Trauma informed leadership
4.) Child Development
5.) Understanding complex behaviour
6.) Resiliency and blocked care

Conclusions: The project is ongoing, however, so far conclusions have been drawn about the best methods of teaching frontline workers in the secure estate and feedback has been given about the content of all 6 training modules.
Objectives / Background: There is an increasing demand for comprehensive, evidence-based, skill-focused intervention with children and young people in schools, statutory and voluntary social agencies, and in child and adolescent mental health services. Equally there is a need to review the importance of social skills input in education. This workshop provides evidence based knowledge of the relevance of social skills input for a range of client groups, and considers educational issues. There will be comprehensive review of a number of approaches, illustrated by clinical examples. The workshop format will enable participants to experience individual and group intervention approaches through role-play and group learning.

There will be up-to-date information on approaches with a variety of client groups, including those experiencing social anxiety, those affected by autism spectrum disorder and those considered to present challenging behaviour as a result of attention deficit disorder with hyperactivity or other neurologically based conditions.

It is hoped that participants will become more knowledgeable and skilled in this field as a result of participation.
Background: This paper describes the development of online CYPF mental health services and the role of Clinical Psychologists in the context of overstretched NHS services and increasing interest in more flexible digital services.

Key Points: Healios has contracts to provide CYPF services for 49 teams/services in 22 NHS trusts and is expanding rapidly. In mid-August 2019 the CYPF caseload stood at 504. If young people choose to be seen via the internet, they meet with a clinician via Healios’ online portal and secure video link. Services include general mental health assessments, specialist autism and ADHD assessments, CBT, Tier 2 goal-based interventions and a Tier 3.5 (crisis/home treatment) family intervention. In addition, a new mobile phone app service (ThinkNinja) is being provided in 3 areas.

Clinical psychologists hold many of the clinical leadership roles and are leading on service development and audit/research. The presentation will include personal reflections and initial findings from focus group research about the challenges of online working (e.g. setting the therapeutic frame, adapting therapeutic materials, managing risk), the adaptations required, and the lessons learned. It will also include information about referral rates, outcomes and service user satisfaction.

Conclusions: Although still in its infancy, working in digital services is seen as an ‘exciting new adventure’ by clinical psychologists. They identify pros and cons for working in a digital medium but view it positively overall. Feedback from children, young people and their families indicates that they are satisfied with an online digital service and the outcomes.
Objectives: The risks and challenges for parents with mental health difficulties and their children have been identified. Parents with mental health difficulties face significant barriers in accessing evidence-based parenting interventions. Self-directed approaches may be a destigmatising, accessible, brief and cost-effective alternative. A growing body of evidence has suggested that the self-directed format of Positive Parenting Programme (Triple P) is as effective as more time- and cost-intensive delivery methods. The aim of the current study was to establish whether existing front-line staff were able to make use of a self-directed parenting intervention with parents with mental health difficulties and to explore staff experiences of implementation.

Design: Triple P self-help workbooks were provided to practitioners across three Early Help teams.

Method: Data were collected regarding workbook uptake and use. Semi-structured interviews with staff exploring their perspectives and experiences of implementation were analysed using thematic analysis.

Results: Overall, forty-one participants were recruited to the study and a subset of twelve participants (29.27%) took part in semi-structured interviews. Overall, six practitioners (14.63%) reported that they utilised the Triple P self-help workbook. Whilst uptake and utilisation were varied, practitioners who did use the work reported positive outcomes. Interviews revealed themes regarding practitioner concerns, views of the intervention and implementation issues.

Conclusions: Self-directed Triple remains a promising intervention for parents with mental health difficulties. The feasibility of this approach is dependent on addressing identified barriers to implementation and facilitating a family-focused approach to meet the needs of parents with mental health difficulties and their children.
Objectives: Supporting parents to meet the challenges of their caregiving role is identified as a public health concern and a priority in policies internationally. Quantitative research has established the efficacy of parenting programmes but less is understood about the key aspects that make interventions meaningful and helpful to families. The value of qualitative analysis of parenting programmes has been increasingly recognised. The aims of the current review were to systematically explore parents’ experiences and perceptions of parenting programmes to highlight the parent voice, identify key factors that parents perceive to be of value and improve our understanding of the acceptability, feasibility and utility of parenting programmes.

Methods: Six key electronic bases were searched systematically for qualitative research and eligibility for inclusion was established. A thematic synthesis was undertaken.

Results: Twenty-six studies were included, spanning 17 years of parenting research and involving 822 parents. Three main themes and nine subthemes were identified: 1) a family’s journey (prior to the parenting programme, outcomes and post-intervention), 2) aspects perceived to be important or valuable (group leader or facilitator, programme content and delivery and value of the group) and 3) challenges or difficulties (barriers to engagement or attendance, programme content and suggestions for improvement).

Conclusions and recommendations: The potential utility programmes as a means of early intervention is emphasised. Recommendations for practitioners, commissioners and policy-makers are made to improve provision of accessible, clinically and cost-effective interventions for parents striving to meet the challenges of their caregiving role.
Discovering Misattributed Paternal Identity as a Result of AncestryDNA Testing and Its Impact on Identity Formation: A Case Study

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Objectives/Background: The primary objective of this poster is to illuminate a case study in which a 33 y/o American Caucasian male discovered misattributed paternity upon taking the commercial genetic test called AncestryDNA. Misattributed paternity is when the paternity of a man is ascribed to another man. Typically this information is kept as a secret. The purpose of conducting this study was to learn how this individual's identity shifted upon learning this news unexpectedly in his adulthood.

Design/Key Points: The study was conducted using grounded theory qualitative research methods. This phenomena has gained more attention within the past 10 years so empirical research is limited on this specific topic.

Method: This case study revolved around one participant. The semi-structured interview was employed over the course of 30-40 minutes transcribed and coded by the researcher.

Results: Results of this case study were broken down into five categories: motivation for testing, race/ethnic expectations, reactions to discovery, implications of secrecy, and outcomes. The participant felt a strong desire to pursue genetic testing to follow paternal lineage. Participant stated that his ethnicity was not surprising, as he expected European roots. Participant explained he was shocked when he learned about his father, reporting that he felt lied to. Participant reported that he was confident in his sense of self and was optimistic about the future.

Conclusions: Exploring adoption studies, attachment, and ethical concerns in healthcare settings when misattributed paternity is discovered would allow researchers to assess how identity shifts during this emerging, and fairly common, occurrence.
Background: Psychological formulation has traditionally focused on the specific characteristics relevant to either the approach or the presenting problem. Emphasis is placed on establishing the best account informed by the favoured theoretical orientation to solve the most prominent problem, with competing approaches or ‘lenses’ overshadowing the importance of gender. As such, staff and service users report that male gender considerations are not standard.

Method: A routine evaluation of psychological formulations conducted across one forensic mental health service exposed areas for improvement including consideration of gender. The Male Gender Strategy group gathered expertise and information to inform the development of male-gendered products to support formulation. Emerging male experiences were organised using existing formulation frameworks. Gendered formulations were tested on a group of staff (n = 5) and service users (n = 11) and the impact evaluated via interview.

Results: Staff members reported improved understanding, confidence, knowledge and case management associated with the gendered formulations. Service users reported their gender-enhanced formulation was person-centred, representative of their gendered upbringing and male experience, influential in thinking about their interaction with services and supportive in understanding their personal needs.

Conclusions: The development and implementation of male gendered products enhanced the completion of psychological formulations, measured across improvements confidence, knowledge and case management activity on the topic of male gender. The activity also contributed to greater consideration of male gender issues across risk documentation, service-user and therapist interaction, content creation of direct psychological interventions, service development and strategic planning. Service users reported multiple positive experiences.
May Davidson Award Winner

Collaboration and Integrative Therapy: A Personal and Professional Journey

Esther Cole
Lifespan Psychology Ltd

The May Davidson Award is for recently qualified psychologists making an outstanding contribution to British Clinical Psychology. A unique book initiated, and co-edited, by Dr. Esther Cole brings together systemic, narrative and integrative therapies within biopsychosocial formulation, and the rehabilitation of children and families, affected by paediatric acquired brain injury. Taking a lifespan perspective to psychological intervention, Dr. Esther Cole set up Lifespan Psychology Ltd. in 2017, to enable flexible working with all age groups, intergenerational family systems and the communities we live in. Together, her personal and professional journey, collaborations, publications and clinical work honour the importance of interpersonal attachments and sustaining relationships, in lifelong mental health, well-being and personal resilience.
Ref: 4123 Oral Presentation  
Topic: DCP 2020  
Into the Wild: Exploring the Practice of Talking Therapy in Natural Outdoor Spaces

Sam Cooley, Ceri Jones, Arabella Kurtz, Noelle Robertson  
University of Leicester

**Background/Objectives:** The ever increasing urbanisation and humans’ disconnection from nature is a global challenge, particularly given the therapeutic properties of time spent in natural environments. In response, mental health therapists have begun to harness nature’s restorative capacity by challenging convention and offering therapy outdoors. This presentation comprises a metasynthesis of experiences from those embarking on this novel adventure, with the aim of establishing a much needed framework for best practice.

**Design:** A mixed-method, thematic synthesis was used according to PRISMA and ENTREQ guidelines.

**Method:** Systematic searches revealed 37 articles, published from 1994 to 2019, and comprising 321 therapists and 163 patients. Therapists comprised clinical psychologists, counselling psychologists, counsellors, and psychodynamic psychotherapists. Articles underwent critical appraisal prior to data extraction and the meta synthesis was conducted using Nvivo.

**Results:** A framework for outdoor therapy is presented, comprising higher and lower level themes. The outdoor context ranged in intensity from sitting or walking in urban parks and woodland to remote wilderness. The outdoors provided either a passive backdrop to therapy or was more actively incorporated through behavioural analysis, relationship building, metaphor, narrative therapy, role play, modelling, and stabilisation. Practical, therapeutic, and organisational issues raised by this approach were mitigated through assessment, informed consent, process contracting, and awareness of professional competency. Therapy was subsequently enriched by added mutuality, freedom of expression, mind-body holism, interconnectivity, and therapist well-being.

**Conclusions:** Theoretical support for nature-based therapy is provided and the question raised as to whether therapy in natural spaces should become a more mainstream treatment option.
The development and evaluation of a trauma-focused stabilization intervention for staff working with refugees and asylum-seekers

Laura Coote¹, Cerith Waters¹, Thomas Hoare²
¹Cardiff and Vale UHB, ²Aneurin Bevan UHB

Objectives / Background: The Perinatal Community Mental Health Service (PCMHS) is a specialist secondary-care service supporting women during pregnancy and up to the first year post-natally. Cardiff Health Access Practice (CHAPS) provide health screenings for newly-arrived asylum seekers when based in temporary accommodation. Evidence indicates that there is a higher prevalence of mental health difficulties for asylum seekers, including trauma-reactions. The PCMHS was experiencing challenges in engaging with referrals from CHAPS, and CHAPS staff reported difficulties in managing the psychological complexities of their caseloads. We aimed to coproduce and evaluate a trauma-informed training and skills development package with staff and service users.

Design / Key points: Quantitative and qualitative methods used.

Method: Four consultations between psychology staff in the PCMHS, CHAPS staff, and service users developed a half-day training package on trauma-informed care including stabilisation skills. This training was followed by 4 monthly skills development sessions (SDS) to support the embedding of the knowledge and skills. An evaluation questionnaire that contained open and closed-ended questions was completed. Focus groups with staff were conducted at the beginning and end of the SDS’.

Results: Thematic analysis revealed six themes; (1) gaining a fuller understanding of trauma, (2) value of sharing own experiences, (3) building stabilisation skills, (4) understanding importance of relationships, (5) interest in further training and (6) barriers to using skills. All staff reported increased knowledge and skills and finding the intervention helpful.

Conclusions: Staff reported finding the training valuable. This project demonstrates how a phased-based treatment for trauma may work in clinical practice between primary and secondary care services.
Objectives / Background: The London Infant and Family Team (LIFT) work with under fives living with foster carers or kinship carers due to experiences of neglect and/or abuse in their birth parent relationships. The service completes a relationship based parenting assessment and provides intervention to support infants to catch up to and sustain a normal developmental trajectory and consider whether parents are able to make the necessary changes to safely care for their children. The service is part of a unique collaboration with the East London Family courts, several Local Authorities in London and South London and Maudsley NHS trust. The service is part of a randomised control trial investigating whether LIFT and the Glasgow infant team are more effective than services as usual.

This workshop will aim to provide background information about the model used by LIFT including the assessment process and interventions used by the team.

Design / Key points: The workshop will consider attachment strategies of under-fives, and interventions that support the care-giving relationship. It will utilise videos of clinical sessions to enable the audience to reflect on what they are seeing, including exploration of the emotional impact of the work.

Conclusions: The workshop will consider attachment theory and how responses to trauma can be passed on through generations. It will consider the ways that abuse and neglect can impact on the cognitive, social and emotional development of children under 5. It will also consider implications for future policy regarding care proceedings and working with looked after infants.
Objectives / Background: This research aimed to explore the experiences of individuals with mental health difficulties applying for disability benefits in the UK since 2014.

Design / Key points: A qualitative design was used to gather in-depth accounts of participants’ experiences. Additionally, participants had the opportunity to take photographs to capture something of their experience of applying for disability benefits.

Method: Semi-structured interviews with nine individuals who had claimed PIP or ESA were analysed using an Interpretive Phenomenological Analysis approach.

Results: The findings show participants experienced the system as deliberately trying to trap them to make it as hard as possible for them to claim benefits. This placed dilemmas on participants; eliciting emotions of being an unvalued citizen, forcing them to work hard to prove their entitlement and exacerbating their symptoms of psychological distress. Participants drew strength from connecting with others applying for disability benefits and speaking about their difficulties negotiating the benefits system.

Conclusions: The findings suggest the need for psychologists to address the negative impact applying for disability benefits may have on claimants’ mental health both in and outside the therapy room.
Background: The transition to fatherhood can have a significant impact upon emotional health and wellbeing for all men. Individuals who have experienced Local Authority Care are at an increased risk of self-harm and suicide in adulthood. For fathers who are care-leavers, the combination of care-experience in conjunction with the transition to parenthood may have a greater impact on mental health. Despite this, little research has focused on parenthood from the perspective of care-leaver males.

Design: This study used a qualitative research design to explore the lived experiences of male care-leavers.

Method: Five participants completed semi-structured interviews and data was analysed using Interpretative Phenomenological Analysis (IPA).

Findings: Three key superordinate themes emerged; ‘Going Back to Move Forward’, ‘Reliving the Past’ and ‘Breaking the Cycle’ that encapsulated eight subordinate themes. ‘Going Back to Move Forward’ captures how participants felt it important to place their current parenting experiences within the context of their own childhood experiences. The theme of ‘Reliving the Past’ highlighted how fatherhood prompted the re-experiencing of both positive and negative experiences. The final superordinate theme of ‘Breaking the Cycle’ acknowledged participants’ determination to provide a different style of parenting from their own.

Conclusions: This study is the first to explore how male care-leavers make sense of fatherhood. Participants described reliving their childhood and feeling accepted within a family, which impacted positively on self-identity. Findings suggest that offering alternative psychological interventions through community and peer-led projects to promote belonging and acceptance may promote inclusion for care-leavers who become parents.
CYPF Keynote Speaker Presentation

How I found my tribe: professional and personal reflections on ADHD

Max Davie
Royal College of Paediatrics and Child Health

Abstract: Dr Max Davie is a developmental paediatrician, who specialises in the developmental assessment of school-age children. In 2019 he was diagnosed with ADHD. In this talk Dr Davie will reflect on his journey through childhood and professional life, and how gravitated towards looking after a group of children who, increasingly, he realised were his ‘tribe’. He will consider this story in the light of the nature of ADHD diagnosis and identity, against the backdrop of differing views on the nature and validity of ADHD as a concept.
Ref: 3716 Oral Presentation
Topic: DCP 2020
Does Psychology Alleviate or Exacerbate Everyday Ableism? A Discussion on Disability Politics.

Runa Dawood
DCP Sub-Committee Minorities Group

Objectives / Background: This opinion piece looks at the current political and economic climate and its impact on those who identify as disabled.

Design / Key points: An overview of the themes arising from the disability studies literature and how these relate to clinical psychology through stigma, minority-stress and micro-aggressions are explored. Key areas that highlight ableism are discussed with reference to how these may occur in psychological frameworks, with considerations for how the profession can respond. These are explored within the current socio-political climate in and outside of psychology; reflecting the impact that this may have on those who identify as disabled within physical and mental health.

Conclusions: The talk emphasises the importance of the use of lived experience and the disability rights literature to inform shifting psychological perspectives and match a current need to address issues of social justice, austerity and equality.
Objectives / Background: The DCP Sub-Committee Minorities Group aim to facilitate a space to address the current discussions around diversity and clinical psychology training. The workshop provides an overview of the difficulties both within the profession and for applicants, with considerations to both representation and equality in the profession. The aim of this session is to provide a listening space regarding these issues and obtain audience feedback on possible solutions.
Objectives / Background: When assessing children and young people we can often be stuck in the moment with them and not fully take the road right back to the beginning to fully understand how the past has influenced the present and how we can then move on to a new future. This talk will highlight key things to consider in assessment to help build a joint understanding and influence outcomes.

Design / Key points: Information for the talk will be drawn from clinical practice and research, both nationally and internationally. Evidence will come from patients stories and parental reflection as well as best practice. Of particular relevance will be highlighting the longterm impact of being born sick and early and spending time in hospital, both on the child and the family system. We will also look at how we can move towards improved outcomes.

Method: Powerful themes from several recent qualitative research projects with parents of babies who spent time in NICU in NI will help shape how we should work with all children and their families. The direct patient voice will be referenced in the form of patient stories. Information will also be incorporated on a strategic level as to how we can move forward to help early shape early intervention and prevention services as well as understand the impact of these type of early experiences on children who present to us clinically right across the age range.

Results: In particular how all the joint information has been used to shape services in Northern Ireland will be discussed.
Unpaid but not free: The responsibility of Clinical Psychology when employing voluntary Assistant Psychologists

Claire Douglas
MSc MA

Other Authors: Megan Campbell, MSC MA, Fiona Summers, DClinPsy, MSc, BA, Ceri Trevethan, DClinPsy, PhD, MA

The journey to becoming a qualified clinical psychologist can be a lengthy, challenging one. Compulsory for entry to UK clinical doctorate training, prospective trainees must obtain what is deemed “relevant experience”. Many aspiring clinical psychologists strive for the traditional route – employment as a paid NHS Assistant Psychologist (AP). Securing an AP post is becoming increasingly competitive and therefore rare. As AP posts provide clinical and research experience with formalised supervision from a Clinical Psychologist, many psychology graduates view these posts as effectively as compulsory requirement for entry to postgraduate training. In this context, prospective trainees are typically keen to take up voluntary positions to gain relevant experience. The voluntary role of the Honorary Assistant Psychologist (HAP) can provide aspiring clinical psychologists access to direct clinically relevant work, administration and research whilst gaining experience of working in the NHS. The British Psychological Society (BPS, 2016) set guidelines on the employment of unpaid AP posts to safeguard unpaid APs and service users. However, Unite the Union have recently withdrawn their support for this guidance based on “concerns regarding the safeguarding of patient care; the exploitation of predominantly young people who are attracted to these posts at the start of their career; and the repercussions of this for Applied Psychology professionals”.

Findings from a recent audit comparing expectations and experiences of unpaid APs and supervisors in NHS Grampian against local and national guidance will be presented. These findings highlight why clinical psychology has an active role and responsibility in developing and evaluating adherence to standards, safeguarding all those involved in unpaid AP programmes and striving to widen access to the profession.
Technology to support remembering: Can an ApplTree improve my PM?

Professor Jonathan Evans
Institute of Health & Wellbeing, University of Glasgow

The ability to remember to do things is compromised in many neurological and psychological conditions. People with brain injury, dementia, depression or psychosis have difficulties with prospective memory (PM) that makes it more difficult to function effectively in everyday life. Over the last two decades we have demonstrated (in single case experimental design studies, a randomised controlled trial, and meta-analysis) that technological solutions can support PM and improve everyday functioning. But uptake of reminding technology remains low amongst those who need it most. I will discuss our recent work on identifying barriers to use of ‘off the shelf’ reminding technology and current work on developing and evaluating, in conjunction with people with brain injury, a new reminding app – ApplTree. Our work with voice assistants, which offer an alternative means of supporting learning of new tasks and remembering to do things, will also be described. Digital health interventions have great promise for supporting everyday functioning, but new technologies need to take proper account of the needs of people with cognitive impairment, ideally be co-designed with the people who will use them and be demonstrated to be both usable and useful.
Ref: 4018 Part of Symposia
Topic: Children, Young People and their Families (CYPF) stream only
Summary of symposium: Interviewing children who disclose sexual trauma – practice points from

Rachel Falk, Evelina Medin, Rhianna Watts
*The Havens*

**Objectives / Background:**
Symposium summary:
Two key services were developed following a 2015 review of legal and care pathways following child disclosure of sexual trauma: Children & Young Person’s (CYP) Havens and The Lighthouse. CYP Havens provides forensic/medical examinations, psychological therapy and advocacy to children who have experienced recent sexual abuse, assault or rape. The Lighthouse operates an integrated service which houses police, social care and health care representatives under one roof to support CYP who have experienced sexual trauma.

