

Psychology – a connecting thread in an impulsive life

Ian Gargan, Chartered Psychologist and new Chair of the Society's Representative Council, on his journey

Oscar Wilde once said, 'whenever the urge takes me to do something new, I usually lie down and let it pass, and eventually it does'. While I will hopefully mature to Oscar's level over the forthcoming years, I am far too impulsive to lie down and let something pass. I rarely want an opportunity to slip through my fingers. The results can be rewarding, but also frustrating when I try to do too much and fail.

I've worked in medicine, psychology and clinical management. I am a Chartered Psychologist, Chair of the Division of Forensic Psychology and the new Chair of the Society's Representative Council. Here, I will show how

psychology has been a connecting thread in my 'impulsive' life, and I will argue for more cooperation between medicine and psychology.

Psychology appealed to both my humorous and serious sides

I failed to get the qualification levels to study medicine in Ireland so I went to University College Cork and started work in earnest to become a psychologist. Psychology had always appealed to me but I was unsure of the role it played within the health world. That time in UCC was hugely enjoyable and formative for my adolescent development.

Psychology seemed to appeal to both my humorous and serious sides and also fell into place analytically, complementing other sciences such as chemistry as well as physics. Psychology was very complicated but not prohibitive.

Soon after finishing UCC I started to study forensic psychology, but I had a hankering to reapply to study medicine. I'm not sure why this was, but something in the back of my mind felt that I couldn't be a satisfied or contented psychologist unless I really reached the objectives I'd originally set. In retrospect my motives were more self-serving than

anything else; I wanted to try as many things as possible.

The question 'Why?'

Having completed forensic studies, I went to Australia and began work with the Ministry of Justice. This work was completely enthralling, and I worked with a team of forensic psychologists in Perth, Western Australia for two days a week. Given the work we were doing, supervision was essential. I can still summon up images of the offenders I met, and I am not sure I was equipped to deal with some of the issues involved. For the other three days of the week I worked in the assessment and treatment of sex offenders under strict supervision in maximum/medium and community-based incarcerated settings. This work was both challenging and rewarding. I eventually got over feeling intimidated when I walked into a prison and came to appreciate the value of our work, learning to deal with these very extreme personalities. I can't emphasise enough the privilege of getting to talk firsthand to people about their often horrendous developmental histories and the actions that emerged from them, and to be involved in their treatment.

This experience taught me that asking 'Why?' is critical in every setting: 'Why did they offend?'; 'Why can't we decrease recidivism?'. It posed other questions: 'How do we convince the community of our work's value?'; 'Can someone really be cured?' As our careers develop we become less likely to answer or even ask these questions, but they still play on my mind.

That two-year stay in Perth gave me a lot of things: friends, peer interaction, a lot of sport (which just can't be avoided in Australia – not that I tried to) and a platform for formative development.

The wrong place

I had the opportunity to go back and study medicine at Trinity College, and I began in October 1999. Peers and family



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found it difficult to accept this big decision. The only way to fund the course was through using my psychological expertise to carry out supervised assessments and treatment work within the community. I wrote to a radio station stating that I couldn't afford entrance to Trinity College, that I enjoyed psychology and was good at it and felt I had a future in applying what I knew. The letter coincided with the release of the results for our Leaving Certificate or UK A-levels, and many young people talked on the radio about how upset they were at failing to attain the results they wanted. My letter got a lot of national attention. The radio station contacted me and companies offered to support the academic aspects of my medical study for two years. This was an unexpected bonus. It showed me that you need initiative and a brass neck to progress!

I started my course and found I enjoyed it, but was also intimidated by it. I had a very personal, illogical feeling that I was in the wrong place. It was also a challenge to work in psychology to pay for a full-time medical degree which I was taking simultaneously. There wasn't a whole lot of time to socialise, see my family, make friends or play as much sport as I had in Australia – not that the latter is easy! I enjoyed working on the hospital wards in the fourth, fifth and sixth medical years but I kept reading in psychology and managed to do sufficient work to maintain my continued professional psychological development, and begin to work towards chartership.

Having completed the course, I trained as an orthopaedic surgeon in a hospital. I continued to work in psychology in the evenings and weekends. This became more and more important to me, as I realised that my ability to communicate with patients on the wards was as important to them as their hip operation or giving them paracetamol. I fought against this clinical dichotomy and it soon became clear that I didn't have to be one or the other. Psychology could satisfy the majority of what I wanted to achieve as a clinician.

