Embedding Systemic Training into a DClinPsy programme: the possibilities and restraints

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> "The clinical psychology trainee requires support not only with systemic ideas and their application, but also with the process of transition in which new ideas come into contact with and challenge old assumptions" (Hill, 2014, p.280).

John Burnham (2017) created a quadrant to map out how any situation holds possibilities and draws on / creates resources, but in parallel, problems and restraints need to be considered. This has been our experience of embedding systemic training in a DClinPsy programme. As many DClinPsy programme now offer or plan to embedded systemic Foundation and Intermediate courses, we share our learning from Exeter in the hope of supporting others on this journey. We include the voices of trainees who we invited to be part of this article.

Historical context of systemic training at Exeter

Exeter has been running an AFT accredited (Association for Family Therapy and Systemic Practice) systemic Foundation course, embedded in the DClinPsy training since 2017, but has a long history of systemic teaching and training within the department. The course has been recognised for valuing the students' existing knowledge and experience and honours this focus on the course. Our training also focusses on integrating theory to practice in a rigorous and constructively critical way. Because we consider systemic thinking essential to being a clinical psychologist working teams, in leadership positions and with complex systems, all students must pass the Foundation if they are to qualify on the DClinPsy. In 2022, we launched an Intermediate systemic course which trainees can opt-in to over years two and three. To do this, we had to move the existing Foundation systemic teaching and assignments into Year 1, so that all trainees will have completed the Foundation before starting the Intermediate course. About half the cohort opt into the intermediate systemic training, the other half opt into a Cognitive Analytic Foundation training – teaching for both happens on the same day and appears in the timetable as a 'therapy choice' day.

In developing the training, we sought a fit between the learning objectives outlined in AFT's "Blue Book" and the demands of wider DClinPsy training (HCPC, BPS). We have carefully considered which elements of systemic theory and practice are most relevant for trainees. For example, on the Intermediate course, as well as family-based role-play, trainees have skills-based sessions on working systemically with teams and with individuals.

Possibilities

Inviting DClinPsy trainees into the world of systems thinking can be transformative. By attempting to integrate concepts and skills from family therapy traditions and cybernetics, we can support the trainee to navigate complex systems and provide a language with which to understand and negotiate their transition to professional practice (Hill, 2014). By learning to think systemically, trainees are gifted with an ability to see beyond ideas of linear causality, opening up multiple possibilities for understanding clients, teams and organisations within their different contexts.

The systemic intermediate has been my favourite part of training so far. I've found it very useful to learn about systemic theory and practice and have managed to apply some of these ideas on placement in my therapeutic work as well as in the teams more widely.

(YEAR 2 TRAINEE)

The wider context of the DClinPsy creates a useful possibility for noticing the difference that makes the difference between therapy models. Two days of training – one on Formulation and one on the Self of the Therapist - are taught together with CBT and CAT colleagues, and this allows trainees to think about how these topics are conceptualised in the different modalities, what mechanisms of change are applied and possible ideas around integration.

A potential difference between embedded courses and an external systemic course is that stand alone courses tend to attract participants from a multitude of professional backgrounds. Multi-disciplinary learning has been found to increase trust between different professions, dispel stereotypes and hence improve working relationships (Jones, 1986). At

Exeter University, there are other systemic courses that run with in the wider clinical training department Cedar,, which has created an opportunity to combine teaching with MSc Systemic qualifying trainees, such as a three-day Couple Therapy for Depression training (the Exeter Model, Reibstein & Sherbersky, 2012) block on the Intermediate course. Multidisciplinary perspectives are also brought in through the systemic trainers coming from a variety of backgrounds themselves, and by opening up some teaching days to external participants for CPD. The question of multidisciplinary perspectives can be explore as both a possibility and a problem, as is discussed below.

Given the expectation and requirement for so many qualified psychologists to go into leadership positions with the NHS, developing the skills and knowledge associated with complex systems is crucial.

Resources

Engaging in systemic training is enlightening, providing a theoretical base and structure for self-reflexivity, resilience-building and embracing diversity, the latter being crucial at a time when clinical psychology as a profession has acknowledged its lack of diversity (ACP, 2022).

We also recognise what clinical psychology brings to systemic therapy and systemic research; it's rigor and research prowess adds a robustness essential in evidence-based commissioning cultures.

In terms of theory, I absolutely love it and it has been the thing I have spent the most time and energy doing extra reading around, watching videos, talking about with other trainees, and generally nerding-out over!

(YEAR 2 TRAINEE)

Problems

Work demands on trainees presents as a problem, they are already busy completing their academic, research and placement demands to gain the DClinPsy, so any additional work for secondary accreditation is on top of this. Some have argued that expecting doctoral students

to have the time and energy to fully engage with any secondary accreditation is a challenge. In some cases, existing DClinPsy assignments can be adapted to the needs of systemic assessment (e.g. the case report), in others additional assignments are necessary, adding to trainees' already demanding assessment schedule. However, the learning from these assignments is significant. For example, the Intermediate training includes a day of trainees presenting theory to each other, which creates a feedback loop of knowledge exchange for the cohort. What has been important is to consider the deadlines for any additional assignments alongside the deadlines for the DClinPsy. In addition, the secondary accreditation deadlines can be flexible if needed, as these are not presented at the University Exam board, whereas those of the DClinPsy are and so must be passed on time for a trainee to progress.

