Bridging training and placements in agency contexts

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Introduction

The idea for this article came out of conversations we have had over the past few years as we worked together as a trainee and supervisors. At our agency, we have been offering placements to trainees for many years and we value the enthusiasm and fresh perspectives that they bring to our practice. This article is part of our ongoing reflections on how to make a placement work in the context of our agency. During these conversations, many questions arose: What are the issues and dilemmas for supervisees and supervisors? For example, at times, there were tensions between the course requirements and the reality of the work in our agency. How can trainees, placement supervisors and training institutes work together to make placements successful? We will share our thoughts based on our experience from both the trainee's and the supervisors' perspectives, in the hope that this will lead to further discussion. It is not our aim to present a representative view of the field or even within our agency.

We work at a CAMHS (Child and Adolescent Mental Health Service) in Newham, East London in a large multi-disciplinary team. Yoko works in several teams, including Reframe, an outreach service for children with severe conduct disorder. Mary is the team leader of Reframe and the School Outreach Service. We work hard to engage with families and complex networks of professionals. Sarah has worked in Newham for three years since attending the intermediate-level training and is currently studying on an MSc course. She started as an honorary trainee therapist and was more recently appointed to a paid trainee post. We decided to start this article with a conversation. First, Yoko interviewed Sarah about her experience as a trainee, and Yoko and Mary reflected as supervisors on the themes that emerged. Both Yoko and Mary have worked with trainees from several different training institutes over many years. We would like to stress that our views are based on this broad experience and it is not our intention to discuss any specific training institute.

Trainee's perspective

Fit between placement and academic bodies

Sarah has many years of experience as a chartered occupational psychologist working across organisations. She sought this placement to gain more experience in clinical systemic therapy. When she arrived, she was new to both CAMHS and the NHS.

Yoko: ***In what way does the placement enhance the learning on the training course?***

Sarah: *The placement has been very important for the consolidation of my understanding of models. You need the foundations from the course and theory. The placement gave me an opportunity to use different ideas and see what they look like. I tried to use some ideas in private practice before, but when you have a team and you are asked what your hypotheses are, it forced me to think about what I am doing and why.*

Yoko: ***How do the training and placement fit?***

Sarah: *The fit works well as a match between theory and its application. It's been a relatively smooth transition. However, it takes time and I've learnt you can't do everything in one go. From my perspective, I was keen to try out lots of new ideas, but feel now that it's probably better to wait and see what you are most comfortable with. Also working out the fit of the model or approach with the family often takes time.*

Yoko: ***What was the biggest surprise when you first started your placement?***

Sarah: *Actually, the amount of administration. In a sense it shouldn't have been a surprise, the NHS is a big body, and keeping track of cases and informing different agencies e.g. schools, GPs, social workers takes up a lot of time and energy. I hadn't really thought through the amount of liaison that needs to take place outside the therapy process. Family therapy very much sits as a hub in terms of working in the multi-agency environment.*

Yoko: ***To what extent did the training prepare you for that?***

Sarah: *I attended a lecture at the end of the first year about multi-agency work which I found very useful. However, perhaps a focus on these challenges might have been helpful. For example, we could be asked to write a case study involving systemic work in a multi-agency context to get us to think about who is involved and who should do what.*

Yoko: ***What areas could have been addressed more in your training?***

Sarah: *This is a difficult one because I'm not sure if I represent the majority of trainees. If the trainee already works within the NHS e.g. as a social worker, a psychiatrist or clinical psychologist, their needs may be different, perhaps more about needing to think and work systemically. I am used to working across agencies within organisations, but have not had the same exposure to multi-agency work within the NHS or to using the language of mental health and would have appreciated a more specific focus on it within my training.*

Yoko: ***What was it like to work in a multi-disciplinary team within the NHS?***

Sarah: *I liked it as it encouraged me to rapidly widen my knowledge across mental health. But it took me a while to understand the language and terminology. I remember the early days when I had to learn the jargon. There is a lecture on mental health on the MSc course but I, personally, would have liked it earlier. Within the NHS, I believe that to operate effectively you need to understand and recognise all the various 'conditions' and their implications, such as ADHD, Asperger's syndrome, psychotic symptoms, depression and assess suicidal risk etc.*

