



CPD Profile – Forensic Psychologist – mid career

1.1 Full name:

1.2 Profession: Forensic Psychologist

1.3 Registration number:

2. Summary of recent work experience/practice

I work in a public sector young offender/young adult custodial establishment. My key responsibilities are the assessment and treatment of adults (18 years and over) with serious problems related to sexual and/or violent offending. In my current position I am accountable for the clinical oversight of the delivery of an accredited, corporate group work programme and in addition carry out individual work with young men with serious violence problems.

Total words: 65
(Max. words: 500)

3. Personal statement

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

I keep a continuous and up-to-date CPD log, which I update monthly. The log is stored online on the BPS CPD Online Planning and Recording System and is sub-divided into development needs, a record of activities undertaken, and descriptions of learning outcomes. I use my CPD log to discuss my professional development needs with peer colleagues and my line manager and also during my own systematic review.

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

My CPD activity is geared towards; a) ensuring I am keeping up-to-date with current developments in the field of working forensically with young adults, and b) improving my supervisory skills for trainee forensic psychologists whose practice I am responsible for. My CPD is planned annually during my appraisals, when my personal development plan is agreed with my line manager, and I also plan other activities when conducting a systematic review of my professional practice. I have undertaken a mixture of activities to meet the HCPC CPD requirements, which include formal and informal learning. Examples of my activities include reading journals and other publications, discussions with colleagues and attendance at various conferences and events. Most, if not all of my CPD activity is relevant to both current and future practice.

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 practice and how the service user has benefited from my professional development. Appendix 1 of this CPD profile contains a complete list of my CPD activity during the period under review.

Journal articles (Evidence 1):

I have accessed relevant journals (Criminal Justice and Behaviour, Journal of Sexual Aggression and International Journal of Forensic Mental Health) for my main area of practice in working with detained young adults and also the allied publications from National Institute for Mental Health Excellence (NIMHE) and the Offender Health Research Network.

This keeps me up-to-date on the latest thinking in my area, but I've also started to note any referrals I give to other specialists (e.g. Clinical Psychologists, mental health nurses) and ask them for basic reading lists. In this way, during the last year I have extended my knowledge of dual diagnosis and managing personality disorders. I was able to use this knowledge to secure additional funding for additional specialist services to support the work of my team in effectively formulating the impact of clinical factors when determining forensic needs, as I was able to give a reasoned and supportable business case to the Governor in charge of my establishment. This convinced her that I was, in her terms "a safe pair of hands".

I've also extended an invitation to three of the specialist colleagues to whom I have made referrals in the past to use me as an "assistant" in projects in particular areas in which I have an interest but less experience, so that I can develop my expertise further. An example is that in the last 12 months I assisted in the delivery of a workshop for Prison Officers on recognising signs and symptoms of depression and how to recognise at a basic level if the client is misusing prescribed medication. This enabled me to both gain an understanding of how other disciplines of psychology (Clinical) interact with colleagues of a different discipline, and to enhance my understanding of the subject matter. Consideration of the interface between clinical and forensic needs has provided greater insight how effectively clients will best be able to engage with the services I am able to offer to them.

Professional supervision (Evidence 2 and 5):

I supervise two Forensic Psychologists in Training (FPiTs) weekly for an hour each time between March 2009 and July 2010. In undertaking this supervision, I challenge supervisees' reasoning to provide a scientist-practitioner role model, which also provides reassurance to service users that all the work undertaken with them is high quality.

A major point of learning that emerged from this for me was the need to continually refer to basic implicit theory. For example, in reviewing one FPiT's work, I asked why they had designed an intervention with a particular sequence. It took some extended Socratic questioning to work through all of the reasoning behind what they had done and this not only gave them a more thorough understanding of the relevant theory but reminded me of the range of benefits of Young's approach to Schema Therapy. This also made me realise I can use the logic of the approach in setting up the initial contract with a client for an intervention. By applying this learning in my work I will improve the clarity of the informed consent process for the client, enhancing their ability to collaborate effectively in treatment.

