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# The Contribution of Clinical Psychologists to Recovery-orientated Drug and Alcohol Treatment Systems

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# 1. Introduction

This document, for service commissioners and service managers, describes the unique contribution of clinical psychologists to effective recovery-orientated drug and alcohol treatment systems. It details clinical psychologists' extensive competences and how these can be deployed to enhance recovery outcomes for service users and their families.

Drug and alcohol treatment services continue to face challenges to service delivery requiring substantial organisational and practice changes. Delivering more ambitious service user outcomes at a time of financial pressures calls for ever greater effectiveness from resources. Other drivers for change and innovation include:

- incorporating new evidence-based interventions;
- establishing robust clinical governance;
- enhancing workforce competences;
- involving service users more closely in decision making;
- changes in patterns of substance use over time; and
- building greater links to community resources.

With this context in mind, this document sets out how clinical psychologists contribute to the contemporary priorities of drug and alcohol treatment services.

# 2. Summary

The provision of effective psychosocial interventions within a recovery-orientated drug and alcohol treatment system is key to delivering improved recovery outcomes for service users, their families and communities.

The high level competences of clinical psychologists in applying psychological knowledge to recovery-orientated drug and alcohol treatment go far beyond the direct provision of treatment interventions. The training of clinical psychologists equips them with the competences to take up leadership, practitioner and effectiveness roles within treatment services and systems, improving the volume, quality and outcomes of drug and alcohol treatment.

> *Previous guidance has made it abundantly clear that better results can be achieved by the proper incorporation of psychosocial interventions within a comprehensive [treatment] programme* (NTA, 2011, p.4)

A psychologically competent workforce and treatment system is essential to optimally facilitate service users' journeys to recovery. This is the basis of helping service users to build the individual and social recovery capital to sustain their recovery beyond treatment. Having psychological expertise to a standard in excess of other professions, clinical psychologists enhance the psychological competences of the workforce within treatment systems.

Psychological well-being is improved by working with individual service users, their social network, clinical teams, organisations and communities. By working at these multiple system levels the expertise of clinical psychologists can be employed efficiently in the delivery of high quality effective interventions throughout the treatment system.

Clinical psychologists have been at the forefront of the development of innovative services for the treatment of drug and alcohol problems. They have made key contributions to the field by developing the major interventions proven to be effective in achieving recovery outcomes including motivational interviewing, contingency management, relapse prevention, couple and family interventions, and cognitive behavioural therapy for co-existing common mental health problems that inhibit recovery.

# 3. Psychosocial interventions: An essential element for recovery from addiction

There is a robust and growing body of evidence for the effectiveness of psychosocial interventions in promoting behaviour change and maintaining recovery from addictions. For the treatment of substance misuse, there is a broad consensus that psychosocial elements are the key treatment component (e.g. NICE, 2007, 2011) even where substitute prescribing is available. For the majority of substances however (including novel psychoactive substances), there are few, if any, pharmacotherapy options.

Recovering from drug and alcohol problems necessitates substantial change by service users leading to improvements in daily functioning and quality of life. These changes are underpinned by effective psychosocial interventions and include (re)building social and family relationships and overcoming barriers to educational or employment access. Regarding employment, national developments such as Improving Access to Psychological Therapies (IAPT) have been based on evidence-driven psychological interventions.

## 3.1 Psychosocial and psychological interventions for different treatment groups

A number of national guidance documents have outlined the evidence base for key interventions for drug and alcohol misuse: NICE 51 & 115 (2007 & 2011), *The Drug Misuse and Dependence UK Guidelines on Clinical Management* (DH, 2007), *The Review of the Effectiveness of Treatment for Alcohol Problems* (NTA, 2006), *The Effectiveness of Psychological Therapies on Drug Misusing Clients* (NTA, 2005).