Medicine, like psychology, gives rise to many anecdotes. I don't mean to be crass, but these sorts of funny stories reflect the comedy of human personality and the situations medics and psychologists work in. I remember one evening ward round with a very senior, austere and severe surgeon. By the end we'd seen 30 patients and one in particular had been very difficult. The surgeon turned to me and said 'You're a psychologist, Dr Gargan. I want you to go up to the third floor and deal with that

gentleman, make his head better and ensure that he is more receptive on the round tomorrow morning.' This struck me as a medical doctor's stereotypical perception of psychology, though I later learnt that this isn't always the case. The experience confirmed that psychology has as much of a role to play in medicine as medicine does in human behaviour and well-being. It began my deep appreciation of the value of multidisciplinary teams, not just as a term, initiative or organisational principle but as a key to a positive outlook in psychology and to improving treatment. Medicine has a lot in common with psychology and its clinical practice. For starters, taking a patient's history and empathising with the patient is critical to reaching the best diagnosis and treatment plan. In addition, enjoyment from interacting with patients and fellow clinicians is vital to the success of treatment.

Doctors' professional approach to problems and openness to colleagues' criticism is really refreshing. Surgical audit and continual screening to improve services is carried out at all costs. In fact, Thursday morning audits could be hilarious and bruising. We'd arrive at 7am and a junior doctor would have to present a case, then senior doctors would fight over what was the best way to manage the patient, and you were often torn to shreds and exited with your proverbial tail between your legs. I believe that psychology misses this cut and thrust, that we don't clinically question and audit our own results sufficiently and, when we do, psychologists tend to take it too personally rather than as a forum for constructive criticism.

Working together

Having continued to work in medicine over the years, I grew impatient at the lack of autonomy and also the very long-winded training process, which took years before you felt you had any responsibility for patients. During my fellowship years, I undertook a two-year MBA in Smurfit Business School. I wanted to know if some of my concepts about business were realistic and not just delusional. While studying I went back to working on psychology full-time and ended up establishing two healthcare companies. Fresh Start provides residential childcare for young people with behavioural problems that our National Health Service finds difficult to take care of, and Imagine Health provides clinical and counselling assessment and treatment within the primary care environment throughout Ireland, as well

as within corporate structures. Starting and developing these organisations, doing deals and working with intelligent people from different disciplines has opened up another hugely enjoyable activity for me and it has confirmed my difficulty in setting one life direction. But practising psychology has been a common thread, enabling me to interweave creativity with science and to add business skills to the mix.

Over the last few years I've become more interested in promoting psychology, including recruiting others to get involved in this important task. I joined the Committee of Forensic Psychology, and am now Chair of the Division. I have also been involved in a number of other European ventures. This reflects my pride in our profession. I get frustrated with others' motives from time to time and feel a certain insecurity when addressing other Divisions within the Society. Everyone declares that psychologists from different areas should share knowledge and practice; that Divisions should cooperate and that no Division should become a threat to another, but we don't do enough to ensure harmony, productivity and mutual influence between different psychological applications. I employ both forensic and clinical psychologists and it's clear that each application does certain things better than others. More importantly, one individual will have greater capability in one area than another person whatever their training. Finding these strengths in every person, then working together, regardless of division, is core to psychology's massive place in future of medical and paramedical work.

As the new Chair of the British Psychological Society's Representative Council I hope to promote cohesive decision making among all members of the Council. At the General Assembly dozens of Division and Branch Chairs, as well as the Board of Trustees, sit and discuss challenges within those bodies. I hope to facilitate a problem-solving conversation which gives us a finite number of implementations to create solutions for the next three to five years. The strategy of the BPS is more important than ever so that we promote the value of the Society and improve the relationship with our colleagues in the Health and Care Professions Council.

Finally, I am delighted to represent the Division of Forensic Psychology as part of the Council... again I come back to better integration across the Society, so I'm looking forward to discussing how we can become part of everyone else's hopes and plans also.

