

appendix 7

guidelines for trainees & placement providers of observational placements

introduction

It is a training requirement for trainees to have experience that facilitates some understanding of adult mental illness.

placement

In Year 1 term 3, trainees take part in a psychiatric observational placement and attend 7 supporting seminars at the *bpf* where they discuss their experiences. The placement must be in an adult inpatient psychiatric setting. Trainees who have prior experience of adult mental illness may do their observational placement in an adolescent inpatient unit instead, but other types of inpatient residential settings, such as mother-baby units or family assessment units will not meet the requirement. Trainees wanting to consider an adolescent placement will need to discuss and agree this with the Psychiatric Seminar Leader and Clinical Course Director.

The placement should consist of the equivalent to approximately 4 full days, spread over half a day a week for 8 consecutive weeks. This ensures that the observational visits coincide with the discussion seminars. Where it may not be possible to arrange the placement in consecutive weeks, the trainee, their service supervisor and Psychiatric Seminar Leader who coordinates this aspect of the training will need to work out a workable accommodation.

aims of the observational placements and accompanying seminars

- To enable trainees to gain some experience of adult mental illness to enhance their understanding in working with young people in crisis, and with their parents or carers who, increasingly in the NHS, may present with mental health difficulties themselves. To support a growing developmental understanding of adult mental health difficulties, as well as of medical and psychosocial dimensions and treatment available.
- To promote in the trainees a reflective and informed awareness of the settings where such patients are treated, and experience as a participant observer the systemic dynamics that can be established in environments working with high levels of need and emotional disturbance.
- To provide an opportunity in the seminars for the trainees to raise, discuss and process the emotional impact and inevitably stressful experiences they have in their observational placements.

objectives of the observational placements and accompanying seminars

On completion of the observational placements and the accompanying seminars, trainees should:

- Have some informed awareness and understanding of adult mental illness, as well as of their treatment settings.

- Be able to recognise, manage and process the stress of exposure to such new and potentially traumatic experiences, including the personal impact on them of the patients' difficulties and disturbed behaviours.
- Have an enhanced awareness of the importance of confidentiality, boundaries and ethics in relation to patients.
- Be prepared to make use of their understanding of mental illness and patients in crisis in their work as a Child and Adolescent Psychotherapist, both in terms of the young people they work with and their parents or carers as well as with other professionals.

setting up the observational placement

- Trainees should arrange a placement within their NHS Trust with the help of their Service Supervisor, as this enhances their experience of working in their community and developing relationships with other professionals. It also will simplify and speed up the process of arranging for the necessary police checks and honorary contracts, which can sometimes take many weeks to get in place. It would be helpful if the Service Supervisor could inform the Progress Advisor once a placement has been arranged or if there are any difficulties surrounding this decision.
- It is important when setting up the placement that the trainee arranges a pre-meeting with the clinician who will be the contact person at the unit. If a visit is not possible then the trainee should have a telephone conversation with them to discuss the nature of the placement, the experience being sought and what may be expected from it. It may be helpful to work out who the trainee will be able to link with if the contact person is not on shift or is on leave during some visits.
- If there are any problems, Gail Phillips is available for guidance and may be contacted by email at: gphillips@bpf-psychotherapy.org.uk. Even if no such guidance is needed, the trainee should keep Olivia Thompson as year tutor and Gail Phillips informed about the arrangements being made for the placement.
- Once the placement has been confirmed, the trainee **must email** Edina Kernbaum, Training Coordinator at ipcapatraining@bpf-psychotherapy.org.uk the details of the placement, including: location of the placement and type of service it is based in (for instance if it is acute service or long-stay, if it is a male, female or mixed ward/service), dates and times of observational visits, name, designation and email address of contact person.

what is expected of the trainee during the observational placements

- Trainees are guests in the observational placement and are expected to behave as such. They are representatives of the Child Psychotherapy profession and of the *bpf* and should be sensitive and polite and engage in all opportunities generously offered by the staff at the placement. They are expected to be prompt in attendance and, if circumstances cause them to be absent, they should let their contact clinician or Unit know in good time beforehand.
- Trainees are there to watch and learn and to be an unobtrusive presence. They should not intervene in any way with patients or staff, or contribute to case discussions unless invited to do so.
- Trainees are mature professionals and we hope that they will be given permission to look at case files, so that they can discover as much as possible about the patients and their

background histories if that feels appropriate. This will greatly enhance their learning experience. In order for this permission to be granted, trainees will confirm that they will on no account write down or copy any notes from patient files or take any such material out of the placement setting.