Key elements from these documents are summarised below.

| | **Psychosocial interventions** (carried out by key workers with specific competences and supervision) | **Psychological interventions** (carried out by specialists in psychological interventions) |
|---|---|---|
| **Drug misuse** | ■ Brief motivational interventions<br>■ Mutual aid facilitation<br>■ Contingency management | Behavioural couples therapy |
| **Alcohol misuse** | ■ Brief motivational interventions<br>■ CBT (including relapse prevention) | ■ Behavioural couples therapy<br>■ Network therapies |
| **Drug/alcohol misuse and co-existing mental health problems** | Guided self help<br>Behavioural activation | Cognitive behavioural therapies (qualified recommendations for psychodynamic psychotherapy) |

The role of clinical psychologists in developing treatment systems which comprise these interventions will be addressed in more detail in Section 6.1, Leadership Competences.

# 4. Current policy context

The current government's *Drug Strategy* (HMG, 2010) sets the current policy context for drug and alcohol treatment in the UK. Its stated distinguishing factor is the explicit expectation for more ambitious outcomes from drug and alcohol problems and an articulation of recovery as individuals' improved well-being, citizenship and freedom from dependence. The drug strategy also makes clear a broad definition of drug and alcohol problems and associated difficulties, including poly substance use, mental health problems, new psychoactive substances and substance use by young people. More recently, the NTA has published *Medications in Recovery: Re-orientating Drug Dependence Treatment* (NTA, 2012) which sets out the findings of experts on how services should respond to the agenda set by the drug strategy.

The drug strategy clearly states that drug treatment 'must change' (p.18). While substitute prescribing remains central for the treatment of heroin dependence, outcomes are optimised with engagement in recovery activities. These recovery activities are in the main psychosocial interventions. Where they are not, engagement in recovery activities is facilitated by psychosocial interventions.

Framed as building recovery capital (p.18), identifying, building and utilising social, physical, human and cultural recovery capital is greatly enhanced by using effective psychosocial approaches. The strategy calls for an 'inspirational recovery orientated workforce' (p.20) to deliver its overall aims which includes increasing the numbers recovering from dependency.

The drug strategy references a further substantial shift in policy context in terms of funding being outcome focused 'where money follows success' (p. 24) and services are competitively tendered and rewarded (p. 19). There will be a greater than ever focus on what services tangibly achieve for service users and their families. Clinical psychologists will show how they uniquely contribute to achieving these outcomes and how their psychological expertise in the workforce makes business as well as clinical sense. The competitive context will mean far more organisations entering the field as service providers. This will include private companies, third sector organisations and newer models such as community interest companies and hybrid public-third sector partnerships. Such organisations may be keen to be innovative, clinical psychologists will have competences to support and enhance these ambitions.

# 5. The changing landscape of drug and alcohol treatment: How clinical psychologists help

The agenda set out by the government's drug strategy with a clear focus on broad recovery outcomes brings a changing landscape for services, both clinically and in terms of business. The competences clinical psychologists bring will be an invaluable contribution to the success of these services in both these domains. Changes faced by services at present include:

## 5.1 Outcomes and funding

- Growing the numbers of service user successfully and safely completing treatment.
- Working in a Payment by Results context.
- Maintaining recovery gains over the longer term and minimising treatment re-entry.
- Expertly focusing additional resources with service users whose recovery is stalled.
- Increasing efficiency by using current resources to maximum effect.
- Defining and measuring successful outcomes across a range individual service users.

## 5.2 Effective treatment

- Achieving robust and sustained outcomes from optimal treatment.
- Governance, leadership and innovation in psychosocial interventions.
- Evaluating the effectiveness of current and innovative treatment.
- Building arguments for funding by evidencing effectiveness.
- Tailoring evidence-based interventions to specific commissioning needs (e.g. rural populations or specific treatment groups such as older people).

## 5.3 Service and workforce development

- Developing a workforce characterised by aspiration, hope and compassion.
- Buliding services and a workforce responsive to change and development.
- Enabling all staff to develop competences to deliver wider recovery outcomes.
- Ensuring staff have the competences to deliver expected psychosocial interventions.
- Defining the competence required for effective psychosocial interventions.

## 5.4 Changing nature of substance use problems

- Heroin use is declining while there is increasing attention to alcohol problems, new psychoactive substances and addiction to medicines.
- Services need to attract and offer effective interventions for a wider range of substance misuse problems.
- Multiple substance use is increasingly common rather than exceptional.

