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Jenny Stuart BSc Hons

Clinical Psychologists and Critical Community Psychology: A Grounded Theory of Personal Professional Development and Practice

Section A:
Clinical Psychologists and Theoretical Orientation Development:
A Critical Empirical Review

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Clinical Psychologists and Critical Community Psychology:
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SALOMONS
CANTERBURY CHRIST CHURCH UNIVERSITY

Acknowledgements page

I would firstly like to thank the clinical psychologists who gave up their time to be participants in this research study; it was a pleasure and a privilege to read about, and talk through their experiences. I would also like to say a massive thank you to my supervisors Louise and Miles, for all their time, encouragement and advice. I would like to acknowledge family and friends for their understanding of why I have needed to disappear for weeks on end! Thank you also to the cohort of 2015 for going through this with me. Lastly I want to thank my husband Ally; I would not have managed this without his never-ending patience, love and kindness.

Summary of the MRP portfolio

Section A is an empirical critical review that aimed to synthesise the peer-reviewed literature to answer the question: What factors are involved in the development of a clinical psychologist's theoretical orientation? A total of twenty-three papers were included; all presented results from quantitative surveys that either examined correlations between different orientations and individual factors, learning experiences, and/or contextual factors, or presented between-group differences. Conclusions suggested that the development of a CPs theoretical orientation is likely related to a complex interaction between a range of different factors. Recommendations for future research focused around qualitative research methods.

Section B presents the findings from a grounded theory analysis of how clinical psychologists develop an interest in critical community psychology (CCP) and how this does, or does not, relate to practice. Twenty clinical psychologists completed an online qualitative survey, of whom twelve were interviewed. Social constructionist grounded theory methodology (Charmaz, 2014) informed the data collection and analysis. The findings formed five categories: 'being drawn to CCP' 'navigating level of confidence', 'balancing clinical psychology and CCP', 'connecting with allies' and 'interacting with professional structures'. Findings are discussed in the context of existing empirical and theoretical literature.

Section C includes appendices

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MAJOR RESEARCH PROJECT

Section A: Literature Review

Clinical Psychologists and Theoretical Orientation Development:

A Critical Empirical Review

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SALOMONS CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

Clinical psychologists (CPs) commonly describe their practice with reference to a particular theoretical orientation (Buckman & Barker, 2010). However there is limited evidence and theory regarding the circumstances that result in the development of theoretical orientations (Arthur, 2000). This critical empirical review aimed to synthesise the peer-reviewed literature to answer the question: What factors are involved in the development of a clinical psychologist's theoretical orientation? A total of twenty-three papers were included; all presented results from quantitative surveys that either examined correlations between different orientations and individual factors, learning experiences, and contextual factors, or presented between-group differences. Conclusions were drawn in the context of methodological critique, and suggested that the development of a CPs theoretical orientation is likely related to a complex interaction between a range of different factors. Recommendations for future research focused around qualitative research methods.

Keywords: clinical psychology, personal professional development, theoretical orientation

Introduction

Clinical psychologists (CPs) commonly describe their practice with reference to a particular theoretical orientation (Buckman & Barker, 2010; Lorentzen, Rønnestad, & Orlinsky, 2011); broadly defined as "the conceptual model used to understand client's problems and to guide intervention" (Buckman & Barker, 2010, p.247). The British Psychological Society (BPS) standards (2014) for doctoral programmes in clinical psychology require training in the cognitive-behavioural (CBT) model and at least one other (non-specified) model. Despite the emphasis on CBT in training, clinical psychologists often espouse alternative orientations (e.g. psychodynamic, systemic, critical community) (Long & Hollin, 1997) and some CPs would describe themselves as having an eclectic or integrative approach to use of psychological theory (Miller, Duncan, & Hubble, 2004).

The literature has given some consideration to factors that may draw a person to the caring professions (e.g. Siebert & Siebert, 2007; Jackson, 2001), and clinical psychology within that (e.g. Charlemagne-Odle, Harmon, & Maltby, 2012) but there is limited evidence and theory regarding the circumstances that result in development of particular theoretical orientations (Arthur, 2000). There is no theoretical model available that explains this developmental process in clinical psychology, therefore three epistemological models of clinical psychology practice will be considered (scientist-practitioner, reflective practitioner and critical practitioner models), followed by theoretical and empirical literature from the related professions of psychotherapy and counselling psychology, and two developmental theories drawn from vocational psychology.

Epistemological Models of Clinical Psychology Practice

There are three main epistemological models that inform clinical psychology practice: the scientist-practitioner, reflective-practitioner, and critical-practitioner models (BPS, 2014). Different aspects of practice, learning and development draw from these epistemologies to a greater or lesser degree depending on the context. The scientist-practitioner model is central to the profession, with the reflective-practitioner model also widely drawn from, with the critical-practitioner model perhaps to a lesser degree (BPS, 2014). Each model will be discussed in turn, considering influence on theoretical orientation development.

The scientist-practitioner model. This model suggests that therapeutic decision-making should be informed by empirical evidence, produced through rigorous scientific endeavour (Shapiro, 2002). The UK National Institute of Clinical Excellence (NICE) guidance is informed by this epistemology and makes recommendations based on evidenced-based practice, with CBT being the most widely recommended approach. CBT invites clients to take a scientific approach to their problems: examining the evidence and practicing what works. However, there are many theoretical orientations that CPs align themselves with despite a lack of available empirical evidence (Long & Hollin, 1997).

The reflective-practitioner model. Reflective practice "cuts across the theory-practice axis, making personal knowledge and interaction as important as command of technical skills"(Schön, 1987, p.8). Such an epistemology places value on knowledge gained from reflection on thoughts, feelings, and experiences. A

psychodynamic orientation would perhaps draw more from this perspective as it explicitly values subjectivity in experience e.g. transference interpretations.

The critical-practitioner model. A critical perspective challenges psychology to "examine its roots, its beliefs and its applied practices" (Hughes & Youngsen, 2009, p.15) and promotes approaches that are values-led: working for social justice and transformative change in social systems (Prilleltensky & Nelson, 2009). An orientation such as critical community psychology predominantly adopts this epistemology and aims for intervention at community and societal levels, in genuine collaboration with the people such intervention would aim to serve (Prilleltensky & Nelson, 2009).

In addition to these underpinning epistemologies, there is some theoretical and empirical literature from related professions (e.g. psychotherapy and counselling psychology) that may add more to an understanding of the development of a CP's theoretical orientation. Rønnestad & Skovolt's (2003) themes of professional development will now be presented, followed by a brief summary of empirical findings.

Rønnestad & Skovolt (2003) themes of professional development

Rønnestad & Skovolt (2003) present fourteen descriptive themes regarding personal professional development in psychotherapy; constructed following 100 interviews with psychotherapists, analysed using grounded theory methodology. The themes describe shifts in emphasis between internal (more personal) and external (more professional) expertise, the importance of reflection and continuous life long learning,

and interpersonal sources of influence (clients, colleagues, and/or personal relationships). This model suggests that theoretical orientation development is complex, influenced by many experiences, and particularly stresses the role of personal experiences and values. Rønnestad & Skovolt (2003) explicitly reference theoretical orientation and state that therapists may change "their theoretical orientations due to lack of success with a chosen counselling method or due to significant and transforming events in their personal lives" (p.28).

Empirical findings from related professions

There is some empirical literature (predominantly cross-sectional survey research) regarding theoretical orientation of psychotherapists and counselling psychologists. Findings indicate a range of significant relationships between different theoretical orientations and various individual factors e.g. personality (e.g. Walton, 1978) and epistemology (e.g. Vasco & Dryden, 1994), and various professional learning experiences e.g. clinical experiences (Vasco & Dryden, 1994) and supervision (Liu et al., 2013). However there do not appear to be well-replicated findings and a review of the available evidence is not available. Bitar, Bean & Bermúdez (2007) conducted a pilot qualitative interview study with five family therapists using grounded theory methodology and constructed a model of influences on orientation development. Results showed that both personal (personality, personal philosophy, family, own therapy, own marriage) and professional (undergraduate courses, graduate training, clients, professional development, clinical sophistication) factors had influence.

From this empirical literature it is difficult to make conclusions regarding the process of theoretical orientation development. In order to consider developmental processes

further two theories from the vocational psychology literature will be summarised: the theory of professional evolution (Sherlock & Morris, 1967) and social cognitive career theory (Lent, Brown, & Hackett, 1994).

Theory of Professional Evolution

Sherlock & Morris (1967) propose a three-stage process in professional development (or evolution): recruitment, socialization and professional outcomes. The recruitment stage acknowledges background characteristics of professionals e.g. family, social and economic context, and prior exposure to ideas related to the profession. This stage also refers to individual preferences, views of reward, expectancy regarding access to the profession, and level of commitment. The socialization stage focuses on the interaction between the individual and their professional training and explicitly acknowledges that "there are invariable discrepancies between what is taught and what is learned, the proffered and the accepted, the intent and the outcome of the socializing experience" (p.32). The stage of professional outcomes describes a process of implementing knowledge gained through socialization. It acknowledges interaction with professional culture and individual career plans.

Applying this paradigm to theoretical orientation of CPs it suggests a complex interaction between the individual, their context, training and subsequent practice. It would not assume that all decision-making regarding theoretical orientation development was conscious and deliberate.

Social Cognitive Career Theory

Social cognitive career theory (SCCT; Lent et al., 1994) also describes a three-stage process of career development: formation of interest, selection of academic and career options, and performance. This theory acknowledges person-environment interaction but attempts to more explicitly describe the mechanisms of influence. In formation of interest the model describes interaction between learning experiences, self-efficacy, and outcome expectations, in the context of individual person factors (e.g. gender, ethnicity, predispositions) and background contextual factors (e.g. family experiences, prior career). Selection of academic and career options are presented as interest interacting with career goals, influenced by context (e.g. socio-economic). Depending on context, the interest and choice goals lead to a final stage of performance in the chosen career. Applying SCCT to theoretical orientation of CPs it again suggests a complex interaction between the individual, their learning experiences and their context. Both models from vocational psychology appear to pay more attention to wider socio-political and economic circumstances in career development.

Aims of this Review

To date there has not been a review of the empirical literature regarding the development of CPs' theoretical orientation. Although relevant, empirical findings regarding theoretical orientation of related professionals may not completely overlap, given the differences in professional emphasis on psychotherapy (as opposed to research, leadership and consultancy) and varying contextual factors (e.g. trainee CPs are paid employees of the NHS).

In order to inform the personal professional development literature in clinical psychology, it may be helpful to consider what the empirical evidence suggests are factors related to the development of particular theoretical orientations. This may prove useful for training centres in encouraging reflection on, and building awareness of, the sources of influence on theoretical orientation, particularly important should training courses wish to attempt to train CPs with specific theoretical orientations as "without such information there is no basis on which to adjust training to match the needs of society and the profession at large." (Watts, 1987, p.28)

It therefore seems appropriate to conduct a literature review to answer the question: What factors are involved in the development of a clinical psychologist's theoretical orientation? This critical review will synthesise the peer-reviewed empirical literature regarding clinical psychologists' development of interest in particular orientations, and present conclusions based on methodological quality of the evidence.

Methodology

Preliminary searches revealed a paucity of empirical research. Due to this, broad inclusion and exclusion criteria were applied:

- Papers must present empirical findings (qualitative or quantitative).
- Research participants must be CPs or trainee CPs. Papers were included if samples included other professions in addition to CPs. Papers were excluded if the participants' profession were unclear.
- Papers must present information regarding theoretical orientation and describe development of theoretical orientation and/or factors associated with theoretical orientation.

- No publication date cut-off was applied.
- Papers must be published in English.

The literature was searched using the electronic databases Psych Info, Web of Science, and Medline. Boolean operators were used to combine the search terms which included (clinical psycholog*) AND ((personal OR professional) development OR (theoretical OR therapeutic) orientation OR (theoretical OR therapeutic) mod* OR (theoretical OR therapeutic) preference OR (theoretical OR therapeutic) identit* (theoretical OR therapeutic) commit* OR (theoretical OR therapeutic) select* OR (theoretical OR therapeutic) perspective OR (theoretical OR therapeutic) approach OR (theoretical OR therapeutic) affiliat* OR (theoretical OR therapeutic) choice). All published peer-reviewed papers were searched with no criteria for publication date. Titles were reviewed for relevance and abstracts and/or full text articles were retrieved and read. Reference lists of retrieved articles were hand-searched (see Appendix 1 for a flow chart detailing the search process).

Structure of this Review

The literature search resulted in twenty-three papers for inclusion in this critical empirical review. Brief summaries of each paper are displayed in Table 1. All the studies presented quantitative questionnaire survey designs. In addition, two papers (Rosin & Knudson, 1986; Watts, 1987) included semi-structured interviews, analysed using quantitative content analysis. Papers were evaluated with reference to good practice guidelines regarding reporting of survey research provided by Kelley, Clark, Brown & Sitzia (2003) (Appendix 2). For the two papers that included interviews, Franzosi's (2008) quality recommendations regarding quantitative content analysis

were used (Appendix 3). The review structure was informed by the theoretical literature, with sections on individual factors, learning experiences and contextual factors. Each section was split into subsections where main findings were described and interpreted using methodological critique. The review concluded with a discussion and recommendations for future research.