The silent drift from NHS to private practice

Alice Knight and Rebekah Proctor look at why many psychologists are finding the grass greener in the private practice field

Within the current climate of increasing financial pressure on the National Health Service, more and more psychologists are exploring the option of private practice. This can seem strange, unnerving and even quite wrong for psychologists who were trained to work specifically within the NHS and who believe in what it stood for. However, many feel that the NHS is no longer what it was in terms of the services that it offers the public, or in terms of working conditions and morale. Unsurprisingly, the grass can begin to look somewhat greener in the world of private practice. For some, the cuts in posts mean that there is no longer even the option of



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an NHS job. How does a psychologist begin to take this journey down the road of working independently?

Such work was often negatively viewed by many working within the NHS and it can be a taboo topic, leaving psychologists struggling to know where to start. However, an increasing number of options exist in terms of promoting the services that a psychologist may choose to offer, such as therapy services, expert witness assessment work, consultation and training. Some psychologists find it simplest to attach themselves to one of the increasing number of private psychology practices across the UK, which take on many of the traditional organisational roles (previously

supplied by an NHS department) so that the psychologist can carry out private work within this structure. Others register with private health providers who then provide referrals. However, recent cuts to payments from such organisations can be off-putting for some. Psychologists may list themselves individually on online directories in order to improve their visibility and generate referrals, such as the range of directories within the Society, the Networking Community of Psychologists in Independent Practice (NCPIP) Psychologists Directory, or the Directory of Expert Witnesses. There are also more local ways of promoting services in different areas, such as through GP surgeries or other commissioners of psychological work such as solicitors in personal injury or family law work. Online social media is also an increasingly popular means of promoting psychology services, although professional and ethical issues need to be considered (especially if this forms a

Working in the College of Policing

We hear from **Tom Garland**, Senior Occupational Psychologist, Examinations and Assessment Unit, College of Policing

I haven't often sat down and reflected on what it is I specifically contribute to policing as an occupational psychologist. In doing so I was a little worried I might find I wasn't needed after all. Hopefully the next few paragraphs will convince readers, and myself, otherwise!

I've been working as a psychologist in the Examinations and Assessment Unit since 2005 along with approx 20 other occupational psychologists (including trainees working towards chartership) and a range of project managers and support staff. Our unit officially became part of the new College of Policing on 1 December 2012, which is the new professional body for the Police Service.

The mission of the College is to 'protect the public and support the fight against crime by ensuring professionalism in policing'. It was pleasing that quite quickly I could see how my colleagues and I had plenty to contribute towards this aim, more than might seem immediately obvious.

The Examinations and Assessment Unit oversees the design and delivery of assessment and selection products for the Police Service ranging from initial police recruitment, through promotion processes at various ranks, to selection for specialist roles as well as access to leadership development programmes, and executive level recruitment support. The majority of my time is spent managing the design and delivery of two national selection processes. The first is aimed at identifying junior officers with the potential to reach senior ranks through a high-potential development scheme, and the second is aimed at selecting senior officers with the ability to go on and operate at the executive level.

It will come as no surprise to those of you who have worked in assessment and selection that it can sometimes be hard to get clients to buy in to the importance of 'doing things right'. On the whole I've actually found the Police Service to understand the importance of robust

assessment practices, but this only happens where those processes have credibility. This isn't something that happened overnight, nor something I can take credit for personally – as even after seven years here I am still a relative newcomer – but the three things that I feel give our products this credibility are simply the reliability, validity and fairness of the assessments.

I'm pleased to say that the importance of these concepts wasn't left behind in my lecture room at Northumbria University, and they are fundamental to most things that I do in my role. For example, the face and content validity of assessment exercises is built in and evaluated through the exercise design stages, all with the express purpose of trying to replicate the requirements of the role we are selecting for as accurately as possible. Once the design element is completed, the next challenge is ensuring that assessors use the exercises in a standardised way. This means training up to 30 executive officers within the Police Service per assessment centre, many of whom are responsible for whole

means of communication with therapy clients).

Many psychologists use several of these options to encourage and maintain a flow of work. Through these processes independent psychologists are able to guide the type of work they take on. The ability to work in chosen specialist areas as well as the flexibility gained when managing one's own workload can offer significant incentives for working independently. However, this is not the end of the story as there are many new management-related tasks that a psychologist must learn when venturing into the world of private practice.