The competences of clinical psychologists, detailed in the remainder of this document, span these contemporary service pressures and drivers for change. Deployed at a range of levels (organisational, workforce, service users, family and friends, and community), these competences have a broad invaluable application to ensure services are clinically effective and economically viable in a recovery orientated context.

# 6. Roles of clinical psychologists in recovery-orientated drug and alcohol treatment systems

Qualified clinical psychologists apply the following high-level competences at organisational levels with a whole service focus, through enabling other staff and in their direct clinical practice. These are described in more detail in the following sections.

| | |
|---|---|
| Leadership competences | ■ **Consultation, supervision and training** for staff on psychological skills and interventions<br>■ **Developing and improving** effective services, enhancing recovery outcomes<br>■ **Professional skills** ensuring governance, safe and ethical practices<br>■ **Multi-system working;** developing pathways into services such as mental health teams and social services |
| Practitioner competences | ■ Psychological **assessment** for service users with multiple and complex areas of need<br>■ Psychological **formulation** employing psychological theory leading to effective treatment plans<br>■ Specialist psychological **interventions** with service users, families and social networks |
| Effectiveness competences | ■ **Evaluation** of interventions and services<br>■ **Translating** findings from the research evidence base into innovative practice<br>■ **Designing** research to answer local treatment questions |

## 6.1 Leadership competences

- **Consultation and supervision**
  Effectively communicate psychological knowledge to clinical colleagues and others to support wider clinical practice and enhance the quality of treatment and outcomes.
- **Service development**
  Working effectively with multi-disciplinary teams, understanding the process of change in services and implementation of innovation within systems. Working with a range of professionals, service users and carers to facilitate involvement in service planning and delivery.
- **Professional skills**
  Understanding ethical issues, applying these in complex clinical contexts, ensuring that informed consent underpins all contact with service users and others. Understanding the impact of difference and discrimination on peoples' lives and its implications for clinical practices.

These leadership competencies help deliver:

- an 'inspirational recovery orientated workforce'

- effective clinical governance
- cost-effective recovery outcomes

### 6.1.1 An 'inspirational recovery-orientated workforce'

The government's drug strategy (HMG, 2010) calls for an 'inspirational recovery-orientated workforce' and aims to promote a 'culture of ambition and belief in recovery' within services. Applying sophisticated psychological knowledge inspires and develops teams and nurtures leadership qualities in others. Developing governance frameworks sustains development of a psychologically competent workforce. This includes designing and running training programmes that train to an objective and measured level of competence that and are maintained through supervision systems.

Drawing on the full breadth of psychological concepts will help service managers in the development of healthy and reflective organisational systems.

Clinical psychologists are trained to apply their skills and knowledge at community levels with the aim of utilising the support of healthy communities. These community psychology approaches can be understood as building social recovery capital, facilitating service users' engagement with available resources to sustain their recovery. Utilising the theory and practice of community psychology, psychologists can work alongside peer networks and community recovery champions to access or create recovery-orientated community resources.

### 6.1.2 Clinical governance

The delivery of effective and ethical psychological interventions by any clinician must be underpinned by supervision from a professional with expertise in psychological approaches, plus competences in supervising and leading psychological interventions. Clinical evidence consistently shows that, without this, psychosocial interventions will not deliver expected outcomes. The unique combination of competences in training, supervision and evaluation along with knowledge of a wide range of effective psychological interventions means clinical psychologists are in the best position to provide this governance throughout teams. Investing in robust governance structures for psychological interventions ensures the delivery of effective interventions enhancing recovery outcomes. Not doing so risks wasting resources in providing ineffective and potentially harmful interventions. Poor quality psychological interventions are damaging for service users, jeopardising their recovery.

Advising service managers and commissioners on specific psychological clinical standards ensures safe, effective evidenced-based clinical practice. Integrating specialist psychological knowledge and devising service user care pathways can drive dynamic service innovation. Clinical psychologists draw on these competences to formulate, implement and evaluate innovative recovery pathways in complex treatment systems.

