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Version: Accepted Version

Article:
Smith, T, Dunning, G, Berry, C et al. (2020) The leeds experience of having service users and carers involved in training clinical psychologists. Clinical Psychology Forum, 2020 (327). pp. 38-42. ISSN: 1747-5732

https://doi.org/10.53841/bpscpf.2020.1.327.38

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The Leeds experience of having Service Users and Carers Involved in training clinical psychologists

Abstract

Service user and carer involvement in clinical training programmes is growing. We present an evaluation of involvement at Leeds from both a trainee, service user and carer perspectives, which highlights the potential benefits of this. Some of the potential difficulties are also noted and we continue to attempt to address these.

Service User and Carer (SU&C) involvement has been a requirement for training in healthcare from the academic year 2015/2016 (HCPC, 2014). Studies have reported benefits for health profession students: increased empathy and improved communication skills (Repper & Breeze, 2007); increased self-efficacy (McCusker, MacIntyre, Stewart, & Jackson, 2012); development of learning (Clarke & Holttum, 2013); and increased enthusiasm (Harper, Goodbody, & Steen, 2003). The literature on involvement in clinical psychology training has noted both benefits and challenges in teaching (Holttum, Lea, Morris, Riley, & Byrne, 2011); clinical placements (Tickle & Davison, 2008); and trainee selection (Cooper, 2008).

Involvement in the DClinPsy at Leeds began in 2007, and in recent years has developed to include a SU&C group who contribute across the programme (Everybody's Voice). It seemed timely to evaluate this involvement and in sharing the findings we aim to encourage discussion regarding best practice.

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Our evaluation questions were:

1. What opportunities for involvement are there on the Leeds course?
2. How do trainees view and experience involvement in training?
3. How do SU&C involved in training view and experience it?

Methods

Design

This study was carried out in two phases, two years apart. The first phase examined the extent of SU&C involvement on the programme and explored the trainees' experience of it through questionnaires and a focus group. The second phase focused on SU&Cs' experience of being involved via telephone interviews.

Trainee Participants

All (48) trainees were invited to complete a questionnaire regarding their views on SU&C involvement; eleven questionnaires were returned. Trainees were also invited to participate in a focus group and seven attended.

SU&C Participants

All SU&Cs who have contributed to the programme were invited to take part in the project (approximately 20 people). Thirteen indicated interest in the project and eleven were able to commit to a telephone interview.

Procedure

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For trainees, the questionnaire consisted of open-ended questions regarding views on involvement, allowing for free-text answers. The focus group topic-guide included open-ended questions and follow-up prompts to encourage reflection and discussion. The focus group lasted one hour and 25 minutes, including a 10 minute debrief and was transcribed by a co-facilitator.

For phase 2 involving SU&C's, the telephone interview script included questions relating to demographic information followed by questions exploring participants' experiences of involvement. If participants did not wish to be recorded, paper notes were taken. Interviews lasted between 18 and 97 minutes in length.

Data analysis

Data was analysed using Thematic Analysis (TA; Braun & Clarke, 2006). An inductive approach was used, meaning we did not use pre-existing theories to interpret the data. Quality standards relating to qualitative research were considered, in particular, Elliott, Fischer and Rennie's guidelines (1999). Of particular relevance was 'owning one's perspective': as clinicians who value and advocate SU&C involvement, it felt imperative to be aware of our own assumptions. In addition to using supervision, analysis involved our SU&C group, allowing participants to contribute to validating the findings. The draft of this paper was also shared with the group, and their comments aided our development of the discussion.

Ethical Considerations

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The project was approved by the University of Leeds Faculty Research Ethics Committee within the School of Medicine. We treated all participants in accordance with the British Psychological Society's (2009) Code of Ethics and Conduct.

Results

1. *Opportunities for involvement (SU&C)*

Most SU&C reported involvement in the group 'Everybody's Voice', which offers opportunities including chairing the group, mentoring new members and developing newsletters. Involvement in selection is another common experience, this includes setting questions, being a panel member, chairing a panel, and contributing to the final selection meeting. Participants also identified opportunities to facilitate teaching that included Q&A type sessions, providing an SU&C voice in specific teaching sessions, and taking an active role in clinical skills teaching. A number of participants spoke about their involvement in Practice Based Learning exercises and providing feedback for trainee presentations. Finally, participants discussed involvement in programme subcommittees and the opportunity to represent the programme at conferences.