The Forensic Interview Psychology (FIP) Service operates jointly across two sites. The first of its kind in the UK, the FIP Service was developed to improve London’s child investigative interview pathway by drawing on international best practice models. It uses a multidisciplinary approach to provide a child-centred service designed to give children the best opportunity to tell us what happened. Uniquely for the UK, clinical psychologists carry out the interviews rather than police. Our team also includes Police Liaison Officers and an expert advisory independent interviewer.

We will present research and offer perspectives relating to a range of themes and dilemmas concerning child investigative interviewing practices. These include interviewer experiences of vicarious traumatisation and tensions within dual roles; differences in perspectives within the multidisciplinary team; and conflicts between criminal justice demands and the rights of the child. We will highlight key challenges and practical lessons learned about interview preparation; verbal and nonverbal interviewing techniques; use of clinical/therapy skills in the interview; and pursuing justice for children within the UK’s adversarial criminal justice system.
Ref: 4019 Part of Symposia
Topic: Children, Young People and their Families (CYPF) stream only
Investigative interviewing led by Clinical Psychologists – a service for

Rachel Falk, Evelina Medin, Rhianna Watts
The Havens

Objectives / Background: (Not based on empirical data)
The presentation will provide a summary of the service and preliminary results. Observed benefits and challenges encountered will be discussed alongside implications for practice and research. The prevailing practice in the UK is for Police Officers and Social Workers to complete investigative interviews with children who disclose sexual trauma. However, reports document concern that the procedures used are not compliant with guidelines, with adverse impact on the child’s well-being and evidence quality. International best practice models emphasise the needs of the child in the criminal justice process. Documented benefits include increased prosecutions and convictions, and improved after-care for the child. The Forensic Interview Psychology (FIP) Service was developed to explore the feasibility and efficacy of child-friendly Clinical Psychologists led investigative in the UK. The FIP Service operates within two specialist clinical services for children and young people who have disclosed sexual abuse, assault, rape and/or Female Genital Mutilation. The interview is completed by a specially trained Clinical Psychologist with the support of the Investigating Officer, Social Worker and a Police Liaison Officer. Interview quality, the child’s experience, stakeholder feedback and criminal justice outcomes (e.g. charge, attrition and conviction rates) are collected to evaluate the service.
Objectives / Background: (Not based on empirical data)
Children rarely give minimally prompted, detailed accounts of events to adults and are instead socialised to engage in closed question-answer cycles, and look for clues about the “right answer”. This has conventionally been considered as a sign of unreliability, and a barrier to engaging child witnesses in the justice process. Researchers have explored optimal conditions to obtain reliable, detailed accounts from children, concluding that sound questioning techniques are only effective if children understand the requirements. This involves developing an understanding that, unlike other situations, the adult is not the expert and does not know what happened. It has been suggested that ‘ground rules’ outlined in many interview models are only effective when delivered in a practical way with feedback prior to interview.
This presentation will focus on interview preparation, emphasising the importance of pre-interview assessment to familiarise the child with the social demand expectations of the interview. The presentation will incorporate primary research which used IPA to understand the perspectives of police investigators regarding the use of ground rules during the investigative process. The presentation will conclude with examples of practical application of ground rules ahead of the interview to enable elicitation of an unbiased account of the alleged offence.
Ref: 4021 Part of Symposia
Topic: Children, Young People and their Families (CYPF) stream only
In the control room, in the court room – the view from the other side.

Lisa Isaacson
Metropolitan Police Service

Objectives / Background: (Not based on empirical data)
Witness testimony is fundamental to the criminal justice system. In the prosecution of child sexual offences, the credibility of the child’s account is the primary focus since there is often no other evidence available, and the jurors’ first contact with the child is through their interview. The criminal trial is the ultimate test of the interview.
Child victims of sexual offences in London now have access to Clinical Psychologists to conduct their investigative interview. The dual aims of psychologist-led interviews are to reduce the re-traumatisation of the child and to increase conviction rates.
This presentation will offer a police perspective on psychologist-led interviews, focusing on the needs of the investigation and impacts on court outcomes. We will explore what police are learning from participating in psychologist-led interviews but also highlight issues that this new pathway may present. Drawing on case examples, we will consider: how psychologists bring their expertise in trauma and child development; the use of body language and nonverbal cues as encouragement; introduction of props or aids to test a child’s understanding of prepositions and encourage elaboration, and the potential added value that front line experience of the court process could bring.
Danielle Jackson, Rachel Falk
*The Havens*

**Objectives / Background:** (Not based on empirical data)
Clinical Psychologists value self-care in their work, particularly to prevent ‘vicarious trauma’. In the role of investigative interviewer with children who have experienced sexual trauma, this feels critical. As interviewers, we may need to ask ‘probing’ questions, aimed at eliciting a detailed account to provide evidence that fits with the demands of the justice system. Asking a child to relive abuse brings up uncomfortable feelings, and may make interviewers feel like perpetrators. It can leave interviewers feeling demotivated and hopeless.

Our experiences within this new role, have led to development of a research project looking at the presence and impact of vicarious trauma within different professions conducting investigative interviews with children who disclose sexual trauma. Police Officers, Social Workers and Clinical Psychologists have different training to equip them for their profession, different approaches and/or support structures and may respond differently to trauma-exposure when interviewing. A mixed methods approach will be used to measure levels of vicarious trauma and to understand the phenomenon using a Grounded Theory approach.

We will discuss challenges faced when stepping into the role of investigative interviewer, drawing on psychological theory and research, and on our own experiences as interviewers.
Objectives / Background: (Not based on empirical data)
Strasburger, Gutheil & Brodsky (1997) highlight the role conflict that arises when psychotherapists are 'wearing two hats' as both a treating clinician and forensic evaluator in the same case. This conflict arises from different approaches used in these roles to issues such as truth and causation, forms of alliance, assessment methodology, and ethical guidelines.
In this presentation, we will review relevant literature and explore the complex dynamics and ethical dilemmas that can emerge during investigative interviewing and 'wearing two hats'. We cannot lead the witness, but may need to 'scaffold' the interview to reduce anxiety. We are discouraged from knowing too much about an allegation since it may produce bias, but need enough information to introduce the 'topic of concern' in the room. We need to hold the child’s emotional well-being at the centre of the process, but we need to obtain a detailed account for the purpose of pursuing a criminal case. We will also describe the intersection of multiple agency and institutional cultures: police, social care, and mental health in the wider context of an adversarial legal system. We will end by sharing feedback from children and young people themselves about their experiences of our integrated service model.
“Boy versus system” – how effective consideration of male gender issues can help unite service users and the organisation.

Ashley-Christopher Fallon

_Birmingham and Solihull Mental Health Foundation Trust_

**Background:** Whilst it is familiar that 90% of the forensic mental health population are male, it is less familiar to routinely consider male gender needs in the practice of forensic assessment and rehabilitation. One forensic directorate learned that the foci on mental health and offending appeared to camouflage any acknowledgement of male gender needs. To address this, the directorate developed a male gender strategy.

**Methods:** Over the course of a year, a cohort of professionals (n = 47) and service users (n = 42) within one trust were consulted for a “conversation” about male gender issues. A proportion co-worked on a variety of projects to catalyse discussion. The objectives across projects spanned staff development, service user involvement, research activity and reflection on organisational culture.

**Results:** There was positive progress across the 6 projects developed to enhance greater consideration of male gender needs. This included two focused on healthy male functioning which generated material for products and policy, three focused on clinical need which developed fora for training and care planning and one on operational impact.

**Conclusions:** One forensic mental health service involved in consulting widely on the topic of male gender needs in order to improve the outcomes for service users, used several opportunities provided by the Male Psychology Conferences across 2016-18 to widen out the discussion across the whole of the trust. After receiving several awards for innovation and quality improvement, the male gender strategy is driving forward a range of projects, trainings and product creation.
CYPF Keynote Speaker Presentation

Addressing layers of avoidance in therapeutic practice: reflections on the use of Narrative Exposure Therapy in children

Mina Fazel
Department of Children’s Psychological Medicine, Oxford University Hospitals NHSFT

Narrative Exposure Therapy (NET) is an individual therapeutic approach that has an emerging evidence base for children. It was initially trialled with refugee and asylum seeking populations, in both high and low and middle income settings, utilising either lay or professional therapists. The results of treatment trials for PTSD in refugee children with NET (or the child ‘KIDNET’ adaptation) demonstrates how this is an effective intervention, is scalable and culturally dexterous. This talk will describe how NET has been used in usually CAMHS and Psychological Medicine practice to highlight its applicability into broader, routine practice. The cases outlined describe the use of NET with children and adolescents with: Autism Spectrum disorders, psychotic symptoms and intellectual disabilities; complex physical health problems needing multiple interventions; and victims of childhood sexual abuse. The cases will highlight how the NET lifeline facilitated engagement in treatment, practical limitations of treating traumatic exposures in children and how NET, with its relatively short training for health professionals, can be adapted to different contexts and presentations. The importance of improving access to care will be discussed to ensure that young people are supported with their most distressing memories.
Objectives:

- To compare the construction of autobiographical narratives by emerging adults who have experienced child maltreatment to those who have not; and, to examine the association between exposure to child maltreatment and psychological distress.
- To address a number of gaps in the literature; namely, (1) assessing all types of child maltreatment; (2) focusing on emerging adulthood; and (3) exploring single events’ narratives of child maltreatment.
- To contribute to the limited literature on child maltreatment in Egypt.

Design:

- Retrospective cross-sectional study, using a nonrandom sampling method to recruit participants with a history of exposure to (1) child maltreatment, (2) corporal punishment, and (3) a control group.

Method:

- A sample of 150 Egyptian college students who do not suffer from symptoms of (1) psychosis, (2) substance abuse or (3) suicidal ideations.
- To fill out the following instruments: Childhood Experience of Care and Abuse Questionnaire (CECA; Bifulco, Berazzani, Moran, & Jacobs, 2005); PTSD Checklist-5 (PCL-5; Weathers, Litz, Keane, Palmieri, Marz, & Schnurr, 2013); Center for Epidemiological Studies for Depression Scale (CESD-R; Eaton, Muntaner, Smith, Tien, & Ybarra, 2004); Difficulties in Emotion Regulation-Short Form (DERS-SF; Kaufman, Xia, Fosco, Yaptangco, Skidmore, & Silver, 2015); and, Connor-Davidson Resilience Scale (CD-RISC-10; Connor & Davidson, 2003).
- To narrate four single-events autobiographical memories that happened below the age of 18 within the family context.

Conclusions: This study explores the role of child maltreatment in the construction of autobiographical narratives, and psychological distress during emerging adulthood. It bridges developmental psychopathology and narrative identity theories.
Objectives: Research has demonstrated the importance of Pain Management Programmes (PMP) in increasing quality of life and ameliorating disability and distress in chronic pain. The PMP at Clatterbridge Hospital (Wirral University Teaching Hospitals NHS Foundation Trust) is well established and has collected client outcome data over the past six years. However, this data has yet to be evaluated.

Design: The evaluation consisted of client outcome measures collected at various time points: pre-programme, at the first session of the programme, at the end session of the programme, and at a 6-month follow-up after the programme ended.

Method: The service evaluation was carried out on all clients who attended the PMP at the Pain Therapy Unit at Clatterbridge Hospital (WUTH). A sample size of 345 clients was analysed over a 6-year period (2013 – 2019) consisting of 41 separate groups in total – a mean group size of 8.4 patients per group.

Results: Statistically significant decrease in both distress in general and depression and increase in self-efficacy. All other measures (except two) showed a decrease in mean scores from the initial assessment, to the first session, and to the end of the programme. Although, at the 6-month follow-up a small increase in mean scores was observed comparative to the end of programme. However, these remained markedly improved when compared to the pre-programme scores.

Conclusions: This service evaluation adds to the growing body of research demonstrating the importance and value of Pain Management Programmes for individuals living with chronic pain.
The Impact of Theraplay and Dyadic Developmental Psychotherapy (DDP) on Trauma Related Behaviour in Children

Emily Glover-Humphreys
Chrysalis Associates

Objectives / Background: Chrysalis Associates provides two 10-week packages the first of Theraplay followed by dyadic developmental psychotherapy (DDP) and Eye Movement Desenitisation Reprogramming (EMDR) funded by the Adoption Support Fund (ASF) aimed at children with early developmental trauma and attachment difficulties.

Objectives: Following previous analysis on the effectiveness of Theraplay, this research is to look at the effectiveness of DDP/EMDR and if the effects from Theraplay remained.

Method: Through out the ten-weeks the families took part in a 1 hour parenting session and a 1 hour child session. The second hour consisted of 10-weeks of Theraplay followed by DDP/EMDR for the second 10-weeks.
This change was measured through questionnaires handed out at the start of the first 10-weeks, at the end of the first 10-weeks and the end of the second 10-weeks. The measures used were the BRIEF 2, CBCL, ACC and TSCYC.

Results: Research from the first 10-weeks: verified that Theraplay was effective in decreasing clients Post-Traumatic Stress (PTS). This decrease was within the domains measuring Intrusion, Avoidance and Arousal. This decrease meant that their ‘Fight, Flight or Freeze’ response had reduced.
Research from second 10-weeks: verified that DDP/EMDR was effective in decreasing or continuing the decrease from the first 10-weeks in clients PTS alongside a increase in behaviour regulation. The results on the CBCL demonstrated behaviour decrease both internal and externally, following DDP/EMDR.

Conclusion: Our research also demonstrated that following therapy the children’s behavioural and emotional regulation increased, including a decrease in their internalising and externalising behavioural difficulties.
Background: Inter-agency communication is often cited as a barrier to more effective outcomes for children with medical needs (including mental health). The Department for Education outlines statutory guidance for the use of Individual Healthcare Plans, which are little known and little used, particularly in a holistic way that supports the child's psychological needs. This project aimed to support schools and clinicians in the use of the statutory guidance in a meaningful way which targeted improved psychological, educational and health related outcomes.

Objectives: To outline a novel initiative between health and education in joint working to support local schools in their understanding and implementation of supporting children with medical needs in the education setting.
To share with delegates key points from the legislation and practice guidance which might inform their own practice.

Design / Key points: A one day training programme for schools was designed and trialled. A fast-track clinical pathway was also piloted. Impact on school systems and individual families were recorded.

Results: The programme had a significant impact on delegates and improved outcomes for children who accessed the support from the programme. The programme has lots of generalisable learning points that will be of use to those working in both mental and physical health settings.

Conclusions: Schools and clinicians welcomed and benefited from increased knowledge and understanding of statutory guidance from the Department for Education, and the use of existing tools in a holistic way improved the schools confidence in supporting children with medical needs.
Ref: 3711 Oral Presentation
Topic: Children, Young People and their Families (CYPF) stream only
Whole Family Approaches in Paediatrics

Helen Griffiths
NHS

**Background:** Research indicates that the impact of a child with a medical condition is wide ranging, with siblings and parents being at increased risk of psychological distress. Additionally, research indicates that parents with pre-existing mental health difficulties present as a more vulnerable group when their child has a health condition. Parental mental health is a factor that is highlighted in terms of the subsequent impact on child coping. Despite this, many services are set up as "child" services, and often lack the resource to adopt a whole family approach.

**Objectives:** This symposium will provide an overview of key literature on the importance of taking a whole family approach in Paediatric work. It will include a range of talks highlighting: the impact on parents of having a child with a chronic health need; the need for services to assess and support parental wellbeing; and innovative practice for supporting families.
Objectives / Background: This symposium highlights innovation, service development and research within NHS Lothian child and adolescent mental health services. Each project addresses specific components of the Scottish Government’s (2017) strategic approach to mental health, demonstrating partnership working with schools, a charitable organisation and academic partners at the University of Edinburgh.

Aligning with the government’s commitment to early intervention, prevention and improving support for less intensive services at an early stage, we present papers on the implementation of school-based interventions for anxiety and body image difficulties, and the development of digital innovations to support young people with eating disorders and their parents and carers. As well as reporting on initial efficacy findings, the mixed methods evaluations also highlight facilitators and barriers to implementation.

The Scottish Government also has ongoing commitments to reducing self-harm and to ensure best practice for early interventions for psychosis. NHS Lothian has invested in the implementation of mentalization-based approaches, as well as supporting a number of research projects demonstrating how the application of attachment theory can lead to the development of interventions for contemporary difficulties experienced by help-seeking young people. We present findings on our work to understand psychological processes implicated in social withdrawal and negative symptoms alongside reporting on the results of a pilot randomised controlled trial for the efficacy of mentalization-based group therapy for adolescents who self-harm.

The discussant will be Professor Cathy Richards.
Objectives: A range of innovations to support children and young people with eating disorders will be presented including

1. A school based interventions for body image – Interpersonal Psychotherapy for Body Image (IPT-BI)
2. Online training for professionals on identification of eating disorder symptoms
3. An online platform for parents and carers with a young person who has recently been diagnosed with an eating disorder
4. Digital peer support (email peer support for young people under 15 years and expert carer telephone support for parents and carers).

Design: Mixed methods service evaluations

Method: Feasibility, acceptability and initial efficacy was explored across each of the interventions. Data included implementation data, pre-post standardised outcome measures and qualitative feedback

Results: IPT-BI (n=18) was found to be acceptable with high levels of treatment satisfaction and preliminary exploration of efficacy showed significant improvements in participants' body image and significant reductions in interpersonal difficulties and appearance-based conversations. The online professionals training (n=528) was effective in increasing professionals self-rated knowledge of eating disorders symptoms and their confidence in supporting someone through a transition. The online platform for parents had high uptake (n=2002 users in 33 weeks) and high levels of user satisfaction. Preliminary data will be presented for the first year of national implementation of the digital peer support.

Conclusions: These projects will be used to reflect on the potential impact of clinical psychology outside clinical settings, supporting innovations in practice aligned with Scottish Government priorities.
Gemma Brown¹, Jane Owens¹, Matthias Schwannauer², Suzie Johncock¹, Gillian Barclay³, Cathy Richards¹
¹NHS Lothian, ²University of Edinburgh/NHS Lothian, ³The City of Edinburgh Council

Objectives: School-based cognitive behavioural interventions for anxiety can be an effective early intervention for children and young people (CYP). There is, however, a lack of research on how these are implemented in real world settings. The current study aims to explore the facilitators and barriers to the implementation of a school-based intervention for anxiety through a mixed methods process evaluation.

Design: Evaluation of the implementation of a six session school-based cognitive behavioural intervention, developed by NHS Education Scotland and delivered by non-mental health professionals, was conducted using the Active Implementation Framework.

Method: Semi-structured interviews from stakeholders were analysed with grounded theory integrated with framework analysis. Quantitative data was collected on the reach, practitioner evaluation of training and coaching as well as outcome measures from CYP receiving the intervention.

Results: Ninety-one practitioners attended training and coaching on the intervention, with completed data from 124 CYP receiving the intervention between 2017 and 2019. Quantitative evaluation of training and coaching indicated sustained skill development by practitioners and that the model was acceptable to both practitioners and effective to those receiving the intervention. Themes emerging from interviews included systemic collaboration, an enabling context, therapeutic engagement, motivation and congruence, self-efficacy and containment and encouragement which facilitated implementation. The exclusivity of the intervention, a lack of systemic understanding and transparency as well as demands and pressure on resources were barriers to implementation.

Conclusions: Implementing school-based interventions is complex and requires the involvement of multiple stakeholders. Progress of the implementation in relation to facilitators and barriers is discussed.
Objective: Coping and psychological adaptation have been associated with later outcomes for young people with psychosis including those with at-risk mental states. The dominant focus on symptomatic recovery can easily overlook the trajectories of resilience and adaptation which form an important part of recovery and staying well. The role of interpersonal affective mechanisms such as mentalization and emotion regulation in early psychosis are explored. As a specific example, the results of two studies investigating social withdrawal and negative symptoms are presented. Each examined the following primary questions: 1) Does attachment insecurity predict social withdrawal? 2) Is this relationship mediated by reflective function and emotion regulation?

Design: Quantitative cross-sectional studies in young general and help-seeking populations

Method: The first empirical study was a large-scale survey of 1647 participants aged between 16 and 35 years recruited online from the general population. Participants completed questionnaires measuring attachment, reflective function, emotion regulation, negative symptoms and distress. The second study examined similar variables in a help-seeking population of 52 young adults attending mental health and third sector services in Lothian.

Results: Data was analysed using univariate statistics, multivariate statistics and structural equation modelling. Attachment insecurity and reflective function were implicated in the development of social withdrawal in both populations but there were differences in the developmental pathways.

Conclusions: There is evidence for the role of interpersonal affective processes in the development of social withdrawal and negative symptoms. The findings suggest that these may be important targets for prevention and early intervention.
Ref: 4052 Part of Symposia
Topic: Children, Young People and their Families (CYPF) stream only
(Paper 4) Mentalization Based Approaches for Adolescents: Focus on Self-Harm

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Objectives: We will describe mentalization based approaches implemented in NHS Lothian. Specifically, we present the findings of our investigation of the Mentalization Based Therapy introductory group manual which we adapted for use with adolescents who self-harm (MBT-Ai).

Design: A randomised controlled trial assessed the feasibility of a trial of MBT-Ai.