A struggle in making Intermediate training relevant has been that in their core placements most trainees rarely get to work with families or couples. Some trainees can join a Family Therapy clinic, and we are working to expand these opportunities by finding untapped systemic possibilities in the NHS Trusts we partner with. However, at times there is a tension between placement context and the ideas which trainees are seeking to apply. To support those who cannot find a qualified systemic supervisor on placement, trainees are offered systemic supervision within the university, which can lead to differing supervisory experiences. There are wider systemic considerations here about the provision of adequate family therapy supervisors/Family Therapy clinics. Improving suitable placements requires communication, liaison and strategizing with local senior Family Therapy communities..

I have sometimes felt pulled in a different direction by my clinical supervisors (i.e. towards more individual models and away from systemic thinking). It would have been great to have the opportunity to work in a more systemically-orientated service, although to be honest it has been a really useful experience to learn about how to be creative to bring in systemic ideas when these are essentially counter-cultural.

(YEAR 2 TRAINEE)

I think the thing that I have found most difficult, and have experienced as most disappointing, is the lack of contact with systemic practitioners and/or supervisors on placement. I think this has meant my development has been really lopsided with an abundance of theoretical knowledge but scant opportunities to see that knowledge applied practically. Even when I have attempted to do so, without any kind of scaffolding from a more experienced other, I have no way of knowing if I'm really practicing systemically. I have enjoyed and appreciated the opportunities to roleplay and observe [trainer] modelling skills in teaching, but without direct feedback from a systemic practitioner "in the field", it has been really hard to develop my systemic skills. On all my placements I've felt a bit like a systemic orphan hoping desperately to find a parental figure who can show me the way! (YEAR 2 TRAINEE)

We hope to improve on the suitability of Family Therapy placements over time as in Exeter, a proportion of trainees on the Masters qualifying course are clinical psychologists, which will ultimately continue to support embedded systemic practice not only in the DClinPsy training, but throughout clinical practice and supervision in the region.

Restraints

Systemic training within DClinPsy programmes requires students to make an 'epistemological shift' (Cullin, 2014) and move beyond an individualistic model of conceptualising distress. Foundation level training has a focus on theory and provoking the shift from linear thinking to a systemic epistemology. Learning the language of systemic therapy – *homeostasis*; *circular causality*; *cybernetics* - creates a shift in thinking that can invite or sometimes perturb trainees' learning, with some arguing that the sometimes complex language feels alienating and too esoteric. The introduction of social-constructionist, and systems thinking is a challenge to the positivism that many trainees arrive with – and can leave some trainees feeling somewhat "deconstructed".

As has been detailed above, embedded secondary accreditation within a DClin training offers great opportunities, but acknowledgement must also be given to the potential disadvantage within these trainings; systemic trainees are learning primarily alongside only

one modality, and with increasing numbers of DClin trainees being offered embedded systemic training, we see less DClin trainees on other external Foundations and Intermediate course. Whilst exploring the implications of teaching and training systemic ideas, we must also accept this isomorphic process and try understand the impact of embedded training on wider systemic processes within workforce development.

I think systemic family therapy is a really important and a very different perspective on mental health that is a powerful antidote to the hyper-individualised and de-contextualised view of people's distress that is commonplace in mental health services and society at large. I love how it so clearly and unreservedly challenges harmful normative assumptions and brings the political into the sphere of the personal/familial.

(YEAR 2 TRAINEE)

I sometimes think it is so different from mainstream psychological approaches, such as CBT, that it can feel really challenging to integrate into our clinical practice.

(YEAR 2 TRAINEE)

In the systemic teaching, trainees are supported to develop self-reflexivity in considering the power of dynamics of the therapeutic relationship, and how our own experiences of privilege and oppression may impact on our ability to work effectively in the therapy room. This can be unexpected, deeply challenging, and at times overwhelming for trainees who may feel that they have not “signed-up” to this form of exploration of the self. Through work on genograms, family scripts, Family Life Cycle concepts, trainees are invited to reflect on their own family journeys, and how their beliefs and values have formed, through their own life-times, and via the influence of past generations. As trainers in these sessions, finding the balance between meaningful challenge and psychological safety can be a hard line to tread, given the different context of an embedded Systemic Training (a course requirement) versus a traditional Systemic Training (opted into by the participants).

Concluding thoughts

We believe that teaching Clinical Psychologists to think systemically is important in future proofing the profession: with NHS developments positioning clinical psychologists to take up leadership positions, the ability to use systemic ideas to consider organisations and teams has never been so important. From these leadership position, systemic thinkers can focus on where to intervene to prevent distress and push the boundaries that define the profession of clinical psychology and contribute to whole systems using our skills and knowledge.

As Clinical Psychologists, our role spans from being in the therapy room with an individual to being in management meetings planning service provisions. If throughout all of this work, we do not hold a systemic lens in mind then we do our clients a disservice.

As trainee Clinical Psychologists we are often told about how we will be the future leaders of the NHS. Whether we choose to engage in utilising systemic techniques in our therapeutic work or not; we will be making service decisions, we will be working with teams, or even leading teams. By having systemic teaching embedded into the doctorate in clinical psychology, we can become more aware of our position and the amount of power we hold.

Not every Psychologist's job will require the use of systemic therapy techniques, but every Psychologist needs to consider problems from a systemic lens and reflect their own positioning.

(YEAR 1 TRAINEE)

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