Table 1

Main Findings from Reviewed Articles

Individual factors

Author (year)	Sample Details	Theoretical orientations	Study Design	Variables and measures	Key Relevant Findings
Arthur (1999)	113 CBT and 134 psychoanalytic therapists (55% clinical psychologists). UK	Psychoanalytic, cognitive behavioural	Quantitative postal questionnaire	MIPS (personality), OMPI (epistemology), PEP (epistemology).	Orientation relates to personality and epistemological styles. Paper provides descriptive profiles based on statistical findings (not included).
Arthur (2000)	As above	As above	As above	As above	Psychoanalytic therapists scored significantly higher than CBT therapists on enhancing, preserving, intuiting, feeling and innovating subscales of the MIPS, and significantly lower than CBT on individuating, sensing, thinking, retiring, conforming and adjustment subscales. Psychoanalytic therapists were significantly more likely to endorse organicism, and CBT therapist's mechanism. Psychoanalytic therapists scored significantly higher on subscales of culture and metaphorism (PEP).
Belviso & Gaubatz (2013)	303 trainee counselling (37%) and clinical (63%) psychologists. USA	Analytic/psychodynamic, behavioural, cognitive, humanistic/existential, family/systemic, other	Quantitative questionnaire	Fear of personal death scale, Objective-subjective scale of the counselor position scale, Development of Psychotherapists Common Core Questionnaire (DPCCQ)	Trainees with preference for objective vs. subjective orientations scored higher on death anxiety; particularly salient for males

	psychologists. USA	cognitive-behavioural, psychodynamic, existential	questionnaire	orientation questionnaire, Religious beliefs questionnaire and three items measuring spiritual support.	orientations were positively related to Eastern and mystical beliefs.
Bilgrave & Deluty (2002)	233 clinical (71%) and counselling psychologists. USA	Cognitive-behavioural, psychodynamic-psychoanalytic, humanistic-person-centred-experiential, existential, other	Quantitative postal questionnaire	Demographics, Psychotherapeutic orientation questionnaire, Religious beliefs questionnaire, adapted REF-VI (referents scale) to measure political ideology, 3 other items (whether religious/political beliefs influence practice and extent to which agree science provides only truths).	Humanistic orientation was positively related to political liberalism, Eastern and mystical beliefs, atheistic and agnostic beliefs. Psychodynamic was positively related to political liberalism, and negatively related to Eastern and mystical beliefs. Cognitive behavioural was predicted by conservative Christian beliefs.
Boswell et al. (2009)	26 trainee clinical psychologists and 20 trainee counselling psychologists. USA	Cluster analysis revealed 3 clusters of orientation: humanistic/systems/psychodynamic, psychodynamic, cognitive behavioural	Quantitative questionnaire	DPCCQ (orientation), NEO PI-R (personality)	Cognitive-behavioural cluster orientation scored significantly lower than the other two clusters on Angry Hostility. Psychodynamic cluster orientation scored significantly higher than the other two clusters on Impulsiveness. Humanistic/systemic/psychodynamic scored significantly higher on Openness to Feelings and Openness to Values than the cognitive-behavioural cluster.
Buckman &Barker	142 trainee clinical psychologists. UK	Cognitive-behavioural (CBT), psychodynamic,	Quantitative questionnaire	Demographics, Therapeutic Orientation and	Preference for CBT positively correlated with mechanism, conscientiousness, and negatively with

(2010)		systemic		Experiences Survey, Counsellor Theoretical Position Scale, Organicism-Mechanism Paradigm Inventory (OMPI; epistemology), NEO FFI (personality)	Openness to Experience. Preference for psychodynamic negatively correlated with Organicism, conscientiousness and positively with Openness. Course emphasis predicted concordant orientation for CBT and psychodynamic. Person and training factors predicted less of the variance for systemic orientation.
Gerson & Lewis (1984)	38 trainee clinical psychologists. USA	Behavioural, psychodynamic (85%), Gestalt-experiential	Quantitative questionnaire	Bem Sex-Role Inventory (masculine vs. feminine identification), background information (theoretical orientation, views of therapeutic change and difficulties in psychotherapy)	No relationship between preferred orientation and sex. Masculine and undifferentiated attributed greater influence on their orientation to clinical work (as opposed to their own therapy). Feminine and androgynous attributed equal influence to clinical work and personal therapy.
Scandell et al. (1997)	41 therapists (12 clinical psychologists, others were counselling psychologists, masters psychology, social workers) USA	Cognitive, behavioural, eclectic, gestalt, humanistic, family systems, psychoanalytic	Quantitative questionnaire	NEO-PI-R (personality) and a 'therapist questionnaire' designed for this study (education, clinical experience, theoretical orientation)	Cognitive orientation positively correlated with Agreeableness (straightforwardness and altruism). Humanistic positively correlated with Openness (fantasy and action). Gestalt positively correlated with Openness (fantasy).
Tremblay et al. (1986)	180 psychotherapists with doctorate degrees in psychology ('majority' specialised in clinical/counselling). USA	Psychodynamic, behavioural, humanistic (existential-humanism or Rogerian)	Quantitative questionnaire	Demographics and the Personal Orientation Inventory (POI; personality)	Humanists scored significantly higher on inner-directed, self-actualising value and spontaneity subscales than other two orientations. Behaviourists scored significantly lower on existentiality, feeling reactivity, acceptance of aggression and capacity for intimate contact.
Watts (1987)	43 black trainee	Psychodynamic,	Mixed	Interview regarding socio-	Trainees "who cited cultural factors as important (ie. as a

	clinical or clinical/community psychologists. USA	behavioural, contextual, eclectic, race-related, other	methods; Semi-structured interview and survey	political professional identity. Surveys regarding career goals and relationships with influential others.	guiding value) were significantly more likely to (a) have a theoretical perspective that incorporated contextual theories and (b) see psychology as having a major role in social change" (p.34).
Learning experiences					
Guest & Beutler (1988)	16 trainee clinical psychologists. USA	Experiential, psychodynamic, Cognitive-behavioural	Longitudinal design using quantitative questionnaires completed at baseline (trainees), one-year follow-up (trainees and supervisors), and 3-5 year follow-up (trainees and supervisors).	Demographics, Rutter's locus of control scale, Eysenck's Personality Inventory (personality), Theoretical Orientation Questionnaire, Value Survey, ratings of influence of supervisors (at follow ups)	Non-supervisory variables were unrelated to change in trainee orientation. Previous orientation was the most consistent predictor of subsequent orientation. At 3-5 year follow-up supervisor orientation reliably influenced trainee orientation. Increase in endorsement of CBT over time and less endorsement of experiential. Endorsement of psychodynamic remained consistent at each time point.
Lorentzen et al. (2011)	1177 clinical psychologists, 327 psychiatrists (Norway) 422 clinical psychologists, 612 psychiatrists (Germany)	Analytic-dynamic, behavioural, cognitive, humanistic, systemic	Quantitative survey	Development of Psychotherapists Common Core Questionnaire (DPCCQ: orientation)	Sample of psychologists split into analytic and non-analytic and ranked influence of factors on career (ranking in brackets for analytic and non-analytic respectively); working with patients (1,1), getting supervision (2, 2), getting personal therapy (3, 6), personal life (5,4), discussing cases (4,3), courses and seminars (7,5), professional reading (6,7)
Norcross & Prochaska	479 clinical psychologists. USA	Eclectic, psychodynamic, learning	Quantitative postal	Questionnaire covering satisfaction with	Selection of particular orientations were primarily predicted by clinical experiences, personal philosophy

(1983)		theory/behavioural, cognitive, systems	questionnaire	orientation, extent utilised, determinants of orientation (14 factors), importance of theory in practice.	and values, and training.
Rosin & Knudson (1986)	21 clinical psychologists, 20 trainee clinical psychologists. USA	Psychodynamic, behavioural	Mixed methods, questionnaire and interview	Theoretical orientation survey. Interview transcripts rating against list of 14 variables from Norcross & Prochaska (1983)	Psychodynamic orientation reported significantly more mental illness and conflict in family, more personal therapy, offered more personal explanations rather than professional for seeking therapy, place more emphasis on relationship elements of training (rather than intellectual) in comparison to those with a behavioural orientation. Inexperienced psychodynamic therapists rated training as less influential in development of orientation than more experienced psychodynamic therapists.
Stevens & Dinoff (1996)	69 clinical psychologist instructors. USA	Eclectic, cognitive-behavioural, dynamic, interpersonal, humanistic, Gestalt	Quantitative postal questionnaire	Demographics, self-reported theoretical orientation, location of training, work location, "assumptions, constructs and active components emphasised in the initial psychotherapy course" (p.12)	"Most clinicians indicated that their theoretical orientation was the same as the program where they trained" (p.13)
Weissman et al. (1971)	244 clinical psychologists. USA	Freudian, ego-analytic, Rogerian, behaviouristic, rational-emotive, eclectic	Quantitative postal questionnaire	20-item questionnaire: demographics, specialty, theoretical and therapeutic orientations (present and in training), work settings, use of tests and techniques, degree of satisfaction.	Participants' predominant training orientation did not relate to their current orientation.

Contextual factors					
Chambers et al. (1993)	233 trainee clinical psychologists. USA	Behavioural, psychodynamic, humanistic	Quantitative postal questionnaire	Personal, academic and professional background, Garfield & Kurtz (1976) theoretical and epistemic beliefs scale, clinical vignettes, clinical and research knowledge, the Bem Sex-Role Inventory (masculine vs. feminine identification)	Behavioural orientation related to greater interest in research and greater preference for rational (rather than intuitive) methods of knowledge acquisition, than psychodynamic or humanist. Sex, marital status, academic achievement and aptitude were not related to theoretical orientation. Behavioural students rated personal issues and/or personal experience of therapy as significantly less important than psychodynamic and humanist. Psychodynamic group scored significantly higher feminine scores than behavioural and humanistic orientations.
Conway (1998)	239 clinical psychologists. Canada	Psychoanalytic, Neo-Freudian, Interpersonal, Learning theory, Cognitive, Existential, Humanistic, Biological/neuropsychological, Eclectic, other	Quantitative questionnaire	Demographics, attitudes to scientist-practitioner model, information regarding employment, theoretical orientations, epistemic beliefs, personality, critical incidents in careers.	No significant differences between scientists, practitioners, and scientist-practitioners (either young or senior) regarding preferred theoretical orientation.
Johnson et al. (1992)	127 clinical and counselling psychologists. USA	Objectivism vs. subjectivism, endogenism vs. exogenism (plus additional 8 first order factors)	Quantitative postal questionnaire	Theoretical orientation survey (second order factors in theoretical orientation column), Family-of-origin scale.	More empathy and greater range of feelings in a family more likely therapist will endorse objective approaches. Less openness to others more subjective. Narrower range of feelings more likely to endorse internal rather than external explanations.
Leiper & Casares (2000)	196 clinical psychologists. UK	Eclectic, cognitive-behavioural, psychodynamic/analytic, behavioural, systemic, humanistic, other.	Quantitative postal questionnaire	Clinical practice questionnaire (clinical demographics including preferred therapeutic model), Adult attachment categorisation (attachment style), Adult reciprocal attachment questionnaire (attachment pattern), Taxonomy of early loss.	No significant difference between theoretical orientation and attachment style or pattern. Psychodynamic/analytic orientation reported significantly more early loss experiences and un-empathic parental responses than other orientations.

Lucock et al. (2006)	96 qualified clinical psychologists, 69 trainee clinical psychologists. UK	CBT/cognitive therapy, psychodynamic/psychoanalytic, person-centred/humanistic/gestalt, integrative, varied/eclectic, systemic, group analytic	Quantitative postal questionnaire	Questionnaire of Influencing Factors on Clinical Practice in Psychotherapies	Those CPs with CBT orientation rated evidence-base factors as significantly more important, and personal therapy as significantly less important than all other orientations.
Manganyi & Louw (1986)	137 clinical psychologists. South Africa	Psychoanalytic, Rogerian, existential, humanistic, rational-emotive, behavioural, Eclectic, other	Quantitative postal questionnaire	Modified version of questionnaire used by Garfield & Kurtz (1976): demographics, academic qualifications, professional roles, theoretical orientation, opinion regarding topical South African issues.	No relationship found between theoretical orientation and professional trends (factors were practitioner, psychoanalytic-psychodynamic, or research) other than psychoanalytic having an association with the corresponding factor, and behavioural approach having a strong negative association with this factor. Older participants rated greater influence from psychoanalytic approach than younger participants.

The Review

The papers included in this review measured theoretical orientation by either asking participants to self-report, or by administering a questionnaire where participants ranked the relative influence of pre-stipulated orientations on their practice. The latter allowed correlational analyses where scores indicated strength of identification with a particular orientation, and thus could be correlated with other variables, or used as a dependent variable in regression analyses. Two of the papers (Arthur, 1999; Arthur, 2000) were publications of the same research study, where Arthur (1999) was a briefer publication. Arthur (2000) was used as the primary reference as it subsumes and expands on Arthur (1999).

Individual Factors

Thirteen articles focused on individual person factors, both between-group theoretical orientation differences, and correlates of theoretical orientation with individual factors. This section is structured by separating papers that focused on personality, epistemology, guiding values, religious and political ideology, death anxiety, and biological sex and gender.

Personality. Buckman & Barker (2010) used the NEO Five Factor Inventory (NEO-FFI). Boswell, Castonguay, & Pincus (2009) and Scandell, Wlazelek, & Scandell (1997) used the Revised NEO Personality Inventory (NEO PI-R). Both are well validated, comparable, and widely used measures based on the five-factor model (neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness) of personality (Costa & McCrae, 1992). Buckman & Barker (2010) performed a multiple regression analysis (with additional individual factors

and learning experiences reported later in the review); results of the initial correlational analyses will be presented here alongside correlational results from Scandell et al. (1997). Boswell et al. (2009) used a between-subjects design.

The only consistent finding between Scandell et al. (1997) and Buckman & Barker (2010) was that a systemic orientation did not significantly correlate with personality factors. Scandell et al. (1997) did not find significant ($p<.05$) correlations between personality factors and a psychoanalytic orientation, whereas Buckman & Barker (2010) did (all $p<.001$); a positive correlation with openness to experience and a negative correlation with conscientiousness. Buckman & Barker (2010) found mirrored results for a CBT orientation; a positive correlation with conscientiousness and a negative correlation with openness to experience. Scandell et al. (1997) did not include an integrated CBT orientation in their study but did not find a correlation between a behavioural orientation and personality factors, but a cognitive orientation was significantly positively correlated with agreeableness. Scandell et al. (1997) included some additional orientations and found humanistic and gestalt orientations positively correlated with openness to experience, and an eclectic orientation did not significantly correlate.

Boswell et al. (2009) initially performed a cluster analysis because the orientation with the highest identification was eclectic, therefore 3 cluster factors were used in analysis: psychodynamic, CBT, and humanistic/systems/psychodynamic. Results were analysed using MANCOVA where the only covariate was different training program of trainee (clinical or counselling). There were overall significant ($p<.05$) group differences on the NEO-PI-R domains of neuroticism and openness to

experience. Univariate pairwise comparisons ($p<.05$) showed the psychodynamic cluster had significantly higher scores on one neuroticism subscale (impulsiveness) and the CBT cluster had significantly lower scores on another neuroticism subscale (angry hostility) than the other two clusters. The humanistic/systems/psychodynamic cluster showed higher scores on two openness to experience subscales (openness to feelings/values) than the CBT cluster, but not in comparison to the psychodynamic cluster.

Both Scandell et al. (1997) and Boswell et al. (2009) used small sample sizes from the USA (41 clinicians, and 46 trainee CPs respectively), whereas Buckman & Barker (2010) used a sample of 142 UK CP trainees. None of the studies described their rationale for study design (a criterion stipulated by Kelley et al., 2003). Buckman & Barker (2010) met all other criteria and therefore appeared a very good quality piece of survey research. Boswell et al. (2009) was also good quality, only missing one additional Kelley et al. (2003) criterion; how those who agreed to participate differed from those who did not. Scandell et al. (1997) presented clear rationale for the study, and results were well presented, however information regarding the sampling procedure were missing, and the discussion offered minimal interpretation of findings and recommendations for future research.