Methods: We examined consent rates, attendance, attrition and self-harm. Serious adverse events were monitored. Repeated measures ANOVAs were conducted to examine change over time in independent and dependent variables between groups, and multi level models (MLM) were conducted to examine key predictors in relation to change over time with self-report self-harm and emergency department presentation for harm as the primary outcome variables.

Results: Fifty-three young people were randomised to MBT-Ai + TAU or TAU alone. Trial procedures seemed appropriate and safe, with limited trial withdrawals and acceptable group attendance. Self-reported self-harm and emergency department presentation for self-harm significantly decreased over time in both groups, though there were no between group differences. Variables consistent with mentalization significantly decreased over time in both groups. Mentalization emerged as a significant predictor of change over time in self-reported self-harm and

Conclusions: It was feasible to carry out an RCT of MBT-Ai for adolescents already attending NHS CAMHS who have recently self-harmed. Our data gave signals that suggested a relatively brief group-based MBT-Ai intervention may be a promising intervention. The appropriate format, dosage and intensity of MBT approaches for the adolescent population are considered, with particular consideration to service implementation.
Ref: 3713 Poster  
Topic: DCP 2020 
Exploring Ethnic Inequalities in Severe Psychological Distress: The Transformative Power of Participatory Action Research

Maria Haarmans, Charlotte Maxwell, Sonja Osahan, Jason Grant-Rowles, Jennifer Edant, Zahra Motala, James Nazroo  
University of Manchester

Objectives / Background: Ethnic inequalities in severe psychological distress and its association with broader social disadvantage and care experiences are well documented. However, little is known about the processes behind these inequalities, how they are experienced across the lifespan, and how they affect interactions with mental health services. We aim to address these gaps to inform policy and practice and improve service delivery for ethnic minority people.

Design / Key points: Adopting a participatory action research (PAR) approach fosters the inclusion of ethnic minority co-researchers with lived experience of severe mental distress in all phases of the research. Data is being collected using a qualitative methodology. The biographical narrative interpretive method (BNIM), a depth interviewing method, is used to understand the impact of intersecting inequalities (race, gender, class, generation). BNIM within PAR can capture structural inequalities as well as individuals’ responses and interpretations of these experiences.

Method: Thirty ethnic minority experts-by-experience and ten experts-by-profession with diverse social identities and experiences with mental health services are being interviewed. Analysis conforms to BNIM accepted procedures emphasising both the life history and the life story (how the story is told/constructed) and the relationship between the two. Digital stories demonstrating key themes/turning points from the BNIM interviews will be shown in phase two of the study during focus groups with key stakeholders (experts-by-experience, carers, experts-by-profession, commissioners) adapting an Experience-Based Co-Design approach to identify policy priorities.

Results: Main study findings are reported (expected November 2019).

Conclusions: Implications for theory, practice and policy will be discussed.
Amnesty International (2019) estimates that there are currently over 1,200 refugee people including lone children, currently dispersed around Northern France. Owing to a lack of official humanitarian support from governments, various grassroots organisations run by volunteers are working to support and provide much needed aid to the refugee community. My doctoral thesis explored the experience of these volunteer humanitarian aid workers in Northern France. The idea to do this research came from own experiences as a volunteer with one of these organisations: The Refugee Community Kitchen. I was struck by the important and difficult acts of resistance, solidarity and humanity that volunteers carry out every day in a complex and hostile environment. This presentation will explore the findings of this study within the context of an ongoing humanitarian crisis in Northern France. I will share my experience of carrying out the research and reflect on the role of clinical psychology in such contexts.
CYPF Workshop

Developing materials for parents of trauma exposed children.

Sarah Halligan
University of Bath

Following acute traumatic experiences (e.g., physical assault, serious accidental injuries, natural disasters), young people are at risk of developing posttraumatic stress disorder and other adverse mental health outcomes. For many young people exposed to trauma, psychological services are not available and they must rely on informal sources of support. This workshop will consider the role that families can play in providing such support, and the potential for this support to influence children’s posttraumatic distress. Leading on from this, the workshop will describe how research in this area has informed the development of a website for families of trauma exposed children (https://childtraumarecovery.com/), which aims to increase understanding of child posttraumatic distress and build family confidence to provide support for children exposed to acute trauma.
Clinical psychology, social inequality and improving the public’s mental health

Dave Harper
Professor of Clinical Psychology at the University of East London

Abstract: We live in a society marked by increasing social inequality which epidemiological research indicates is a key influence on psychological distress. Although individual psychological interventions can play a role in alleviating distress, there are growing calls for the development of ‘upstream’ policies which might address its causes. Clinical psychology could answer these calls by rethinking its role. The profession has done this before when it moved from primarily conducting psychological tests to providing therapy and when it became more involved in systems-level change in the era of de-institutionalisation. In this presentation I’ll discuss how we might advocate for the kinds of changes needed within the profession, within training and within research and how we might influence policymakers and the public conversation about psychological distress.
Objectives / Background: This study aimed to improve understanding of social-emotional functioning (SEF) in those at risk of developing an Eating Disorder (ED) in a large gender inclusive community sample of young adults. The authors hypothesised a significant main effect of ED risk group on SEF, such that those with ED symptoms will demonstrate greater difficulties in SEF than non-ED controls, controlling for general MH symptoms.

Design / Key points: A cross-sectional design was employed in order to access a large and gender inclusive community sample.

Method: Online snowball and cluster sampling techniques were used over a 3-month period, advertising on social media platforms, forums and charities. Five hundred and forty-four participants aged 16-26 completed the Eating Attitudes Test, CORE-10, Difficulties in Emotion Regulation Scale, Social Phobia Inventory, Revised Social Anhedonia Scale, Toronto Alexithymia Scale and the Reading the Mind in the Eyes Task.

Results: A two-way multivariate analysis of covariance found a statistically significant main effect of group on SEF, suggesting that individuals with significant ED symptoms found it more challenging to notice, label and regulate emotions in themselves and recognise emotions in others. Gender did not significantly impact SEF and there was no significant group by gender interaction.

Conclusions: These data suggest that the difficulties in SEF present in clinical samples are also evident in young people with significant disordered eating based in the community. The findings have important clinical implications around targeting emotion recognition and regulation in preventing the development of EDs and considering the SEF of people of all gender identities within treatment.
DCP Keynote Speaker Presentation

The power of music with purpose - "Where words fail, music speaks"

James Hawkins
*James Hawkins Music*

Music is bigger than we know, it is the sound of our emotions and brings people together in a very unique way. I’d like to share some insight into connecting with our emotions through music, how it becomes more powerful and meaningful and in the case of the Voices for Missing choir, how it brought someone home.

We are delighted to be welcoming James Hawkins and the Voices for Missing Choir to the DCP conference 2020. James and members of the choir will be delivering our public keynote lecture. James will be talking about the many choirs and musical projects that he has been involved in, sharing the challenges, the outcomes and the impact. Members of the Voices for Missing choir will be sharing their lived experiences and talking about the relevance and place of music in their lives.

James will provide us with the challenge to think about how music has affected our own lives, personally and professionally, and to consider ways in which the power of music and creativity can be appreciated and encouraged in the lives of those with whom we work.

...then...come and have a sing!

**Collaborative choir Workshop**

After the public lecture, James invites us all – delegates, presenters, members of the public, organisers, hotel staff - to experience the power of creating music together - first hand!

It might be that you only sing in the shower, or warble along to the car radio – no matter!

James encourages us all to join him in a one hour workshop and create some sound. We will become more familiar with and practise a well-known song, and then perform it, just before the poster awards are announced.

No requirement to be a super singer. Just bring a willingness to create and have fun with others, and to celebrate the co-creative opportunities of conference!
This talk will describe how we can use contextual behavioural science as a solid foundation for therapeutic interventions. It provides an integrated approach to adaptation at both the individual and group level. We will consider how growth and development is a process of selection by consequences (evolutionary science, behavioural science and relational frame theory). The talk will cover adaptation from within the individual, at the level of biology, through to behavioural and symbolic learning, cultural adaptation, and multi-level group selection. The task requires translating the breadth of theoretical literature into easily understood and applied processes based on: (a) the theoretical processes that influence human behaviour, (b) how core processes can be translated for application, and (c) which processes are most effective for specific presentations. Specifically, we will look at how this broad to narrow approach was taken to build a cohesive CBS model of human development in context, entitled DNA-v (Hayes, L & Ciarrochi, J. 2015). The talk will share how a focus on growth and development might be applied.
CYPF Workshop

DNA-v: A developmental model of acceptance and commitment therapy for adolescents

Louise Hayes
The University of Melbourne, Centre for Youth Mental Health, Past President & Fellow Association for Contextual Behavioural Science

About this workshop
This workshop will engage you in a developmental model of ACT called DNA-v. This is a process based approach to ACT that has been widely acclaimed as ground breaking approach to working with young people. Developmental ACT done in this way brings in an explicitly contextual focus, and uses research from evolutionary science, behavioural science, and positive psychology to create a new paradigm for promoting vital living. This workshop has two aims: (1) Participants will learn the 4 developmental processes and 2 perspectives that underpin DNA-v; and (2) participants will engage in exercises that can be used immediately with young people that will allow them. We will briefly touch on case conceptualisation and treatment plans. The workshop will show a fun and engaging way to work with young people.

Learning objectives:
In this workshop, you will learn:
- How to use DNA-V, the ACT and positive psychology model for young people individually and in group settings
- Developmental considerations when using ACT
- Developmental ways of talking collaboratively with young people and creating an experiential space for behaviour change
- How to create your own exercises or incorporate other work for young people using readily available resources
- How to help young people connect mindfully to their lives
- A brief review of case conceptualisation and treatment planning

Further reading
It is recommended that attendees read the following 3 papers, all can be downloaded from

1. Introduction to developmental ACT - You can download the first chapter of The Thriving Adolescent here – https://www.dropbox.com/s/zpr9pf43gymdjif/ThrivingAdolescent_Ch1excerpt.pdf?dl=0

2. The evidence and theory underpinning DNA-V, please access this article http://journal.frontiersin.org/article/10.3389/fpsyg.2016.01561/full.

3. SEL base – If you want to see how DNA-V can be applied in schools, go to this article on how DNA-V maps to best practice social and emotional learning standards – click here
Background: Transforming Care has ended, but another scandal involving adults with learning disabilities in a privately-owned hospital has since been exposed. People with learning disabilities continue to face many moves throughout their lives, not only from hospitals like these, but from one home to another following a ‘placement breakdown’; as well as under less negative circumstances such as moving out from their family. Currently there is no ‘one-stop-shop’ where people, and the professionals working with them, can find all the information they need about moving. Our NHS England-funded website, Making Positive Moves, aims to fill this gap. We aim to ensure that clinical psychology influences how these moves are understood and achieved by others outside of the profession.

Key points:

- Live demonstration of the website’s functions, guiding users to relevant information when they are ‘waiting to move’; ‘moving’ or facing ‘life after moving’.
- Examples of how practical information (eg relevant policy documents for staff such as MCA), as well as ideas for people who are moving (eg relaxation skills), has been brought together - and what challenges this brings!
- Explanation of how research and consultation developed the content and useability of the website
- Discussion of some of the challenges of a team of clinical psychologists turning our hands to website design.

Conclusion: The website is still developing at the beginning of this 5 year project. Digital technology offers new opportunities to share psychological knowledge and understanding for this client group who continue to face many challenges and injustices in society.
“If it’s about us we should be able to write in it”: creating accessible information for writing in a journal.

Annabel Head¹, Susan Carroll², Martin Stitchman³, Colin Lsup³, Sam Lsup³, Tracey Lsup³, Lucy Lsup³, Aisha Lsup³
¹SLAM, ²South London and Maudsley, ³Lewisham Speaking Up

Background: Despite moves towards greater public and patient involvement in research and clinical practice, there are many barriers that prevent people with learning disabilities getting involved. We wanted to write about a wellbeing group for adults with learning disabilities with some of the group members as co-authors. However, we realised that our chosen journal did not have accessible guidelines for authors with learning disabilities. While clinicians and professionals use academic journals to publish research and up-to-date service developments, these are often not accessible to the people about whom they are written. Co-production initiatives are slowly building momentum, but still a tiny percentage of authors writing in academic journals are users of services.

Key points: The Journal Project was set up to make the British Journal of Learning Disabilities (BJLD) author guidelines more accessible for authors with learning disabilities and other needs. The guidance will be launched on BJLD website to guide people through the process of writing. Five self-advocates from Lewisham Speaking Up will share their experiences of consulting on creating a new ‘Information for Writers’ guidance.

Conclusion: We learnt a lot from the project about how to make things more accessible, though also found that things still really are inaccessible for people with learning disabilities. We will reflect on what this means for how ‘knowledge’ and ‘the evidence base’ are constructed. The guidance will be launched at the end of 2019, and we look forward to hearing if writers find it useful in increasing the number of co-produced papers.
Using Online CBT to treat perinatal anxiety and depression

Sarah Healy, Ukwuori Gisela Kalu, Nicole M. McGowan, Frank R. Burbach

Healios

Objectives: Approximately 15% of women in the perinatal period meet diagnostic criteria for an anxiety or depressive disorder. However, less than half currently seek treatment, with practical or logistical barriers to attending appointments contributing to this. There is little research on the effectiveness of online CBT in this population. Most research includes community samples, with little study of women with more severe presentations. This project aims to evaluate online CBT for perinatal anxiety and depression provided to women under the care of a Specialist Perinatal Service.

Design: Service evaluation.

Method: This pilot project is a collaboration between Healios, a provider of online CBT, and an NHS Specialist Perinatal team. An audit of the Healios electronic patient record system was undertaken. Client progress was tracked by the GAD-7 and EPDS at beginning, midpoint and end of treatment. Qualitative feedback is also collected.

Results: To date, 10 clients have completed the intervention, while 18 clients remain in treatment. All clients who completed treatment (an average of 10 weekly online CBT sessions) showed clinically significant change in anxiety and depressive symptoms, with 80% scoring below clinical cut off for both generalised anxiety and depressive disorder. High client satisfaction further indicates high acceptability for this intervention.

Conclusions: Preliminary results suggest that online CBT is an effective and acceptable treatment for perinatal anxiety and depression, providing a possible solution to barriers in accessing perinatal mental health care. Further research is required to continue to build the evidence of this new model of care.
Experts by Experience Strategy Group Workshop

What Matters to You? Taking the perspectives of those who are marginalised and putting them in the centre: Using 'REAL TALK'

Joanne Hemmingfield¹, Simon Mudie², Tracey Smith³, Annie Mitchell³
¹DCP England Lead for Experts by Experience, ²DCP Wales Lead for Experts by Experience, ³DCP EbE Strategy Group

There have been people with lived experience roles working together with clinical psychologists for over 15 years. This year the DCP Expert by Experience Group became a sub-group of the DCP Executive. A number of successful co-produced events have been facilitated more recently across different faculties - the most recent of which was 'Working with People with Learning Disabilities: Our Journey Together'. This event will be showcased as well as other prominent work in the DCP.

Join us to hear reflections on the journeys of those involved both from inception and to where we are now. Share stories about the achievements, the challenges and develop a shared vision for where next.
Background: Sleep behaviour is increasingly being examined as a health behavior in young people, a transitional period associated with a number of key physiological, social and psychological changes. Sleep difficulties may adversely affect physical and mental health, particularly given the natural shift towards an evening-type sleep pattern (chronotype) seen in young people, whilst social constraints encourage early waking to accommodate school/work. This leads to a circadian misalignment between week days and weekends, known as social jetlag, which may contribute to emerging psychological difficulties during adolescence.

Design: A systematic literature review was undertaken to investigate the association between social jetlag and mental health outcomes.

Method: Systematic searching of electronic databases (The Cochrane Library; PsycINFO; CINAHL; Scopus; and PubMed), and grey literature, in September 2018 identified seven studies examining associations between social jetlag and mental health outcomes in young people (aged 11-24 years). Quality appraisal was completed using the Appraisal Tool for Cross-Sectional Studies.

Results: Findings appeared equivocal, with significant associations between social jetlag and depression revealed in four studies, particularly for female participants and in high latitude regions. Quality of included studies was moderate (10-13 criteria met).

Conclusion: Initial studies indicate associations between social jetlag and depression in young people. Equivocal findings may result from confounding factors in measuring social jetlag in this age group and due to the relative infancy of the field. Future research should address lack of homogeneity through the development of an interdisciplinary core outcome set, and agreement on a standardised measure and calculation for social jetlag.
Ref: 4040 Oral Presentation
Topic: Children, Young People and their Families (CYPF) stream only
Developing trauma informed care in the Youth Justice System: Making every interaction matter.

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**Background:** With currently fewer than 1000 children under 18 placed in custody in the UK, those who reach the threshold for custody represent the 'tip of an iceberg' in terms of needs and complexity. There has been widespread recognition of the prevalence of trauma and adverse childhood experiences amongst this population; this inevitably impacts the systems, services and professionals working in this field. This workshop will introduce the national developments that are transforming the care provided in youth custody, and the ways that the role of applied psychology has drastically changed to encompass a whole-system approach.

**Key Points:** This workshop will present empirical evidence regarding the complex needs of those in the youth justice system, and outline the theoretical underpinnings of ongoing service transformations. The workshop will introduce participants to the SECURE STAIRS framework for integrated care which is being applied across the UK. This interactive workshop will utilise case studies; participants will engage in group discussion and will be provided with specific tasks in relation to psychological formulation, care planning and service design. Overall, the different exercises shall aim to bring to life the principles of trauma informed care as implemented in the youth justice system.

**Conclusions:** Young people in UK custody present with diverse and complex needs which are understood in the context of trauma and multiple strands of disadvantage. It is imperative that all services working with this client group adopt a trauma-informed framework for care in order to meet the needs of these vulnerable young people.
Objectives / Background: This paper describes a UNICEF Montenegro funded project to train and support facilitators from across Montenegro to deliver an evidence informed programme for parents of 2-9 year olds. The low-cost programme aimed to prevent and reduce violence against children by introducing evidence informed principles to increase positive and reduce coercive parenting.

Design / Key points: UNICEF worked with service providers across Montenegro to inform them about the programme, gauge the need for a programme within their agencies and to identify group leaders from within their agency.

Method: Skilled professionals, psychologists, pedagogues, and social workers, were recruited from existing services and received four days training. A fifth day was spent with service managers and group leaders to ensure the infrastructure needed to support programme delivery. Eight groups were run during early 2018 involving 17 leaders who videotaped group sessions and received three live and seven SKYPE supervisions. Seventy-nine parents enrolled and completed baseline measures collected by group leaders. UNICEF funded an independent researcher to collect follow-up measures and undertake qualitative interviews.

Results: Seventy-one parents (89%) attended at least one session, 73% attended 9+ of the 12 sessions. Sixty-four parents (88%) reported programme satisfaction and completed follow-up measures of child behaviour, parenting behaviours and parental depression, all showed significant improvements at the $p<.001$ level, with small to large clinical effect size results.

Conclusions: The programme was successfully implemented with satisfaction and positive outcomes. UNICEF then funded delivery of the programme for a second time, further group leader training and the development of local coaches and trainers to embed the programme.
Objectives / Background: Clinical Psychology is increasingly engaging in international work, and this is reflected in Clinical Psychology Training Programme activities. ‘International Participation’ refers to the engagement with non UK contexts and encompasses international or non UK trainee recruitment, selection and management, and the provision of international placements. Relatedly, the teaching curriculum content should reflect these emerging activities alongside ongoing development of cultural competencies in national and international practice. Evidence from the global mental health movement suggests that international participation initiatives can run the risk of inadvertently perpetuating subtle yet unhelpful or devaluing narratives and practices, many of which have historical roots in a colonial past. Currently there are no specific guidelines or competencies for working in international spaces and with international partners for Clinical Training Programmes.

Design / Key points: The workshop will involve a combination of brief reflective presentations and discussion groups through which attendees can have an opportunity to hear about current international participation initiatives from clinical psychology programmes and the experiences of other stakeholders who have been involved in such initiatives, e.g. UK and International trainees and supervisors. A secondary aim of this workshop is to facilitate a discussion on attendees perspectives on how the BPS Committee for Training in Clinical Psychology (CTCP) might develop guidelines and competencies that can support programmes across the UK in developing and enhancing their initiatives.

Conclusions: Development of guidelines and competencies to support programmes seems timely and requires the involvement of key stakeholders, i.e. training programmes, trainees and supervisors, this workshop aims to contribute to this process.
Ref: 3785 Workshop  
Topic: Children, Young People and their Families (CYPF) stream only  
Persistent Physical Symptoms in Children and Young People  

Konrad Jacobs  
*Oxford University Hospitals*  

**Objectives / Background:** A discussion around nomenclature of persistent medical symptoms  
A discussion of different theoretical models  
A debate around different treatment models  

**Design / Key points:** Persistent physical symptoms (pain, fatigue, loss of function for which no underlying pathology has been identified) are among the most common physical health conditions, more prevalent than many better known conditions. There has been a long debate within psychology and psychiatry around the origin of these symptoms and some of this debate - especially in chronic fatigue/ME has spilled over into society. For a long time and in many quarters it has been thought that these symptoms have psychological origins. Some of the terms used for these symptoms reflect this: psychosomatic, psychogenic, medically unexplained, etcetera. But is this actually the case? Should our nomenclature have such a 'bias'? Persistent physical symptoms can occur in the absence of psychological distress but can in many cases have quite profound consequences in terms of activities, school absence, social and family functioning. There have been a number of more recent models and explanations which may be more helpful in our understanding of these symptoms. Finally, different clinicians and different services approach the treatment of these symptoms differently, using different models. There will be a discussion in the workshop around what different treatment models share and in what way they might be different.  