2. *Trainees' experience of involvement: value and perceived barriers*

The value of involvement in training

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The majority of trainees valued hearing life stories from SU&Cs (e.g. during teaching), and felt this **increased their understanding** of mental health problems and their impact. Participants reported: *"They bring emotion... bring things alive...make it experiential" (Participant 3); "When people describe their journey, there's so many things outside of therapy that have really contributed to their...progress or recovery" (Participant 5).*

Some trainees felt personally **inspired** by the SU&Cs they had met. Trainees also valued the sense that this sharing of lived experiences was **empowering** for SU&Cs. The majority of trainees believed that SU&C involvement in teaching and clinical skills exercises had helped them to develop **clinical skills** (e.g. assessment and listening skills). A minority of trainees reported **increased reflexivity** (i.e. increased awareness of their own assumptions/judgements) due to involvement with SU&Cs on the programme.

SU&Cs were seen as a valuable source of advice on **research** by participants: *"how to approach people and how to make my study accessible" (Participant 7)*. Trainees learned to be more critical of the research process and to write for different audiences by having SU&C involvement. However, advice from service users felt unhelpful if their skills were not matched to the task (e.g. deconstructing research).

Challenges to involvement in training

Trainees wished for **more opportunities to consult with SU&Cs** on placement, however there was uncertainty regarding how to do this. Trainees agreed there was a lack of clarity regarding the **definition of SU&C involvement** and they wondered whether involvement was implicit in clinical work.

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Having to balance **multiple demands** during training seemed to be the biggest challenge to investing more time in SU&C involvement. Trainees hoped that course staff and placement supervisors would support them to prioritise SU&C involvement activities. There was also a desire to for **meaningful involvement**: *"I'm interested in this, but actually is it going to make any real impact or be of any use to the people I'm doing it for? And if it's not, then that's just serving my interest". (Participant 4).*

Participants expressed some anxiety regarding the **potential to harm** SU&Cs, and an awareness that this anxiety might act as a barrier to engaging with and learning from SU&Cs. There was also a perception that other professionals feel that SU&C involvement could **potentially undermine** professional roles. There was a sense of **unfairness** that SU&Cs were not being consulted during NHS service restructuring. This may have been maintained by **unhelpful attitudes** within the profession: *"People often think....we know what's best for you...so we're going to do it to you."(Participant 6).* Trainees expressed frustration with the perceived them/us divide regarding professionals and service users, reporting this was **a false divide** in that people could have similar experiences regardless of their roles.

Some participants expressed **disappointment** that SU&C involvement on the programme was less than they would like. Others noticed the **lack of diversity** among SU&Cs involved in training: *"you didn't hear from service users who maybe had bad experiences so that...we...could learn...what we could change next time." (Participant 6)*.

3. How have SU&Cs experienced involvement?

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The value of having a voice in training

A number of participants discussed their sense of 'having a voice'. Most frequently, participants reported **feeling equal** and as having a **genuine influence** upon the programme: *"You're not just seen as a resource, you're an appreciated participant. They're aware that you may have had certain direct experience of something that makes you an expert in your own life." (Participant 8)* Participants spoke about the opportunity to **break down us vs. them attitudes** through honest and open conversations with trainees.

Participants identified **a sense of purpose** as a result of the role: *"It helped me a lot. It helped me because I could say, look, I'm a volunteer, I must be getting better…it used to give me a change and put positive in me, I used to think at least I'm doing something." (Participant 5).* Similarly, many participants spoke about a **positive impact on their self-esteem**, increased confidence and a sense of personal pride. The **social aspect of involvement** was also discussed in terms of being able to meet 'like-minded' people and breaking down social barriers. Having an **opportunity to give back** to psychological services was also valued: *"I think the overwhelming feeling for me is about giving something back. I didn't know how else to say thank you". (Participant 2).* Finally, many participants spoke simply of a sense of **enjoyment.**