Although these studies present some differences regarding the five-factor model of personality and theoretical orientation, there is not a consistent pattern. There are possibly overlapping findings regarding openness to experience correlating with a humanist orientation in both Boswell et al. (2009) and Scandell et al. (1997). However the sample sizes are too small to draw definitive conclusions. The results

from Buckman & Barker (2010) are therefore the most reliable (although the sample is only trainee CPs which may be confounded by a particular developmental stage) however replication would be required in order to make more definitive conclusions.

Other personality measures. Tremblay, Herron, & Shultz (1986) and Arthur (2000) used between-group designs (analysed using ANCOVAs and ANOVAs respectively) to assess differences on measures of personality between theoretical orientation groups. Both studies included biological sex as an additional independent variable. Arthur (2000) also included experience (novice, intermediate and senior) as an independent variable, and Tremblay et al. (1986) included age as a covariate. Both studies used less established measures of personality (than the NEO inventories) without providing adequate rationale: the Millon Index of Personality Styles (MIPS; Millon, 1994), and the Personal Orientation Inventory (POI; Shostrom, 1964) respectively. Arthur (2000) does not summarise the meaning of the MIPS subscales (not immediately obvious from their names) or provide information about the overarching domains. Results of both studies present a number of significant differences on various personality subscales between psychodynamic and behavioural (Arthur, 2000) and humanist (Tremblay et al., 1986) orientations but a consistent pattern is not evident. Due to inconsistent findings, poor reporting of the measures, and difficulty with comparisons across measures, details of specific differences are not included here, although results regarding interactions and covariates will be summarised. Tremblay et al. (1986) found that age was a significant covariate on five of the 12 subscales of the POI but this is not then referred to in the text. They also found a significant ($p<.01$) interaction between theoretical orientation and biological sex regarding the self-acceptance subscale of the POI; male behaviourists ($M=17.77$,

SD=3.19) and female humanists (M=18.13, SD=2.76) scored significantly higher than female behaviourists (M=15.13, SD=3.01). Arthur (2000) found no interaction between biological sex and orientation. Neither Arthur (2000) nor Tremblay et al. (1986) presented rationale for their chosen research methods, and there was missing sampling information: differences between participants and non-participants (Arthur, 2000), and how and where participants were approached (Tremblay et al., 1986).

Personality summary. Although each of the five studies present significant findings there is not a consistent pattern. This could indicate that personality constructs do not reliably relate to theoretical orientation, or it may mean that the relationship is complex, and interactive with other factors. The review will now consider studies that examined relationships between theoretical orientations and epistemologies.

Epistemology. In addition to the findings discussed above, Arthur (2000) and Buckman & Barker (2010) used the Organicism-Mechanism Paradigm Inventory (OMPI; Germer, Efran, & Overton, 1982): a measure with good reliability (Cronbach's alphas of .85 and .78 for subscales). High scores on the OMPI equate to an organicist worldview and low scores a mechanist worldview. Results from Arthur's (2000) ANOVA analyses showed a significant difference between the orientations ($F(1,238)=7.41$, $p=.007$); clinicians with a psychodynamic orientation (M=20.98, SD=2.84) scored significantly higher than those with a CBT orientation (M=19.84, SD=3.64). Although this difference is statistically significant the two mean scores are just over one point apart. However, Buckman & Barker (2010) lend support to Arthur's (2000) findings from their sample of trainee CPs; a

psychodynamic orientation significantly ($p<.001$) positively correlated with organicism and a CBT orientation significantly positively correlated with mechanism. These relationships appear plausible, as psychodynamic clinicians tend to construct distress in developmental terms and hold a more subjectivist position, whereas CBT clinicians construct distress more structurally and make greater claims regarding objectivism. Arthur (2000) also found a significant interaction between experience and orientation ($F=(2,237)=6.21$, $p=.002$) where novices of both orientations were significantly more likely to endorse organicism than more senior colleagues. There was no interaction with biological sex.

In addition to using the OMPI, Arthur (2000) administered the Psycho-Epistemological Profile (PEP; Royce & Mos, 1980), which measured endorsement of metaphorism, rationalism and empiricism. Psychodynamic clinicians scored significantly higher on culture ($M=60.21$, $SD=7.58$) and metaphorism ($M=108.52$, 11.01) than did CBT clinicians ($M=55.83$, $SD=8.85$, and $M=102.2$, $SD=11.95$ respectively). There was one interaction between orientation and experience ($F(2,162)=4.6$, $p=.01$) regarding insight, where senior psychodynamic clinicians scored higher than novice psychodynamic clinicians and senior CBT clinicians. There was also a significant interaction between orientation, experience and gender ($F(2,162)=4.5$, $p<.05$) although post hoc tests were not reported. These findings lend support to the hypothesis that CBT and psychodynamic CPs differ regarding epistemic beliefs, which may interact with experience and gender.

The following section moves to consider religious and political ideological beliefs, and relationship with theoretical orientation.

Religious and political ideology. Bilgrave & Deluty (1998) designed a questionnaire to measure religious ideology. A factor analysis revealed three factors (conservative Christian beliefs [with some Jewish items loading on this factor], eastern and mystical beliefs, and atheism-agnosticism), each with good internal consistency (Cronbach's alphas of .95, .87 and .85 respectively). They also measured participant self-designated religious affiliation. Bilgrave & Deluty (2002) used the same religious questionnaire but also asked participants how much they would endorse the statement "science provides the only truths about the world" (p.252) and used a shortened version of the Referents Scale (REF-VI; Kerlinger, 1984) to measure political ideology, in terms of liberalism (Cronbach's alpha .85) and conservatism (Cronbach's alpha .92).

Both studies performed multiple regression analyses. Bilgrave & Deluty (1998) found that 4% of the variance ($F(6,203)=2.61$, $p<.05$, $R=.27$, $R^2=.04$) in a psychodynamic orientation was predicted by Jewish affiliation, and a lower commitment to conservative Christian beliefs. Age and gender did not predict a psychodynamic orientation. Bilgrave & Deluty (2002) found different results, where 13% of the variance ($F(4,228)=8.32$, $p<.01$, $R=.36$, $R^2=.13$) was predicted by older age, being female, less endorsement of eastern and mystical beliefs, and greater endorsement of liberalism.

In both studies a CBT orientation was predicted by younger age and higher commitment to conservative Christian beliefs. In Bilgrave & Deluty (1998) age and gender accounted for 3% of the variance in orientation, and the addition of Christian beliefs accounted for 10% of the total variance: $F(8, 201)=3.76$, $p<.0005$, $R=.36$,

R^2=.10. In Bilgrave & Deluty (2002) CBT orientation was also predicted by higher endorsement of the statement 'science provides the only truths about the world', and alongside age and Christian beliefs accounted for 18% of the variance: $F(4,228)=12.85$, $p<.01$, $R=.43$, $R^2=.18$. Conservative political beliefs were not a significant predictor of CBT as hypothesised.

Both studies found that a humanist orientation was significantly predicted by endorsement of eastern and mystical beliefs. In Bilgrave & Deluty (1998) a humanist orientation was also predicted by older age, which alongside gender accounted for 4% of the variance. When all factors were put into the analysis they accounted for 15% of the variance: $F(7,202)=6.36$, $p<.00005$, $R=.42$, $R^2=.15$. In Bilgrave & Deluty (2002) a humanist orientation was also predicted by endorsement of agnostic-atheistic beliefs, liberalism and less agreement with the belief about science, which together with endorsement of eastern and mystical beliefs accounted for 19% of the variance; $F(6,226)=8.73$, $p<.01$, $R=.43$, $R^2=.19$. Bilgrave & Deluty (1998) also included an existential orientation which was significantly predicted by endorsement of eastern and mystical beliefs and rejection of Christian beliefs, with the factors accounting for 14% of the variance: $F(7,198)=5.65$, $p<.00005$, $R=.41$, $R^2=.14$.

Both studies used large samples and were of generally good quality. Both were missing rationale for their chosen designs, and a more detailed explanation of what was meant by eastern and mystical beliefs would have been helpful. Bilgrave & Deluty (1998) was missing information regarding consent and representativeness of the sample. The results sections were clear, although Bilgrave & Deluty (2002) did not present stepwise regression results. Both discussed possible ideological

compatibility between certain religious beliefs and particular theoretical orientations e.g. that CBT and Christian beliefs seemed ideologically compatible. They discussed their findings as a challenge to a purist scientist-practitioner model of clinical psychology.

The following section contains one study that considered the relationship between theoretical orientations and valuing the importance of cultural factors.

Valuing cultural factors. Watts (1987) conducted a survey and an interview (analysed using quantitative content analysis) regarding theoretical orientation development of black trainee CPs. Trainees who described a guiding value of the importance of cultural factors in understanding distress, were more likely to have a theoretical orientation that incorporated contextual theories (e.g. community psychology). The study was of good quality but further information regarding rationale for design and analysis was warranted. Franzosi (2008) quality recommendations regarding quantitative content analysis were met; presentation of qualitative quotations was a particular strength.

The following section contains one study that examined CPs experience of death anxiety and how this related to theoretical orientation.

Death anxiety. Belviso & Gaubatz (2013) investigated the relationship between anxiety about death (as measured by the fear of personal death scale; Florian & Kravetz, 1983) and theoretical orientation. Those with higher death anxiety were significantly more likely to prefer objective (associated with CBT, cognitive and

behavioural) over subjective (associated with psychodynamic and humanist/existential) orientations; the trend was particularly salient for males. The study was generally good quality but the rationale for studying death anxiety was not clear. Belviso & Gaubatz (2013) suggest that choice of theoretical orientation could in part, be driven by underlying conflicts and needs, with those who have higher death anxiety being drawn to more objective orientations in order to contain anxiety.

Biological sex and gender. A non-significant relationship between biological sex and theoretical orientation (behavioural, psychodynamic/analytic, gestalt-experiential, humanist, cognitive, eclectic, family systems) has been replicated in samples of USA trainee clinical psychologists (Chambers, Tazeau, & Rozensky, 1993; Gerson & Lewis, 1984) and a small sample of CPs reported earlier (Scandell et al., 1997).

In addition to measuring biological sex Chambers et al. (1993) used the Bem Sex Role Inventory (BSRI; Bem, 1974) to measure gender identification. Mean difference scores were calculated for each trainee (masculine-feminine) and group means compared. The psychodynamic group had a significantly ($p<.05$) lower mean difference score (M=-.18, SD=.74) in comparison to behavioural (M=.17, SD=.88) and humanist orientations (M=.19, SD=.83), indicating a more feminine identification. This was a good quality study, meeting all Kelley et al. (2003) criteria with the exception of providing rationale for the study design and psychometric properties of the measures.

Gerson & Lewis (1984) also used the BSRI and found that trainee CPs who identified with masculine and undifferentiated sex-roles rated clinical work to have the greatest influence on their theoretical orientation. Trainees who identified with feminine and androgynous sex-roles, rated clinical work and personal therapy as equally influential on the development of their theoretical orientation. The study failed to meet a number of Kelley et al. (2003) criteria: the research question was not defined and the process of consent was unclear. The measures were poorly described and the sample size was small (although it was a pilot).

These studies suggest that although biological sex does not relate to theoretical orientation there may be an interaction with gender. The review will now move on to the second overarching section and consider learning experiences and the relationship with theoretical orientation.

Learning Experiences

Five articles investigated the relationship between theoretical orientation and different learning experiences. The section is structured with reference to predominant training orientation, and supervision.

Predominant training orientation. Weissman, Goldschmid, & Stein (1971) and Stevens & Dinoff (1996) both explored whether predominant training orientation related to orientation following training, with opposite findings. Weissman et al. (1971) reported no relationship (for CPs who reported Freudian, ego-analytic, Rogerian, behaviourist, rational-emotive, and eclectic orientations) and Stevens & Dinoff (1996) quoted (for eclectic, cognitive-behavioural, dynamic, interpersonal,

humanistic, and gestalt orientations) “most clinicians indicated that their theoretical orientation was the same as the program where they trained" (p.13). Both studies met a number of Kelley et al. (2003) criteria, e.g. providing good rationale for purpose of the research and good detail regarding the sampling strategy. However, neither provided rationale for their study designs and both could be considered poor quality, due to poor reporting of results: both involved frequency analysis but neither study presented raw data, rather summary sentences (e.g. above quotation).

An additional finding from a good quality study reported earlier (Watts, 1987) lends support to the idea that training related to theoretical orientation. Watts (1987) interviewed black trainee CPs about their orientation prior to training. Some responses suggested a change from a contextual theoretical orientation e.g. “I must have had a sort of sociocultural orientation…I was thinking about the community and what’s wrong with the community” (p.31) to a more psychodynamic orientation with change attributed to training “I’m much more individually orientated now, and that’s a product of my training” (p.32).

Buckman & Barker (2010) (another good quality survey discussed earlier regarding personality and epistemology) found a significant ($p<.001$) positive correlation between trainee CPs’ orientation and concordant emphasis of their training course, for those with preference for CBT and psychodynamic orientations. The positive correlation between a systemic orientation and systemic training course was non-significant.

Three of these studies suggested a positive relationship between predominant training orientation and subsequent orientation of CPs. Weissman et al. (1971) presents contradictory findings but the study is of comparatively poor quality. Therefore it seems plausible that training orientation relates to theoretical orientation, particularly for CBT and psychodynamic orientations. In addition, training in psychodynamic and individually focused theoretical orientations, may have an effect on changing an initially more socio-political/community position.

Supervision. Buckman & Barker (2010) also asked trainee CPs to rate how much their placement supervision exposed them to CBT, psychodynamic or systemic approaches. Exposure to psychodynamic ideas in supervision significantly ($p<.001$) positively correlated with endorsement of a psychodynamic orientation. Exposure to CBT in supervision did not significantly positively correlate with a CBT orientation but did significantly negatively correlate with a psychodynamic orientation. The positive correlation between systemic supervision and orientation did not reach significance.