**Method:** The presenter will show a powerpoint presentation and invite the audience to comment throughout this workshop in order to facilitate a discussion and hear different points of view.
The uses of virtual reality/avatar therapy for clinical psychologists

Clemency Jacques
Camden and Islington NHS Trust

Objectives / Background: This workshop is aimed at helping clinical psychologists understand the potential benefits and nuances of virtual reality therapy. As a new method of therapeutic delivery, the possibilities are exciting, but must be thought out carefully to ensure quality of the clinical work is maintained. The workshop will include a brief history of virtual reality/avatar therapy development, the varied uses and research done conducted. We will then take a look at the basics of the program ProReal; avatars, symbolic objects and landscapes.

Design / Key points: The use of symbolism, metaphors and narrative is central to avatar therapy and I will guide psychologists through how this can be used in a personalised approach for each client.
Using a live practice client, we will conduct a 10-15 min exercise which demonstrates the therapeutic potential of this tool.
Then I will encourage the attendees to separate into small groups to consider how the virtual reality/avatar program can be applied to working with specific modalities, presenting problems, and client groups. These groups will then feedback to the other attendees on their ideas.

Conclusions: I will discuss the practical elements of online or face-to-face avatar therapy. This will include discussing training, assessing, therapeutic contracts, risk management and GDPR concerns. Then as a group we will reflect on the pros and cons of this approach. As well as thinking about how this therapeutic tool can be integrated into our existing practice, both NHS and Private. Finally, we will discuss future uses for such technology and its place within psychology.
Objectives / Background: In 2019, the online therapy provider Dr Julian, began providing CBT to clients for IAPT services in various NHS trusts throughout the UK. The concept was to deliver effective, cost efficient, and clinically beneficial online therapeutic interventions for those who wanted to access it.

Design / Key points: After an extensive consulting period, where we ensured our services met the same high clinical quality of the in house IAPT services. We have conducted pilots and then secured longer term contracts as a result of the initial success of these pilots.

Method: We have recruited experienced qualified therapists, developed assessments, policy's, safeguarding procedures and guidelines for this service delivery. Our system works with IAPTUS to record notes, outcome measures and send reports, while maintaining GDPR compliance. We also provide in house supervision to our therapists. Clients are offered the choice of video, audio and SMS therapy provision, with a therapist of their choice. Therapy can be accessed immediately with no waiting list.

Results: Initial pilot results were promising, with many clients reaching recovery. But the referral and uptake rate was lower than expected. We identified how this problem could be rectified and hope to improve these rates going forward.

Conclusions: I will provide an evaluation of this process and the implications for the future of clinical psychology. What has worked well and where improvements need to be made. What are the benefits of this type of service provision? We believe that providing clients with this choice offers them greater flexibility, while maintaining clinical efficacy and improving client experience.
I currently work in a Home Treatment Team and we have been running weekly psychology group for people currently experiencing a mental health crisis or people who have been discharged from the ward early. We have decided to focus on four common difficulties that occur in people during a crisis across all diagnostic criteria. Each session uses a cognitive behavioural model to formulate and guide interventions. We are currently in the process of putting forward a paper discussing this novel way of implementing psychological interventions in a crisis and are keen to disseminate our findings.
Objectives / Background: The number of cancer patients in Kerala has registered an alarming increase of over 200% in the last three decades. The illness itself and its treatment may cause serious physical, social and sexual dysfunctions which can further lead to various psychological problems like helplessness, hopelessness and meaninglessness.

Objectives of the research

- To study the efficacy of mindfulness-based intervention in the management of embitterment in breast cancer patients.

Method: The sample (N=60), were matched in terms of sociodemographic variables into experimental and control group, constituted of the age range 30-60 years with duration of illness less than one year, and mode of treatment being surgery and/or chemotherapy and/or radiation therapy. Pre, post and follow up assessments was carried out for both the groups using the tools Bern Embitterment Inventory and Purposeful life Index.

Results: The results of repeated measures MANOVA shows that the interaction effect of group (experimental and control group) and occasions (pre, post and follow up) are significant. The Details of Univariate F-tests (Two-way ANOVA) showed the results that the effect of intervention is revealed in the interaction effect (Group *Occasion) and hence, the F-value due to interaction produced by the multivariate analyses is relevant.

Conclusion: Mindfulness Based Cognitive Therapy has a significant positive effect in making life purposeful and decrease posttraumatic growth in breast cancer patients of Kerala.
Objectives: The population of county Cavan is vastly distributed, with most of the 76,000 inhabitants residing in rural areas; 17% of the population are semi-skilled or unskilled with high unemployment rates in some areas. As a small team running a service with over 600 referrals a year dispersed across a wide geographical area, we face many challenges and opportunities for development. This poster will outline a framework to work from called be HELPFUL and provide some preliminary service evaluation data that shows the usefulness of this approach. This framework is theoretically based on the Biodyne and Behavioural Consultations models.

Design: Be HELPFUL outlines an effective and evidence-based foundation to work from, along with tips for what works best in practice including the importance of promptness, flexibility and a key focus on skills.

Method: In order to ensure this framework meets the needs of this population we continuously evaluate both community-based workshops and individual therapeutic work through short service-user satisfaction questionnaires. In addition to this, our biggest referrers are contacted to ensure satisfaction with the service provided.

Results: Referrer feedback highlighted satisfaction with the promptness of the service. Service-user evaluations, from both workshops and individual therapeutic sessions, revealed service-users found the content of sessions helpful and the promptness, the focus on skills to manage distress and being listened to as the most helpful aspects of the service.

Conclusion: Working from this framework has helped us achieve excellent clinical outcomes and develop an effective and efficient service, maintained with finite resources.
Ref: 3736 Pecha Kucha  
Topic: Children, Young People and their Families (CYPF) stream only  
Caregiver Experiences of Autistic Spectrum Disorder Assessments within a Community CAMHS Setting: An IPA Study

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**Objectives:** With existing literature focused on family experiences of Autistic Spectrum Disorder (ASD) assessments as a singular event, there is little systematic exploration of the experiences of ASD assessments when undertaken within an integrated CAMHS setting, despite its widespread practice. This study aimed to develop an understanding of how the ASD assessment process is integrated and experienced by families that are already utilising CAMHS.

**Design:** As the objectives were exploratory and based on developing an understanding of a discreet experience in an area without extensive existing literature, a qualitative design was employed utilising Interpretative Phenomenological Analysis.

**Method:** From an open recruitment strategy for families who had received an ASD assessment within CAMHS, three caregivers agreed to take part; all had received a ‘non-diagnosis’ for their young person. All were interviewed with a semi-structured schedule to understand their experiences of the assessment process.

**Results:** Findings are focused on exploring the superordinate theme “Hurdles and Holes”. Three sub-themes emerged from the data analysis; “Another hurdle”, “Dropped into a black hole” and “Post-feedback barriers”.

**Conclusions:** Participants experienced the ASD assessment as a modular process and described the assessment as disjointed from the ongoing support received from CAMHS. All were dissatisfied from feeling unable to determine the cause of their young person’s psychological distress, and considered the ASD assessment process as an inhibitor rather than enabling future support. Findings indicate that CAMHS should consider how the ASD assessment may be influencing clinician engagement, and work to better integrate this process within the wider service.
Using psychology to manage the risks associated with stalking; individuals, organisations and society.

Katie Knott  
North West Boroughs Healthcare NHS Foundation Trust

**Content:** Stalking is described as a pattern of unwanted and repeated conduct that deliberately or recklessly causes people to experience fear or distress. It is associated with a range of risks, including psychosocial damage to victim and perpetrator. The Integrated Anti-Stalking Unit is a unique risk management service consisting of police and health professionals managing the risks associated with stalking through a multi-disciplinary psychosocial-legal model. As an aspiring clinical psychologist I work within the IASU; formulating risk management plans, working with perpetrators to understand their motivation and completing individualised psychological interventions. This presentation will explore how psychology is being used to tackle a societal issue through integrated public sector working, including the challenges experienced personally and professionally.
Ref: 3719 Workshop
Topic: DCP 2020
Newer roles in clinical psychology

Gary Latchford¹, Jan Hughes¹, Tom Isherwood¹, Jo Hemingfield², Tom Cliffe¹, Ciara Masterson¹,
Esther Cohen-Tovée², Tony Lavender²
¹University of Leeds, ²DCP executive

Background: An engagement event at the 2018 DCP conference listed priority areas for
development for clinical psychologists, but noted absence of data on the new roles and innovations
that psychologists may currently be undertaking. This workshop presents the findings from a DCP
funded project to fill this gap and survey these developments, and uses this to facilitate a discussion
on the implications, and how they link to the NHS long term plan and the role clinical psychologists
are envisaged to be playing in the future.

Key points: The workshop will initially present the background to the survey, and a summary of the
findings. The method included a systematic review of UK academic and grey literature over the past
6 years; and an online survey of clinical psychologists supplemented by telephone interviews. An
expert by experience perspective has been present from the beginning. Findings will be presented
in the context of the NHS long term plan and the associated workforce strategy. Audience
participation will be in small groups discussing the findings for different populations, how well
psychologists are currently anticipating future needs, and how we might develop in the future.

Conclusions: The conference will be the main forum for discussion of the survey findings. It will
offer an opportunity to highlight areas where clinical psychologists are pioneering new initiatives. It
will also review the likely developments in the profession called for in the NHS long term plan and
people plan, and how well we are anticipating these developments across different populations.
Ref: 3737 Oral Presentation

Topic: Children, Young People and their Families (CYPF) stream only

Psychologists within a Family Safeguarding service: unique opportunities and challenges

Shona Lavey-Khan¹, Jade Weston²

¹HPFT, ²HPFT/HCC

Background: Families who have the involvement of Children’s Social Care are often the most marginalised and traumatised, and often have mental health difficulties which present in non-traditional ways. Due to the structured and medicalised model of NHS mental health services, the majority of children and parents who have involvement Children’s Social Care fall through gaps between services. In addition, NHS services are not set up to assertively engage families who don’t have positive relationships to help (reference).

Service Design: To tackle this problem, and to reduce child protection concerns, the Hertfordshire Family Safeguarding model was developed. This includes a team of psychologists and mental health practitioners working within Children’s Social Care with families on Child Protection and Child in Need Plans, and within Care Proceedings. The team works alongside social workers, domestic abuse workers and officers, and substance misuse workers to provide wrap-around support for families.

Results: This innovative model has been shown to improve outcomes for children, parents, and families, both in terms of child and adult mental health, but also in reducing safeguarding concerns or enabling faster action when safeguarding concerns are high.

Conclusions: The model emphasises joined up working, can be liexcellent interventionscommunication, and linked or sequential interventions to maximise impact. In addition, the assertive outreach model is extremely effective in engaging and sustaining involvement with families who might be traditionally seen as ‘hard to engage’. However working in this way can be challenging and the team is often faced with multiple competing demands.
Dr Venetia Leonidaki

National Problem Gambling Clinic, CNWL NHS Foundation Trust

Objectives / Background: Problem gambling (PG) is a clinical diagnosis as well as a socio-political phenomenon. It has devastating effects for the individual, their family, and the society (Bowden-Jones & George, 2015).

Increased awareness of the effects of PG and the recently introduced national strategy tackling PG (Gambling Commission, 2019) may well result in more individuals affected by PG coming forward to services. Clinical psychologists can help identify such clients and appropriately respond to their needs.

This workshop aims to:

- Increase clinicians’ knowledge of problem gambling and treatment options available
- Help them develop further relevant screening/assessment skills
- Make them familiar with key interventions for the treatment of problem gambling

Design / Key points: The workshop will draw on the international literature on evidence-based treatment as well as the clinical experience gained at the National Problem Gambling Clinic via the work with hundreds of problem gamblers over the last decade.

Key facts about PG and its treatment as well as clinical tools will be presented. Discussion will cover interventions used in the treatment of PG, including stimulus control and self-exclusion.

The workshop will combine formal presentation with group discussion, case vignettes and individual exercises.

Conclusions: Clinicians will leave the workshop with:

- increased understanding of the phenomenology of PG
- greater confidence in their ability to offer low-key interventions for PG or help clients access more specialist help
- greater awareness of the need for a holistic strategy to tackle PG and its effects, which go beyond the therapy room.
The need to move beyond disorder-specific, manualised Cognitive Behavioural Therapy in psychological therapy services

Dr Venetia Leonidaki
National Problem Gambling Clinic, CNWL NHS Foundation Trust

Objectives / Background: This presentation critically reflects on controversial aspects of the Improved Access to Psychological Therapies (IAPT) programme, adopted in front-line public health psychological services. It is argued that IAPT is a socio-political phenomenon that extends beyond a service model and represents a paradigm of what psychological distress is and how it needs to be treated. Here, the primary focus is on the restraints imposed by the dominance of the disorder-specific, protocol-based Cognitive Behavioural Therapy (CBT).

Method: A critical review of the literature is followed by the presentation of an innovative integration of a relational therapies pathway in an IAPT service, as an attempt to move beyond a single-model philosophy.

Results: The medical model, the outcome research paradigm, and the NICE guidelines, treated as the pillars of the CBT hegemony, are critically examined. The potentially remedying effect of a relational therapies pathway as an example of moving beyond the one-size-fits-all approach is discussed.

The above proposal is linked to research evidence suggesting that therapists’ effects generally exceed treatment effects (Wampold & Imel, 2015), tailoring treatment to specific, non-diagnostic, client characteristics can enhance effectiveness (Norcross, 2011), and client’s preference and expectation influence treatment outcome (Lindhiem, Bennett, Trentacosta, & McLear, 2014).

Conclusions: Injecting relational therapies into the English service model entails renegotiating core psychotherapy dialectics. These would include technical knowledge versus clinician’s expertise and diagnostic-driven versus individually-tailored treatments. Clinical psychologists’ have the potential to influence the English landscape of frontline psychological therapies and broaden its scope to address the needs of a more diverse client group.
Objectives/Background: This talk will cover what I have learnt from setting up and running a social enterprise to deliver NHS services in East London and how we created the conditions needed for staff to thrive. The reasons behind the decision to leave the NHS will be discussed, and how, as a Clinical Psychologist, I approached the role of CEO, running an organisation that delivered primary care psychological therapies, school nursing and family nurse partnership.

Key points: The psychologically informed management practices we used will be described. These ensured staff felt supported and engaged in delivering high quality clinical interventions. In a climate where the NHS is under acute pressure to deliver to targets, this type of approach is needed more than ever. Under pressure managers have a tendency to make decisions quickly and be pulled into a persecutory state of mind, but I will make the case that we need to slow down and create spaces to think, paying attention to relationships in order to create change and deliver high quality services. The process used to develop the culture of the organisation will be discussed and some innovations will be outlined such as a training programme for school nurses, to enable them to integrate mental health in their work. This was then used to underpin the transformation of this service.

Results: Data that supports how effective this approach was will be discussed.

Conclusions: Psychologists are often reluctant to become managers, but have skills that are much needed in this arena.
Background: With approximately 20,000 undergraduate students starting degrees in psychology yearly and large academic staff groups linked to these cohorts, university psychology departments hold untapped potential benefits for many innovations that clinical psychologists would want to pursue. This workshop will aim to develop delegates’ understanding of the academic environment, and support them in identifying the ways in which their current interests and practices might align with the requirements of these environments. Delegates will leave with an action plan of achievable steps towards meaningful partnerships with their local academic colleagues.

Key Points: The workshop will be facilitated by an established academic who made the transition from full-time clinical practice, and will seek to bridge the distinct perspectives of these two worlds. Delegates will be introduced to the key features of the key performance indicators for academic institutions, with an overview of how these driving forces in academia can move students and academics towards meeting the needs of clinicians in practice. Using examples of developments from one of the largest UK providers of undergraduate psychology education, delegates will work with colleagues to identify the areas of their own practice that would be most likely to lead towards fruitful partnerships with local universities, creating achievable action plans to inspire each other with clear ways forward to take back to their practice.

Conclusion: The partnership work identified through this workshop will empower delegates who are practicing clinical psychologists to bring more of their innovative ideas to bear meaningful impact for the communities we serve.
Objectives / Background: It has been shown that individuals with four or more Adverse Childhood Experiences (ACEs) are more likely to engage in risky behaviours, use substances, be violent towards others and more likely to be incarcerated at some point (Couper & Machie, 2016). Accordingly, many researchers have identified the link between ACEs and criminality in adulthood (McCartan, 2019). The current objective was to better understand the relationship between ACEs and criminal propensity in young people (YP) in the UK.

Design / Key points: The aim was to analyse the relationship between ACEs and criminal propensity. By looking at a sample of YP who were referred to a specialist forensic service for consultation, assessment or intervention.

Method: The service is a free Nationally Commissioned specialist Forensic CAMH service that professionals can refer high risk YP to. At the time of the referral, the referrer is asked to provide information on the YP’s exposure to ACEs.

Results: The sample size was 100 YP (M-85%F-15%) aged between 11-18YO living in London. Preliminary findings show that just under 80% of the sample had been exposed to 4 or more ACEs, with 27% experiencing 4-6 ACEs, 27% experiencing 6-8ACEs and 23% experiencing 8-10ACEs. The most frequently experienced category of ACEs was household dysfunction (58%), followed by neglect (21%) and abuse (21%).

Conclusions: This research supports the association between ACEs and criminal propensity in YP and that this cohort experienced more ACEs that the general public. YP in this cohort are disadvantaged and vulnerable as well as disturbing and disturbed. Holistic and therapeutic interventions based on unmet early needs are necessary.
Ref: 4149 Poster
Topic: Children, Young People and their Families (CYPF) stream only

Reaching the digital natives: Integrating with local CAMHS to provide online CBT for anxiety in Children and Young people

Nicole M. McGowan, Frank R. Burbach
Healios

Objectives: This poster provides an initial analysis and overview of how an online service can effectively integrate with local NHS services. Anxiety in children and young people is common with approximately 7% of CYP meeting diagnostic criteria for an anxiety disorder. Although CBT has been shown to be widely effective at treating anxiety disorders in CYP, there are many logistical barriers to treatment. Online CBT studies are promising although most have focused on adult populations. To date there have not been any reports of online services working collaboratively with NHS CAMHS services.

Design: Service evaluation.

Method: This pilot project is a collaboration between Healios and a local NHS CAMHS. From January 2017-July 2019, 45 clients were referred to Healios by local practitioners who remained the client’s care coordinator, while Healios clinicians delivered weekly online CBT sessions for anxiety. An audit of the Healios electronic patient record system was undertaken to detail referral rates, outcomes and service user satisfaction.

Results: Outcomes, service user feedback and engagement, and completion data are presented; particularly focusing on the 24 clients who completed a full course of the online intervention. DNA rates are analysed; they improved to 2.2% as the online service became established. All clients who completed the Family and Friends Test said they would recommend the Healios online service.

Conclusions: The results and feedback from CYP and families indicates that integrating online CBT with local CAMHS is an effective new model of care for anxiety in CYP.
DCP Keynote Speaker Presentation

Peer support and the value of lived experience

Sara Meddings\textsuperscript{1}, Emma Watson\textsuperscript{2}
\textsuperscript{1}Sussex Partnership NHS Foundation Trust, \textsuperscript{2}Nottinghamshire NHS Foundation Trust

Peer support is a growing approach to supporting recovery both within and outside of mental health services. It is based on the idea of shared lived experience of mental distress as a source of healing and hope. While peer support emerged from a civil rights movement in the 1970’s, more recently, the idea has been taken up by mental health services across the UK and elsewhere, leading to the employment of peer support workers (PSWs).

In this presentation, we will:

1. Explore the roots of peer support and its growth within mental health services in recent years. We will describe the important values which underpin peer support approaches and the research evidence. We will draw on material from our book, ‘Peer Support in Mental Health’ as well as our experiences working as/alongside peer support workers, and introducing peer support into mental health services.

2. Discuss the wider culture change within mental health services, of which peer support is part. This is a change which enables all staff to use their lived experience and shift the power dynamics inherent in professional-service user relationships. We will describe some of the best practice surrounding employment of peer workers, and how this may be used as a template for supporting all staff. The use of lived experience within therapeutic relationships requires skill, support and practice; we will explore the evidence and best practice which can be used to support all staff to draw on and share their lived and life experience as an asset.

3. Explore the political debates surrounding peer support, in particular the controversy associated with the introduction of peer workers into mental health services. We will explore the power we attribute to professional and experiential knowledge and some of the challenges that peer workers face in negotiating their roles and identities within mental health services.

4. There will be spaces for reflection, discussion and questions.
Culturally adapting cognitive tests for ethnic minorities: An illustration using Addenbrooke’s Cognitive Examination Version III

Nadine Mirza¹, Maria Panagioti², Muhammed Wali Waheed³, Waquas Waheed¹
¹University of Manchester, ²The University of Manchester, ³University of Leicester

Objectives / Background: UK based ethnic minorities demonstrate higher rates of misdiagnosis and underdiagnosis of dementia due to false positive and negative scores on cognitive tests. This is because culture impacts perception of test questions and cognitive tests are not designed for ethnic minorities.