I've also been forced to consider the range of options I consider in supervision, as I am constantly asking supervisees, "so what alternatives did you think about before deciding on that?" For example one trainee seemed relatively dismissive of early theory and practice in contingency management to enhance the effect of environment on the client

outcome. By sourcing reading material for them, and then following up with discussion and thinking about links with more modern practice protocols the trainee was able to effect better management of the treatment environment. By supporting their learning in this way, I improved my own responsive supervisory approach with FPiTs and at the same time enhanced outcomes for service users with whom they are working in practice, for which I am responsible.

Engaging in peer group supervision (Evidence 2 and 3):

I have undertaken peer group supervision. Although I work with other psychologists in my NOMS role it can be difficult for me to “bounce ideas around”. I therefore contacted some geographically local members of The British Psychological Society to arrange informal sessions to discuss areas of interest. We’ve so far only managed to meet in the last 12 months for a couple of sessions due to the constraints of time arising from our various practice commitments. In the two sessions one focused on therapeutic process whilst the other focused on motivating offenders who feel unable to acknowledge some of the difficulties they face, to address such issues safely and motivationally. Recent work undertaken by colleagues with clients in this situation highlighted the role of consistent, positive approaches to clients and the role of focusing on their strengths as individuals, rather than the challenges they present, in building self esteem, and thus potential to acknowledge problems.

My major learning points from this were that others had found the same issues with explaining to clients clearly what needed to be done and to get permission to take the action that needed to be taken, rather than what they wanted to be done. The review forced me to consider how I approach the client initially, and the ethical framework that I operate within. As a consequence I’ve asked the group to consider as a topic for a future meeting the issue of contracting with clients, and bringing examples of contracts we all use to get a “best of all worlds” solution to the clash between winning the business and doing what should be done. These considerations will be of benefit to my future clients in that agreeing and collaborating in setting expectations of therapeutic outcomes in a way that clients can fully understand. This is critical to effective engagement. This approach to promoting engagement links directly to recent thinking reported in the Journal of Sexual Aggression (Evidence1).

Attending a peer group workshop (Evidence 2 and 3):

I have attended a workshop looking at working with aggressive/violent young women. In my practice to date my main exposure has been to male clients, and more generally younger adults (18 years and over). A particular area of development need, at least to a fair level of initial insight has been working with younger women, who present particular areas of need and sensitivity.

Although a small group of offenders in my organisation, their needs, when present tend to be acute, and demanding on the personal resources of those staff working with them. Thus spending time with colleagues experienced at working with this group coupled with a firm base in the relevant literature (which I intend to study further) was very helpful in expanding my area of knowledge of this group of clients.

Approaching such clients should it occur in the future is now less likely to be emotionally demanding for me as a practitioner, but also for the young women as people in need of help and therapeutic support. It is important to my practice, and to my clients that they see and understand that I would not approach an area of practice without having appropriate understanding of the needs of the group. This reinforces their confidence in the profession and helps them thus to engage effectively in interventions. Increased competence and thus confidence on my part reduces the anxiety of vulnerable clients,

thereby promoting their ability to engage with openness and assurance in interventions undertaken with them to meet their needs.

Total Words: 1,486

Max Words (1500)

4. Summary of supporting evidence submitted

Evidence Number	Brief descriptions	No. of pages	HPCP CPD Standards
1	Notes from journal reading (Criminal Justice and Behaviour, Journal of Sexual Aggression and International Journal of Forensic Mental Health)	1 pages electronic CD	2, 3 and 4
2	Record of CPD activities	3 pages hard copy	1, 2 and 4
3	Personal development plan – Staff Performance and Development Review and BPS online CPD log.	1 page electronic CD	2, 3 and 4
4	Certificate of attendance at working with aggressive/violent young women workshop	1 page hard copy	2, 3 and 4
5	BPS, DFP sponsored Supervision Skills accreditation certificate.	1 page hard copy	2, 3 and 4