Guest & Beutler (1988) conducted the only longitudinal study included in this review. The study was an illustrative study that only included 16 participants. Trainee CPs completed a survey at the beginning of training, immediately after, and three to five years post training. Main supervisors also completed the survey at follow-ups. The survey included the Theoretical Orientation Questionnaire (TOQ; Sundland, 1977), which has three orientation factors (experiential, psychoanalytic, CBT), Eysenck's Personality Inventory (Eysenck & Eysenck, 1969) and Rotter's locus of control scale (Rotter, 1966). The results were reported particularly poorly with some missing

numeric data and unclear stepwise regression analyses. Main findings will be summarised without F and R^2 statistics, as these are unclear. Neither personality nor locus of control significantly contributed to change in orientation at one year or three to five year follow-up. The most consistent predictor of follow-up orientation was the participants' previous orientation, however at three to five year follow-up supervisor orientation was found to predict change in trainee orientation. Using Kelley et al. (2003) criteria this was a poor quality study. Rationale for the research and study design were clearly described however the sample selection was unclear, limitations were not discussed and future recommendations were not made; this seemed unfortunate as reflection on the methodology would have been helpful given that other studies often recommend longitudinal designs.

Despite the range in quality of the research related to supervision the findings seemed to indicate that supervisory experiences related to concordant theoretical orientation. Unfortunately the longitudinal study (Guest & Beutler, 1988) is not well presented so definitive conclusions regarding causality cannot be drawn.

Relative Influence of Individual Factors and Learning Experiences

This section included four studies that bring together a number of different individual factors and learning experiences. The first sub-section considered three studies where CPs were asked to rate the relative influence of pre-determined factors on their orientation generally. The second sub-section presents Buckman & Barker's (2010) multiple regression findings.

Rated influence of multiple factors. Norcross & Prochaska (1983), Rosin & Knudson (1986) and Lorentzen et al. (2011) used similar study designs where CPs were asked to rate relative influence of pre-stipulated factors on the development of their orientation. Results of all three studies indicated that CPs rated clinical experiences as one of the most influential factors on the development of their orientation. Norcross & Prochaska (1983) and Rosin & Knudson (1986) also found that CPs rated graduate training, life experiences, and personal values and philosophy in their top five most influential factors. CPs in Rosin & Knudson (1986) rated family experiences as their second most influential factor whereas this was rated 11th in Norcross & Prochaska (1983). Lorentzen et al. (2011) split their sample into analytic and non-analytic CPs, both orientations ranked supervision as the second most influential factor on their orientation after clinical experiences. Analytic CPs then rated personal therapy and non-analytic CPs rated discussing cases.

Norcross & Prochaska (1983) met Kelley et al. (2003) criteria with the following exceptions: the research method was not justified and information regarding the construction of factors was missing. Rosin & Knudson (1986) used semi-structured interviews to allow a richer exploration of theoretical orientation development. However their methodology negated this, as the pre-existing categories from Norcross & Prochaska (1983) were used to categorise interview transcripts. Rosin & Knudson (1986) met most of Franzosi's (2008) recommendations for content analysis but did not contextualise their frequency counts with any qualitative information. Information was also missing regarding how those who agreed to participate differed from those who did not. Lorentzen et al. (2011) appeared to be a study of reasonably

good quality meeting Kelley et al. (2003) criteria with the following exceptions: unclear sample selection, no discussion of limitations or recommendations.

Despite the limitations of these studies they all indicate the importance that CPs placed on clinical experiences in relation to their orientation. However, it is difficult to draw specific conclusions as 'clinical experiences' is such a broad concept. The findings also demonstrate that CPs attributed a range of factors as having influence on their theoretical orientation. The following section explored this further through results of multiple regressions analyses.

Multiple regression. In addition to correlational findings presented throughout the review thus far, Buckman & Barker (2010) performed multiple regression analyses to ascertain the relative influence of individual factors (personality and epistemology) and learning experiences (training orientation and supervision experiences) on predicting orientation preference (CBT, psychodynamic or systemic). Regression analyses were conducted for each orientation where individual factors were entered as a block, followed by learning experiences as a block; this pattern was then reversed.

Individual factors were more influential on preference for CBT than learning experiences. Individual factors explained 22% of the variance ($F(6, 140)=6.35$, $R^2=.22$, $p<.001$) adding learning experiences to the model increased this to 27% ($F(8, 140)=6.04$, $R^2=.27$, $p<.001$); a borderline significant increase ($p=.018$). When the model was reversed training factors contributed 10% of the variance ($F(2,140)=8.04$,

R^2=.10, adding individual factors increased this to 27% (F(6,132)=4.92, R^2=.27, p<.001); a significant increase (p<.001).

The opposite result was found for a psychodynamic orientation where learning experiences were more influential on preference for a psychodynamic orientation than individual factors. Individual factors explained 14% of the variance (F(6, 141)=3.36, R^2=.14, p<.01) adding learning experiences to the model increased this to 35% (F(8, 141)=8.75, R^2=.35, p<.001); a significant increase (p<.001). The reverse model confirmed this pattern.

In comparison to CBT and psychodynamic preferences, less of the variance in preference for a systemic orientation was predicted by individual factors (F(6,136)=2.50, R^2=.10, p=.025) and learning experiences (F(8,136)=3.22, R^2=.17, p<.01). The reverse model confirmed this pattern and indicated that both sets of factors had equal influence.

Buckman & Barker's (2010) multiple regression analyses demonstrated the complexity of inter-relationships between individual and learning factors on preference for different theoretical orientations. To add to this complexity studies investigating contextual factors will now be considered.

Contextual Factors

Six papers explored the relationship between contextual factors and theoretical orientation of CPs. The section will be structured into those that considered family context, personal therapy, and professional roles.

Family context. Rosin & Knudson (1986) was a reasonably good quality study discussed in the previous section. CPs with a psychodynamic orientation reported significantly ($p<.01$) more conflict and mental illness in their family of origin compared to those with a behavioural orientation. Leiper & Casares (2000) compliment this finding in their survey that used three well-validated measures of attachment and early loss experiences (detailed in Table 1). They found psychodynamic orientation reported significantly ($p<.01$) more experiences of early loss and un-empathic parental responses, than did those who identified with an eclectic, CBT, behavioural, systemic, or other orientations. Leiper & Casares (2000) found no significant differences between attachment style or pattern, and theoretical orientation of CPs. Leiper & Casares (2000) met Kelley et al. (2003) criteria apart from the following exceptions; poor rationale for research questions, and no interpretation regarding theoretical orientation.

Johnson, Campbell, & Masters (1992) used the Theoretical Orientation Survey (TOS; Coan, 1979) and the Family of Origin Scale (FOS; Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985): both with good test-retest reliability (>.80). Multiple regression analyses were used but with no rationale for the stepwise entries. A large complex results table indicated a number of significant predictors but the statistics are not described in the text. Results appeared to show that therapists who endorsed objective over subjective orientations were significantly more likely to describe more empathy and a greater range of feelings in their own family. Where there was a narrower range of feelings expressed in the family CPs were significantly more likely to endorse internally as opposed to externally focused orientations. Johnson et al. (1992) appeared to be a reasonably poor quality study. In addition to poor reporting

of results, the study failed to meet an additional two of Kelley et al. (2003) criteria; study rationale and TOS subscales were not described.

Personal therapy. Lucock, Hall & Noble (2006) found that those CPs with a CBT orientation rated personal therapy as significantly less important compared with CPs with a psychodynamic/psychoanalytic, person-centred/humanistic/gestalt, integrative, varied/eclectic, systemic or group analytic orientation. The study was of good quality, but to meet Kelley et al. (2003) criteria it needed additional information regarding the study design rationale, information regarding consent, and difference between respondents and non-respondents.

Chambers et al. (1993) is a good quality study discussed in the previous section on gender. They also found that trainee CPs who identified with a behavioural orientation rated personal therapy as a significantly less important influence on their development than did those with a psychodynamic or humanist orientation. These findings are perhaps not surprising given the emphasis on personal psychotherapy in training of the different orientations.

Professional roles. Four of the papers examined the relationship between professional roles of CPs. Manganyi & Louw (1986) found that CP professional trends (with focus on either being a practitioner or researcher) were unrelated to preferred theoretical orientation. This finding was not the primary focus of the study as it was a survey of attitudes of South African CPs. However the study was of good quality, the only of Kelley et al.'s (2003) criteria needing further explanation were psychometric properties of the questionnaire, and information regarding process of

consent. Conway (1998) found similarly to Manganyi & Louw (1986); there were no significant differences regarding theoretical orientation between CPs who viewed their role as scientists, practitioners, or scientist-practitioners. Again this finding was not the focus of the study, which was more on the differences in practice between the groups. The study appears to be of good quality, meeting Kelley et al. (2003) criteria apart from providing rationale for the design.

Chambers et al. (1993) found that CPs with a behavioural orientation (in comparison to a psychodynamic or humanist) were significantly more likely to express an interest in conducting research. In discussion they stressed the importance of encouragement during training of the role of research in the profession. Finally, Lucock et al. (2006) found that CPs with a CBT orientation were significantly more likely to rate evidence-based factors (e.g. using guidelines and journal articles) as important when compared with CPs with psychodynamic/psychoanalytic, person-centred/humanistic/gestalt, integrative, varied/eclectic, systemic and group analytic orientations. This finding was interpreted by noticing the bi-directional relationship between this orientation and the increased emphasis and success in terms of evidence-based practice regarding this orientation.

Discussion

The papers included in this review highlighted a number of individual, learning and contextual factors that appeared to relate in different ways to various theoretical orientations espoused by CPs. The largest section was regarding individual factors: personality, epistemology, valuing contextual factors, religious and political ideology, death anxiety, and biological sex and gender. Perhaps this individual focus reflects

the predominant emphasis in the profession of understanding distress in individual terms (Boyle, 2011). The most widely researched construct was personality; seven of the twenty-three papers included this as a variable. A number of significant results were found between personality domains and orientation but there was a lack of reliability.

There were parallels between the overarching epistemology of the orientation, and individual epistemology espoused by CPs. As an example, those CPs with a more mechanist worldview (Buckman & Barker, 2010), and with beliefs about scientific discovery providing truth about the world (Bilgrave & Deluty, 2002) identified more strongly with CBT, which tends to adopt the scientist-practitioner model. In addition Watts (1987) found that those trainee CPs who personally valued contextual understandings of distress were more likely to endorse a socio-political/community orientation, which tends to draw from a critical-practitioner epistemology (with emphasis on such values).

There appeared to be similarities regarding political ideology and orientation, with a general trend towards political liberalism, which perhaps relates to work in health and public services more generally. There was a replicated positive correlation between Christian religious beliefs and a CBT orientation (Bilgrave & Deluty, 1998, 2002). The authors interpreted this by describing CBT as the approach with the least problematic relationship with Christian ideology. Qualitative information would have been helpful, as a scientific epistemology seems somewhat at odds with a belief in God.

Belviso & Gaubatz's (2013) focus on death anxiety appeared a slightly random contribution to the literature; findings suggested that those with higher anxiety about

death were more likely to prefer objective (e.g. CBT) over subjective (e.g. psychodynamic) orientations. Anxiety about death may bare relationship to the concept of safe uncertainty (Mason, 1993); it would seem plausible that a safe uncertain position could relate to less anxiety about death, and a more subjective orientation.

In terms of learning experiences the literature presented findings regarding training course theoretical emphasis and supervision. Perhaps one of the most reliable findings in the review was the relationship between training course emphasis and subsequent orientation, particularly for CBT and psychodynamic orientations (Buckman & Barker, 2010; Stevens & Dinoff, 1996; Watts, 1987). Preliminary multivariate findings suggested learning experiences related more to a psychodynamic orientation than individual person factors, with the opposite being true for those preferring a CBT orientation (Buckman & Barker, 2010). This could reflect popularity in wider contextual discourses (e.g. NICE promotion of CBT); those entering training could already be more familiar with CBT, so training is less important in supporting interest development. In addition (despite the range in quality of the research) theoretical emphasis in supervision seemed to reliably relate to concordant theoretical orientation (Buckman & Barker, 2010; Guest & Beutler, 1988). Clinical experiences more generally were also rated as having important influence on theoretical orientation (e.g. Norcross & Prochaska, 1983).

Contextual factors of family experiences, personal therapy and professional roles were also addressed in the literature. The findings regarding personal therapy and professional roles were perhaps unsurprising e.g. psychodynamic CPs valuing personal therapy more than those aligned with CBT (Lucock et al., 2006). However

there was suggestion that a psychodynamic orientation correlated with conflict in the family (Rosin & Knudson, 1986), early loss experiences (Leiper & Casares, 2000), and un-empathic parental responses (Johnson et al., 1992; Leiper & Casares, 2000). There are perhaps parallels to be drawn with the psychodynamic concept of the wounded healer (Jackson, 2001) where difficult personal experiences are thought to drive an individual's attempts at healing the difficulties of others. It could be that personal experience of childhood difficulty leads on to preference for an orientation with a focus on understanding early relationships. This would also align with Rønnestad & Skovolt's (2003) assertion that significant personal events play a role in orientation development. These hypotheses provide a speculative understanding of the initially more socio-political community orientation espoused by a proportion of the black trainee CPs in Watts (1987); perhaps there were links with experiences involving marginalization/racism/inequality and a more socio-political orientation.

The Social Cognitive Career Theory and Model of Professional Evolution stressed the role of contextual factors in mediating the effects of individual factors and learning experiences on theoretical orientation development. In addition to contextual factors mentioned in the introduction (e.g. UK NICE guidance, and requirement for CBT in training) and in papers included in this review, there are many other possible contextual factors; e.g. the focus on outcome measurement and targets in UK National Health Service (NHS) and the UK political austerity agenda (Harper, 2015). Both of which potentially socialise CPs towards a CBT orientation, despite any dissonance with a more preferred orientation. A number of studies raised the question of how an espoused orientation may actually relate to the practice of a CP, with some authors

suggesting an apparently non-linear association (Norcross & Prochaska, 1983); it seems plausible that contextual factors would play a role in this relationship. Many of the findings in the review were not replicated, and together did not add up to produce neat profiles regarding CPs with various orientations. This could indicate that few of the factors in the review reliably related to theoretical orientation. However multivariate results suggested that a number of different factors and contextual circumstances likely related to theoretical orientation in complex and interactive ways.

Limitations

All but one of the studies in this review used cross-sectional designs. The only longitudinal study (Guest & Beutler, 1988) was a pilot and of generally poor quality, therefore definitive conclusions regarding causality cannot be drawn. The samples of CPs varied across the studies; a majority of samples included CPs trained in the USA, where training programs and relevant contextual factors are likely to differ somewhat from those in the UK. In addition some of the studies included samples made up of other professionals in addition to CPs, introducing some potential confounding factors. Some samples were made up of trainee CPs, and others qualified CPs. Evidence that age/level of experience related to theoretical orientation (e.g. Boswell et al., 2009) highlights the possibility of developmental differences.