We illustrated how to culturally adapt cognitive tests by adapting the Addenbrooke’s Cognitive Examination Version III (ACE-III) for British South Asians, translating it into Urdu, and assessed its understanding and acceptability.

Design / Key points: A multi-method qualitative study across three workstreams: Developing ACE-III cultural adaptation guidelines, developing an ACE-III Urdu, and ACE-III Urdu cultural validation.

Method: Combined information from a qualitative systematic review of 32 publications of the ACE-III and questionnaires from 7 ACE-III adapters formed guidelines on ACE-III cultural adaptation.

ACE-III Urdu questions were developed with the guidelines. Appropriateness was assessed through 2 focus groups with 12 cognitively healthy older British Urdu speakers. The ACE-III Urdu was finalised in a consensus meeting with 2 old age South Asian psychiatrists.

Cultural validation was assessed through 25 cognitive interviews on understanding and acceptability.

Results: We developed guidelines and utilised them to adapt the ACE-III Urdu, with feedback from lay persons and experts. Cultural adaptation was needed in questions assessing attention, language, fluency and memory.

Cognitive interviews found overall response to the ACE-III Urdu was positive. Participants found it straightforward, understandable, culturally acceptable and appropriate.

Conclusions: This research produced a culturally validated ACE-III Urdu now requiring psychometric validation and guidelines for ACE-III adaptation. Cross cultural implications allow for the methodology to be used for other cognitive tests.
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Nadine Mirza¹, Maria Panagioti², Muhammed Wali Waheed³, Waquas Waheed²
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Conclusions: This research produced a culturally validated ACE-III Urdu now requiring psychometric validation and guidelines for ACE-III adaptation. Cross cultural implications allow for the methodology to be used for other cognitive tests.
Clinical psychology and the climate crisis: building partnerships for change

Annie Mitchell¹, Tony Wainwright², Richard Carmichael³, Kaaren Knight⁴, James Randall⁵, Harriet Ingle⁶

¹DCP SW Branch, ²University of Exeter; ³Centre for Environmental Policy, Imperial College London, ⁴Conatus Child Psychology, ⁵South West Yorkshire Partnership NHS Foundation Trust, ⁶The Centre for Climate Justice, Glasgow Caledonian University

Objectives / Background: The climate crisis and environmental disruption are highly visible topics of public concern. Widespread action by young people led by inspiring activist Greta Thunberg, awareness raising by broadcaster Sir David Attenborough, and high-profile disruptive activities of Extinction Rebellion all show how important our actions today will be for generations to come across the globe. Poorest people, who have done least to contribute to the harm, may suffer the most. An open letter, signed by over 850 practitioner psychologists, highlighted our profession’s concerns for trauma and mental health implications of runaway climate change. Psychological knowledge, research and practice may contribute to the massive individual, social, cultural, and political changes required to mitigate its impacts. We will explore the implications of the climate crisis from four inter-linked perspectives: evidence-based policy development (Richard Carmichael), clinical and community practice (James Randall), grass roots activism (Kaaren Knight); climate justice in research and practice (Harriet Ingle); with 2 discussants. We will share ideas on working with policy makers and community members (including children) to communicate and engage effectively, taking into account psycho-social processes including social power, agency, resistance, responses to trauma, environmental engagement, and behaviour change within political and cultural contexts, to inspire wide public participation, counter despair and build optimism and commitment. Addressing the climate crisis is critical for our future health and wellbeing. Clinical psychologists have a part to play, along with others, in acting to prevent the worst outcomes, and promoting the highest possible level of community resilience to address the challenges.
Objectives / Background: Behaviour change and public engagement for Net Zero considers the contribution of behavioural and societal shifts to delivering the long-term net-zero emissions target set by the government for 2050. It identifies opportunities for where behaviour change could deliver emissions reductions and recommends policy which could help to deliver it. To realise the changes in household behaviours that Net Zero will require, policy will need to achieve two goals: Government must create a wider context which nurtures public engagement with action on climate change and must also enable consumers to take specific concrete actions which deliver large emissions reductions. Breaking with previous messages to households to make small and easy changes, high-impact changes to consumer behaviours and lifestyles are needed which are consistent with the scale of the climate challenge and give weight to new ambitious narratives inspiring wide public participation and building optimism and commitment. These changes need not be expensive or reduce well-being and will deliver huge co-benefits to health and beyond, but they will not happen at the pace required unless policy first removes obstacles to change in markets and different consumer choices. For high-income European countries, the largest contributions to household consumption footprints come from car and plane mobility, animal-based foods, and heating. The recommendations discussed therefore focus on transport, heating and diet as areas where behaviour change is both feasible and could deliver large reductions in emissions.
Objectives / Background: In what ways can clinical psychology engage in addressing climate change?

Design / Key points: This is a question that has puzzled me, but perhaps because the task itself seems so insurmountable. When overcome with the will to do everything, it is too easy (and understandable) to fall into inaction. Arguably, to call it ‘insurmountable’ gives permission that inaction; to be let-off the hook, so to speak.

Method: It is through my own series of personal and political partnerships during my training journey, that I have found myself with Pebbles in Palms (Morgan et al. 2019) – a motif of sustaining ourselves in challenging times – that I come to the hope of doing ‘something’.

Results: So we don’t have to do ‘everything’ – and perhaps with that in mind, opportunities are unearthed. In this talk, I will use my own experiences as an early career psychologist and some of the adventures I have embarked on: namely, an outdoors and green spaces project, with young people and families – connecting with green spaces and relating to our environments in new ways. In doing so, I will consider the influence and potential from community psychology, systemic practices, and individual and collective action – particularly from the view of my friends and our work on ‘Pebbles in Palms’.

Conclusions: From these experiences, something reciprocal comes of it all – in caring for the world, we’re often caring for ourselves and each-other.
Objectives / Background: In "Practitioner psychologists and the trauma of climate change. An open letter demanding immediate and effective action", (which at the time of submission of this abstract in August 2019 had been signed by over 850 practitioner psychologists), we wrote "...as clinical psychologists many of us work daily with the devastating impact of trauma on human lives. We can see that, alongside the risks to physical health outlined by the UK Health Alliance on Climate Change, the mental health impact of the climate crisis will be enormous. We will see acute trauma on a global scale, in response to extreme weather events, forced migration and conflict. This would be in addition to the chronic trauma associated with long-term risks, such as the threat of danger to life. For children growing up in a landscape of ever-increasing danger and parental stress, we risk developmental trauma becoming a ‘normal’ part of childhood experience." This paper will consider the experience, challenges and opportunities of being a clinical psychologist who is also a grass roots activist, working with community members, especially children, young people and families.
Objectives / Background: The mental health impacts of climate change are a field of research with very scant research evidence thus far, despite the fact that it represents a potentially enormous public health time bomb – with many individuals around the world likely to be affected, with varying degrees of severity. This presentation will seek to provide an overview of climate justice theory, examples of climate injustices within the context of mental health, as well as an overview of the research evidence available at present followed by suggestions on how to incorporate and consider climate justice in both research and practice.
A Combined Computerised and Face-to-Face Cognitive-Behaviour Therapy in Treatment of Impulsivity in Acquired Brain Injury

Sirous Mobini¹, Rhiannon White², Vicky Barnett³
¹Priory Group & University College London, ²Priory Group, ³Assistant Psychologist, Priory Group

Objectives / Background: Impulsivity is a common and debilitating sequela following traumatic brain injury (TBI), particularly the frontal lobe of the brain (Kocka & Gagnon, 2014). It has many repercussions on the patient’s quality of life (Rochat et al., 2009), and on the cost of healthcare (Thurman & Guerrero, 1999). There is growing literature suggesting that Cognitive-behaviour therapy (CBT) techniques can be adapted and used in the treatment of mental health problems in patients with acquired brain injury (ABI) (e.g. Gallagher et al. 2019).

Design / Key points: This study describes four patients with frontal injuries who presented with high impulsivity and behavioural disinhibition and dysexecutive difficulties.

Method: Patients attended fact-to-face CBT sessions along with completion of a Computerised CBT for Impulsivity (C-CBT IMP) programme (Mobini &Richard, 2013). Moreover, some components of dysexecutive rehabilitation such as goal management, problem solving training, self-instruction and metacognitive strategies (Cicerone et al., 2011) were incorporated into the CBT treatment programme. Measures of impulsivity and neurobehavioural difficulties were obtained at pre-treatment and post-treatment.

Conclusions: The results showed significant reductions in frequency and severity of challenging behaviours and improvements in self-reported and computerised measures of impulsivity. The results indicated that CBT can be adapted and used in patients with brain injuries with neurocognitive deficits. In addition to auditory presentations of treatment materials in computerised CBT, the patients need to be supported through some adaptations to CBT such as using visual cues, simplifying materials and making it more concrete, shorter but more sessions, repetitions and rehearsal, and using external memory strategies to aid memory functions.
Mindfulness Guided Imagery and Progressive Muscle Relaxation

Sirous Mobini¹, Rhiannon White²
¹Priory Group & University College London, ²Priory Group

Objectives / Background: Relaxation techniques and mindfulness have been reported to be clinically effective in improving symptoms of anxiety, depression and quality of life mental, and fatigue among patients with acquired brain injury (Bedard et al, 2014; Johannson et al, 2012; Kneebone et al, 2013; Murray & Kim, 2004). Research has shown that brain-injured individuals demonstrate deficits in the comprehension of abstract concepts (Salas et al, 2013). Mindfulness Guided Imagery (M-GI) relies on an individual’s ability to process information via imagination, whereas Progressive Muscle Relaxation (PMR) takes participants through structured muscle relaxation.

Design / Key points: This study aims to examine the differences in the level of relaxation and engagement for brain-injured individuals between PMR and M-GI interventions.

Method: Participants were 12 patients receiving treatment for ABI in a specialist neurorehabilitation unit, who voluntarily attended weekly relaxation sessions. They attended 4 sessions of M-GI and 4 sessions of PMR. Each session alternated between a PMR script and GI scripts, accompanied by instrumental music. Participants provided pre- and post-session relaxation scores, as well as easiness scores, on a continuous scale.

Results: The results showed that there were significant positive differences between means of pre and post ratings in M-GI ($P < 0.001$) and in PMR ($P < 0.001$). The effects size in both conditions were large, M-GI: $ES = 1.02$, PMR: $ES = 0.97$, indicating no significant differences between these two conditions. Also, the Ease rating data indicated no significant differences with both conditions reported higher.

Conclusions: Both M-GI and PMR are effective as relaxation interventions for people with ABI.
Objectives / Background: With increasing evidence and awareness of the social determinants of distress, and the growing emphasis on roles for clinical psychologists 'beyond the clinic', Clinical Psychologists in Sheffield have been developing a number of new ways of working with service users and others within and outside the healthcare system. These developments have attempted to address people's distress in the context of their broader lives and aim to have a wider impact on social inequalities where possible. This symposium presents four developments: the psychology-led whole team approach of the Community Enhancing Recovery Team, which includes work with a local housing association, an innovative trainee placement within a housing association, further placements on the Sheffield DClinPsy programme in public health and with refugees and asylum seekers, and the work of the local 'Psychologists for Social Change' group. People working in these, and other, areas came together for a recent DClinPsy programme stakeholder day (entitled 'Beyond the Clinic: Clinical Psychology in the Community') which showcased a range of projects and work in non traditional settings where psychologists are already involved or where psychological input would be welcomed. The outcome of this event will be briefly presented before focussing on the four areas described. We hope that presenting practice developments of this kind will facilitate conversations about how psychologists can be part of new initiatives with wide-reaching impact and how this work can be developed and evaluated.
Objectives / Background: Community Enhancing Recovery Team (CERT) provide intensive support for people with long term emotional distress to recover and build a meaningful life in the community. We recognise that people will struggle to work towards meaningful recovery without a safe place to live and a reliable income, so we work closely with South Yorkshire Housing Association’s (SYHA) Living Well project. They support people to find a property, decorate and furnish it, then to claim benefits and manage ongoing tenancy issues. The second vital element of CERT’s model is the psychology-led whole team approach. Staff’s time is protected for them to attend weekly Case Formulation meetings and Reflective Practice groups. Case Formulation helps us to develop an in-depth understanding of the meaning of people’s behaviour and consider how best to support them to meet their goals. As our partnership is so vital to service users’ experience, our SYHA colleagues also attend these meetings. Reflective practice groups help staff support one another through some of the more difficult aspects of the work. This whole team approach fosters a way of working that is both empathic and emotionally containing for staff and service users and helps us to work thoughtfully with people towards greater independence. Again, recognising the importance of people’s homes and material stability, when it is time for them to move on to less intensive community teams, they are able to stay in their SYHA property for as long as they wish - they have a home for life.
Objectives / Background:

Concept
This is a clinical practice development piece describing a new trainee clinical psychologist placement with a housing association. The concept was sparked by individuals interested in developing psychologically-informed partnerships between clinical psychology and housing.

Placement
The placement was located in a homeless families service. The trainee immersed themselves in the service and consulted with the team, identified and proposed CAT as a suitable therapeutic framework for reflective practice, and delivered and evaluated the intervention.

Reflections
The placement involved working with “new systems”, using social media to communicate ideas, developing a proposal as a business case, and focusing work at the level of the team and organisation rather than the individual. It was important to make explicit the different “languages” of the organisations, particularly when considering the use of CAT alongside the strengths-based approach of the housing association. The trainee, supervisors and organisation all had to tolerate “being out there” in unfamiliar territory. The trainee undertook a placement without existing psychological input or infrastructure to forge a new role, and the organisation entrusted and supported them to act in the best interests of their customers. However, this was also a highly interesting project, providing a way of indirectly supporting those who may never see the system and building a foundation for future partnership working.

Future thoughts
Key considerations are how cross-organisational partnerships can continue to be forged to engage better with those experiencing inequality, and how university training courses might continue adapting to capture these diverse aspects of the role.
Objectives / Background: The DClInPsy programme at the University of Sheffield is developing new placements in non-traditional settings in order to develop trainee competencies in leadership, service development and community psychology. A programme stakeholder day in May 2019 with the title 'Beyond the Clinic: Psychology in the Community' showcased innovative work by local clinical psychologists and highlighted that a number of third sector organisations were keen to work with psychologists and to break down traditional service barriers where possible in the interests of people who use the services.

In addition to the placement in South Yorkshire Housing Association, we have recently set up third year placements in Public Health Sheffield and in City of Sanctuary Sheffield (CoSS) - an organisation that welcomes and supports refugees and asylum seekers. The trainee, who is working in both settings, has been involved in developing the role and designing the placement to suit their learning needs and the service objectives. This has included a focus on Adverse Childhood Experiences (ACES) and Suicide Prevention in Public Health and running a well-being group for Refugees and Asylum seekers in CoSS. We will describe how we have established these placements, the learning from them to date and future plans to equip trainees to work in diverse settings.
Objectives / Background: Psychologists for Social Change (PSC) is a national group that connects people who are interested in the psychological impact of austerity and the social determinants of mental health difficulties. Nationally, PSC have produced a briefing paper that outlines five “Austerity Ailments” drawn from community psychology and social policy research.

These highlight the specific ways in which austerity policies impact on mental health:
- Humiliation and Shame
- Fear and Distrust
- Instability and Insecurity
- Isolation and Loneliness
- Being Trapped & Powerless

The briefing paper also identifies some important indicators of a psychologically healthy society and the importance of situating mental health socially rather than individually, namely:
- Agency - a sense of control
- Security - feeling safe
- Connection - belonging and sense of community
- Meaning - through work, relationships, civic participation, spirituality or creativity
- Trust – the foundation of good relationships

Following a recent relaunch, the Sheffield PSC group now meet regularly and have identified the following aims in line with our members’ values and local issues:
- Using our power & voice to highlight social inequalities - talking about mental health in the community, at local events & in the media, providing training to groups, organisations, schools.
- Influencing political policy, locally e.g. speaking to local MPs and Councillors.
- Supporting initiatives that aim to build trust & social cohesion in local communities - working with e.g. campaign groups & charities.
- Having a social media presence and accessible information available to help start conversations.
- Peer supervision around introducing community psychology ideas into our practice & workplace.

Our aims and progress will be presented.
Background/Objectives: A CBT-music formulation model (Muntaha 2017, 2018) recently proposed suggests how service users who are hard to engage in talking therapies can be engaged through the medium of music. This workshop will provide a creative way of communicating how this model works through an interactive and engaging manner. This approach has been piloted with south asian women in a voluntary service and a CBT-music group is being offered in Cygnet, Beckton in an in-patient psychaitric setting. The author has published a paper in March 2019 in Clinical Psychology forum on CBT-music which included use an example of a song ('November Rain') to illustrate how a music formulation can be used to elicit a service users' thoughts, feelings and behaviours as well beliefs about themselves and the world. This workshop will provide the author with a platform to bring this concept to clinical psychologists with a view to developing further pilot studies and evidence base for this approach.

Design / Key points: An interactive workshop with a maximum of 25 participants, which will include a brief overview of the CBT-music model, examples of music formulations, singing togeher/playing musical instruments in a group and working in small groups to create music formulations based on their chosen songs.

Results: This will be a lively, musical and interactice session which will potentially help participants see the benefits of using this approach with hard to enagage service users including those from diverse communities.

Conclusions: This will be a wonderful opportunity to demonstrate how we can integrate music and CBT.
Objectives / Background: Clinical Psychology is one of the least diverse health care professions in the NHS (Wood and Patel, 2017). As a group, we know this is not an accident and I don’t think many of us view this as acceptable. By encouraging clinical psychologists to think about white privilege and its day to day impact on our culture allows us to be better placed to facilitate relationships with our partners and thrive in treacherous times.

Design / Key points: This workshop offers a reflective practice space, with use of a systemic and group analytic frames, to have an open discussion around presented material on white privilege.

Method:

- An introduction to the concept of white privilege provides an overview of what constitutes white privilege and why it is important for our profession to think about.
- This includes an introduction to the Racial Inventory - an adapted questionnaire from a paper by Peggy Mcintosh (1988): “White Privilege: Unpacking the Invisible Knapsack”.
- Participants will then be given the questionnaire for individuals to complete.

Results:

- On completion of the questionnaire the group will be divided into reflecting teams. A rotation of reflecting teams will then be used to facilitate discussion on reactions to the questionnaire.
- Finally a large group discussion, using a group analytic frame, will be facilitated to discuss how identifying white privilege might be a supporting agent for Personal, Professional and Political Partnerships.

Conclusions: The session will end with summaries and conclusions.
Objectives / Background: Children have been conceived as the result of third party reproduction for many decades and long before the Human Fertilisation and Embryology Act was passed and services regulated in the UK. Clinical psychologists in all area of work need to be aware of and sensitive to this - and what it might mean for individuals, couples - and their families presenting outside of CAMHS services. This workshop will share the historical context, the use of regulated services and informal donations [more common in lesbian led families], and the impact of freely available DNA tests which are revealing DC origins to adults from whom this information was previously concealed.

The aims of the workshop will be to increase participants’ understanding and help develop greater sensitivity to these issues in their work. This may create more possibility that the impact of long term concealment may be explored, and it’s relevance to the presenting problem be considered alongside other factors. Further, as a result parents of adult children may be able to consider the pros and cons of sharing this information within the family before it is discovered in an unplanned way [Pettle 1999 doctorate research]. A short PowerPoint presentation will offer information about the relevant UK legal context, concepts from Family Therapy literature [Karpel and Imber-Black] will be presented. There will be small group work to enable participants to share their experiences with one another and case examples will be provided for participants to consider and discuss.
Objectives: To evaluate social workers’, young peoples’ and carers’ experience of the new PIPA service where Psychologists and Psychological Therapists work as embedded clinicians within Local Authority teams.

Design: A mixed methods design was adopted, using routinely collected activity data and outcome measures, and additional qualitative data gathered as part of an annual review process.

Method: Information on service activity for one year was analysed. Social work staff were routinely asked to complete a brief survey of their experience of consultations via an anonymous survey accessed by an electronic link. Data from 129 consultations were analysed. A brief survey of social work staff and a focus group for young people were held as part of an annual review process.

Results: PIPA clinicians worked with a total of four hundred and seventy four children across the year, often working indirectly (47% of all case work) providing consultation or formulation sessions in either individual (57.2%) or multi-professional meetings (42.8%), as well as providing more than sixty training sessions. Staff reported that consultations with the PIPA clinicians were useful, particularly to ‘move forward, feel less stuck and make a plan’. Qualitative feedback indicated staff, carers and young people found the service offered easily accessible and helpful psychological input (direct and indirect).

Conclusions: There is evidence that it is possible to offer psychologically informed input to the systems around young people via partnership working across health and social care, and that young people, carers and social workers experience this positively.
**Objective:** To evaluate the use and effectiveness of narrative therapy with a young adult with auto-immune encephalitis and disinhibited challenging behaviour.

**Design:** A single case study design was used and the independent variable was the narrative therapy intervention alongside a pharmacological change. The dependent variable was the outcome scores that were collected upon admission and discharge.

**Method:** The SASNOS (St Andrews-Swansea Neurobehavioural Outcome Scale) was used to monitor change across several domains (interpersonal relationships, inhibition, cognition, aggression and communication). Alongside this, 24 hour monitoring of sleep and disinhibited behaviour began, following a functional analysis of target behaviours. A pharmacological intervention (planned decrease in medication prescribed for anti-psychotic properties) was also employed.