### 6.1.3 Cost-effective recovery outcomes

Robustly and accurately defining and measuring a broad range of desired recovery outcomes requires a range of evaluative skills and techniques. Clinical psychologists are the only professional group employed in drug and alcohol treatment services with postgraduate research and evaluation skills as a core component of their training. They have a detailed knowledge of a wide range of outcome measurement tools and the ability

to develop new ones. The Treatment Outcomes Profile (TOP) used across the treatment system was designed and validated by a psychologist. The effective clinical use of tools such as the TOP requires a workforce with abilities to integrate the measurement function of the TOP with service user focused clinical interventions. Measuring treatment effectiveness and recovery outcomes is increasingly essential in demonstrating cost effectiveness and accountability to managers and service commissioners. Working with managers and commissioners to devise, implement and interpret outcome measurement that gives reliable information on service delivery and clinical outcomes.

### *6.1.4 Examples of clinical psychologists' leadership roles*

- A clinical psychologist, working jointly with a psychiatrist, designed new care pathways for the treatment of co-existing mental health and benzodiazepine problems. The package included standardised assessment, validated clinical measures, and guidance for keyworkers on medical and psychological interventions and the measurement of outcomes.
- A clinical psychologist assisted with the start up of a local peer support project, participating in the project advisory group advising on governance and effectiveness, drawing from a knowledge of the evidence base and subsequently providing a reflective supervision space for the continuing development of peer supporters.
- Two clinical psychologists delivered a regular programme of two-day training for substance misuse workers on the use of mind mapping to structure keyworking session. Within the training, keyworkers gain skills in using maps to facilitate recovery planning, build motivation, review and exit treatment, and how to 'free map'. Training is supported into implementation with team supervision.
- A clinical psychologist working in a third sector service, was invited to redesign the system of psychosocial interventions to be evidence-based, diverse and effective. This resulted in a range of interventions being provided for service users routinely, including brief interventions, contingency management and family work based on community reinforcement approaches.
- Clinical psychologists devised an evaluation framework looking at the impact of a psychosocial intervention on motivating heroin users to achieve recovery-orientated goals. The project was also successful in attracting additional external funding to support evaluation costs.
- A clinical psychologist designed and implemented a support pathway for family members of service users. This provided a standardised and consistent support framework for family members of any service user accessing local treatment.

## 6.2 Practitioner competences

- **Psychological assessment**
  Using a range of established assessment procedures to elicit detailed information about problems and strengths and the context in which they occur along with desired changes.
- **Psychological formulation**
  Integrates assessment information within a framework that draws upon psychological theory and evidence incorporating biological, psychological and social factors. Working collaboratively with service users, psychological formulation facilitates understanding, identifies diagnoses where appropriate and indicates interventions.

- **Psychological intervention**
  On the basis of a formulation, implementing psychological interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user(s), in a collaborative manner with: individuals; couples, families or groups; services/organisations.

Relevant NICE and other clinical guidance relating to drug and alcohol problems recognises the delivery of psychological interventions in effective treatment as being essential (NICE, 2011; NICE, 2007; Department of Health, 2007).

> *[Optimised treatment] include[s]… psychosocial interventions keyworkers are competent to provide and access to other psychosocial interventions requiring additional competences*
> (NTA, 2011, p.5)

The core of clinical psychologists training is the development of in-depth understanding and application of a wide range of psychological theories. This is applied in the assessment of complex and multiple problems to develop an integrated biopsychosocial understanding (or formulation) of service users' strengths and problems, leading to targeted individualised care packages. This significantly increases the likelihood of positive change, while evaluating the effectiveness of interventions maintains the focus on recovery outcomes.

Qualified clinical psychologists have the clinical competences to work with service users from across the lifespan. Their core training also spans the full range of clinical problems and service user groups. This means that clinical psychologists provide expertise in drug and alcohol problems with both common and more diverse service user populations including co-existing mental health problems, physical and learning disabilities, and forensic presentations.