Implications and Recommendations for Future Research

Overall findings suggested that the development of a CPs theoretical orientation is related to a complex interaction between a range of different factors and circumstances. Rationale for inclusion of particular variables in future research could

be better informed by the theoretical literature, but also through consideration of qualitative approaches. A qualitative approach could more easily capture the complexity of the processes involved in theoretical orientation development. If further quantitative research was deemed necessary then qualitative findings would be useful to minimise continuation of simplistic univariate research, and inform the development of more sophisticated multivariate designs.

In order to infer causality more longitudinal research is needed but perhaps following a more thorough understanding from qualitative research. Contextual factors appeared particularly neglected in the literature and it would seem important to consider these further in future research.

It is not clear how the development of a CPs theoretical orientation is similar to or different from, that of related professionals; consideration of this was beyond the scope of this review. A review of the related evidence would be a helpful addition to the literature and informative for the different professional trainings.

The most helpful direction for future research appears to be a qualitative investigation to explore the process of theoretical orientation development and how these relate to the practice of CPs. This would provide more detailed information that could inform the CP PPD literature. This could either involve a broad sample of CPs with various orientation preferences or focus more on one particular orientation. The literature showed particular emphasis on psychodynamic, CBT, systemic and humanist orientations. The BPS (2014) stated that training courses should encourage more social and contextual orientations; therefore a qualitative investigation that aimed to

answer the question of how CPs develop an interest in an orientation such as critical community psychology, and how this then relates to practice, is one possible avenue.

Conclusions

The development of a CPs theoretical orientation is likely related to a complex interaction between a range of different individual factors, learning experiences and contextual circumstances. It is not possible to draw definitive conclusions due to the lack of qualitative and longitudinal research. Qualitative research methods should be considered (rather than a continuation of univariate quantitative designs) in order to develop a richer understanding of the complexity involved.

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Jenny Stuart BSc (Hons)

MAJOR RESEARCH PROJECT

Section B: Empirical Paper

Clinical Psychologists and Critical Community Psychology:

A Grounded Theory of Personal Professional Development and Practice

Word count: 7968 (563)

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SALOMONS CANTERBURY CHRIST CHURCH UNIVERSITY

To protect anonymity all identifying information has been removed and participant names replaced with synonyms

Abstract

Clinical psychologists who have aligned themselves with critical community psychology (CCP) and/or who have implemented it in practice are in a minority (Boyle, 2011). The literature suggests significant difficulties and contradictions with such an orientation, but there is limited information available about the personal professional development and practice, of clinical psychologists who are interested in CCP. The aim of the current study was to develop an understanding of the social processes involved in clinical psychologists' development of interest in CCP and how, if at all, this interest related to practice. Twenty clinical psychologists completed an online qualitative survey, of whom twelve were also interviewed. Social constructionist grounded theory methodology (Charmaz, 2014) informed the data collection and analysis. The findings formed five categories: 'being drawn to CCP' 'navigating level of confidence', 'balancing clinical psychology and CCP', 'connecting with allies' and 'interacting with professional structures'. Findings are discussed in the context of existing empirical and theoretical literature.

Key words: critical community psychology, clinical psychology, personal professional development, practice, grounded theory

Introduction

The British Psychological Society (2014; BPS) stated that clinical psychology courses should facilitate "understanding social approaches to intervention; for example, those informed by community, critical, and social constructionist perspectives" (p.12). Community psychology as a social approach is not a new concept, with beginnings tied to the 1965 Swampscott Conference in the USA, where clinical psychologists discussed the need to broaden the profession (to focus on prevention and social change) in order to better serve community mental health (Rickel, 1987). Around the same time the approach began to be established in the UK (Kagan, Burton, Duckett, Lawthom, & Siddiquee, 2011). Despite this, clinical psychologists who have aligned themselves with the approach and/or have implemented it in practice continue to be in a minority (Boyle, 2011).

A definition of community psychology has been somewhat elusive, in part a resistance to an "unwarranted exercise of power" (p.21; Kagan et al., 2011). However Prilleltensky & Nelson (2009) have argued that working towards social justice is an overarching value that cuts across various broad definitions. More recently community psychology has begun to incorporate critical theory and the term critical community psychology (CCP) has evolved (Prilleltensky & Nelson, 2009). Kagan, et al. (2011) outline a possible definition of this term, but explicitly state that it should not be considered as fixed or final:

> (CCP offers)…a framework for working with those marginalised by the social system that leads to self-aware social change with an emphasis on value-based participatory work and the forging of alliances. It is a way of working that is pragmatic and reflexive, whilst not wedded to any particular orthodoxy of method. As such, community psychology is one alternative to the dominant individualistic psychology typically taught and practiced in high-income countries. It is *community* psychology

> because it emphasises a level of analysis and intervention other than the individual and their immediate interpersonal context. It is community *psychology* because it is nevertheless concerned with how people, feel, think, experience and act as they work together, resisting oppression and struggling to create a better world. (p.24).

CCP is a potentially useful framework that advocates intervention at levels beyond the clinical and the individual; the BPS Division of Clinical Psychology (2010; DCP) stated that clinical psychologists should "use psychological information and data to aid decision-making at a clinical, professional and societal level" (p.4). Despite this the majority of clinical psychologists do not conduct work at these higher levels and training tends to focus on individual therapeutic endeavor (Boyle, 2011). CCP would contend that this professional focus is problematic as it negates interaction with wider political, societal and contextual circumstances, and the role of power in the experience of individual distress (Orford, 1992).

Clinical Psychology and Critical Community Psychology

There is some conceptual literature that discusses the weak relationship between clinical psychology and CCP. Albee (1998) situated clinical psychology in its historical context and highlighted the individual focus of the profession's history. In the UK the profession has a historically close relationship with the NHS (e.g. paid training) and is therefore aligned with its dominant models (predominantly individualised e.g. medical and CBT) and economic structures (e.g. payment by results). Albee (1998) presented this in stark contrast to the contextual focus of community psychology, and suggested these epistemic differences were one reason for weak alignment.

Others have discussed the sometimes intense discomfort from engagement in reflexivity that is required of CCP; particularly regarding professional interests and the role this has in the perpetuation of an imbalance of power (Boyle, 2011; Reed, Miller, Nnawulezi, & Valenti, 2012). Boyle (2011) described a process of unconscious avoidance of such discomfort within clinical psychology and thus a continued individualised focus.

Thompson (2007) constructed a grounded theory of UK trainee clinical psychologists' views regarding CCP. Results showed overall positive endorsement but with questions about how to practically implement CCP, specifically in the context of the NHS. Some participants also expressed a view that ideas associated with CCP were just idealistic. Participants appeared to make distinction between personal values (which many found were aligned with CCP) and their professional opinions (which did not incorporate CCP). Thompson (2007) also found a variety of views regarding the relationship between clinical psychology and politics, with some advocating a more active role in politics, some unsure and others having significant concerns.

Given that CCP evolved from the clinical psychology profession (Rickel, 1987) it is perhaps unsurprising that there are some UK clinical psychologists who have developed an interest in CCP, and (even thought they are in the minority) some who have drawn from CCP when working in the NHS (e.g. Bostock, 1998; Bostock & Diamond, 2005; Franks, Bowden, & Gawn, 2005). As the literature suggests significant difficulties and contradictions, it may be illuminating to consider the personal professional development (PPD) of clinical psychologists who have developed an interest in CCP and how this relates to their practice.

Personal Professional Development

PPD is a central process supported in clinical psychology training (BPS, 2014). Walsh & Scaife (1998) broadly defined the term as a "process of developing understanding of the relationship between one's own life history and clinical work" (p.21). One strand of PPD is the development of a theoretical orientation; "the conceptual model used to understand client's problems and to guide intervention" (Buckman & Barker, 2010, p.247). There is a lack of theory that explicates the process of developing an interest in CCP and/or other theoretical orientations in clinical psychology (Arthur, 2000). Relevant theory from psychotherapy and vocational psychology will be considered, followed by empirical literature with a focus on CCP.

Theoretical literature. Rønnestad & Skovolt (2003) constructed a grounded theory of PPD in psychotherapy and presented fourteen themes. Particular focus was given to the role of personal values and experiences, and professional expertise and self-efficacy, in theoretical orientation development and use in practice.

The theory of professional evolution (Sherlock & Morris, 1967) described career development through three stages: recruitment, socialization and professional outcomes. Recruitment describes the context of the individual (e.g. family, socio-economic), their preferences, level of commitment, and views about likelihood of success. Socialization refers to the interaction between an individual and their training and acknowledges the potential for discrepancy between what is taught and what is learned and accepted. The professional outcomes stage refers to the implementation of knowledge gained through socialization, in interaction with career plans and professional culture.

Social cognitive career theory (SCCT; Lent et al., 1994) also described career development through three stages: formation of interest, selection of academic and career options, and performance. Formation of interest is described as an interaction between learning experiences, self-efficacy, and outcome expectations, in the context of individual person factors (e.g. gender, ethnicity, predispositions) and background contextual factors (e.g. family, socio-economics, prior career). Formation of interest then interacts with career goals and context, to result in selection of academic and career options. Then depending on the contextual factors this leads onto career performance.

These three theories suggest a complex interaction between an individual, their learning experiences and context in terms of developing an interest in a theoretical orientation and how this then relates to practice. The theory of professional evolution and perhaps to a greater degree the SCCT, pay attention to wider socio-political and economic circumstances in addition to other more micro contextual factors (e.g. family). None of the theories would assume that decision-making regarding theoretical orientation was always conscious and deliberate or informed by socialization and/or learning experiences alone.

Empirical literature. The empirical literature also suggests a complex relationship between individual factors, context and learning experiences in the process of clinical psychologists' developing an orientation (e.g. Buckman & Barker, 2010). However most of this literature is regarding CBT, psychodynamic, systemic and integrative orientations. In addition to Thompson (2007) there is only one other empirical paper (in the peer-reviewed and grey literature) regarding the personal professional development (PPD) of clinical psychologists interested in community psychology. Watts (1987) conducted interviews with black USA clinical psychology trainees and found that those who personally valued cultural

factors in an understanding of distress were more likely to endorse community psychology as a theoretical orientation. The trainees were trained predominantly in a psychodynamic orientation and many described a process of change towards this from an initial "sociocultural orientation" (p.31). Watts (1987) considered a possible relationship between ethnicity and allegiance to more contextual theories and suggested a link between personal cultural experiences and the values that are aligned with CCP. Due to the paucity of research in this area, PPD literature regarding CCP more generally, and the related profession of counselling psychology will now be considered.

Critical community psychology. The PPD literature regarding CCP is very small and appears almost in its entirety in a special issue of the Journal of Prevention & Intervention in the Community, published in 2004. This special issue contains six narrative accounts of American community psychologists and what they believe drew them to the work that they do. McAdams (2004) provides an overall commentary and draws out key themes regarding "complex narrative identity(s)" (p.157), but does not present a formal qualitative analysis. He noticed the authors appeared to have either experienced directly, or been close to, experiences of marginalization in their personal lives. He stated that "community psychologists are trained to explain lives in terms of social contingencies, context, and the vagaries of chance, so it is not surprising that their life stories would follow these lines" (p. 155). He noted that all six authors described, "learning early on that life is really tough, unfair, or unjust and developing resolve, often inchoate and inexpressible, to act in some manner of constructive defiance" (p.157). He also noticed the authors describe living on both the inside and outside of social groups, sometimes simultaneously, and noted a mirroring of the relationship between community psychology and more mainstream psychology.

Counselling psychology and interest in social justice. There is some counselling psychology PPD literature that considers the development of an interest in social justice. Miller & Sendrowitz (2011) used a bootstrap analysis to apply the SCCT (Lent, Brown, & Hackett, 1994) as a framework for understanding social justice interest and commitment amongst USA trainee counselling psychologists. They found that self-efficacy beliefs and outcome expectations, had direct effects on social justice interest which then had a direct effect on social justice commitment (interpreted as demonstrating increased likelihood of action). Results also showed that the training environment (supportive of interest in social justice) increased self-efficacy beliefs but did not appear to impact on social justice commitment. This research appeared to suggest that the development of an interest in social justice was then likely to lead on to a commitment to action. Such a conclusion appears at odds with Thompson (2007) who found that although trainee clinical psychologists cared about and were interested in CCP, there were many questions about how this could relate to practice.

It is unclear how closely the concept of social justice, as described in the counselling psychology literature aligns with how it is considered in CCP. On occasion it appears to focus more on advocacy and the inequity in access to psychological therapies, rather than a critical approach to the limits of individual therapy more generally.

The Current Study

Although there are some ideas regarding barriers between clinical psychology and CCP, there is a lack of research regarding the successful development of interest and how this relates to practice. In addition to providing an alternative perspective in the literature, this would be useful information for training centres, in order to consider particular learning experiences

that are likely to encourage and support trainees with a developing interest in CCP, in line with BPS (2014) standards. It would also provide practical information for clinical psychologists who care about CCP but struggle to draw from it in practice. There is limited clinical psychology theory and research to build on; therefore an attempt at quantification would likely be premature. In addition the following research questions indicate that a qualitative methodology would be most appropriate.

Research Questions

The current study aimed to answer the following research questions

1. How do clinical psychologists develop an interest in CCP?
2. How (if at all) does this interest relate to practice?

Method

Design

A two-part qualitative design used individual semi-structured online surveys and telephone interviews, analysed with social constructionist grounded theory (Charmaz, 2014). Grounded theory is a qualitative inductive method that allows the construction of theory regarding a phenomenological process (Glaser & Strauss, 1967; Charmaz, 2014). It therefore appeared an appropriate method to research the processes of personal professional developmental and practice. Grounded theory involves a transparent systematic methodology; construction of codes and categories, memo-writing and theory development, all the while engaging in constant comparison in order to remain close to and grounded in the data (Glaser & Strauss, 1967). Whilst originally an approach based in positivism (Glaser & Strauss, 1967; Strauss & Corbin, 1990; Glaser, 1992) Charmaz (2014) developed grounded theory in the context of a

social constructionist epistemology. Her more flexible approach increased focus on social processes, which particularly influenced coding (focus on actions). A social constructionist epistemology was utilised in the current study in order to explicitly acknowledge the researcher's involvement in interpretation and construction of the results, alongside a focus on social processes, in alignment with CCP.

Part one. The online survey (Appendix 4) included demographic questions and three open-ended questions regarding participants' definition of CCP, how they first developed an interest in CCP, and how this interest related to their practice. It had four purposes:

- To provide a platform for recruitment to interview
- To allow a greater number of participants than interviews alone
- To inform the interview schedule
- To provide demographic information to support theoretical sampling of interview participants

Part two. Interviews allowed a deeper exploration of the processes that participants highlighted in part one.