**Results:** Results found the individual was initially withdrawn and subdued. Following a decrease in medication, the individual became more socially disinhibited (comments and actions) and was able to engage in a course of narrative therapy. This led to an increase in self-esteem, confidence, a marked reduction in socially disinhibited comments and actions which meant the individual could be discharged to her desired location, which was home with her family. A post discharge follow-up indicated the individual continues to use strategies learnt in sessions and is currently attending college.

**Conclusions:** Narrative therapy can help bring new stories to the lives of those affected by brain injury, whilst carefully considering culture and context. This single case demonstrates that this intervention can be used in complex inpatient settings for individuals with brain injury as well as showing lasting effects post-discharge.
Ref: 4121 Poster

Topic: Children, Young People and their Families (CYPF) stream only

The use of narrative therapy with a young adult with auto-immune encephalitis and disinhibited challenging behaviour

Sabrina Pilav\textsuperscript{1}, Richard Irwin\textsuperscript{2}
\textsuperscript{1}Royal Hospital for Neurodisability, \textsuperscript{2}Royal Hospital for Neuro-disability

\textbf{Objectives}: To evaluate the use and effectiveness of narrative therapy with a young adult with auto-immune encephalitis and disinhibited challenging behaviour.

\textbf{Design}: A single case study design was used and the independent variable was the narrative therapy intervention alongside a pharmacological change. The dependent variable was the outcome scores that were collected upon admission and discharge.

\textbf{Method}: The SASNOS (St Andrews-Swansea Neurobehavioural Outcome Scale) was the measure used to monitor change across several domains (interpersonal relationships, inhibition, cognition, aggression and communication). Alongside this, 24 hour sleep and behavioural data was implemented following a functional analysis of target behaviours. A pharmacological intervention (planned decrease in medication prescribed for anti-psychotic properties) was also employed.

\textbf{Results}: Results found the individual was initially withdrawn and subdued, particularly around family. Following a decrease in medication, the individual became more socially disinhibited (comments and actions) and was able to engage in a course of narrative therapy. This led to an increase in self-esteem, confidence and a reduction in socially disinhibited actions. This meant the individual could be discharged home and maintain a close relationship with her main carer who was her mother. A post discharge follow-up indicated the individual was using strategies learnt in sessions and was accessing vocational training at college.

\textbf{Conclusions}: Narrative therapy can help bring new stories to the lives of those affected by brain injury, whilst carefully considering culture and context. Our results show that this intervention can be used in inpatient settings for individuals with brain injury, showing lasting effects post-discharge.
Introduction: There are high number of staff experiencing burnout across mental health services and burnout is negatively impacting these services, the staff and the patients accessing these services. Maintaining well-being and being resilient in work has been associated with a reduction in mental health staff experiencing burnout. However, this interaction has been significantly under researched and to address burnout, it is essential to first understand the factors that contribute to what can help and hinder staff well-being and resilience across mental health services. It was hypothesised that the thematic analysis would highlight that there are different factors dependant on the mental health services.

Design: This qualitative approach provides a direct insight into the thoughts and feelings about well-being and resilience when working in frontline services.

Method: Thematic analysis was used to interpret the 24 semi-structured interviews conducted with mental health staff.

Results: There were no differences in the themes, the five conceptual themes driven from the data were: informal and formal support; feeling valued and doing a good job; working within limits; life outside of work; organisational factors. There were differences and similarities within these themes due to individual differences and differing job roles.

Conclusion: This study provided academics and health services with a better understanding of well-being resilience. As such, it can inform how the relevant stakeholders to help prevent and manage burnout across mental health settings. Recommendations were made to the mental health services involved in this research, to promote staff in maintaining their well-being and resilience.
Ref: 4074 Pecha Kucha
Topic: DCP 2020
Clinical Psychology in Children’s and Family Social Care

Olivia Polisano¹, Laura Ogi¹, Andy Glossop¹, Kim Jackson-Blott², Emmanuella Vernon¹, Lucinda Brabbins²
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Objectives: This presentation will discuss the issue of ‘care’ and its multiple meanings in our work as clinical psychologists in children’s social care. We encounter this issue daily in our work across early intervention, statutory social work teams, teams supporting unaccompanied asylum seeking children and an edge of care service.

Design: This is not a presentation of a particular paper, rather a reflection on how we are both inspired by and challenged by the notion of ‘care’.

Key points:

- We will discuss the meaning of ‘care’ in our society and how this has informed the way that children’s social care operates
- We will discuss how we encounter this issue in our role in discussions about the removal & reunification of children with their families, care in residential settings, safeguarding and staff wellbeing.
- We will consider how formulation has helped us to understand how the system orients itself around the issue of ‘care’
- We will consider how systemic approaches, social pedagogy, attachment theory, community psychology and social justice inspire our work as clinical psychologists in this context and shape our position in relation to the issue of ‘care’.
- We will consider how resolving this dilemma involves challenge, discomfort and opportunities for celebration.

Conclusions: This presentation will draw on our daily experiences of ‘care’ in children’s social care and how our identity as clinical psychologists both guides us and comes under challenge in this context.
Objectives: This study investigated whether a bespoke eLearning module, designed for UK secondary school teachers, increases knowledge and confidence in supporting young people who self-harm.

Design: A pre-post design with mixed methods evaluation.

Method: School teachers were recruited from the West Midlands and South East of England and completed a 30-minute eLearning module on self-harm. Measures of actual self-harm knowledge, perceived confidence, and perceived knowledge were collected online immediately before and after access to the eLearning module. Quantitative data was analysed using non-parametric statistics. Feedback on participants’ experiences of completing the eLearning module were also collected via open-ended questionnaires the following school term. Qualitative data was analysed using Thematic Content Analysis.

Results: 173 teachers completed the eLearning module and pre-post measures and 16 completed the qualitative feedback questionnaire. The eLearning significantly enhanced participants’ perceived knowledge, actual knowledge and perceived confidence in talking to young people about self-harm and in supporting young people who self-harm (all ps<0.001). 90.7% of participants felt that eLearning was a good way to receive training. Participants liked that the module was convenient and accessible.

Conclusions: The UK government state that all staff working in schools should be trained on how to deal with self-harm, yet a large proportion of teachers identify a lack of training as a barrier to supporting students. Barriers to receiving training are a lack of time and resource in schools. eLearning modules offer an excellent way to increase knowledge and confidence in teachers to offer better support to young people.
Learning from and building on good practices on an acute specialist ward

Aneita Pringle, Emma Kaminskiy

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Objectives: The Department of Health’s 2014 Positive and Proactive Care Framework has led to Trusts implementing a range of restraint-reduction efforts. This research takes place on a specialist personality ward in the East of England that successfully implemented program changes to reduce their use of restraint. This study aimed to explore the everyday good practices and experiences of staff on this exemplary ward, and to identify ways to further support experience of treatment.

Design: This qualitative study forms the first stage of an ongoing, iterative mixed-methods project seeking to implement staff training in a model of psychological formulation.

Method: In this initial stage, ten interviews were conducted with staff ranging from trainees to managers and analysed using thematic analysis.

Results: Staff support (staff training, regular supervision and reflective practice) is embedded in everyday practices in order to better understand service users’ needs. Alternative ways of thinking are encouraged: distressing behavior is reframed as safety-seeking and service-users are given responsibility for maintaining their safety. Everyday communication is essential to building the therapeutic alliance. Perceived barriers to meaningful care provision are bureaucratic requirements in documentation resulting in lengthy, unhelpful care plans that inhibit meaningful collaboration.

Conclusions: Results suggest ways this exemplary ward implements positive and proactive care principles. These findings may facilitate learning in other Trusts seeking reduce restraint. Also identified are areas staff feel could be improved, particularly in regards to care-planning processes and documentation. These results will inform the next stages of this research.
Objectives / Background: This research demonstrated what influences the boundaries of reporting within the healthcare setting, and how gender influences the experience of violence. 

Introduction: Domestic abuse is a national problem, with many thousands seeking medical attention for physical injuries. Society has instilled the view of domestic abuse is a women issue, resulting in male victims feeling ashamed of their abuse. As society doesn’t expect men to be victims, yet millions in the UK suffer. Barriers have been placed for male victims to limit their opportunities to report their abuse and is society placing boundaries for men to overcome such as societies understanding.

Objective: Review male domestic abuse victim’s experiences when seeking medical attention and understanding if male victims are provided adequate support and encouraged to report.

Methods: An online questionnaire was created with 22 questions, asking participants of their experiences when seeking medical attention and requesting details on how healthcare professionals treated and supported them.

Results: 100 participants responded varied indicating, there is not a universal approach across the UK with many victims experiencing negativity resulting in them not seeking support whilst others were not providing any supportive services. Those who were provided support had attended medical services an average four times before being provided support, leaflets or advice.

Conclusion: Tackling domestic abuse required a gender-neutral approach, to ensure male victims feel as empowered with additional training for healthcare professional recommended to ensure male victims seeking medical attention receive adequate care and reduce the number of missed opportunities for male victims.
Ref: 3771 Part of Symposia
Topic: DCP 2020

SYMPOSIUM OVERVIEW: Surviving Clinical Psychology: The personal, professional & political selves on the journey to qualification

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Objectives / Background: Surviving Clinical Psychology is a book that holds very seriously the fact that words on paper can only go so far. This symposium introduces delegates to an evolving project that has resulted in a new type of book for those seeking a career in clinical psychology. The book Surviving Clinical Psychology seeks to remind us of why personal, professional and political differences and partnerships are at the heart of clinical psychology’s future – differences that can connect us through social action, solidarity and common humanity.

Design / Key points: - An overview of the book and how the underlying values address key contentions in clinical psychology through invitations to reflective practice.
- How the key themes of the book emerged from personal, professional and political partnerships - enriched by contributions from authors with lived experience of distress and those currently looking to train as clinical psychologists.
- A close examination of the selves in clinical psychology and politics, that includes:
  * New developments and uses of the social GgRRAAAACCEEEESSSSS - 'taking the plunge' to tame your restraints and refresh your resources.
  * Using self-formulation as a means of personal and professional (possibly political) development.
  * Using personal accounts of psychological distress and experiences of mental health services as examples within writing and practice - rather than 'case studies', which risk perpetuating 'us and them' dynamics.
Objectives / Background: *Surviving Clinical Psychology* is a book that holds very seriously the fact that words on paper can only go so far. This talk introduces the book, its underlying values and range of topics so pertinent to the DCP’s choice to invite new adventures in clinical psychology. *Surviving Clinical Psychology* seeks to remind us of why personal, professional and political differences and partnerships are at the heart of clinical psychology’s future – differences that can connect us through social action, solidarity and common humanity.

Design / Key points: Many books on clinical psychology answer the questions of what is clinical psychology? Or How do I become a clinical psychologist? Whilst these questions are important and helpful aids on the journey to qualification, what these texts tend to omit is the much more complex, yet richer question of what can clinical psychology become? This latter focus is what lies at the heart of *Surviving Clinical Psychology* and within its pulse - a number of shared values and principles: inclusion and collaboration; social justice and community psychology; and creative means to liberation.

Method: Voices often marginalized within the profession, write side-by-side with those more established in the field – offering a unique perspective on the issues faced in navigating clinical training and the profession more broadly.

Results: In coming together, we explore what clinical psychology can become.

Conclusions: *Surviving Clinical Psychology* invites those early-on in their careers to link ‘the political’ to personal and professional development in a way that is creative, critical and values-based.
P2: ‘Taking the plunge’: How reflecting on personal and social GgRRAAACCEEEESSS can tame your restraints and refresh your resources

John Burnham¹, Lizette Nolte²
¹NHS, ²University of Hertfordshire

Objectives / Background: In our work in the book ‘Surviving Clinical Psychology’ we ‘take the plunge’ and explore how reflections on our personal selves and values can provide counter-practices to the pull of those beliefs about ‘desirability’, which may be self-censoring and limit what we can become as a clinical psychologist or mental health practitioner.

Design / Key points: The chapter invites readers to reflection on the evolving interaction between the personal and professional ‘self’, using the mnemonic of the Social GgRRAAACCEEEESSS (Burnham, 2012) as a set of significant contexts for critical reflection.

Method: The authors ‘take the plunge’ themselves, modelling an open and reflexive consideration of prior personal ‘positionings’ in relation to developing self-as-professional. They consider and illustrate through example, how we may select which of our repertoire of selves to bring into our clinical work, or leave ‘outside the door’.

Results: When this process begins in training then we can continue to creatively explore this interaction/boundary/frontier throughout a career.

Conclusions: The authors attempt to model an openness in relation to the ‘messy’, and valued personal GgRRAAACCEEEESSS, highlighting that each of these aspect of self can, in turn, be both a restraint and a resource. Considerations for clinical practice and supervision are discussed, as well as relationships with colleagues.
Objectives / Background: Throughout the book ‘Surviving Clinical Psychology’ many authors offered their own personal experiences to readers, rather than using clinical vignettes or representing other people’s accounts as ‘case studies’. Many writers sharing their lived experience were people on their own journey to becoming a clinical psychologist.

Design / Key points: Writing and speaking about personal experiences of adversity within the profession brings with it some important questions and arguably brings forth a range of ideas about what clinical psychology can become.

Method: Within this session, a conversation will take place between three contributors to ‘Surviving Clinical Psychology’. They will explore their vision and hopes for the integration of the personal and professional in a way that highlights that becoming one’s own case study in clinical psychology is a political choice.

Results: The speakers will reflect on the process of writing about their lived experience. Key questions revolve around the choice to be named or stay anonymous, and what factors influenced their decision-making.

Conclusions: The choice to write about one’s personal experience, rather than the other, is a political choice that we hope can foster a shift in dialogues within the profession – working towards a more inclusive community of practitioners, acting in solidarity and reaching-out with hope and humility.
"People didn't quite see me": Ethnic variations in facilitators and barriers into clinical psychology training

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¹DCP Minorities in Clinical Psychology Group, ²University College London

Background: The underrepresentation of Black and Asian minority ethnic (BAME) clinical psychologists has been highlighted by service users and professionals. Literature highlighting disparities in acceptance rates for BAME applicants proposes that they have less access to clinical psychologists and less relevant experience. However, few studies have investigated applicants’ perceived barriers and facilitators to accessing the profession.

The DCP Minorities in Clinical Psychology Group has worked in partnership with UCL to explore applicants’ experiences. The study aims to understand the facilitators and barriers to gaining a place on the Doctorate in Clinical Psychology (DClinPsy) and whether experiences differ between BAME and white applicants.

Design: A mixed-methods design was used, where an online survey was distributed through the Leeds Clearing House to all applicants who applied for 2019 entry.

Method: The questionnaire included four sections: participant demographics, qualifications and work experience, application outcome, and perceived facilitators and barriers to getting on the DClinPsy. Over 400 responses have been collected to date.

Results: Due to the restrictions of the DClinPsy application timeline, only preliminary analyses are currently available. Thematic analysis of proposed facilitators reveal that experienced network, job opportunities, and perseverance were perceived as important. Barriers identified included financial pressures, caring responsibilities and negative experiences due to being racialised as a minority ethnicity. Statistical analyses of ethnic variations in academic achievement and clinical experience will be conducted.

Conclusions: Preliminary findings highlight the need for doctorate courses to consider structural and institutional barriers that negatively impact on applicants’ ability to gain a DClinPsy place.
Objectives / Background:
The aims are to:
• Set the context for why this matters including summarising health/social inequalities experienced by children with additional needs with negative impacts on their mental health and policy emphasising early intervention/prevention
• Summarise the learning of a collaborative on the practice-development of PELICAN - accessible, appropriate intervention framework, resources and guidance to promote resilience and emotional wellbeing for children with Additional Needs.
• Illustrate PELICAN’s “new adventure in clinical psychology” of collaboration and application of a broad set of psychology skills across voluntary and public systems so far.

Design: The design is “action research” – partly by choice (desire for collaboration, co-production, empowerment) plus difficulties securing funding for systematic evaluation

Method: Co-production and action research has been used since 2012, by a group of health, education and voluntary sector practitioners with children, young people with learning disabilities &/or autism and their parents to adapt and trial PELICAN related activities & resources. In 2018/19, a review and refresh was assisted by the involvement of a clinical psychology trainee on public health and policy placement with national charity

Results: A summary will be presented of literature reviews, feedback, observational data which led to the current PELICAN approach, resources and new web guidance-examples will be shared. Quantitative and qualitative data on participation; goal attainment, skill development; implementation/organisational change will be summarised

Conclusions: Methodological and conceptual issues in PELICAN as a pro-active, normalising approach to developing emotional resilience with the potential to enhance well-being and reduce mental health problems and behaviours described as challenging are identified
Creating therapeutic cultures in Young Offenders' Institutions: perspectives from the four YOIs

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Objectives / Background: Holding the most vulnerable, dangerous teenagers in England, starved of resources under austerity, and paralysed by shifting political imperatives, the YOIs are trauma-organised systems struggling to address their primary task. The new Secure Stairs programme aims to address this by creating conditions whereby staff and boys experience an environment in which thinking, and thereby healthy development, becomes possible. The workshop offers exploration of organisational dynamics arising around Secure Stairs, illuminating the necessity of examining and working through differing philosophies of care and containment.

Design / Key points: We start with two basic premises; first, that we are all affected by the work; and second, that lacking a way to understand that impact is dangerous. We explore the typical arrangement of the ‘offender’ in relation to society; its driver, fear; and how this places young people and staff in roles that maintain the status quo. Secure Stairs disrupts and transforms this, through providing thinking spaces (formulation, reflective practice, therapeutic milieux and supervision) that enable exploration of our assumptions about each other. Through discussion, vignettes and Q&As with experts by experience, participants can reflect on working at ‘fracture points’ in these systems, exploring their diverse responses. We offer a critical examination of core philosophies and skills in clinical psychology, in the context of anti-therapeutic environments.

Conclusions: Secure Stairs offers us the opportunity to facilitate a relational context in which traumatised, brutalised adolescents can reorientate themselves towards healthy development. This requires real engagement with personal, professional and political challenges that expand how we conceptualise ourselves and our work.
Objective: To assess the association between parenting style and depression, anxiety and stress among Tamil speaking adolescents in the Colombo city

Design: The study used cross sectional, quantitative study design with the intention to assess the association between study variables

Method: The sample of 232, 15-18 year old adolescents attending government schools in Colombo city were chosen through a stratified random sampling technique. The Scale of Parenting Style and the Depression Anxiety and Stress Scale -21 were used along with a demographic questionnaire. The scale that measures parenting style has content and consensual validated as a part of this study, whilst the scale that assesses depression, anxiety and stress has been validated by previous researches. The standardized scales showed good validity and reliability among the Sri Lankan Tamil speaking population

Results: Authoritative parenting style was associated with lower level of depression and stress whereas neglectful parenting style was associated with higher level of depression, $p=0.0001343$, $p<0.05$, and stress, $p=0.0001314$, $p<0.05$. However, there was no impact of parenting style on adolescent anxiety, $p=0.0517619$, $p=n.s$. Further, as the parental responsiveness increased, it had a negative significant correlation with depression, $r=-0.28$, $p=0.000014$, anxiety, $r=-0.2$, $p=0.00248$, and stress, $r=-0.26$, $p=0.000049$. Likewise parents' controlling behavior had a negative significant correlation with depression, $r=-0.26$, $p=0.000048$, anxiety, $r=-0.13$, $p=0.0453$ and stress, $r=-0.19$, $p=0.00289$

Conclusions: The authoritative parenting style was identified as the most favorable parenting style whereas the neglectful parenting style was identified as the worst type of parenting style in term of the study variables.
Annette Schlosser¹, Nargis Islam²
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**Objectives:** Clinical psychologists increasingly work in novel settings, extending our wellbeing remit to the community. Facing different and diverse communities, and negotiating new personal and professional relationships, we need to confront difference and diversity in our own profession. While UK training courses address these issues in teaching and practice, inequalities in health practice continue to exist, with racism, sexism and stigma around lived mental health evident. Clearly more systemic change is required, which the BPS/DCP is promoting (BPS doc).

**Key points:** This workshops builds on a 2019 DCP conference workshop on power and leadership in the profession. Presenters opened up discussions and reflections around experiences of discrimination and ‘othering’, on the basis of class, race and sexuality. Feedback was positive, with a consensus that ongoing conversations about privilege and power are essential to address structural inequalities and to develop a common way forward.

The workshop will consist of a presentation based on themes from the 2019 workshop, followed by discussion and group participation to further explore narratives around differences and diversity in the profession. The workshop will offer a reflective space for mutual learning, in a professional atmosphere of respect and authenticity.

**Conclusion:** Peer support and discussion among colleagues is highly valued to retain the capacity to carry out psychological work. Developing conversations about structural inequalities and power differentials within our own profession is essential, to enable authentic psychological work and congruent messages to the wider public about wellbeing.
Feasibility and Effectiveness of a Low-Intensity ACT Intervention for University Students Scoring High or Low in ADHD Symptoms

Abigail Seabrook, Benjamin Annear, Jason Hill, Cerith Waters
Cardiff University

Objectives / Background: Psychological distress among university students is currently an area of concern, with Acceptance and Commitment Therapy (ACT) emerging as a promising therapeutic approach for the management of psychological distress. Few studies have examined ACT as an effective intervention in a higher education setting, and to date no studies have examined the additional effect of high or low Attention Deficit Hyperactivity Disorder (ADHD) symptom scores.