You are no longer simply being a clinician; you're also setting up and running a business, something your training probably never covered. This can be both exciting and daunting. You may be surprised to find how much time you end up spending on the non-psychology



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tasks involved in running a business. For example, finding the right venue needs careful consideration, such as ensuring

it promotes an appropriate message for clients, that it provides easy travel and parking options and that it is safe for both clients and therapist. A host of practical and procedural issues also pop up that never had to be considered as a clinician within the NHS, such as how to get administrative support, ensuring your practice is covered by professional liability insurance and ensuring that notes are securely stored. Then there can be a need for having

access to resources such as test materials and books, which may need to be bought. These factors have cost implications, which may not be obvious to those making their first forays into independent working. Another big learning curve for many is how to manage the business accounts, tracking expenses and dealing with tax. Many pay an accountant whilst others take this task on themselves. There

is also the issue of accessing appropriate supervision and ongoing training. A lot of time can be spent simply searching for information and resources.

So is the grass greener? For some yes, for others no. It will depend on a number of factors, including local employment opportunities, personal experience, an individual's willingness to tolerate the uncertainty that accompanies self-employment and access to support for independent practice. Most people don't know how they will experience this kind of work and so wisely dip their toe in first and test the water. However, what do you do when the water is too cold or too hot?

No longer part of a system, many psychologists find themselves feeling increasingly isolated in their new role as an independent practitioner. The importance of that passing natter with a colleague whilst the kettle boils is not to be underestimated. Neither is the access to information, resources and training that can be available within an organisation such as the NHS. For those who have decided to tread the path of independent practice, forging local links with other psychologists can provide a professional lifeline. Finding a good mentor to offer support and advice when setting up in independent practice can also be very valuable. Many find the Society's independent practitioners forum [now a Special Group, see p.587] or the NCPIP community spaces offers them the opportunity to access support and information by linking independent psychologists together across the UK.

Within recent discussions amongst independent practitioners in these forums there is understandable anxiety about changes within the NHS. Some fear that psychology is at risk of becoming an increasingly disparate and disempowered profession. As a result, various initiatives are also emerging, such as the National Centres of Applied Psychologists, which are aimed at raising the profile of psychology services for the future and giving psychology a louder voice. However it happens, the more individuals and groups who are willing to fly the flag for psychology, whether within the NHS and other traditional structures or outside of these, the better.

There may be both green and brown grass within the NHS and private practice fields but the number of tents in the latter does seem to be quietly growing as those in the NHS field continue to fall down. Although this silent drift may not be for positive reasons, the good news is that there is increasing access to resources and support available for those wishing to pitch a tent, or simply pay a visit.

organisations themselves, to agree on a common standard that can be applied fairly across all candidates. This part of my role not only tests my training abilities but also exercises my negotiating and influencing skills to ensure a consensus is reached.

This highlights the challenge of my striking the right balance between developing policing- and psychology-based knowledge. I would struggle to carry out my role effectively if I couldn't have a detailed conversation with a senior police officer about the policing response to a critical incident and the rationale behind the decisions they took. However, I also need to be up to date with developments in assessment and selection to advise forces on what is current good practice.

Bringing this psychological theory-based practice to selection and assessment in policing provides a starting point for setting consistent national standards and ensuring that those entering specialist roles have the appropriate level of competence and ability to enable them to serve the public effectively.

With over 200,000 people working across 43 police forces, this throws up the opportunity to also get involved in the personal development side of occupational psychology. This often involves delivering

feedback sessions, from 360 degree feedback using our in-house tool, to personality profiling with an applicant for a specialist role focused on the applicant's suitability and potential risk factors. All these types of sessions require some general psychology skills around contracting, active listening and effective questioning, but also a more in-depth knowledge of the psychometric tools used and how to effectively apply them.

The final reflection I had was around some of the more consultancy-based work, often focused on recruitment at the executive level. It dawned on me how things that I take for granted and would consider simple advice can actually be really insightful to people who don't specialise in this field. This small element of the process to support our clients in 'doing things right' can ensure that there is a good fit between the successful applicant and the role. All of this has benefits not just for the organisation's performance and its workforce but, given the role of the police, for the wider public as well.

So after writing this, I feel a bit more reassured that the work my colleagues and I do adds real value to the Police Service, and I've definitely realised I have a job I really enjoy doing.