- Trainees are expected to maintain appropriate boundaries and to uphold the rules of the placement setting at all times, for the safety and well being of all concerned. Staff at the placement will need to feel confident about the trainee before inviting them to talk to patients. If and when this invitation is made, trainees should respect the privacy of patients and not approach or communicate with a patient without prior discussion with and permission by a staff member. Trainees need to understand that some disturbed patients may be hostile, aggressive, seductive or manipulative; for example, a mentally ill patient might want the trainee to take them off the ward for a walk, or an inpatient in an adolescent unit may want the trainee to bring in something nice to eat or drink. Trainees should take care not to be over-familiar with a patient, stand too close or use physical contact, as this may disturb the patient and trigger their distress or aggressiveness.
- If there is a library in the placement setting, the trainee could ask permission to use the library in order to become familiar with terminology used by staff about their patient group. In case a library card needs to be issued to the trainee, it would be advisable for the trainee to raise this with their contact person at the placement on the first visit.
- Trainees will be interested to learn how the staff thinks about and treats the patients, and will observe the whole patient group as well as individual patients. It is of course essential for trainees to ensure that all observations are carried out in a very discrete and unobtrusive way in order to prevent anyone from feeling watched. This is naturally the case in all observations, but it is even more important with ill patients who may readily feel scrutinised and paranoid.
- After leaving the placement each week the trainee should make notes about what they have observed. Disguising all identities and using initials or substitute names will protect patient and staff confidentiality. These observation notes will not only help the trainees to begin to process their experiences but will also provide an ongoing record of developments in the observations and of the trainees' own emotional responses. Trainees should bring these weekly notes to each seminar at the *bpf*.

what we ask of the observational placement

- Although Child Psychotherapy trainees will be starting their clinical training when they do the adult psychiatric observational placement, they are experienced in a relevant core profession and have had wide experience with children. They can thus be relied on to be mature, thoughtful, and unobtrusive in the observational placements and well able to observe appropriate boundaries with both patients and staff.
- The *bpf* is very grateful to those professionals who have generously agreed to allow one of our Child and Adolescent Psychotherapy trainees to observe in their Unit. At the start of the first visit it would be much appreciated if the contact person at the placement (usually a Consultant Psychiatrist or the Head of the Unit) could arrange to have a brief meeting with the trainee to explain the structure and staffing of the unit and any rules or procedures that the trainee needs to know. An introduction to the kinds of patients and how they are treated would be very helpful for the trainee, as well as any suggestions of individual patients that the trainee might learn about most from observing. Thereafter, it is up to the contact person and how much time they have available whether or not such a meeting is repeated.

- In order for the trainees to get as much as possible from their observational placement, it would be helpful if they could sit in on a **variety of activities**. The nature of the different activities will depend on each individual setting but the following are some possible examples: case discussions, ward rounds, team meetings, occupational therapy groups, supervision groups, observing on the ward. We hope the trainee will be given **permission to interact with patients** at some point during the placement, but only when staff members feel this would be appropriate.

the observational placement seminars

The seminars offer an opportunity for trainees to discuss and process their experiences at the placements and to begin to consider together how their developing understanding may contribute to their work as Child and Adolescent Psychotherapists. Trainees will take turns to present their observations in the seminars. The seminar leaders will allocate some time at the beginning of each seminar for all trainees to comment briefly about their most recent placement visit so that any urgent or particularly difficult experiences can be raised and, if appropriate, given more time for discussion.

NB - Trainees will almost inevitably become personally stirred up by their experiences during the observational placements and it is important that the trainee is able to make active use of *bpf* support structures and links up with their Progress Advisor and Year Tutor. Trainees should also recognise the central importance of sharing the levels of stress and their experiences in general, both positive and negative, with their analyst. This, like any other aspect of analysis, is of course confidential between trainee and analyst.

suggested reading list - psychiatric placement

Hinshellwood, R.D (1999)
The difficult Patient

British Journal of Psychiatry 174: 187-190

[Available from UCL electronic resources](#)

Lucas, R. (2009)

The Psychotic Wavelength A Psychoanalytic Perspective for Psychiatry (London: Routledge)

Menzies Lyth, I. (1988)

Chapter 2 - The functioning of social systems as a defence against anxiety

Containing Anxiety in Institutions (Free Association Books)

Palazzoli, M.S. (1988) *

Chapter 1 - Joining an Organisation

The Hidden Games of Organisations (Routledge)

impact of parental mental illness

Duncan, S. & Reder, P. (2000)

Chapter 6 - Children's experience of major psychiatric disorder in a parent

Family Matters: Interfaces between Child and Adult Mental Health

(Eds. Reder, P., McLure, M., and Jolley, A.) (Routledge)

child development

Ramchandani, P., Stein, A., & Murray, L. (2012)

The Effects of Parental Psychiatric and Physical illness on Child Development
The New Oxford Textbook of Psychiatry (Eds. Gelder. M.G. et al) (OUP 2nd Edition)
[Available from UCL electronic resources](#)

for good personal accounts

Taylor, B. (2015)

The Last Asylum: A Memoir of Madness in our Times (Hamish Hamilton)

Toews, M. (2014)

All my Puny Sorrows (Faber & Faber)

film: Poppy Shakespeare, 2008, Film: Directed by Benjamin Ross, UK, Cowboy Films

WWW: Lots of useful information at the Royal College of Psychiatrists website:

<http://www.rcpsych.ac.uk/>

* Not available in the *bpf* library

