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## CPD sample profile

**1.1 Full name: Mid Career- Counselling Psychologist**

**1.2 Profession: Counselling Psychologist**

**1.3 Registration number: PYL#####**

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### 2. Summary of recent work experience/practice

I am a director of a psychological counselling service in a female prison. According to recent government reports, mental health problems in prisons are extremely common, with around 90 per cent of UK prisoners showing signs of mental health problems. Self-harm and suicide are issues of concern, particularly within the female estate, as women in custody are considered to be 18 times more likely than their male counterparts to self-harm.

Referrals can be made to the service either directly by the women themselves, or by prison officers, probation, the mental health in-reach team, healthcare or other prison agencies. Therapeutic interventions are tailored to the presenting issues, which range widely from anxiety and depression, crime related shame and guilt, mood and personality disorders and dual diagnoses, through to the more complex issue of working with female perpetrators of sexual abuse. All interventions are underpinned by psychological research and the relevant NICE guidelines.

In order to offer appropriate psychological services it is important that I take into consideration some of the unique aspects of working with a female population, including: family and social support, cultural norms and expectations, childhood physical, sexual and/or emotional abuse or neglect; family and social history; substance misuse; rape and domestic violence; housing concerns the location and care of their children; life-stage issues and adjustment to the prison environment.

I assess all clients for level of risk, required multiagency input, and therapeutic interventions. The number of sessions offered to clients is dependent on their specific case conceptualisation and goals. I run closed group sessions for individuals with specific problems such as self-harm, panic attacks, depression and anxiety, in addition to rolling skills training groups.

Due to the diverse nature of the prison population, my role involves liaising with internal and external agencies to support the assessment and management of serious offenders on their release into the community, as well as contributing to the care plans of those clients who will remain within the female estate long-term.

I am a member of the British Psychological Society (BPS), the Division of Counselling Psychology (DCoP), the Division of Forensic Psychology (DFP) and the

Special Group in Coaching Psychology. As a practicing psychologist, I am also registered with the Health and Care Professions Council (HCPC). My work is supported by monthly clinical supervision, regular peer supervision, and quarterly meetings with other counselling psychologists working within forensic environments.

Word count: 399

Total words: (Max. 500)

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### **3. Personal Statement**

#### **Standard 1: A registrant must maintain a continuous and up-to-date and accurate record of their CPD activity.**

I have updated my knowledge and skills over the past two years by undertaking a variety of learning activities that contribute to the quality of my clinical and professional practice.

I use the BPS online system to record and monitor my CPD activities in a more formal way. I update my log on a monthly basis and include reflections on my learning in my journal. This log has a list of all different types of learning activities and these are linked to my current and future practice.

#### **Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice.**

My current and future learning needs have been identified through the Staff Performance and Development Record (SPDR), which is part of the annual appraisal process that is used within the prison service.

My learning needs are met by a variety of learning activities ranging from the formal to the informal, and are focussed on enhancing my clinical and professional practice. The activities that I have undertaken include: presenting at and attending workshops and conferences, peer supervision, and self directed learning through extensive literature and undertaking research for a post qualification DPsych.

My current learning needs are focused on further developing my specialist assessment skills and in using relevant assessment tools, such as the International Personality Disorder Examination, (IPDE) which can be used to create more holistic care plans for clients.

I attend workshops, which help broaden my thinking and knowledge base in relation to specific clinical issues that arise in my work. For example I attended a conference in psychological therapies for trauma. The initial workshops and roundtable discussions explored the effectiveness of various models and interventions on persistent fear or shame reactions that are fundamental aspects of PTSD.

**Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.**

**Standard 4: A registrant must seek to ensure that their CPD benefits the service user.**

The examples below demonstrate how my CPD activity has contributed to my clinical practice and to the service. Through my CPD activity, I have become more sensitive to the nuanced differences within the specific theories and models that may impact on my client's experience of therapy. This has enabled me to develop a more refined sense of the clinical interventions that would be most beneficial to the client given their particular needs, goals and context.

### **Self-directed learning (Evidence number 3)**

As a practitioner and a trainer a large proportion of my CPD activity involves self study and peer consultation. Membership of the BPS Division of Forensic Psychology and The Prison Health Research Network enable me to keep abreast of the latest research into and reviews of therapeutic interventions evidenced for forensic populations. I also keep up to date with reports such as The Corston Report (2007) published by The Home Office, which called for a radical change in the way that women are treated by the criminal justice system. Making explicit the link between women's disturbed relationships, poor education and their offending behaviour, the report strongly recommended the inclusion of training in 'life skills that would cover anger and stress management, problem solving and communication skills. As a direct response, I worked with the prison to develop a series of short group programmes to address the issue of skills training, as well as offering psychoeducation and coping strategies for self-harm, panic attacks, depression and anxiety as mentioned in the summary above.

The process of developing group programmes within a forensic environment requires considerable negotiation and a high level of support from within the system. Prior to developing the content of the programmes, the timeframe required for delivery group work is substantial both in the preparation stage and throughout delivery. I liaised with the facilitators of other accredited programmes within the prison to ensure that: the new programmes would not conflict; they offered relevant learning opportunities for participants; that any overlap with existing programmes was signposted and reinforced; and that cultural expectations were accommodated. I also had to liaise with security regarding the risk level of each potential participant for every new group. Other considerations involved: the implication for the prison and inmates' sentence planning if the programmes were not formally accredited; the inclusion and exclusion criteria for each programmes; programme length and whether it would be structured as rolling or closed; if/how outcomes would be evaluated; location, time and length of sessions; and the dynamics of the programme facilitators. In order to make the content inclusive, relevant, engaging and understandable to individuals with a wide range of social, cultural and educational backgrounds, I consulted a large range of literature from within the fields of psychology, criminology and sociology to develop different perspectives. One of my most valuable learning experiences came from running a series of focus groups, with individuals who were self selected, in order to assess the material for each programme. I invited feedback on numerous aspects of the materials, my delivery and capacity to engage interest and the

potential for interest in attending the programmes. Being open to criticism and concerns helped me structure and deliver the programmes more appropriately.