Yoko: ***In addition to family therapy cases, you did many assessments. How did you find them?***

Sarah: *It was one of the most helpful parts of the placement and I learned a lot from it. It helped me to gain knowledge of mental health issues and increased my understanding of different agencies working*

together. The challenge is to join with the family very quickly – it's often the first time the family have had any exposure to the service and I can easily risk losing them. I also had to make quick judgements regarding what the current issues are and which service could be most appropriate. In a sense, I think it's the first part of the therapeutic process, the need to engage, set goals and make a decision, using systemic skills in a focused way. But it also gives more freedom. I feel I had permission to delve speedily into areas such as developmental history and family of origin background information.

Challenges

Yoko: ***Have there been any clashes of ideas or values?***

Sarah: *Not so much clashes but differences in terms of emphasis. One of the things I struggled with was the fact that the AFT guideline dictates what work can be logged as clinical hours. For example, within the MSc, if I'm the main therapist in the room this counts as full time, whereas when I am working with a colleague, this is logged as half time. When I am part of a reflecting team or taking part in a multi-agency meeting (e.g. child protection conference), this doesn't count towards my hours. For me, there appears a mismatch in terms of what we should be encouraging in order to work systemically as family therapists. Perhaps there should be more acknowledgement to ensure we experience the kinds of challenges we will be exposed to post qualification. I can record these in my learning log but, at the end of the day, they don't count towards the hours. Similarly, the write up of assessments and therapeutic and close letters are so much part of the therapeutic work, but do not contribute towards the hours.*

Yoko: ***What has been the biggest challenge and barrier?***

Sarah: *Personally, because I haven't come from a clinical background, I had to persuade the professional bodies that I could train in Family Therapy. I believed I had a combination of skills but didn't come from a more 'classic' background like social work. To be fair, this was ultimately recognised by the training body as I wouldn't have been allowed to attend the MSc training otherwise.*

Yoko: ***Which skills from your first qualification and experience would you have liked to have been recognised?***

Sarah: *Working across agencies and organisations, being client focused, coaching people. I am used to having to think about clients' needs and offering services. Working in consultancy as an occupational psychologist, you have to engage clients quickly, otherwise you don't get the work. It's the same process of engagement, trying to understand the clients' positions, being clear what you are there for, contracting around confidentiality, agreeing problems, goals and next steps, managing expectations, providing and receiving feedback...so a lot of stuff is similar. I am also used to presenting and facilitating training and groups, which has helped me manage larger family groups and pick up on different people's needs. I can understand from an academic perspective that there need to be criteria to allow people to qualify as systemic therapists and you have to draw the line somewhere in terms of people's background. But I wonder if the academic bodies could think a bit more about what makes for a successful systemic therapist. What are the skills that have to be demonstrated? If I was thinking as an occupational psychologist, I would recommend competencies analysis.*

Yoko: ***What could we all do to improve trainees' experience in placements?***

Sarah: *I think more links and coordination between training institutes and the placement would be helpful, for example, for supervisors to go to regular e.g. twice yearly meetings at the academic institutes to hear what will be covered within the course, to understand expectations of them, what to do if problems occur, and as an opportunity for training institutes to understand the context of placements for their trainees and receive feedback. As a supervisor, you will have views about what trainees' needs are, how they are progressing and if they will make a good therapist or not. It would be good if students could offer feedback to supervisors too, especially if they are attending their own training in supervision.*

Supervisors' reflections

The fit between the training and the work in the agency

One of the major issues for us as supervisors is how to prepare trainees for what they will be exposed to after they have qualified. Our current jobs involve work with complex networks but, when we look back on our 'training of origin', we recall little input on this. Yoko, whose background is psychology, had to learn on the job about multi-agency work and social care issues after she qualified. This echoes Sarah's comment. She learned most of the issues related to mental health, such as screening of depression or suicidal risk, on placements.