Participants

Participants were qualified clinical psychologists who self-identified as having an interest in CCP, contacted via the community psychology JISCmail email list, Twitter, and at a community psychology meeting. It was neither possible to know exactly how many potential participants were approached, nor how many participants were recruited via each method. At the time the recruitment emails were sent to the JISCmail there were 327 subscribers; the list is made up of a variety of people including clinical psychologists, service users, other

professionals and trainees. At the time the tweets were posted on Twitter the author had approximately 230 followers (again a variety of people including clinical psychologists, service users, other professionals and trainees). The summary tweet (Appendix 5) was posted on eleven occasions with seventy-two re-tweets; therefore it is likely to have had wide ranging reach across thousands of twitter feeds (a much lesser but uncertain number of whom would have been qualified clinical psychologists). At the community psychology meeting there were eight group members, four of whom were qualified clinical psychologists.

There were twenty respondents on the online survey, thirteen of whom left contact details to be contacted regarding the telephone interview, of whom twelve were interviewed. To protect anonymity demographic data is described in summated form.

Demographic data for survey only participants. There were five female and three male participants, whose age ranged from 26-62 years, and year of qualification ranged from 1979-2012. The ethnicity of these participants was reported as five white British, one white, one English and one Indian British. Main client groups included five adult mental health, two child and adolescent mental health, one forensic mental health, one intellectual disabilities, one physical health, one teaching/training, one non-government organisation, and one trauma and refugees.

Demographic data for interviewees. There were nine female and three male participants, whose age ranged from 27-51 years, and year of qualification ranged from 1990-2014. The ethnicity of these participants was reported as nine white British, two white, and one white-other. Main client groups included seven adult mental health, three child and adolescent mental health, one intellectual disabilities, and one health psychology.

Further data was collected regarding participants' main duties at work and related activities outside of work but this has not been included as it may identify individual participants. A random prize draw (£30 voucher) was offered as an incentive to complete the online survey.

Procedure

Online survey. The information sheet (Appendix 6) was attached to a covering email (Appendix 5) that was sent to members of the community psychology JISCmail. A link to the information sheet was included in a tweet posted on Twitter (Appendix 5). At the community psychology meeting potential participants were given a brief verbal summary based on the information sheet, which was then distributed by hand.

The information sheet invited questions and provided the author's contact details. It also contained the web address link where the online survey could be accessed via the Bristol Online Survey platform. When participants followed the link they were provided with a summary information page followed by an online consent form (Appendix 4). Participants were unable to continue to take part in the survey if they did not give consent. Following completion of the survey questions participants were given the option to leave contact details in order to be contacted with further information regarding a telephone interview. The final page invited participants to leave their email address if they wished to be entered into the prize draw.

Telephone interviews. Participants who had left contact details regarding participating in a telephone interview were contacted via email with the telephone interview information sheet as an attachment (Appendix 7). If participants were still interested in

taking part consent was sought via email (Appendix 8), prior to arrangement of the interview. Following this a convenient time was arranged with each participant in order to conduct the interview by telephone. All interviews were audio-recorded using a digital voice recorder and telephone microphone earpiece. Consent for recording was included in the email consent, but participants were asked again prior to commencement of recording at the beginning of each telephone call.

Interviews ranged in length from 35 to 67 minutes. A pilot telephone interview was conducted with the first participant who volunteered; this data was included in the analysis and reflections informed the interview style for subsequent interviews. Interviews were opened by noting participants had said a little about their interest in CCP in the survey, which they were then asked to say more about. Following this, questions were mainly clarifying (in line with Charmaz, 2014) with the interview schedule (Appendix 9) being used only as a prompt guide.

Data Analysis

Survey responses were coded line-by-line (examples in Appendix 10) and initial hypotheses recorded in a memo (Appendix 11). These informed the interview schedule (Appendix 9) as well as the subsequent analysis. Constructing the interview schedule should be considered part of the analytic process, demonstrating emergence of initial categories.

The first interview was coded line-by-line (extract in Appendix 12) in order to complement the survey line-by-line coding and appreciate differences between the data sources. Most frequent and similar line-by-line codes informed the development of focused codes, used to code subsequent interviews (examples in Appendix 13). The first five interviews were

conducted with participants in the order that they had volunteered. Following this survey data was used to theoretically sample (e.g. selecting participants of different gender, level of experience etc.) in order to expand and refine emerging focused codes and categories. Development of focused codes and categories was supported by the use of memos (examples in Appendix 11). In the latter stages of interviewing some questioning was structured around emerging categories. The constant comparative method (Glaser & Strauss, 1967) was used throughout in order to support refinement of codes and categories.

Theoretical sufficiency (Dey, 1999) is a term used to describe the point in grounded theory analysis when no new data appears to emerge and the categories and relationships suggested by the data appear robust. Guided by this concept data collection was planned to stop following interview ten. However from interview ten the sub-category 'identifying with mainstream psychology' began to emerge. Constant comparison with previous coding of interviews revealed more data aligned with this category, and re-coding was conducted. Two further interviews were carried out to further develop the category and allow additional new data to emerge. After the twelfth interview, data was considered theoretically sufficient and data collection was completed. This number is inline with findings from Guest, Bunce, & Johnson (2006) who found theoretical sufficiency most often occurs with 12 interviews.

Quality assurance

Mays & Pope (2000) provided suggestions of methods to improve the validity of qualitative research; triangulation, respondent validation, clear exposition of methods, reflexivity, attention to negative cases, and fair dealing. The current study demonstrated five of these validity checks, with the exception of respondent validation, omitted due to time pressures. Attention to negative cases is demonstrated in the example above regarding the emergence of

the theme 'identifying with mainstream psychology'. An attempt was made at fair dealing by incorporating the survey element of the design in order to broaden the number of perspectives in comparison to interviews alone.

Triangulation. Triangulation of data was conducted by comparing the emerging analysis against ethnographic notes made at a community psychology festival, and a published interview with David Smail regarding his career development (Moloney, 2004). This was particularly important in the development of the final theoretical model. The following examples encouraged the author to think more about context: "It's tremendously centralised, bureaucratic directives coming through our departments…it is much more difficult for people to pursue their interests than it used to be" (David Smail), "organisation and department let her 'get on with it' and gave her time to do the work" (ethnographic note made during a talk by Sue Holland at the community psychology festival). Further examples of triangulation are included in Appendix 14.

Clear exposition of methods. A detailed methodology has been provided. Example quotations have been included in the results in order to demonstrate categories and ensure grounding in the data (focused codes and additional quotations are displayed in Appendix 15). Development of codes, categories, and relationships between, were checked and discussed with both supervisors and a fellow trainee.

Reflexivity. Preliminary notes were made regarding the researcher's own personal and professional development in relation to CCP (Appendix 16) and a bracketing interview was conducted with one of the project supervisors (Appendix 17). These processes allowed development of reflexivity that was used throughout the analysis. One example of this was

following the eighth interview. At this stage a developing hypothesis was regarding personal influences of values and beliefs (in part related to the author's own experiences, as noted in a bracketing interview). The interviewee appeared to easily make links but at the end of the interview commented that she had not made these links before. On listening back to the interview although the question (prompt from interview schedule: how, if at all, have personal experiences related to your interest in CCP?) was related to the hypothesis, it opened up a line of conversation that did not require further prompting. However this did highlight the role of the researcher in co-constructing categories. A research diary was kept throughout the process; an abridged version is included in Appendix 18 to promote transparency regarding the researcher's thinking.

Ethical considerations

The study was given favourable opinion by the Salomons Independent Research Review Panel and the Salomons Ethics Panel.

Results

The analysis resulted in five overarching categories, two of which were made up of six sub-categories. One of the aims of grounded theory is to move from description of data to an analysis of the inter-relationships between themes and/or categories (Charmaz, 2014). Figure 1 is a diagrammatic representation of how the categories were constructed in relation to one another.

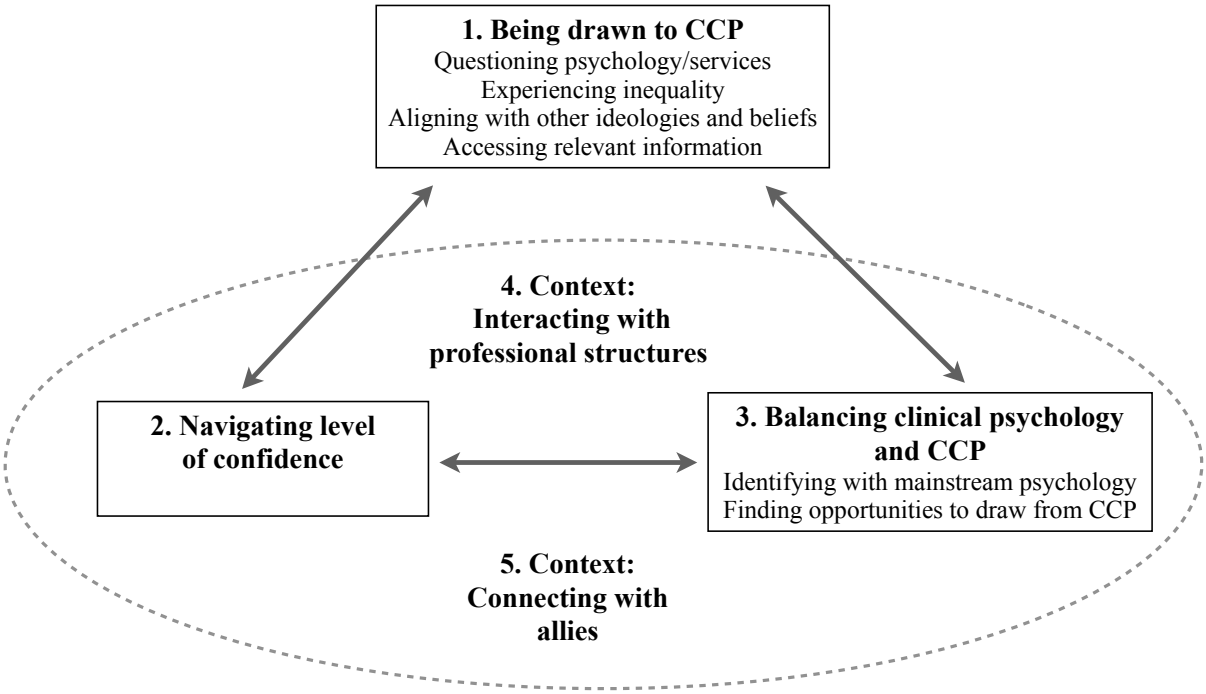

Figure 1. A model of how clinical psychologists develop an interest in CCP and how this relates to practice.

Model Summary

Participants described interest in ideas associated with critical community psychology (CCP) as permeating throughout their careers as clinical psychologists. The diagrammatic model presents five categories, two of which are contextual categories that particularly interact with categories two and three. The first category is labelled 'being drawn to CCP' which refers to the processes of questioning psychology and service structures, personal and/or professional exposure to inequality, aligning with other ideologies and beliefs, and accessing relevant information to CCP (e.g. literature, teaching). The second category is titled 'navigating level of confidence' which describes the process of exploring confidence with, and/or about CCP. The third category is 'balancing clinical psychology and CCP' and represents a process of attempting to value both constructs of clinical psychology and CCP in professional work. The second and third categories exist in particular contexts and are dependent on 'connecting

with allies' and 'interacting with professional structures'. Greater freedom in terms of professional roles and structures, and greater connection between allies, were both contextual circumstances that supported/enabled categories two and three. Greater restriction and isolation made the processes less viable. The first category (being drawn to CCP) lies outside the permeable contextual boundary because it appeared to be less influenced by the contextual categories. The bi-directional arrows suggest an interactive relationship between the categories, rather than a linear developmental process. It is not intended that every participant's experience would relate to every category, rather the hope is that the spread of experiences were captured.

Categories one to three will be presented first, followed by the two contextual categories. The contextual categories and 'navigating level of confidence' do not contain sub-categories but were judged of significant importance and difference to be categories in their own right. What follows is a more detailed explanation of the categories and sub-categories presented in the model summary using direct quotations from both the survey responses and interviews (see appendix 15 for focused codes and additional quotations).

1. Being Drawn to CCP

This category contained sub-categories that appeared to result in participants being drawn to CCP: 'questioning psychology/services', 'personal exposure to inequality', 'synchrony with other ideologies and beliefs' and 'accessing relevant information'. Each sub-category will now be described in turn.

Questioning psychology/services. Often participants described a sense of there being something missing in mainstream clinical psychology e.g. "I found psychology was lacking as a mainstream discipline and so became interested in community psychology"

(survey 11) or that the methods they had available seemed too narrow to capture the complexity of their clients' experience "I began to think that an individualised approach to mental and physical health was woefully narrow and that any understanding must encompass people's experience of living in a social/cultural world" (Diane).

Participants also often described questioning the purpose of, and/or problems with mental health services:

> "I think there is a theme that you can't help but notice about how services [pause] are part of the problem quite frankly. They are very pathologising, er very rigid…give people labels that are very constricting, that just dwell on their deficiencies" (Alice)

This questioning also extended to the nature of knowledge that is or isn't considered as useful or valid by the wider community:

> It's made me really think about what counts as knowledge-and the rituals that we have to go through to create scientifically valid knowledge and whether or not that's always the right way or the best way to get things done. (Ellie)

Personal exposure to inequality. Many participants described personal experiences of financial inequality e.g. "I grew up in a household that was quite deeply impoverished" (Isla) and/or observations of the social circumstances of other people in their personal lives e.g. "at school I was very aware of how bright kids could fall by the wayside due to family issues often related to poverty" (Fred – survey). Such experiences were often given systemic/political context, e.g. "coming from a working class background makes me aware of, sometimes how those opportunities aren't there for people and that's not about people's personal failings, that's just about their resources-you know, their not having those opportunities (Helen).

Alignment with interest in other ideologies and beliefs. Some participants described a sense of validation that there was a **"**psychology that fitted…more with my values" (Georgia). Many participants found that their interest in CCP was aligned with other ideologies, such as feminism e.g. " I was already a feminist" (Isla – survey) and political socialism e.g. "it might be that-you know, because I'm a socialist, I tend towards reading those papers that stress the role of, of the environment in our behaviour" (James). Some participants described growing up in environments where they were exposed to these ideological positions e.g. "I grew up with people who were interested in equality, social justice, caring for our environment, peace campaigners and those working to end oppression" (Georgia – survey). Participants also often described beliefs about clients being "experts in their own experience" (Helen).