Empowerment and positive experiences of being involved in an academic environment were reported: *"I love meeting with academics, but they don't like being called academics." (Participant 1).* Participants also highlighted an **awareness of an academic agenda**, including the need for the programme to meet certain criteria for involvement: *"we understand that they've got guidelines that they need to adhere to…but I do feel we play quite a role which is good." (Participant 7).*

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Challenges and barriers regarding involvement in training

Some participants reported a **lack of clarity about involvement** on the programme, for example, whether Everybody's Voice is a support group or not. Others spoke about the **academic environment as intimidating**. This related to meeting in formal meeting rooms at the University, working with academic staff and the use of academic language: *"…the people who ran it had deadlines and things they wanted to talk about and in a way that went over our heads." (Participant 9).*

The **struggle to be heard** was discussed, sometimes as a result of confidence, but also due to feeling that people with louder, stronger voices were favoured. Some participants spoke about **not feeling worthy** as a result: *"I felt welcome, but it was all new to me, it was a long time since I'd done work or anything. I thought am I doing this right, have they got the right person, am I doing the right thing? I was worried in myself thinking are they sure they want me?" (Participant 5).*

Participants discussed the **demands of involvement**, for example, the selection process being psychologically demanding due to the potential impact on interviewees' futures. Some participants reported feeling vulnerable during interviews, feeling ignored or patronised by interviewees. Others spoke about feeling uncomfortable after contributing to teaching: *"I was a little bit worried … I thought well, maybe I shouldn't have said that, maybe it was a bit too personal" (Participant 3).*

In summary, participants disclosed **personal barriers** (e.g. mental health issues, physical health issues, confidence) and **practical barriers** (e.g. parking, prior commitments).

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Some participants felt that **communication** also posed a barrier at times, for example, lack of briefing about teaching sessions.

Factors reported as facilitating involvement included **financial reimbursement** and the opportunity for **flexible involvement** without feeling pressured. Many participants identified **feeling supported** by the programme and comfortable in approaching staff. Participants also spoke about **looking forward** to the future of SU&C involvement on the programme: *"The group is evolving and growing to how we need it to be…." (Participant 10)*.

Discussion

Trainees reported that SU&C involvement helped develop knowledge of the experience of mental health problems and helped with clinical skills. Other involvement, such as feedback during problem-based learning tasks and consultation regarding research, enabled them to develop presentation and writing skills. Trainees also reported an increased ability to be reflexive in their practice following SU&C input. This suggests that SU&C involvement in our programme had similar benefits as previously reported (e.g. Holttum et al., 2011).

The current evaluation highlighted the value that trainees gained from believing that the SU&Cs were benefitting from involvement. Research has suggested that being involved in educational processes can improve psychological wellbeing of SU&Cs (Townend, Tew, Grant, & Repper, 2008). Our SU&C participants reported positive personal experiences, which included benefits that have been previously reported: an opportunity to 'give back' (Cooper, 2008); a positive impact on self-esteem (Barker & Waites, 2015); a sense of purpose; increased confidence; and increased social opportunities. Participants spoke about feeling supported by the programme staff and valuing flexibility around involvement. These

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strengths were considered facilitative and may help reduce the impact of the barriers and challenges reported. Changes have been made in response to these findings, such as the production of a folder with background information and a list of acronyms for new members; attempts to engage involvement from SU's who are not represented in 'Everybody's Voice' (e.g. a liaison with a young people's SU group); and the provision of mandatory time on placement to engage with local SU&C groups.

There were some limitations to the study, primarily that there was a lower level of trainee participation than we had hoped. We consider it a strength that the SU&C participants included both current and past contributors. It seems likely that some of the negative experiences reported in the findings are from those who decided to stop attending. We believe that we have addressed some of the concerns raised: feedback from current group members is that some themes: for example, the struggle to be heard and the academic environment as intimidating, did not resonate with their experience.

Conclusion

Clinical psychology training is shaped by the educational and NHS setting, accreditation criteria and funding arrangements, therefore, it is important to have realistic expectations of SU&C involvement. In context of the impact of involvement, rather than an all-or-nothing approach, it seems sensible to consider each element of training separately. Arnstein's (1969) ladder of participation has been invoked as a framework for thinking about this on our programme. The development of a flexible model of involvement in clinical psychology training is necessary to ensure that we are working towards co-production, with an understanding that different tasks will require involvement at different levels.

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