Assessments provided by clinical psychologists identify service user strengths and link together the complex domains of substance use, social problems, and physical and mental health problems. More accurate and comprehensive assessment leads to early and effective delivery of the right interventions at the right time.

Effectively assessing the dynamic factors associated with risk is a routine part of clinical psychologists' assessment. Identifying protective factors and triggers for specific risks increases individual, family and community safety. Such assessments in complex risk situations such as safeguarding children and safeguarding vulnerable adults improves safe clinical management.

Clinical psychologists are uniquely able to undertake comprehensive neuropsychological assessments of cognitive ability and identify service users' strengths and any areas of problem or limitation.

Central to psychological approaches is the psychological formulation. A psychological formulation aims to provide a coherent understanding of problems by linking information from assessment to the observed problems using relevant evidence-based psychological theory with the aim of providing hypotheses about the factors contributing to and maintaining problems. The formulation is used to derive plans about what may be employed to address the problem(s) and minimise the likelihood of reoccurrence.

Developing this level of understanding of service users' problems is highly relevant within drug and alcohol treatment services as many service users have multiple, complex and interlinked problems. Arriving at a formulation also leads to service users achieving improvements rather than remaining within ineffective treatment packages that fail to account for fundamental areas maintaining drug and alcohol problems.

Clinical psychologists provide leadership on psychological assessment and formulation within clinical teams not only in their own clinical work but also in supporting that of other staff. They are also competent to accurately identify clinical diagnoses and convey these informatively and compassionately to service users in a way that facilitates understanding and supports change. Similarly, this understanding of diagnoses is applied in helping drug and alcohol treatment staff to move beyond a simplistic use of diagnostic labels to develop a useful understanding of the nature of service users' problems. This use of assessment and formulation helps facilitate service users' access to services outside of drug and alcohol services, including mainstream psychological therapy services.

The provision of psychological interventions directly builds service users' recovery capital. Applying evidence-based psychological interventions to bring changes to drug and alcohol use and mental and physical health problems can deliver improved relationships and improved social functioning. At specialist levels, clinical psychologists provide formal highly specialist psychotherapies following one of the major schools of therapeutic approach such as cognitive and behavioural therapies (CBT), psychodynamic psychotherapies, and systemic and family therapies.

Research consistently demonstrates the substantial benefits of including service users' social networks in treatment delivering better and sustained outcomes. Applying psychological interventions for family members in their own right improves their functioning, reduces their stress levels and indirectly can lead to improvements for service users. Despite this evidence, inclusion of service users' social network in treatment is not routine in treatment provision. Clinical psychologists inspire and support staff to enhance their skills and competence to make use of this evidence and incorporate family and social network interventions into treatment.

Designing and implementing protocols and manuals helps staff to deliver more specialist psychological interventions aimed at changing both substance use and mental health. These governance arrangements along with supervision allow staff to deliver effective and safe psychosocial interventions. This produces both quality and volume of psychosocial interventions for all service users. By evaluating the safety and quality of guided self-help materials additional interventions can be provided for service users with minimal staff involvement, increasing service users' independence and belief in their own abilities.

### *6.2.1 Examples of clinical psychologists' practitioner roles*

- A clinical psychologist provides regular supervision to keyworking staff on the delivery of a 'five step' family support intervention for family members affected by a relative's drug use.
- Clinical psychologists provide a specialist dialectical behaviour therapy programme of group and one-to-one interventions for service users who have co-existing personality disorder traits. This specialist psychological intervention allows both problem areas to

be addressed in combination for a group of service users who were otherwise trapped in a cycle of interlinked problems.

- A clinical psychologist leads a team delivering a therapeutic group programme in an in-patient setting. The clinical psychologist developed the group programme content drawing on evidence of effective interventions, supports the staff in delivering the interventions through supervision and continually monitor the outcomes feeding back into refining the programme.
- Utilising specialist neuropsychological assessment skills, a clinical psychologist routinely assesses service users with brain injury referred to an alcohol service (a group of service users whose needs are often inadequately identified and have very poor outcomes). A more detailed understanding of individual service users' strengths and limitations, effectively communicated to service users, carers and staff, enabled more effective treatment.
- A clinical psychologist provides training on evidence-based psychosocial interventions to partner agencies such as GPs, Community Mental Health Teams and staff from criminal justice system services.
- Using a combination of published and bespoke self-help materials, a clinical psychologist established a resource of materials for keyworkers to introduce to service users around problems such as depression and anxiety. Accompanied by training on how to support service users in using these materials, this forms a first step psychological intervention.