Accessing relevant information. This final sub-category of 'being drawn to CCP' described various ways that clinical psychologists engaged in accessing information relevant to CCP. All participants described reading relevant literature e.g. "I was reading work by Ian Parker and David Smail and community psychology people-people like Jim Orford, so that was how my interest in those areas kind of grew" (Luke). Two of the participants described their reading of more 'mainstream' psychology literature as supporting ideas underpinning CCP e.g. "the reason why I believe in these sorts of things is because that's how I analyse papers in Nature-they just seem to be pointing in that direction to me" (James).

Some participants described being taught explicitly about CCP during training, e.g. "I first became interested when lectured to as a trainee by a community psychologist" (survey five) whilst others experienced training that did not include CCP, e.g. "I trained in a very rigid British behavioural/scientist practitioner course (survey six)". Some described being taught

about CCP in other contexts such as conferences e.g. “attendance at the European community psychology conference” (survey eleven) and/or seminars e.g. “I went to a seminar that had been organised by [supervisor] and that was the first time I really found out about what community psychology was” (Georgia). A few participants described accessing relevant information as a process of gaining a new language or way to express their ideas and values, e.g. “an interest that was there already, got a new language and a new kind of way of talking about it, but it was already there” (Carla), “It was only in entering a professional psychology context that I became aware that these views could be expressed and explored within a critical community psychology framework” (survey fifteen).

2. Navigating Level of Confidence

This second overarching category appeared to represent a process of working out how confident individuals felt in their knowledge of CCP and/or how confident they felt in their ability to mobilise their interest. Some described feeling unconfident with their understanding of CCP e.g. “it is an approach that I am still trying to gain familiarity with” (survey four) or their ability to practice CCP; a few participants talked about the desire to do further training, or be more established in their career before using CCP in practice e.g. “I feel I need to be more established in my career before starting up projects on my own” (Ellie). This dissonance between values and action was accompanied by frustration for some e.g. “its partly frustration in me-because it feels like I haven’t got the guts to [pause] practice what I preach” (Carla).

Others described having more confidence in their position and an ability to communicate this to colleagues e.g. “I decided to say these are the main things that I’m interested in, and this is how it could apply to your setting. Em, and sort of be very honest with people about where I

was coming from" (Georgia), and clients or carers e.g. "I mean just that sort of thing of really being convinced that the best thing is not to tell these parents what [diagnosis] is" (Alice).

3. Balancing Clinical Psychology and CCP

This third overarching category encompassed the sub-categories 'identifying with mainstream psychology' and 'finding opportunities to draw from CCP'. It seemed to reflect a process of balancing a professional role as a critical community clinical psychologist.

Identifying with 'mainstream' psychology. This sub-category will only be described using interview quotations, as the theme was not apparent in the survey data. It seemed to focus around a reluctance to give up on clinical psychology and a desire to appreciate some facets of the profession. Some professionals raised the idea that positioning CCP as "a radical challenge to mainstream psychology I think has some-some negatives to it" (James). Some highlighted possible negatives of getting angry at those who may be perceived as 'mainstream':

> Getting angry isn't actually that helpful at changing things-it can alienate people and it can kind of, undermine your argument and if you really want to change things, it's a really good idea to take a step back and start looking at-ok, what piece of research needs to happen here, what needs to be done here? (Ellie).

Aligned with this, a few participants highlighted a possible false dichotomy between clinical psychology and CCP:

> I find in this department that I'm working in currently, em that I'll say I'm quite interested in critical or community psychology and my head of department will say, well what does that mean? and I'll explain some things and she'll say, well yes

> obviously that's just good psychology-that's not a [laughs] that's not a movement or anything left wing-that's just, proper thinking (Beatrice).

Others expressed feelings of discomfort that can come with considering CCP and that perhaps it may be "easier just to not think about it" (Helen). Some also discussed negative financial implications of engaging in CCP:

> I think it's quite hard to make a living as a community psychologist. I think there's a lot of voluntary positions and a lot that you can do if you can afford to do it, em, and I think a lot of people choose not to make a lot of money and choose to, live on a lot less money than they could earn, in order to be in community psychology. (Ellie)

Finding opportunities to draw from CCP. Participants described various ways that they feel able to draw from their interest in CCP in practice as a clinical psychologist. A number of participants described consideration of wider societal structures when engaged in individual work with clients e.g. "I highlight the political, social and societal influences on our wellbeing within my psychological assessments, formulations and interventions" (Carla – survey) and a few mentioned "using Hagan and Smail's power mapping" (Fred) for this purpose. Often participants described various ways that they attempt to redress power imbalances in their work as clinical psychologists e.g. "I avoid pathologising language and disempowering practices" (Helen – survey), "I don't think I have ever said this person has a learning disability [pause] I'd never say that. I'd say something like they meet the criteria of eligibility [laughs] and I don't think anyone has ever noticed" (Alice).

Some participants described the importance of making effort to see clients in their own environment, in order to better understand their circumstances:

> Unless you go and see their social circumstances its very difficult to imagine how your particular techniques might work in practice and I think that it em, it shows a slight arrogance occasionally that we feel we can offer advice and help without ever knowing the constraints that people are under. (Diane)

A number of participants talked about the influence of CCP in group work generally e.g. "I run a group which encompasses the ideas of social support/capital" (Diane – survey) and by following specific examples e.g. "I follow a bit of Guy Holmes' work… we don't claim to be experts in this approach we just say this is something we've learned about-it might be useful for you-that's if you want to" (Carla).

Some participants described "seeking opportunities to involve service users in service development and audit" (Helen – survey) and valuing the contribution that service users can make over other professionals e.g. "for instance, people in the mental health service who-who regard themselves as users through experience, I have far more meetings with those type of people" (James). A few participants talked about facilitating processes of bringing service users "together, who want to be brought together, around particular issues" (Kirsty).

Many participants spoke of teaching others about CCP, mostly on clinical psychology training courses e.g. "I've done some teaching on the [location] course, within their community psychology module" (Beatrice) and drawing from CCP in research e.g. "the ideas of community psychology shaped my doctoral research heavily" (Ellie).

A few participants described a part of their role as communicating with other professionals about ideas underpinning CCP e.g. "I supervise trainees who are interested in a community

approach and ensure it is something I keep alive in our specialty meetings" (Diane – survey) but also with the public, either informally e.g. through "tweeting" (Helen – survey) or in more formal contexts:

> I think its absolutely the case that if-if you have an analysis of something important that changes people's perception and that should lead to a different policy, then you should, speak out about it so I think we should all be talking to the media and to the public through the media (James).

Some of the participants spoke about ways of working as clinical psychologists that although not directly CCP, were perhaps in alignment e.g. "where my practice becomes more 'therapy' like and less CCP it tends towards narrative therapy approaches" (Kirsty – survey); often based in social constructionism e.g. "I used a very [pause] social constructionist approach" (Alice).

4. Interacting with Professional Structures

This fourth overarching category was an important contextual category for categories two (navigating level of confidence) and three (balancing clinical psychology and CCP). It seems to describe the structures of power that clinical psychologists find themselves in; the greater restrictions imposed by professional structures (predominantly NHS) made 'navigating confidence', and 'finding opportunities to draw from CCP' more difficult. Most participants described that it was "difficult to fully embrace a critical community psychology approach whilst working in the NHS, because you are ultimately bound by the expectations of the NHS" (survey four), despite how important the values underpinning the approach may be e.g. "Whilst the ideas are important to me, and resonate with what I see in my work, it is very difficult to apply these ideas to a traditional NHS setting and service. (Helen). A few participants described working in highly prescriptive services:

> …when I'm saying well actually this is sort of clashing a bit with my values [pause] and other people are saying well you-you need to learn to do it our way [laughs] cause you're in this structure and, we're in charge basically. (Ellie)

Conversely some participants described being given space, freedom and autonomy e.g. "I've found some space, I've been given some space, em-by the system to be able to be and do, what I think is helpful" (Kirsty) which appeared to greatly improve ability to act in accordance with CCP. A few described certain service contexts being more conducive to considering CCP than others:

> I think it would be very, different and much more difficult if I worked in a different sort of service-if I worked in a service, where diagnosis was much stronger an issue, and medication was much stronger an issue, em that would be more difficult. (Beatrice)

Participants often described frustration at their ability to engage in CCP being "limited by the job" (survey eight) and the professional expectations of clinical psychology e.g. "I'm really not impressed at all by clinical psychology and the way that it functions in the world-I think sometimes there is a kind of, erm [pause] strong [pause] narrative of, individual psychology" (Isla).

Some participants also discussed practical implications of engaging in CCP e.g. "it was a matter of right, how do I find [pause] a way through this-because there's not a better place geographically" (Kirsty).

Those participants who were more senior in their roles talked about the benefits of getting into positions of power, in order to draw more heavily from CCP in their work:

> I was quite lucky to get a sort of fairly senior position where I could have some say in-in the way that I worked, and the other people worked aswell-you know psychologists...you just need to get to the point where you are the one doing the hiring and firing. (Alice)

There was also one example of how this contextual category interacted somewhat with the first overarching category 'being drawn to CCP' specifically regarding the subcategory 'accessing relevant information' in the training context. Many participants expressed that their "training did not allow me to develop these ideas" (survey seven) or that it was not prioritised e.g. "we were the last cohort to have that module, em, because I think it was em [pause] no longer being seen as a priority by the university really" (Ellie).

5. Connecting with Allies

This fifth and final over-arching category also appeared to provide context for categories two (navigating level of confidence) and three (balancing clinical psychology and CCP). Greater connection between colleagues who valued CCP, was perhaps counter to the direction of power from professional roles and structures, and so facilitated the processes represented by categories two and three. However greater isolation appeared to make these processes more difficult.

Participants often described discomfort around "being the only one" (Kirsty) that valued CCP e.g. "I was always the 'squeaky wheel' leftie in team meetings" (survey thirteen) and feeling out of step with colleagues:

> Its not easy-you know you can feel quite out of step, really with other people... its a bit uncomfortable though because we-as we say we're all meant to be nice to each other though and kind of be providing a united front but I don't necessarily always feel like that. (Alice)

Many participants described connecting with like-minded people in order to sustain CCP ideas e.g. "we've maintained a smaller group and we meet every couple of months to kind of discuss ideas and discuss how we can keep community psychology alive in these days of constraints and cuts and everything else" (Diane)

> …there was something about how to make allies and make connections around these ideas that would help them [pause] be sustained, how you could-at least you know get recognition, get kind of em-feel that you, you could carry on, believing and thinking in that way, and at least do something useful, you know, have some action attached to it-so that you-so there was an outlet for these ideas in some way and that was through connecting with other people (Kirsty)

Finally, being supported by managers and colleagues was often discussed and the sense that if you were supported with your interest in CCP then you were lucky e.g. "I was fairly lucky in my early days that [manager] was quite supportive-so trying things that were a bit, different, and might not quite fit the mainstream [pause] were nurtured, whereas I don't think other people have that" (Fred)

Discussion

The main objective of this research was to provide understanding of the processes involved in clinical psychologists' development of interest in CCP, and the relationship to practice. The

data suggested five interacting categories: 'being drawn to CCP', 'navigating level of confidence', 'balancing clinical psychology and CCP', in the context of 'interacting with professional structures' and 'connecting with allies'. The constructed grounded theory will now be considered in the context of relevant existing theory and empirical literature.

The current grounded theory appears to complement and build on Rønnestad & Skovolt (2003)'s grounded theory in relation to theoretical orientation. The role of personal values and experiences in the development of orientation is replicated in the category 'being drawn to CCP' and the role of self-efficacy is reflected in the category 'navigating level of confidence'. These aspects are also seen in the theory of professional evolution (Sherlock & Morris, 1967) and social cognitive career theory (SCCT; Lent et al., 1994).

More specifically and in line with McAdams (2004) and Watts (1987) the data suggested that personal experiences of injustice, and values related to contextual understandings of distress (perhaps from a young age) were important (although perhaps not essential) in the development of an interest in CCP. This somewhat resembles the concept of the wounded healer (Jackson, 2001), which proposed that helping-professionals act in attempt to repair similar occurrences from their own personal lives; e.g. it could be that personal experiences of inequality create a context where action towards social justice is desired.

Thompson (2007) found that trainee clinical psychologists made a distinction between their personal values and professional opinions. The findings of the current study build on this and suggested that clinical psychologists interested in CCP found some alignment between their personal and professional values. In order to develop an interest in CCP some overlap between the personal and professional could be required.

The current grounded theory appears in line with Boyle (2011) and Reed et al. (2012) as it considers the possible discomfort from the social reflexivity involved in holding an interest in CCP. Boyle (2011) discussed the possibility of unconscious avoidance of the discomfort, which was picked up within the sub-category 'identifying with mainstream psychology'. This sub-category also related to ideas about professional interests; perhaps clinical psychologists are somewhat invested in their chosen profession due to its demanding training process and well-paid career structure.

Rønnestad & Skovolt (2003) and the empirical literature referred to thus far do not consider wider contextual factors or the relationship between orientation and practice, as represented in the current grounded theory. The findings from the current study would suggest that under certain contextual circumstances (e.g. highly restrictive structures and isolation from CCP allies) it would almost be impossible to act in accordance with an interest in CCP. Therefore although connecting with CCP may create opportunities for aligning personal and professional values, CPs are nonetheless left with a gap between values and practice to bridge. This complements findings from Thompson (2007) who found that although trainees endorsed CCP ideas they struggled to see how they could be implemented in an NHS context. The theory of professional evolution and SCCT both suggest that context influences subsequent career performance, but neither theory clearly articulates how significant this influence could be.

The findings discussed thus far are in contrast to Miller & Sendrowitz (2011) who asserted that when trainee counselling psychologists developed an interest in social justice they would smoothly transition to act in accordance with this interest. Miller & Sendrowitz (2011) possibly neglected to consider the supportive professional context of their participants e.g.

USA sample where the profession of counseling psychology holds social justice has a central value.

A tentative hypothesis could be that the current grounded theory relates to other theoretical orientations held by clinical psychologists. It suggests that a combination of factors likely impact on being drawn to a particular orientation (e.g. personal experiences and values, learning experiences), which interact with level of confidence, and a process of balancing the approach with clinical psychology more generally. The two contextual categories "interacting with professional structures" and "connecting with allies" seem particularly pertinent given the current economic pressures in the UK NHS e.g. orientations with a modest evidence base are likely to be more difficult to use in practice.

Limitations

Drawing from social constructionism the results represented a particular interpretation of the data informed by the author's own assumptions and context. However the findings were strengthened by adherence to the validity criteria outlined by Mays & Pope (2000). All but one criterion were demonstrated; due to time pressures respondent validation was not completed.