Mary: *Increasingly, multi-agency work is intrinsic to all cases that we see in CAMHS. Working with people in a complex network is very much a systemic task. For example, my trainee had to put together a CAF (Common Assessment Framework) form and meeting but that hasn't counted towards her hours. It was a significant piece of work to draft the form and get people together. But she can only count half because she co-worked with me. I think co-working is another systemic skill, and it is often more difficult than doing it on your own.*

Family therapy as a discipline is unique in requiring the relevant first qualification and experience. This means that trainees' needs and gaps of knowledge may vary widely. One of the discourses in family therapy is an alternative perspective on mental health problems, but the reality is that many family therapists work in mental health services alongside multi-disciplinary colleagues using a shared language. Depending on their background, trainees may need different input such as general adult and child mental health issues, assessment of risk in terms of mental health and safeguarding issues, child development, social care and basic legal issues and terms in relation to mental health and care proceedings. It may be that, due to the entry requirement of the relevant first qualification and experience, trainees are expected to have such experience and knowledge prior to the training. However, we have worked with trainees both with and without the relevant first qualifications and experience who needed input to fill such gaps. This may not be necessarily a remit of the course, but we also wonder whose responsibility it is. Should it be left up to the trainees to seek such opportunities, but then how would trainees know what they don't know without help, or is it up to the placement supervisors? We wonder how students can be helped to identify their learning needs and find an opportunity to fill such gaps. With some of our trainees, we designed their placements to suit such needs, for example, by offering an opportunity for them to take on generic child mental health assessment. However, as Sarah commented, this can also create dilemmas in terms of time required for such work which does not necessarily contribute to logged clinical hours.

Training requirement of clinical hours

One of Sarah's dilemmas is about gaining the required clinical hours. The need for hours creates a lot of pressure for trainees, and criteria as to what counts towards the hours often dictates cases trainees can take. We acknowledge the importance of trainees being able to practice independently, but we also would like them to experience some complex cases where they may need input from a co-worker. In our agency, qualified and experienced therapists often co-work on complex cases. Is there any way a balance could be struck? For example, could trainees be allowed to count hours fully, if the case is complex enough to require a co-worker? Could they be allowed to count a limited number of hours of network or professionals' meetings, if they could demonstrate that they are using systemic thinking? Such opportunities would enable trainees to learn to work with ethical dilemmas, risk and complexity.

However, we acknowledge that such needs may depend on each trainee's background. What we would like as supervisors is some flexibility that could be exercised to meet our trainees' needs by allowing some variations in what could be counted towards a small part of the logged clinical hours. Could trainees' way of gaining hours be partly tailored to their needs? For example, for someone like Sarah, who historically had considerable experience in working with clients but little experience in CAMHS, attending child protection conferences and network meetings would be valuable experiences. We are very much aware of the importance of criteria and standards but, given that our trainees have such a wide range of backgrounds, we would like to enable them to apply systemic approaches to a wider range of practice to complement their existing skills.

Research

The importance of research in family therapy is emphasised, for example, by Stratton (2009). One of the issues we came up against recently was the fact that some of our trainees were discouraged from doing research within the NHS. We understand that this is due to the onerous work required to gain ethics committees' approval on studies involving clients under the NHS and this process has become even harder in recent years. We were very disappointed to hear this as we had potential research topics for our trainees and had started discussion early on. Whilst we acknowledge that there are a number of constraints such as limited time available for students to complete research, the implication may be that our research base will be restricted, and there will be fewer studies about our clients' experience and views. We fear that the lack of research opportunity in the NHS could disadvantage us, when research up to a doctorate level is mandatory for trainees in some other disciplines such as clinical psychology and child psychotherapy, who would have better access to research opportunities within the NHS.

Working together

We agree with Sarah that a structure to facilitate more links between training institutes and placement supervisors would benefit all. We would welcome more information from the training institutes about requirements and expectations in the form of writing or a three-way meeting. Mary commented that, "We get information verbally and informally from the trainees, but there isn't a conversation or documentation from institutes as to what is recommended and why. This is interesting because, on the supervision training, we are taught we should be very clear about the remit when you take a supervisee". Yoko attended a supervisors' meeting hosted by a training institute in the past. This provided an opportunity for supervisors from different agencies to meet and discuss dilemmas and clarify issues.

The majority of our experience has been that we are not expected to provide our views on trainees' progress. There seems to be no agreed consistent pattern of communication between supervisors in agencies and training institutes. Unless the trainee decides to name us as a referee, we do not always have an opportunity to give feedback on their development. Mary had a different experience with one of the institutes.