## 6.3 Effectiveness competences

- **Evaluation**
  Evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), using this information to inform and shape practice. Where appropriate this will also involve devising innovative procedures.
- **Research**
  Identify, critically appraise and communicate evidence from research relevant to practice to ensure clinically and cost effective interventions and practice. Undertake research and evaluation to address locally relevant service questions.

Clinical psychologists' substantial postgraduate level research training is applied to evaluating and improving the effectiveness of treatment services using extensive understanding and application of the full range of research methodologies. These competences have the potential for significant additional value for services. Skills in answering locally driven clinical or service questions via research, evaluation or audit projects directly benefit service delivery and service user outcomes.

Employing substantial expertise in measuring clinical outcomes, clinical psychologists help to demonstrate clinical and cost effectiveness of service changes or innovations. Ongoing outcome evaluation provides valuable feedback on service effectiveness and allows changes to be made that are based on sound evidence. This skill can also be applied to ensuring that treatment provided to individual service users with complex, specific or more unique needs is optimal and effective.

This level of understanding of research processes allows dissemination of the outputs of research literature, with the aim of developing locally relevant services and interventions. Clinical psychologists draw on this familiarity and understanding of research to support

local developments; for example, using up-to-date research literature to design an intervention to address a specific treatment need. These competences are also used in gathering local and wider information to inform needs assessment processes.

Effective audit processes are an essential part of the governance of treatment services. Clinical psychologists can devise audit tools to evaluate a services performance on established quality standards. They may undertake audit projects and/or provide support to other team colleagues to conduct audits.

Involvement in larger scale research projects can benefit the field, bringing new understanding to a complex area of health and social care. This can lead to developments in treatments and the potential for improved outcomes. Large scale projects of this kind would usually have external funding – perhaps from a research grant organisation.

### *6.3.1 Examples of clinical psychologists' effectiveness roles*

- Clinical psychologists developed and implemented a randomised controlled trial (RCT) looking at the provision of incentives for crack users to abstain and whether CBT can sustain abstinence. This was successful in attracting external funding.
- Clinical psychologists evaluated a new contingency management (CM) initiative. The evaluation demonstrated the successful impact of the intervention in supporting more service users to achieve abstinence from a detoxification care pathway. The evaluation was instrumental in securing an innovations award.
- A randomised controlled trial (RCT) was designed by clinical psychologists to evaluate the impact of a novel psychosocial intervention designed to enhance opiate users' motivation to achieve recovery-orientated goals.
- By further analysing existing service data, a clinical psychologist produced a report demonstrating a new alcohol service's success in reaching the majority of the target population. This also generated recommendations for initiatives to improve access for elements of the local population shown to be under-represented.
- Using a validated treatment satisfaction measure a service collected views of service users on their treatment experience. The results led directly to quality improvement initiatives in areas highlighted for development by service users. This is now repeated annually for year-on-year comparison and improvement.

## 6.4 Competences of clinical psychologists and recovery domains

Leadership and research competences cut across all the recovery domains. Practice competences are illustrated specific to each domain.