Design / Key points: The current study was a repeated-measures, uncontrolled pilot study. A low-intensity, ACT-based group intervention was evaluated for feasibility, safety and effectiveness. The effect of a high score on an adult ADHD screening measure on the outcomes was also examined.

Method: Participants consisted of 13 self-referred undergraduate and postgraduate students at Cardiff University. The intervention consisted of 4 weekly 2-hour didactic sessions.

Results: Statistical significance was measured using paired t-tests and Wilcoxon signed-ranks tests. Clinically meaningful change was measured by quantitative measures of clinical significance and reliable change. Thematic analysis was employed for qualitative survey questions and visual analysis of graphs of week-by-week data provided insight into ideographic patterns between participants. There was a statistically significant improvement on depression, anxiety, psychological distress and psychological flexibility. A majority showed clinically meaningful recovery or improvement, with no participant deteriorating during the intervention.

Conclusions: Regardless of level of ADHD symptomatology, the intervention appears to be effective. The results support the intervention as a feasible, safe and helpful intervention in the management of anxiety, depression and psychological distress in university students.
The Elders Project: Promoting inclusion in forensic services for African and Caribbean men. A pilot in male medium secure services

Kimberly Sham Ku, Ashley-Christopher Fallon, Beresford Dawkins

_Birmingham and Solihull Mental Health Foundation Trust_

**Objective:** The objective of the Elders Project is to offer a proactive approach to supporting African and Caribbean service users (SUs) throughout their recovery, with a particular focus on the period of transition and discharge.

**Background:** Within secure services, there is evidence of greater disparities in the care and treatment received by African and Caribbean men, in comparison to their white British counterparts. These experiences are reflected in higher rates of detention, over representation in secure wards, lengthier admissions, increased rates of control and restraint and greater use of medication.

As part of the wider New Care Models initiative within the NHS, Birmingham and Solihull Mental Health Foundation Trust is keen to seize opportunities to improve services for this marginalised group.

**Method:** Screening and identification of BME cohort. Parallel process of recruitment of elders. Consultation with care teams. Series of events held to unite group of SUs and professionals.

**Results:**

*Phase 1:* Identifying BME cohort

52% of male inpatients identified as BME, within which, 45% are African and Caribbean.

*Phase 2:* Identifying SUs

- Mechanisms to approach care teams and SUs to gauge their suitability was overwhelmingly positive.
- Identifying with care teams, SUs who were interested. Various engagement strategies: posters, community meetings, individual chats, official launch.

*Phase 3:* Initiation phase

In progress. SUs and elders to be matched. Training to be delivered to elders.

**Conclusion:** There have been encouraging levels of support and interest from SUs, creating several opportunities for co-production and will undoubtedly contribute to building resilience and successful transitions.
Ref: 4135 Poster
Topic: Children, Young People and their Families (CYPF) stream only
Suicidal ideation and self-harming behaviours in children with Fetal Alcohol Spectrum Disorder (FASD)

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**Aims:** FASD is a spectrum of lifelong acquired brain injuries arising from prenatal alcohol exposure (PAE). It can result in congenital abnormalities, often manifesting in difficulties in development, learning and behaviour (Scottish Intercollegiate Guidelines Network, 2019). Research suggests it may be one of the most common neurodevelopmental conditions in the UK (Popova et al., 2017). Individuals with FASD are at increased risk of psychiatric conditions (e.g., O’Connor, 2014), with 94% of adults reporting mental health difficulties, including suicidal ideation (43%) (Streissguth, Barr, Kogan, & Bookstein, 1996). This study aimed to explore mental health, suicidal ideation and self-harming behaviours in a population of Scottish children (n = 36, aged ≤12 years) with FASD.

**Method:** From 2015-2018, NHS Ayrshire and Arran piloted the first Scottish pathway for children affected by PAE. Data was collated from self-report and caregiver-report measures of mental health and daily functioning.

**Results:** 31.8% of children stated that they had thought about suicide, while 4.5% reported wanting to kill themselves. 16.7% met criteria for referral to Child and Adolescent Mental Health Services for mental health risk and/or impulsive behaviour. These children also performed significantly below population means on neuropsychological measures including executive and adaptive function.

**Conclusions:** This extends research on the mental health of North American adults and adolescents, suggesting that suicidal ideation is also common within a population of UK children. The children’s executive function deficits, alongside high levels of impulsive behaviours, suggest that issues within these domains may also heighten risk of suicide where ideation is present.
Objectives: Children with prenatal alcohol exposure (PAE) may exhibit impaired neurodevelopment in multiple domains, including cognitive ability, memory, motor and language skills, and executive function (Kodituwakku, 2009). We aimed to assess the neurodevelopmental pattern seen in children in Ayrshire and Arran.

Methods: We extracted data across eight brain domains for ~40 children to i) determine relationships between domains ii) explore potential phenotypes characterising PAE iii) consider how this may inform assessment.

Results: 1) More marked impairments in older children. 2) Female children typically more impaired. 3) Children typically scored ~1.5 standard deviations (SD) below population norms in cognition. However, 4) variability in cognitive scores typically meant children did not meet criteria for learning disability diagnosis (only 7.7%). 5) Executive functioning was 1.5 SD below and 6) is a predictor of adaptive functioning (t= 2.3, p =0.36, 31.2% predictive model) - cognitive scores are not. 7) Attention impairments appear related to executive dysfunction (lower ability to switch attention than sustain attention; switching ability correlates with executive dysfunction scores, r=0.67, p=0.0003). 8) Sensory-motor abilities appear related to attention abilities.

Conclusions: A relationship between executive function and adaptive function in the context of low average cognition is indicative of a potential neuropsychological correlate within FASD. Data suggests affected children move away from the population mean as they age. Female children may be more impaired when a need for assessment is recognised. Our data contributes to international samples towards elucidating a potential neurodevelopmental phenotype of FASD, thus informing identification and assessment protocols.
Objectives: Given an estimated UK prevalence of 2-6%, there is a need to develop FASD assessment and support services within neurodevelopmental pathways. From 2015 - 2018, the FAAS Team piloted the first Scottish multidisciplinary assessment, diagnosis, and support pathway for children affected by prenatal alcohol exposure using a Canadian diagnostic model (Cook et al, 2016).

Design: We utilised the trident method (Ellis & Hogard, 2006) to evaluate the FAAS Team process, outcomes and stakeholder perspectives for n = 36 children versus the process for n = ~170 treatment as usual (TAU) cases.

Methods: We evaluated 1) Process: by analysing clinical contacts provided by FAAST versus treatment as usual cases (spanning CAMHS and Community Paediatrics), 2) Outcomes: measured via neuropsychological findings, pre/post questionnaires (spanning quality of life, mental health and behaviour completed by carers and children) and recording interventions provided, and 3) Perspectives: elicited via questionnaires for stakeholders and thematic analysis of interviews with carers and educational professionals.

Results: The FASD pilot provided input to ~200 children across NHS Ayrshire & Arran. Outcomes indicated a need to assess quality of life, mood and risk taking behaviours in affected children. Parent perspectives described a “fight to be heard” prior to FAAST input and previously feeling “stigmatised”. Professionals felt “informed but not yet empowered” to work with affected individuals.

Conclusions: The FAAS team facilitated availability of FASD assessment in TAU settings within NHS Ayrshire & Arran. Recommendations of this evaluation were submitted to the Scottish Government to inform national implementation plans.
**Objectives / Background:** The Power Threat Meaning Framework, launched in January 2018, is the result of a 5 year DCP-supported project to develop a conceptual alternative to the psychiatric diagnostic model. It is a co-produced approach to identifying patterns in distress and troubled or troubling behaviour which synthesises evidence about the causal roles of power, evolved threat responses, social discourses, and personal meanings and narratives. It is intended to provide the basis for an ongoing series of developments in clinical practice, peer support, service design and commissioning, professional training, research, and social policy. The Framework applies not just to people who have been in contact with the mental health or criminal justice systems, but to all of us. One of its central themes is the need to place the personal and the professional in a wider social and political context, and to restore the links between individual distress and social injustices and inequalities. The Framework has attracted widespread interest from statutory, voluntary and peer organisations, and to date the project team, led by Lucy Johnstone and Mary Boyle, has delivered over 150 presentations across the UK as well as in Ireland, Spain, Denmark, Greece, New Zealand and Australia. A new DCP committee has been set up in order to build networks, and to promote evaluation and good practice. The committee has organised this symposium to describe examples of how the Framework is being used to inform practice, and to offer an opportunity for questions, discussion and thinking about next steps.
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**Objectives / Background:** Uptake of the Power Threat Meaning Framework (PTMF) has exceeded initial expectations. Members of the author team have delivered dozens of training workshops and talks. PTMF has been influential beyond psychology, in social work, art therapy and psychiatric nursing. It has also received significant attention abroad, with training and talks delivered in countries including Denmark, Ireland, Spain, New Zealand and Australia, and PTMF has been translated into Spanish with Italian and Danish translations underway.

In January 2019 a special edition of a ‘Clinical Psychology Forum’ presented six case studies of PTMF being applied in different mental health services and settings across the UK and Ireland. Apart from these case studies, however, relatively little is so far known about the uptake of PTMF in the everyday practice of mental health professionals and others for whom it is relevant.

This paper will report initial findings from a small interview-based study designed to provide information of this kind. An opportunity sample, recruited from contacts of the PTMF author team who work in mental health, was invited to take part in individual interviews. Interviews were by phone or skype. They were semi-structured, and addressed topics such as use of PTMF; how it has changed practice and - if relevant – services; and how it has influenced the work of colleagues.

Interviews were audio recorded, transcribed, anonymised, then analysed using thematic analysis. The paper will present some of the main themes identified by this analysis.
Objectives / Background: Experiences of adversity and trauma such as physical, sexual or emotional abuse and neglect have profound biological, social and psychological consequences and increase people's risk of mental and physical health problems. Power misuse can be damaging through physical violence, emotional relationships, sexual coercion, legal practices, and through economic, biological, social, institutional, cultural and ideological means. The Power Threat Meaning Framework adds to trauma-informed approaches by outlining how power operates in individuals’ lives, and how core threats may jeopardise relationships, values, feelings, physical functioning, financial and social status, community cohesion, environments, knowledge and meaning. Such threats are alleviated by access to a range of resources in addition to the psychological, which are unequally available to people and dependent on their social status. Our presentation describes how formulations and interventions with people using mental health services are enhanced by understanding how power has been used and misused; how social and family influences have been experienced; what threats, past and present are relevant now; and what assets are available. We present examples of co-working with Service Users and discuss how this helps Psychologists to use such analyses to promote socially relevant contributions, and to co-produce interventions with individuals and organisations that are more attuned to experiences of relational and structural abuse and injustice. Psychologists need to be critically aware of our own positions so we work collaboratively to build shared narratives that are meaningful, and alliances that are influential beyond individual therapy.
Objectives / Background:
Psychology has for too long ignored the social context of mental health difficulties despite the large body of research over decades outlining the social origins of distress. Feminist psychologists have argued that gender inequalities continue to be obscured within psychological and psychiatric theory and services that locate pathology within the individual and not within the gendered, intersecting hierarchies of power that shape women’s experience and pervade inner life. This is most powerfully demonstrated in the obscuring of the connections between sexual violence and abuse and power inequalities such that ‘symptoms of inequality’ become pathologised as ‘symptoms of mental illness’.

The Power Threat Meaning Framework offers a psychological approach that restores the links between individual distress and social injustices and inequalities, placing the person in the wider social and political context. Central to the framework is an understanding of power and power abuse.

This presentation will consider the way in which the PTMF can be used in working with women survivors of sexual violence and abuse. In placing power central to the understanding of distress, the PTMF enables the naming of gendered power abuses embedded in sexual violence and offers a psychological framework for understanding the profound impact of abuse. We will highlight the strength of the PTMF in revisioning symptoms of distress as symptoms of profound resilience and in the co-creation of narratives of strength and survival. The PTMF offers an understanding of both personal and social injustices and a language for change within mental health services and society.
Objectives / Background: The commissioning and launch of the Power Threat Meaning Framework (PTMF) by the DCP has provided a conceptual alternative to the traditional psychiatric diagnostic model. Instead, PTMF provides a trauma-informed psycho-social framework to the development of human distress and suffering in the context of life experience. To date, one medium that psychologists have used to support the development of non-diagnostic and trauma-informed understandings of distress is Team Formulation. However, the use of PTMF to inform this practice remains in its infancy.

The following paper provides a summary of the development and initial phases of implementation of a PTMF informed weekly Team Formulation meeting for the staff of two adult acute inpatient mental health wards. PTMF informed Team Formulation was used as a vehicle for developing trauma-informed understandings of and care for inpatients. Alongside the establishment of a weekly PTMF Team Formulation, staff received training on the PTMF Framework and trauma-informed approaches to mental health. Preliminary evaluation found 100% of staff interviewed reported an increased understanding of service users’ mental health difficulties. A reduction in the use of diagnostic language as an explanation for service users’ difficulties as well as a greater knowledge of service users’ history and context among the staff was also reported.

As well as a more detailed summary of outcomes, this paper will present an overview of the development and implementation process, the author’s experiences, challenges and directions for future development of the project.
Clinical Psychology responses to Homelessness: Professional and Political Partnerships in Psychologically Informed Environments

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Objectives / Background: It is recognised that organisations for people who experience homelessness provide an opportunity to achieve more for their clients, than providing the basic needs of food and shelter. Many of their clients will have suffered from emotional trauma and have a history of abuse, neglect, broken relationships, or other adverse circumstances. These organisations are increasingly aspiring to become ‘PIE’ or Psychologically Informed Environments, in order to ensure that they are able to meet the needs of clients with complex presentations.

Design / Key points: Symposia description: Although PIEs are a relatively new concept, developed in 2010, it is based on evidence-based psychological theories and models; and draws upon robust psychological principles such as recognition of therapeutic relationships and emphasising the need to measure and review change on an individual, as well as, organisational level.

Method: Clinical psychologists have been stepping outside of traditional settings, to support and lead on the development of PIEs in a range of organisations across the UK.

Results: This symposia seeks to describe a range of PIE approaches across third sector and statutory services, highlighting the need for partnership working. Furthermore, evaluation data will be shared that assess how PIE approaches impact on staff behaviour and well-being, benefit personal outcomes for clients and influence wider systemic changes.

Conclusions: As well as providing an overview of PIE, and its developing evidence-base; presenters will discuss the benefits and challenges of working within this framework as clinical psychologists. Lesson learnt from early adopters of the PIE approach will also be shared.
Introduction: This presentation will outline the key elements of a Psychologically Informed Environment (PIE), and how it is being established within third sector organisations. It will also discuss the role and background of clinical psychologists in third sector organisations, to address some of the challenges that austerity has brought in terms of reduced resources and increased demands.

Key Points: Reflections on moving from an NHS settings to the role of Consultant Clinical Psychologist within a charity/third sector organisation will be shared. This will include advantages of working as a clinical psychologist in the charity sector and outlining the complex and diverse role that clinical psychologists can play. Consideration of the challenges faced to date, as well as the opportunities for policy and strategic development will also be outlined. The proposed PIE within the national youth homeless charity, Centrepoint will also be described including the role of the ‘co-production’ with the ‘PIEineers’ young people involvement group.

Conclusions: Consideration of the fundamental elements of developing a PIE framework within a third sector organisation will be discussed. The example of the PIE approach being developed at Centrepoint will be used to illustrate how clinical psychology can make a significant contribution in this field.
**Objectives:** In a time of increasing austerity and inequality, homelessness is a reality for many more people. Llamau, St Basils and Centrepoint are working to end homelessness for Young People, by providing good quality accommodation, alongside the emotional and practical support young people need to progress. Our young people have experienced a disproportionately high level of Adverse Childhood Experiences and services therefore, require a trauma-informed workforce. Psychologically Informed Environments do just that – ensure all elements of the system around the young person are based on relevant psychological evidence and good practice.

**Design:** The aim of the PIE approach is to ensure the workforce have the skills, confidence, support and wellbeing to provide the best possible service. There is no single PIE model, but key core elements of training, reflective practice groups, and internal and external strategic and partnership interventions are essential.

**Results:** We employ methods to look at the impact of our interventions upon our colleagues and young people over time, and gain qualitative feedback along the way. Practice based evidence about the ‘easy-wins’ and hurdles you are likely to face, will be shared.

**Conclusions:** Clinical psychology skills and knowledge can be used to develop and embed whole system changes in culture and service delivery, thereby impacting upon the support offered to many more young people compared to traditional settings. Clinical Psychologists are well placed to lead and innovate in PIEs and produce positive outcomes for young people in a cost effective manner.
Background: Service users in homelessness services have varied and complex needs may have poor relationship skills and struggle to use support effectively, whilst others behave in ways that are surprising or challenging. Research findings have demonstrated that many of these individuals have experienced significant trauma and abuse in childhood. Evidence is building to show that with the right competencies, staff are able to provide ‘trauma-informed’ interventions to promote progress and positive change.

Design: A PIE uses psychological models to inform practice and achieve outcomes that support an organisation’s aims and objectives. PIE provides a flexible but consistent framework that shapes the culture and gives managers and staff shared knowledge and a common language to discuss challenging issues. Fundamentally, PIE enables staff to develop reflection skills in order to build collaborative, compassionate relationships with service users with complex needs. Through positive relationships with staff, service users are more able to develop the skills and beliefs they need to achieve their goals.

Method: St Basils is a charity and Housing Association that works across the West Midlands region with young people aged 16-25 who are homeless or at risk of homelessness. Since 2011, St Basils has been developing a PIE culture and ethos within the organisation.

Conclusions: The development of the St Basils’ PIE model will be discussed, as well as challenges for sustaining the approach over time. Examples of applying the model to other related organisations and settings will be described, along with evaluation findings.
Objectives / Background: Mainstream mental health, support and accommodation services have traditionally not always been able to meet the needs of homeless people who can have histories of complex trauma, difficulty trusting and engaging with services and experience multiple social exclusions.

Design / Key points: For the last eight years the Psychology in Hostels Project (Lambeth) has advanced models of trauma-informed ‘Psychologically Informed Environments’ (PIEs) by embedding a team of NHS psychologists inside hostels to work in partnership with third sector staff. Here psychological thinking and an understanding of trauma was woven through all aspects of service design and delivery (including direct access to psychological therapy, staff training and support).

Method: The service was carefully evaluated with a range of mental health, engagement, behavioural and burnout measures which indicated that direct access to psychological therapy was particularly effective on a number of dimensions, particularly behaviours implicated in the maintenance of homelessness.

Results: As a result of its success, this award-winning service has now expanded across several London Boroughs and continues to be at the forefront in disseminating PIE best-practice and in developing creative ways of helping excluded populations access psychological interventions.

Conclusions: This presentation will discuss this innovative assertive outreach model through examples of the clinical work and the evaluation outcomes.
Objectives / Background: The primary aim of this research was to evaluate the efficacy of a brief clinical intervention for children with memory difficulties post-traumatic brain injury (TBI). A secondary aim was to generate future research hypotheses regarding interventions for children with TBI.

Design / Key points: Five children (8-15 years old) with TBI and reported memory problems were randomised to two groups in a multiple-baseline design as part of a pilot study.

Method: A six-week, one hour per week, intervention for memory impairment was delivered to all children. Interventions included psychoeducation, mnemonic strategies and environmental adjustments. Participants were evaluated at three, two-monthly time points. Group A received the intervention between Time 1 and 2, whereas Group B received the intervention between Time 2 and 3.

Results: There was no significant effect of the intervention on memory performance, measured using The Rivermead Behavioural Memory Test for Children (RBMT-C). However, there were significant gains in quality of life measures and individualised goals post-intervention.

Conclusions: Results provide preliminary evidence that, whilst memory itself cannot be readily remediated, the everyday difficulties experienced by children with TBI and their families can be improved through brief clinical interventions.
Background: The prevalence of Autism Spectrum Disorders (ASD) in the Middle East region is suggested to be comparable with rates reported in the Western World, however, in the United Arab Emirates (UAE) autism is under-diagnosed and over-looked.

Objectives: This qualitative study based in Dubai, UAE aimed to explore personal experiences of autism and investigate the decision-making process of parents.

Design: Participants in this research study were: six females; aged between 40-50 years; Emirati national mothers of autistic children; recruited through volunteer sampling. A semi-structured interview using open-ended questions was implemented, audio recorded and transcribed. Interpretative Phenomenological Analysis (IPA) was conducted, this protocol involved reading the interview transcript, taking descriptive notes in page margins, identification of over-arching themes and subthemes with supporting quotations and creation of a thematic map.

Method: Interpretative Phenomenological Analysis (IPA) was performed on the interview transcript and three main themes emerged: Education; Support; Social Stigma.

Results: The research concluded that the majority of mothers are primary caregivers and the challenges faced by autistic families include: a lack of understanding and research; family reputation; stigma-associated discrimination; maternal stress.

Conclusions: Mothers with autistic children experience a number of stressors and would benefit from educational workshops, including ASD specific training. A call for further investigation into the role and impact of maids as primary caregivers for autistic children in the UAE is advocated.
Background: Trauma-informed care (TIC) can be defined as “a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects service user’s neurological, biological, psychological, and social development” (Patterson, 2014). There is limited evidence that exists on implementing TIC approaches in service provision in the UK.