Mary: *One institute met with me for three-way meetings and gave me a detailed form of evaluation soon after the start of the placement and at the end. It was stressful in some ways, but I thought it was quite clear. It did focus my mind on whether I was covering the right kind of areas. Because otherwise it's completely up to me, isn't it? I may have a limited idea of what kind of experiences trainees need and whether they have the necessary competencies.*

Yoko met her supervisees at the beginning of their placements to discuss the supervision contract and their learning needs [2]. As part of the supervision contract, we agreed that, if any difficulties arise during the placement, we may need to contact their supervisors at the institutes. Although this is helpful and necessary, when there is no existing structure for feedback, trainees may experience this process as punitive. We think that there should also be space to comment on strengths. Mary commented that, "I am assuming that if something serious happens, like a complaint, you must communicate that to the institute, but I don't know what the process would be, and there are no obligations for me other than my own ethical stance".

We would welcome an opportunity to become part of the feedback process, which we would like to be recursive rather than linear. For example, when we provide our views, we would welcome feedback from the training institutes and trainees. We also would like feedback on whether we have been helpful to the training.

Mary: *After the meeting and the written feedback, I knew the trainee passed but it's because she let me know. I wouldn't have known otherwise.*

We also think that an exchange of ideas between supervisors could be helpful to the training.

Yoko: *I have been thinking about the fit in the supervision relationship, for example, the similarities and differences in preferred ways of learning in Kolb's (1984) model (e.g. if we prefer abstract thinking or visceral experience as a way of learning) and learning narratives (Aggett, 2004). It may be easier to work with supervisees who have similar styles to our own, but we may have to work harder to focus on other areas of learning.*

We supervisors can be constrained by our own styles of learning and perspectives. When the particular fit between supervisees and supervisors leads to 'stuckness' in the supervision relationship, supervisors from a different context may be able to provide alternative perspectives.

It would be also helpful to know how our reports will be used in the evaluation of trainees and what status our reports would have. For example, what weight is attached to our assessment of the trainee's competence? In case of training such as the intermediate-level training, where the trainees are required to gain clinical hours

but not supervised at the institute, what are the implications of our evaluation? For example, if we are concerned about a trainee's competence, but neither the trainee nor the institute asks for our view, what position should we as supervisors take? This would pose a dilemma for us – how do we work with the trainees in a respectful and helpful way, but at the same time maintain our own professional integrity and ethical position? It may be that, unless there is a formal contract between the institutes and the placements, placement supervisors are not expected to assess trainees for the purpose of their training. However, in reality, we are continually assessing and evaluating our trainees' work within our agency context to ensure the quality of service offered to our clients. In most situations, the arrangement may not necessitate formal assessment or regular three-way communications, but we feel that placement supervisors can find themselves in a rather tricky position when issues arise in the placements, for example, when the trainees' training-needs outweigh the needs of the service or concerns arise about their competencies.

Final thoughts

Another dilemma is the fact that there are still very few paid trainee posts in family therapy. Some trainees have a job where they can practice family therapy, but others have to make a financial sacrifice by reducing hours of their main job or taking less secure jobs to create time for training and placement. This is a marked difference from clinical psychology and child psychotherapy, where training posts are funded in the NHS.

In the current climate of accountability and increasing pressure on producing outcomes, we believe that it is important for us to continue with our efforts to be a strong discipline and have a voice in a larger context such as the NHS, and the training needs to reflect this. One way of ensuring this is to emphasise our ability to work with complexity and to establish a strong research base.

We wondered how many agencies like us provide placements (we assume many) and if they have similar thoughts. We also would like to acknowledge that our views are based on our experience in our agency context and the perspectives of training institutes are not included here. We hope that our article leads to more conversations and sharing of ideas amongst trainees, supervisors and training institutes. We very much welcome your thoughts.

Acknowledgements

We would like to thank Percy Aggett, Barry Mason, Philip Messent and Jo Bownas for their helpful comments. Yoko would like to thank her colleagues on the supervision training for their thoughts.

Notes

1. The name has been changed to preserve anonymity.
2. Yoko devised a format for the supervision contract based on McCann & Bennett (1998).

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