## **Conference**

### **Working with trauma (Evidence 4 and 5)**

I attended a conference on psychological trauma treatment including workshops with eminent figures in the field of traumatic stress. As a high proportion of my clients have experienced traumatic events throughout their lives, an ongoing aspect of my CPD work involves continual development of my therapeutic skills and knowledge in this complex area.

The conference presentations gave rise to stimulating discussions regarding protocol adaptations. A key topic was that of trauma specific protocols such as prolonged exposure. A number of delegates expressed their concern that there is the potential for exposure to historical trauma memories to destabilise and possibly re-traumatise an already vulnerable client. It was suggested that many clients would benefit from present focused trauma informed therapy that does not require any exploration of distressing material.

Following the conference, I explored the use of present focused trauma work and found that it was helpful for clients to consider the impact of their trauma experiences on their current way of thinking about and being in the world. However, clients reported that it did not diminish their responses to anxiety provoking stimuli, flashbacks and nightmares sufficiently. As the environment itself was frequently implicated in the triggering of high levels of arousal, I adapted the therapy to encompass longer periods of stress inoculation training within which I incorporated mindfulness breathing and relaxation techniques, as had been discussed. This differed from the original prolonged exposure training which advocated the use of relaxation within the exposure period. I also explained habituation, and worked with the client to find personal examples of habituation, prior to discussing the rationale for exposure. In view of the restricted opportunities to carry out in authentic vivo exposure I also explored some of the ideas offered within the workshops to adapt exposure scenarios to target individual issues.

## **Workshops**

### **Working with female sexual offenders (Evidence 6)**

I attended a workshop designed specifically for individuals working with female sexual offenders. Considered the 'ultimate taboo' this is an area that is all too frequently neglected. The programme was therefore designed to enhance understanding of the prevalence and characteristics of abuse perpetrated by women; the impact on their victims, and issues relating to the safety of the offender in prison and within the community.

The workshop was not specifically designed for psychologists or psychotherapists and was therefore more generalist. However, I gained valuable insight into the inherent problems created by the views held by those charged with caring for or working with female sexual offenders. The level of anger and revulsion appears to be

even higher than that expressed for male perpetrators of sexual offences, and there is a tendency for professionals to define them solely in terms of their behaviour. Despite the fact that specific therapeutic protocols were not discussed, I found it useful to consider the impact of third party anger and revulsion on the therapeutic process and the potential for this narrow view to result in incomplete intervention strategies. I raised the issue of a limited focus to their sentence planning which frequently specified that probation should target the sexually deviant nature of their actions. My concern was that this limited focus would not address the individual characteristics of the person, their history and their crime pathway. As a result I was asked to develop and facilitate a training programme for internal probation staff and officers. I specifically addressed the potential for aggressive, confrontational, and punitive responses to these inmates, to lead to increased hostility and resistance to change and less engagement in their sentence plan. Increasing staff understanding had an impact on the living conditions of the inmates as they were offered a higher level of support and protection. A consequence of the increased environmental support appeared to be a higher level of motivation to engage in therapy and group programmes.

### **Assessment skills -International Personality Disorder Examination (IPDE) (Evidence 7)**

I attended a two day workshop run by a chartered forensic psychologist on the International Personality Disorder Examination (IPDE) which is an assessment tool in the form of a semi-structured clinical interview that is used to assess personality disorders. This instrument is now widely used within forensic institutions. Through the use of clinical case material and videos, the workshop enhanced my knowledge of the myriad and conflicting manifestations of personality disorder and how they are distinguishable from psychopathy. I also had the opportunity to familiarise myself with the development of the tool and hone my interview style. This was invaluable as it enabled me to engage more fully with the client responses, thereby minimising the sense of detachment often reported by clients. Being able to communicate more effectively with other mental health professionals, both within the prison and externally, has also helped ensure that the ongoing care plan is more holistic. I have also found that discussion regarding their case conceptualisation is more productive and tends to result in clearly defined therapeutic goals. This enables me to integrate clinical interventions more effectively and empowers the client to comment on the utility of the interventions. This tool also aids me in making appropriate onward referrals to specialist programmes such as those for individuals considered to have Dangerous and Severe Personality Disorders (DSPD).

Total Words: 1485  
Max Words (1500)

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#### 4. Summary of supporting evidence submitted

Evidence Number	Brief descriptions	No. of pages	HCPC CPD Standards
1	Record of CPD activities over the past 2 year period	3 pages Electronic CD	Standard 1
2.	Staff Performance and Development Record (SPDR),	2 Pages Electronic CD	Standard 2
3	Copy of the anger management programme and anonymised client feedback	3 Pages Electronic CD	Standards 2, 3 and 4
4	Review of literature on trauma for prolonged exposure	4 pages Electronic CD	Standards 2, 3 and 4
5	Certificate of attendance for trauma conference and reflections on what I learnt and how this benefited clients/quality of work	3 pages hard copy	Standards 2, 3 and 4
6	Certificate of attendance for CPD workshop for working with female sexual offenders. Reflections on what I learnt and how this benefited clients/quality of work	3 pages hard copy	Standards 2, 3 and 4.
7	Certificate of attendance for IPDE assessment skills course and reflections on what I learnt and how this benefited clients/quality of work	4 pages hard copy	Standards 2, 3 and 4