Objectives: Given the high prevalence of trauma in forensic populations and the fact that staff members are participants in the processes through which services are delivered, this study aimed to provide an in-depth description of the impact of transitioning to a TIC model on staff and the factors that influence the progress of this transition within the NHS context.

Design: The study employed a qualitative design and the data were collected via focus groups comprising of staff members (n=20) working in the four wards of the unit.

Method: Thematic analysis was used to analyse the data through a social constructionist epistemology.

Results: Four overarching themes were identified: Reconstructing your professional identity; Redefining group dynamics; Navigating new clinical practices; Managing longer term challenges of trauma-informed change.

Conclusions: The study has implications for the role of psychology in leading cultural changes in organisations underpinned by the value of social justice-doing and for actively centring staff wellbeing since TIC was viewed as resistance to burnout and compassion fatigue. Additionally, TIC is in the recent NHS Long term plan for AMH services therefore the study also has implications for staff training and policy changes both locally and nationally.
Neuropsychology in Neuro-Oncology

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We are one of a few neuropsychology teams who work in partnership with an awake craniotomy service for brain tumour resection, with an MDT that includes neurosurgeons, anaesthetists and neuro-physiologists. The neuropsychology team has an essential role in undertaking neuropsychological assessments and providing psychological support at the pre and post-surgery stage, as well as post-surgical cognitive rehabilitation. We work closely alongside the patient and neurosurgeon during surgery to assist intra-operative mapping. The team aims to maximise tumour resection and minimise neuropsychological deficits. The neuropsychologist’s input is valued for their understanding of brain-behaviour relationships and contribution to lateralisation/localisation decisions.
The aim of Make My City Fair is to:

- **Challenge austerity** – It is clear that austerity is unethical as a political approach, unsuccessful as an economic policy, and inhuman in its application.
- **Mitigate the impact of austerity** - We will work together with the City Council, people who have experienced austerity, the NHS, education, the Police and Crime Commissioners office, business and the creative sector, the Trades Unions and researchers to develop and support different approaches to avoiding damage being done to people.
Ref: 3747 Oral Presentation

Topic: DCP 2020

Experiences of Individuals’ Claiming Personal Independence Payment for Mental Health difficulties.

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**Background:** Concerns have grown that Personal Independence Payment (PIP) may be unfairly biased against those with mental health difficulties and that it is a potentially harmful process for individuals attempting to access financial support. This study aimed to explore these concerns through speaking to individuals affected about their experiences of applying for PIP and the impact on their mental-wellbeing.

**Design:** A qualitative approach was adopted in order to explore individuals’ discourse in depth and develop an understanding of their experiences of applying for PIP due to mental health difficulties.

**Method:** 14 participants were recruited from the UK using social media. Participants took part in semi-structured interviews via phone or Skype. Following data collection thematic analysis was applied to explore common themes.

**Results:** Five key themes were derived from the data as follows: 1) ‘A process designed to frustrate?’, 2) ‘The impact of PIP on mental health difficulties’, 3) ‘A dehumanising, degrading, and criminalising process’, 4) ‘The impact on participants’ sense of belonging and worth within wider society’, and 5) ‘Participants’ perceptions of how PIP could be improved’.

**Conclusions:** Findings capture the overwhelmingly distressing nature of the PIP application and assessment process for the individuals interviewed. This highlights an urgent need for mental health services and professionals to be aware of the socio-economic policies that could be influencing and exacerbating mental health difficulties. Implications and suggestions for clinical practice, service design, policy and influencing social change are discussed.
Benefit stigma in the UK during a period of economic recession, austerity policies and welfare reform: a qualitative metasynthesis

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Background: It has been suggested that stigma towards benefit recipients has increased in recent years. This is likely due to the current political and economic climate in the UK as well as prominent neoliberal ideologies which present benefit claimants as ‘scroungers’.

Design: A qualitative metasynthesis was conducted to explore research investigating the experiences of receiving benefits in an era of economic recession, austerity and welfare reform to understand the impact and reach of ‘benefit stigma’.

Methods: A systematic literature search was conducted over four databases. This lead to the identification and inclusion of eighteen qualitative papers within this review.

Results: Analysis led to the development of four themes: 1) Multiple levels of benefit stigma experienced 2) The emotional and social impact of stigma 3) Workers not scroungers- Coping with a stigmatised identity and 4) Impact on communities- Creating a climate of distrust and suspicion.

Conclusions: These findings show that many individuals who receive benefits experience stigma in their day-to-day lives. This impacts not only individual wellbeing but interpersonal relationships and community tensions.
Ref: 3735 Poster

Topic: Children, Young People and their Families (CYPF) stream only

Pilot study of neurodevelopmental diagnostic clinic model in school aged children, for whom there is diagnostic uncertainty

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Objectives / Background: Pilot a neurodevelopmental clinic which entailed a joint clinic between paediatrician and psychologist. To identify the advantages and pitfalls of this method of working to inform the MDT reviewing an ASC diagnostic pathway.

Design / Key Points: Gather data through questionnaires and audit to evaluate the effectiveness of this approach in terms of patient experience, differential diagnosis and time to diagnostic conclusion.

Method: The Paediatrician selected cases where there was diagnostic uncertainty. Data was collected: Demographics: age, gender, presenting problems, time from referral to receiving a final diagnosis diagnostic outcome, parent completed questionnaires of experience. In most cases DISCO interview and ADOS were carried out. Cognitive testing was offered on a case by case basis.

Results: 13 children were enrolled; 11 male and 2 female. The median age of participants was 9 years 4 months. 6 of the children had a final diagnosis of ASD, with ADHD or cognitive discrepancies diagnosed for other children. Formulation was offered for complex children. Parental feedback was received from 6 families, with most reporting that the process improved their understanding of their child. Follow up support was identified as an area for improvement. The clinicians found this way of working effective in formulating for complex neurodevelopmental presentations.

Conclusions: This model demonstrated positive patient experience, supported diagnostic accuracy and clinicians reported improved job satisfaction. It could shorten initial referral to diagnosis time and offer a model of working that is closer to NICE guidance. Cost implications would need to be considered, as should post-diagnostic follow up and administration around the clinic.
Introduction: MAC-UK works in the areas of prevention, social justice and inequality, in a wide range of settings in the community. This workshop aims to equip attendees with the knowledge about what contextual prevention is and how to work preventatively. This will result from a short overview of the context of prevention in health and social care settings, including a critique of the recent government approach (Prevention green paper). As well as providing examples of how MAC-UK works in this way in all levels of the system (by not limiting ourselves to early intervention or individualistic solutions).

Design / Key points: Theory and case studies covered: community psychology, the ecological systems theory, whole systems approaches, whole city approaches, Bradford ACT Early, individual NHS service examples. The workshop will start with a discussion about when attendees have worked in a preventative way including any barriers. Then in small groups we will ask: Imagine you have been asked to draw up a strategy for your service that reduces the demand for your service over time. What would you do? Who would you partner with? How will you ensure these partnerships will be effective? To conclude attendees will brainstorm small steps that will help their organisations work in a preventative way (e.g. sending around an article about preventative models to writing to your local MP).

Conclusions: The workshop will bring to life the practical implications of working as a clinical psychologist with a prevention focus. It will be immediately applicable for people to try in their current roles.
Objective: Team formulation is the process of facilitating a team of professionals to create a shared understanding of a service user’s difficulties. Research has shown that it can improve team working and increase team empathy. However, there remains a question around whether team formulation can have a positive impact on the direct care that individuals receive. The current evaluation aimed to assess the impact of team formulation on the care of individuals with learning disabilities who engage in behaviours that challenge within a locked rehabilitation setting.

Design: SMART goals were co-constructed with staff members during team formulation sessions. Goals were primary prevention strategies grounded in the formulation. Goals were incorporated into individual PBS plans and were disseminated amongst all team members.

Method: Positive monitoring was used to evaluate goal compliance and factors that enabled and hindered this. Staff feedback was also collected and impact on service user behaviours that challenge was also explored.

Results: Mean percentage compliance for goals ranged between 0-100%. A number of factors impacted staff compliance with goals. Staff satisfaction with team formulation sessions overall was high, with staff reporting that they felt sessions improved knowledge and understanding of the client and encouraged a consistent approach.

Conclusions: Co-constructed goals following team formulation can have an impact on the care staff provide. However, a number of organisational and environmental factors can enable or hinder implementation of strategies. Future considerations include troubleshooting goals during team formulation sessions and including service user perspectives in formulating goals.
"My nurse knows everything by the book, but my peer mentor knows 100% from living it".

Kellie Turner¹, Jessica Woolley², Rebecca John²
¹Cardiff University, ²Aneurin Bevan University Health Board

Objectives:
Peer support can be defined as a type of support provided by individuals with a mental health condition to others experiencing a similar mental health condition to bring about social or personal change. Previous research has shown that, despite challenges, it can have a positive impact for both peer support workers and individuals using the service including improved confidence, enhanced recovery, and increased hope. The current evaluation aimed to investigate mentor and mentee experiences of a peer mentoring pilot within an early intervention in psychosis service.

Design: A qualitative design was used to explore enablers, challenges, outcomes and future directions of peer mentoring.

Method:
Two mentors and four service user and carer mentees participated in semi-structured interviews.

Results: Data was analysed using thematic analysis. Findings showed mentee themes of ‘the current service not meeting needs’; challenges of ‘wanting more’; outcomes of mentoring offering ‘the human touch’ and ‘a different perspective’; and future directions around ‘greater access’. Mentors reported themes of enablers being ‘training’ and ‘supervision and support’; challenges of ‘shaping the role’ and ‘lack of understanding’; outcomes of ‘being alongside’ and ‘giving and getting back’; and future directions of ‘more comprehensive training’ and ‘developing the role’.

Conclusions: This evaluation demonstrates that peer mentoring provides a unique and complimentary perspective to current services, while highlighting a gap in support for carers in adult mental health services.
Public Attitudes towards Offender’s with Mental Illness scale (PATOMI): Establishing a valid tool to measure public perceptions

Samantha Walkden
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Objectives: This research was conducted as the first stage of a PhD project and focuses on investigating public attitudes towards mentally disordered offenders (MDOs). This study considers if the Police and Community Attitudes towards Offenders with Mental Illness (PACAMI-O; Glendinning and O’Keeffe, 2015) is a valid tool.

Design: An opportunity sample of the general public (N=504) was obtained and data was collected via an online questionnaire.

Method: The participants were required to read a fictional vignette (developed by the researcher) depicting an individual with schizophrenia then answered the PACAMI-O. The vignette was necessary to set a baseline perception, before participants answered the 40 item tool.

Findings: An exploratory factor analysis, using Principle Axis Factoring and Direct Oblimin rotation, revealed a 4 factor solution: Social distance & location of Mental health services, Mental Health Spending, Attitudes towards Psychiatric Facilities and Community Acceptance. Cronbach’s alpha revealed very good internal reliability of the scale overall (α=.924). The results suggested that 12 items in the PACAMI-O did not contribute towards measuring public attitudes.

Conclusions: Practical implications: As a result of the findings 28 of the 40 items were retained for the new, more concise, valid scale; Public attitudes towards offenders with mental illness (PATOMI).

Conclusions: PATOMI can be used in future research to assess, specifically, the public attitudes towards offenders with mental illness. Once attitudes have been established, research can focus on how to encourage community acceptance and reintegration, also provide the public with a realistic perception of risk.
Objectives / Background: We need to talk about climate change. There are lots of reasons why we don’t – you don’t need to be a psychologist to recognise that denial has been guarding us from the pain of acknowledging the crisis that our planet is facing. The sixth mass extinction, possible near-term societal collapse, uncertainty. The realisation that climate change, social justice and human rights cannot be disentangled.

Waking up to the climate crisis is uncomfortable. We can be overcome with feelings of despair, anxiety, hopelessness, guilt, anger. Some might say that talking about it is just making people depressed - “people need hope!”. Well, maybe, but it depends what you’re hoping for. Others would argue that sitting with this uncertainty, talking about this despair, grieving for the parts of our world we are destroying, might bring about a different kind of hope. It might lead to creativity and action, to come together, strengthen our communities, and enable people to do something. Psychologists are no strangers to supporting people with these emotions, so I believe we’re well positioned to help our communities navigate this difficult time. I’m having a go at doing something. It’s not complicated or new. I’m setting up a group in my local community so people can have space to talk, space to grieve, and voice how they really feel without being shut down by narratives of false hope or denial. And I’d like to tell you about it, in the hope it might inspire you to do something too.
Objectives: Stigmatising constructions of people who receive the contested diagnosis of ‘Borderline Personality disorder’ (BPD) are consistently demonstrated within mental health services. This research aimed to explore how people who receive this diagnosis were made sense of within a team context and to explore the processes underlying this.

Design: Qualitative study using focus groups that comprised members of the same team.

Method: 16 participants from 3 mental health teams within 1 London borough took part in 1 focus group each. All clinical team members were invited to participate. A semi-structured interview schedule was used to guide the conversation. Focus groups were audio recorded and transcribed verbatim.

Results: Grounded Theory analysis led to construction of the model ‘Protecting the Professional Self’. Ideas about ‘personality disorder’ and ‘mental illness’, professional and patient role expectations, a culture of individual responsibility and inadequate resources meant clinicians experienced two core threats to their professional identities when working with people who receive a diagnosis of ‘BPD’. Drawing on culturally-available stigmatising constructions of these clients opened up ways of responding that facilitated distancing from clients and reduction of felt threat. Alternative ‘connecting’ responses were also demonstrated.

Conclusions: Connecting responses are more akin to responses identified as helpful by people who receive a diagnosis of ‘BPD’. Connecting responses require resisting dominant ideas and are limited by ideological and structural aspects of service design and the wider socio-political context. Intervention needs to target these areas; a focus on client behaviour or staff training only risks individualising a systemic problem.
Assessing sociocognitive skills in pre-school children: The Early Sociocognitive Battery, the development of a clinical tool

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Background: The Early Sociocognitive Battery (ESB) (Roy, P., Chiat, S. & Warwick, J. 2019, Manuscript in preparation. Oxford: Hogrefe) is a theoretically motivated assessment of sociocognitive skills in young children. Low scores on the assessment are predictive of later language and social communication difficulties. The assessment is due for publication in Autumn 2019. This submission outlines the standardisation process and relevance to clinical practice. The development of the ESB from a research tool to a clinically applicable assessment represents a collaboration between researchers and clinicians. Given the role that impaired sociocognitive skills have in language and social communication disorders, the ESB provides a strong evidence based tool for early identification, clinical decision making and intervention.

Method: To develop a fully standardised version of the ESB the following steps were undertaken:
- Training of speech and language therapists
- Recruitment of a representative sample of pre-school children from across the UK
- Assessment using ESB, British Vocabulary Picture Scales and a parental questionnaire.

Results:
- The ESB is suitable for use with children from diverse language and cultural backgrounds.
- Scores on ESB were less affected by multilingualism and SES than language measures.
- Predictive of social communication difficulties, ongoing contact with speech and language therapists and parent reported ‘late’ clinical diagnosis of ASD or social communication disorder 7-8 years later.

Conclusions:
- ESB provides a systematic standardised way of measuring sociocognitive skills in pre-school children.
- Findings are relevant for ASD services/ CAMHS and child development teams. The ESB has a key role to play in the diagnostic process.
Using psychological needs to inform placement planning in children’s social care

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The BERRI outcome measure identifies children’s needs relating to their; behaviour, emotions, relationships, risk to self and others, and any indicators of neurodevelopmental difficulties. The Berkshire pilot, which implemented BERRI for 15 children with highly complex needs, led to three successful placement step downs and a saving of one million pounds in the first year. We now have 2800+ uses throughout the UK across children’s residential homes, schools, and foster placements, and are understanding which placements are appropriate for children with different levels of need. We’re partnering with local authorities to ensure that the systems supporting children are psychologically minded and data driven. We want to use this data to change the commissioning of children’s placements for good.
Ref: 3595 Oral Presentation  
Topic: DCP 2020  
The Call of the “Void” and the “White” mourning of a “Living Alzheimer Parent” How to help grandchildren  

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Objectives / Background: Taking care of families (especially grandchildren) of Alzheimer patients who do not recognize them  

Design / Key points: There is no longer, in the foreground, the logical or anticipated continuation of the relationship «of before»  

Method: private practice in palliative care  

Results: The caregiver feeds on the old relationship  

Conclusions: To receive a diagnosis of Alzheimer’s disease does not fail to cause a tsunami in the existence of an entire family. Its members often find themselves without benchmarks or tools to get things done. To accept illness is to mourn a person who is still alive. Starting from the work of WINNICOTT (on the fear of breakdown), and BOWLBY’s (on the concept of attachment and separation), we will explore, from a psychoanalytical point of view, how the stupor of «breaking bad news» refers to the “void” necessary to cover an internal reality characterized by the poverty of fantasies and the imagination in a subject that the terror of losses paralyzes and clings to the contents of the external reality to figure out the state of disintegration which is the breakdown of thinking. What we define as a “white” mourning results from the pain experienced by loved ones who no longer recognize the sick person. It is important to distinguish between bereavement and death. There will be many similar and different stages to experience. Dealing with this grief over a “physically present yet mentally absent” person. As Alzheimer’s dementia progresses more or less rapidly, the spouse, children and other relatives experience endless grief.
Objectives: Evidence suggests that parents of children who experience trauma may develop Post-traumatic Stress Symptomology (PTSS) which is of particular clinical importance as it can have significant consequences for their own and child’s functioning. The present studies aimed to estimate the current prevalence and possible risk factors for the development of PTSS in parents following their child’s trauma.

Design: The studies used a gold standard meta-analytic method to systematically review the available published literature, create an amalgamation of data and provide the most accurate estimations.

Method: Suitable studies were identified through a systematic search of three leading psychological and medical databases. Child traumas were separated into two broad categories for inclusion in individual meta-analyses: ‘single incident traumas’ (k=41, N=4370) and ‘chronic traumas’ (k=54, N=6743).

Results: The estimated prevalence of parental PTSS following a child’s single incident and chronic trauma was estimated to be 17.0% (95% CI 14.1-20.0%) and 30.3% (95% CI 25.3-35.5%), respectively. Moderator and sensitivity analyses were conducted to account for assessment method, trauma type, risk of bias and mixed trauma samples. Pooled effect sizes of 32 potential risk factors for parents developing PTSS were identified in each meta-analysis. Large effects were found for factors relating to parent’s post-traumatic cognition, psychological functioning and coping strategies.

Conclusions: The findings from both meta-analyses highlight the importance of systemic, attachment and cognitive theories in understanding family reactions to child trauma. Which emphasises the clinical need for screening parents most vulnerable to adverse PTS reactions and tailoring interventions to include the whole family.
Objectives / Background: One result of the recent surge in transgender visibility has been a strain on NHS and third sector services seeking to support a vulnerable demographic experiencing higher rates of low mood, self-harm and suicidal behaviours than the general population. Research demonstrates that transgender people are subject to minority stress leading to social pressure and negative self image, but also that supportive families, allowing for self-expression, can ameliorate distress and mental health problems. The news that a child is transgender brings unexpected challenges to most families, and widely varying beliefs and dynamics mean family support for transgender children varies widely. This identifies a need to develop a family intervention to help families to deal with challenges and to foster acceptance and understanding of their transgender child. This research is part of a project to lay theoretical foundations for an intervention which might be delivered by CAMHS or third sector professionals.

Design / Key points: As the purpose of the project is theory development, a constructivist grounded theory (Charmaz, 2014) approach has been chosen. Grounded theory flexibly allows a variety of data collection methods and is conducted in stages. Resulting theory will be iteratively examined and more data sought to answer emerging questions.

Method: Participants will be drawn from transgender people aged 16-24, their family and professionals working with them. Initial focus groups are employed to identify core categories of family dynamics, followed by purposively sampled individual interviews to work towards theoretical saturation.

Results: This research is ongoing, findings will be presented at Conference.
Objectives: Refugees & asylum seekers have a greater likelihood of having experienced traumatic events than the general population in high-income countries (HIC). The aim of this review was to determine how effective NET is as a treatment for trauma with these populations within HIC and if this has been adapted to meet cultural needs successfully.

Design: A systematic review was conducted as the current state of evidence is unclear on culturally adapting NET for refugees / asylum seekers.

Method: Eligible studies were peer-reviewed RCTs investigating efficacy of NET through the reduction of trauma and depressive symptoms. Participants were adult refugees/ asylum seekers resettled in HI countries with complex trauma. Data extracted using the Cochrane data collection forms. Cultural adaptations were assessed using the Bernal & Saez- Santiago framework.

Results: A narrative synthesis was conducted. NET was shown to perform better than both active and non-active comparators. All included studies reported a significant reduction in trauma scores in the NET group in comparison to the control group. Only two studies found a statistically significant difference in depression scores at follow up.

Conclusions: The review demonstrated that NET is a potentially beneficial intervention for treating complex trauma with these populations. A lack of culturally adapted treatments was apparent, and studies should be more transparent on how they attempted to make interventions more culturally appropriate. The number of trials to date is small, and their methodological quality is limited. Future research should aim to further develop by conducting more rigorous trials with larger samples.