



CPD sample profile

- 1.1 Full name:** Senior Counselling Psychologist
1.2 Profession: Counselling Psychologist
1.3 Registration number: PYLxxxxx
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2. Summary of recent work experience/practice

My work currently falls into three fields:

1. I have been practising for 29 years in private practice; for 19 as a counsellor and for ten as a chartered psychologist. I give therapy to the 15 clients on my list, and supervision to one supervisee. Within my client group I specialise in treating people with Post Traumatic Stress Disorder (PTSD) but I also treat people with anxiety and depression, sexual and relationship issues, developmental delay, iatrogenic conditions, alcoholism and bereavement. My referrals are all now at a level appropriate to a specialist in that they are complex and demand a wide experience of such presentations.
 2. I currently hold a 0.2 post at a University where I am Principal Lecturer in Counselling Psychology. I teach Year Three PsychD trainees. I am responsible for a major final year component of the PsychD in Counselling Psychology which includes a major case-study presented at Doctoral level, and teaching the theory of Integrative Practice, as well as some clinical supervision of final year students
 3. I have a high level of responsibility as chair elect within my professional body which entails liaising with the present Chair, chairing some meetings and specific responsibility for data collection and currently am preparing to be in the lead role.
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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 maintain a continuous log of my CPD activities that is updated as I identify a development need and fulfil it. The log is stored on the CPD Online Planning and Recording System (*myCPD*) on the British Psychological Society (BPS) website. This site allows the identification of Developmental Needs/Activities, to plan CPD activities to meet those needs and to record my reflections on

how the activity contributed to quality of my practice/benefits the client. My personal and professional growth is regularly discussed with one of my supervisors. I have provided a list of my CPD activities undertaken over the last two years. (evidence 1)

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

I plan my activities to include a wide range of development that is relevant to my current and future practice. At the university we have a business plan (evidence 2) and my developments needs are identified through the objectives that have been set by the department to achieve.

I have engaged in different types of CPD activities over the last two years that are relevant to my practice. These include formal/educational activities, work based learning, professional activity and self-directed learning. These include taking a lead role in my professional body, lecturing, being a tutor, reading journal articles, supervising doctoral level research, giving presentations at conference, attending formal courses and writing articles.

Sometimes these activities are planned a year ahead, and but often there needs to be a flexible response to a development. Important components of my plan are (a) means of keeping my clinical skills and knowledge up-to-date, (b) maintaining a viable academic presence in terms of sharpening and maintaining rigour and setting a viable standard for the trainees (c) Learning and exercising appropriate leadership skills for the lead role in my professional association.

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 are selected to show how my CPD activity has contributed both to the quality of my practice and how the various services concerned have benefited from these activities. I have sought to ensure that my CPD activities benefit the client.

CPD ACTIVITY

a)...means of keeping my clinical skills and knowledge up-to-date

Mindfulness Course (evidence 3)

I attended a seven hour mindfulness course. I learned how to use these skills, beginning with how to actually bring about a state of mindfulness, and continuing with a list of ways in which clients in various states of distress could implement them. I also learned fall-back strategies where a client might

find the skills hard to implement. The mindfulness course has been an important way of developing integrative practice with my clients. Increasingly insurance companies and Employee Assistance Programmes make both very specific and also wide-ranging outcome demands for the work that they provide. There was an identified need to provide skills for the client to use in addition to traditional Cognitive Behavioural Therapy (CBT) skills after they have recovered from Post Traumatic Stress Disorder (PTSD) per se. The research suggests that the use of mindfulness practices in conjunction with CBT enhances the treatment of trauma related problems. Specifically my clinical practice suggests that mindfulness reduces the symptoms of avoidance/numbing for those clients that are experiencing trauma symptoms.

This addition to my available toolkit has proved both empowering for me, and efficacious for my clients, who seem to feel, quite rightly, that mindfulness is all about them. It also fits in well with the existential turn that my professional stance is taking. Specifically, I have been able to teach these skills to a number of clients whose coping skills have increased. I have in mind one particular client whose generalised anxiety following a road traffic accident has been hard to contain. Her ability to cope has markedly increased since learning these skills from me.

b) ...maintaining a viable academic presence in terms of sharpening and maintaining rigour and setting a viable standard for the trainees.