| | | |
|---|---|---|
| **Leadership** | | ■ Formulate, implement and evaluate recovery pathways in complex treatment systems.<br>■ Provide training and supervision in relevant psychosocial approaches to enable recovery.<br>■ Utilise theory and practice of community psychology to work alongside peer networks and community recovery champions to create recovery-orientated systems of care.<br>■ Advise on and develop governance frameworks for the sustained development of a skilled workforce, including training programmes that train to an objective level of competence.<br>■ Promote and use psychological knowledge to support service developments and reflective practice, and promote healthy organisational functioning, policies and procedures. |
| **Practitioner** | Social recovery capital | ■ Interventions to sustain and improve relationships with family and ability to be effective parents; behavioural couples therapy, family therapy.<br>■ Interventions that harness the value of social support; social behaviour and network therapy.<br>■ Interventions that seek to maximise engagement with community resources and develop activities incompatible with substance use; community reinforcement approach. |
| | Physical recovery capital | ■ Provide clients with coping skills and resources to manage mental health problems such as post-traumatic stress disorder that may lead to problems sustaining hostel accommodation; cognitive behavioural therapy for common mental health problems |
| | Human recovery capital | ■ Knowledge of theory, practice and training in interventions that seek to enhance resources and skills to desist from substance use; recovery from addiction (acute phase) such as contingency management approaches and relapse prevention.<br>■ And interventions that seek to address underlying issues and build on strengths and resources to sustain recovery over time.<br>■ Examples:<br>● Treat substance use directly with evidence-based psychological approaches to enable stability and abstinence; contingency management for drugs, cognitive behavioural therapy for alcohol.<br>● Treat common mental health problems that are impacting on quality of life, and ability to recover from substance use problems and prevent engagement with community resources; NICE recommended cognitive behavioural therapy for common mental health problems.<br>● Work with chronic physical health conditions – cognitive behavioural therapy. |
| | Cultural recovery capital | ■ Use motivational approaches that seek to resolve ambivalence about change and move clients towards culturally and role congruent values based action.<br>■ Use cognitive CBT-based approaches to target unhelpful thinking and develop more resilient and compassionate alternatives.<br>■ Use Mindfulness and other third-wave cognitive behavioural therapy approaches to develop alternative ways of managing distress. |
| **Effectiveness** | | ■ Design evaluation platform from which to measure impact of interventions.<br>■ Use relevant methodologies to the questions being asked; qualitative (theory-building) and quantitative (theory testing).<br>■ Understanding and use of audit cycles in service improvement initiatives.<br>■ Disseminate research findings in peer-reviewed journals. |

# 7. The profession of clinical psychology

Clinical psychologists work across a wide range of areas of health and social care. They are particularly concentrated in mental health services, but also work in prisons, primary care, and physical health care settings both within the NHS and other statutory and non-statutory organisations.

Clinical psychologists are legally regulated by the Health and Care Professions Council (HCPC; formerly the Health Professions Council, HPC) as one of the seven groups of registered psychologists. As with other practitioner psychologists, clinical psychologists have an undergraduate degree in psychology. An undergraduate degree in psychology alone does not confer the skills and competences required to practise clinically. HCPC registered psychologists must also have post-graduate qualifications in applied psychology attaining a recognised standard of skill and competence.

## 7.1 What training do clinical psychologists have?

In addition to an undergraduate degree in psychology, qualified clinical psychologists have an additional three to five years of postgraduate clinical experience and university study in applying psychological knowledge and practice to health and clinical problems. All HCPC registered clinical psychologists are therefore trained to the same high standard of a broad range of competences.

### *7.1.1 Summary of different grades of clinical psychologists*

The career structure of clinical psychologists is usually represented in four broad grades of competence and responsibilities:

- **Assistant Psychologists** will have completed an undergraduate degree in psychology but have yet to attain the recognised professional qualification. They are employed to undertake prescribed roles under a high level of supervision and direction from qualified Clinical Psychologists.
- **Trainee Clinical Psychologists** have completed an undergraduate degree in psychology, have some practical, relevant work experience and are currently employed on an NHS funded training course working towards gaining the recognised professional qualification. Trainees are on placements across NHS and social care services working under the supervision of a qualified Clinical Psychologist.
- **Highly Specialist Clinical Psychologists** have completed the recognised professional qualification and are eligible for HCPC registration and to practise autonomously with professional supervision. Highly Specialist Clinical Psychologists are employed to work directly with service users, family members and peers, as well as with staff teams and systems.
- **Consultant clinical psychologists** are highly experienced members of the profession who undertake additional senior leadership and management roles and give specialist clinical input to teams, services and organisations.

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