Journal article for Counselling Psychology Review (CPR) (evidence 4)

This goal is in line with the business plan of my university. I wrote an article for CPR which is a quarterly peer reviewed research journal. It was based on my PhD studies some five years ago. The research was about the effects of life crises on the clinical work of practitioners. The article took a lot of my energies, but was worthwhile. I needed to research a lot of articles to update myself on the phenomenon. This benefitted me by requiring me to take a fresh look at the research, and also made me look at several ways of presenting information that would engage the reader. So I innovated and began the article with discussion reflecting on the learning some years on. Only then did I turn to its empirical basis. The article examines some of the key assumptions behind an existentialist stance within counselling psychology. Writing the article was a discipline in itself and contributed to a sense of professional and academic fulfilment. It also evoked several emails from readers, including some of my own trainees. They said that they were greatly helped by the *articulation* of their experience in a way that enabled them to critique their clinical practice. I received one letter from a course director who said that he was recommending all his trainees to read the article since he considered it to contain the essence of a certain stance on counselling psychology. The benefit to psychologist's practice is in clarity of thinking about where the boundary between psychologist's personal experience and their clinical work usefully lies.

Training for Co-ordinator of Training role (evidence 5)

I have attended a day's training for coordinators of training for an independent route into applied psychology. The need to transfer skills into a different context was of considerable professional help in re-examining the core skills needed to do distance learning in a professional high demand context. Marking some of the entrants' papers and also conducting viva voce examinations for this cohort of learners contributed to my learning about the needs of relatively isolated learners. I learned that the learning of students who study at distance from their peers have widely disparate outcomes to their learning. This has directly helped me to both respect the differences in my own contact with trainees on this route but to explicitly keep them in contact with what their fellow students are thinking, and with what might be considered "normative" thinking on any given issue. The benefit to students is the maintenance of standards, the feedback given so that practice can be improved, and the added value of another professional's input to their growing bank of insight, skills and knowledge. The feedback from this activity has largely been measured by the ability to reach an agreed and rigorous conclusion with fellow examiners. At the senior level that I am now working this includes some important elements of passing on skills and maintaining standards within the professional context.

c) Learning and exercising appropriate leadership skills for the lead role in my professional association:

Leadership skills (evidence 6)

The National Health Service NHS Institute for Innovation and Improvement (Clinical Leadership Competency Framework) identifies leadership as a key area. Important here is the sub-section 3.3 "Managing people". Although I have been a manager for some years in a variety of contexts, working in private practice can tend to isolate the individual professional, and academic work operates within a matrix. Chairing meetings of my professional body has helped me to match the skills that I already have to the particular needs of a vibrant professional body in which there are many diverse views and experiences. It has particularly helped me to help a meeting find consensus. I feel professionally much more confident now to do the "upstream" work demanded in this particular context. The feedback that I got from colleagues was good as well as being appropriately critical. I have been able to use such feedback as an appropriate means of team-building and well as food for personal reflection.

4. Summary of supporting evidence submitted.

Evidence Number	Brief descriptions	No. of pages	HCPC CPD Standards
1.	Log of CPD activities undertaken in the last two years	5 pages Hard copy	Standard 1
2.	Business plan of the Psychology Department at the university	3 pages Electronic CD	Standards 2, 3 and 4
3.	Certificate of attendance from Mindfulness Course and notes of my reflections	3 pages Hard copy	Standards 2, 3 and 4
4	Electronic copy of article published in Counselling Psychology Review	Whole article Hard copy	Standards 2, 3 and 4
5	Notes on the Co-ordinator of Training Day	2 pages in pdf Hard copy	Standards 2,3 and 4
6	Redacted minutes of meetings	3 pages pdf Hard copy	Standards 2, 3 and 4