Although the qualitative method used in the current study captured a richness of experience and social process, it inevitably had limitations in terms of generalisability. Provision of demographic data and information regarding triangulation aimed to assist the reader in applying the model with different populations.

The method involved asking participants to reflect on historical experiences which would have been done through a particular lens e.g. it is unclear whether interpreting experiences of inequality in a systemic context came as a pre-requisite or as a product of an interest in CCP.

Although participants were able to describe ways in which their practice was informed by CCP, a critical reader may dispute the possibility of such an orientation and question whether or not what was described could be considered CCP. Given the historical emergence of community psychology from clinical psychology, some overlap is to be expected, but whether this overlap can be considered CCP should be questioned.

Implications

One of the aims of the study was to provide information for clinical psychology training centres about how to encourage and support the development of an interest in CCP. The findings suggested that teaching CCP, and signposting to relevant literature would not be sufficient. Opportunities would be needed to directly observe and discuss the impact of inequality and marginalisation on individual distress, with practical experience working inline with CCP in order to build confidence (e.g. placement experience). It would also be important to signpost interested clinical psychologists to established CCP peer groups, or facilitate peer connections. Supervision that encouraged reflection on personal experiences and values, alongside facilitating understanding of CCP would also be important. Here there appears a parallel with Kolb's model of learning (Sugarman, 1985) where optimal learning was described in four stages: concrete experience, reflective observation, abstract conceptualisation and active experimentation. However, facilitating active experimentation in the form of CCP placement experience could prove a particular challenge, as there are limited numbers of clinical psychologists implementing CCP, particularly in the NHS.

Future Research

Given the implications discussed above it would be important to attempt evaluation of any intervention designed to support clinical psychologists to develop an interest in CCP and draw from this in practice. Initially it would be advisable to use qualitative methodology in order to capture the richness of different experiences.

There is a wider need for evaluative research to be conducted by clinical psychologists who conduct CCP work. Without a larger 'evidence-base' it would be difficult for the approach to gain status in the current economically focused NHS. Without this it could be difficult for more clinical psychologists to use CCP, and to provide placements and learning experiences for others.

It may be useful to consider whether the constructed grounded theory could add to the clinical psychology PPD literature more generally. Further qualitative research could explore orientation development and relationship to practice, with different samples of clinical psychologists espousing different orientations.

Conclusions

This qualitative investigation constructed a grounded theory of how clinical psychologists develop an interest in CCP and how, if at all, this interest relates to practice. Findings presented five interconnected categories: three central categories ('being drawn to CCP', 'navigating level of confidence', 'balancing clinical psychology and CCP') and two contextual categories ('interacting with professional structures' and 'connecting with allies').

In order to support the development of clinical psychologists who are interested in CCP it would be important for training centres to provide varied academic, practical, reflective and experiential learning opportunities. Signposting and/or facilitation of opportunity for development of allies would be an important supportive context. However, there are perhaps limits to how much clinical psychologists can draw from CCP in practice, particularly given the current economic context. There is also a particular need for more CCP evaluative research.

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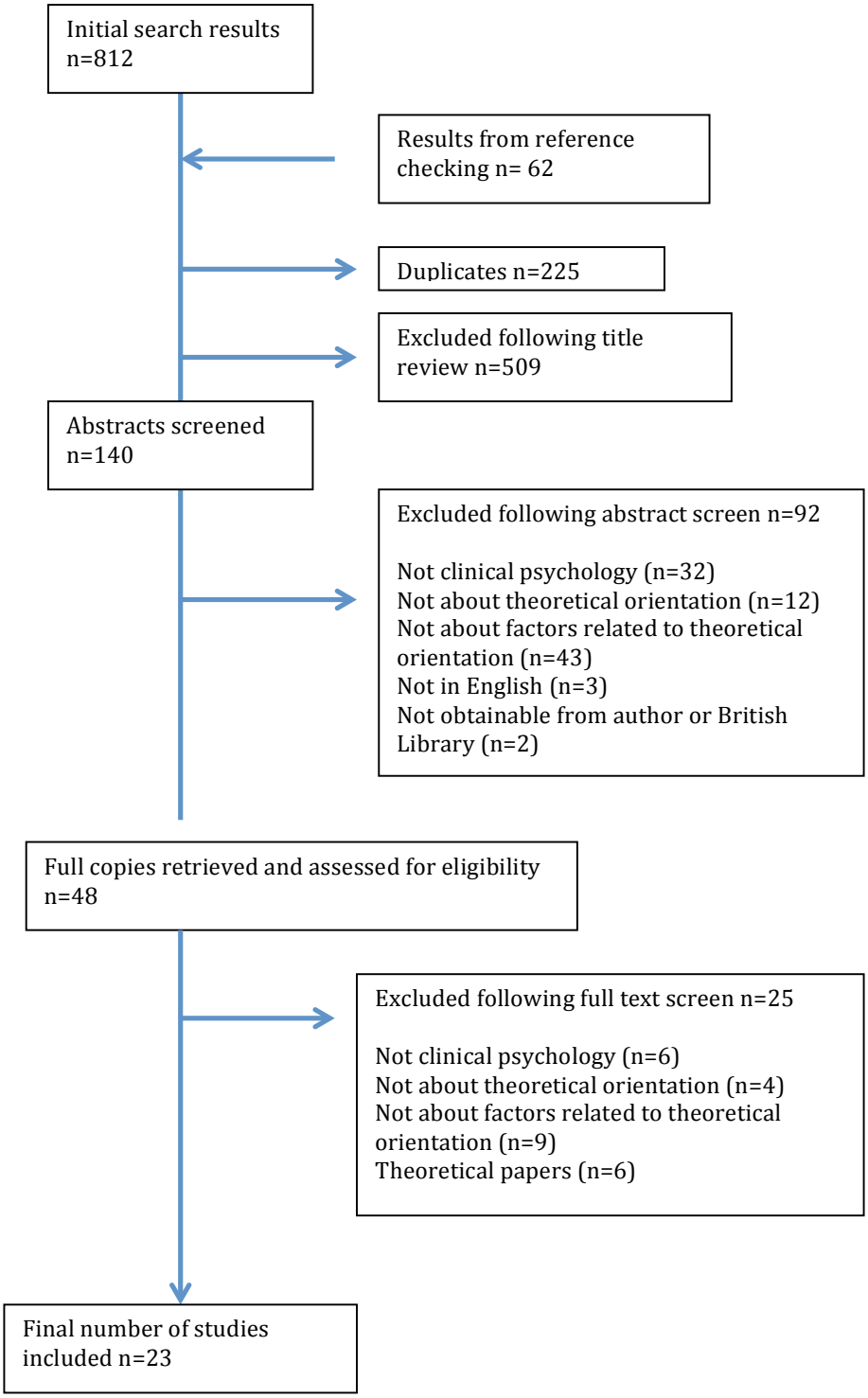
SECTION C: Appendices

Appendix 1: Flow chart detailing the literature search process



Appendix 2: Good practice guidelines regarding reporting of survey research (Kelley et al. 2003)

The following is a direct quotation:

> (1) Explain the purpose or aim of the research, with the explicit identification of the research question.
>
> (2) Explain why the research is necessary and place the study in context, drawing upon previous work in relevant fields (the literature review).
>
> (3) Describe in (proportionate) detail how the research was done.
>
> > (a) State the chosen research method or methods, and justify why this method was chosen.
> > (b) Describe the research tool. If an existing tool is used, briefly state its psychometric properties and provide references to the original development work. If a new tool is used, you should include an entire section describing the steps undertaken to develop and test the tool, including results of psychometric testing.
> > (c) Describe how the sample was selected and how data were collected, including:
> >
> > > (i) How were potential subjects identified?
> > > (ii) How many and what type of attempts were made to contact subjects?
> > > (iii) Who approached potential subjects?
> > > (iv) Where were potential subjects approached?
> > > (v) How was informed consent obtained?
> > > (vi) How many agreed to participate?
> > > (vii) How did those who agreed differ from those who did not agree?
> > > (viii) What was the response rate?
>
> (4) Describe and justify the methods and tests used for data analysis
>
> (5) Present the results of the research. The results section should be clear, factual, and concise.
>
> (6) Interpret and discuss the findings. This 'discussion' section should not simply reiterate results; it should provide the author's critical reflection upon both the results and the processed of data collection. The discussion should assess how well the study met the research question, should describe the problems encountered in the research, and should honestly judge the limitations of the work.
>
> (7) Present conclusions and recommendations. (p. 265)

Appendix 3: Franzosi's (2008) quality recommendations regarding quantitative content analysis

1. Demonstrate rigor in sampling, coding scheme design, category definition, and hypothesis testing
2. Do not pursue rigor to the point of rigidity or lack of reflexivity
3. Demonstrate processes of meaning making and interpretation e.g. consensus through team discussion
4. Compute coefficients of inter-coder reliability
5. Use statistical frequency counts of words; consider use of computer-aided systems.
6. Contextualise quantitative data with qualitative information e.g. use quotes
7. Consider complex relationships between themes and categories
8. Use rhetoric to inform construction of coding schemes
9. Acknowledge limitations of the technique

Appendix 4: Online survey (including online consent form)

(Ethics) How clinical psychologists develop an interest in critical community psychology

Canterbury Christ Church University

Welcome

This is a short questionnaire regarding your interest in critical community psychology. On this page there is some information about the questionnaire, and on the following page you can consent to take part.

The Questionnaire

There are thirteen questions. Please answer all questions. You can spend as much or as little time as you would like completing this questionnaire; just give as much detail as you have time to give. When the questionnaire was piloted it took on average 15 minutes to complete. Please note that once you click continue at the bottom of each page you cannot return to change your answers. You can pause and resume completion of the survey at another time, by clicking the 'Finish Later' button at the bottom of each page.

Optional Telephone Interview

In order to provide participants with the opportunity to expand on their answers a number of telephone interviews will be conducted. If you would be happy to be contacted with further information about the telephone interviews then please leave your name and email address when prompted at the end of the questionnaire. Your answers to the questionnaire would then be linked with your name and email address - only I will have access to the document containing this information. If you would like to remain anonymous please do not leave your contact details to be contacted for interview.

The Prize Draw

You will also be offered the opportunity to be entered into a prize draw for £30 Amazon vouchers as a thank you for your time. If you would like to do this please follow the link provided on the final page to enter your email address. For the purposes of the prize draw your email address will **not** be linked with your questionnaire data as you would enter it in a separate survey not linked to this survey. This means that any information you entered would be recorded anonymously.

Please note that once you click continue at the bottom of each page you cannot return to change your answers

Thank you very much for your interest in this research.

Continue >

(Ethics) How clinical psychologists develop an interest in critical community psychology

Canterbury Christ Church University

Consent Form

Thank you for considering taking part, your help is greatly appreciated.
Before we begin please read and consider the following points:

1. I have had the opportunity to read the information sheet and have had opportunity to ask questions by email or telephone

2. I understand that my participation is voluntary

3. I understand that I am free to withdraw at any time, without giving a reason

4. I understand that to ensure the quality of the researcher's data analysis the research supervisors may look at questionnaire answers and analysis. I give permission for these individuals to have access to my data.

5. I agree that anonymous quotes from my online questionnaire may be used in published reports of the study findings.

6. I agree to take part in this study

If you agree with the above points and consent to take part in this research study please click the continue button below.

Continue >

(Ethics) How clinical psychologists develop an interest in critical community psychology

Canterbury Christ Church University

Page 3 of

Demographic information

1. What is your gender?

2. What is your date of birth?

(DD-MM-YYYY)

3. How would you describe your ethnicity?

Finish Later | Continue >

(Ethics) How clinical psychologists develop an interest in critical community psychology

Canterbury Christ Church University

Page 4 of

Your work

4. In what year did you qualify as a clinical psychologist?

5. What client group(s) do you mainly work with?

6. How would you describe your main role and/or main duties at work?

7. Please give details of any other related activities you are involved with outside of your main working role? (e.g. voluntary work)

Finish Later Continue >

(Ethics) How clinical psychologists develop an interest in critical community psychology

Canterbury Christ Church University

Critical Community Psychology

8. This research is about critical community psychology. In your own words, how would you describe critical community psychology?

9. How important are the ideas and approaches within critical community psychology to you **personally**? *please select on a scale of 1-5 below where 1=not at all important, and 5=extremely important*

- ○ 1 (Not at all important)
- ○ 2
- ○ 3
- ○ 4
- ○ 5 (Extremely important)

10. How important are the ideas and approaches within critical community psychology to you **professionally**? *please select on a scale of 1-5 below where 1=not at all important, and 5=extremely important*

- ○ 1 (Not at all important)
- ○ 2
- ○ 3
- ○ 4
- ○ 5 (Extremely important)

11. As a clinical psychologist how did you come to develop a relationship with critical community psychology? *For example, how did you first get interested? What influenced your interest? Please give as much detail as you have time to give.*

12. How much is your practice as a clinical psychologist influenced by ideas and approaches within critical community psychology? *Please select on a scale of 1-5 below where 1=not at all, and 5=extremely.*

- ○ 1 (Not at all)
- ○ 2
- ○ 3
- ○ 4
- ○ 5 (Extremely)

13. Please could you expand on your answer to question 12 in the box below. *Again just give as much detail as you have time to give.*

Finish Later Continue >

(Ethics) How clinical psychologists develop an interest in critical community psychology

Canterbury Christ Church University

Page 6 of

Thank you for your participation

You have reached the end of the questionnaire

Telephone interviews

14. If you would be happy to be contacted at a later date with some information regarding a telephone interview please enter your **name** and **email address** in the space below. Please note that by entering your details you are giving consent for your questionnaire data to be linked with your contact details. *(Optional)*

Finish Later | Continue >

(Ethics) How clinical psychologists develop an interest in critical community psychology

Canterbury Christ Church University

Final page

You have reached the end of the questionnaire. Thank you for your time.

If you would like to be entered into a prize draw to win £30 Amazon vouchers then please follow this link https://survey.canterbury.ac.uk/js30 to enter your email address. The link will redirect you to a separate survey - this is to protect your anonymity.

If you are willing, please forward the email containing the link to this questionnaire onto any people you know (who are clinical psychologists) that you think may be interested in taking part. Many thanks in advance.

For questions relating to this survey or the use of BOS at Canterbury Christ Church University, **please contact:** Jenny Stuart (j.r.stuart719@canterbury.ac.uk)

View and print your responses

Please note that you will only be able to follow this link within 15 minutes of completing the survey. After this time you will not be able to access your responses.

View and print your responses

Alternatively you can view your responses with a list of all the possible responses for a question:

View and print your responses (including all possible responses)

Appendix 5: Survey recruitment email and tweet

Survey recruitment email. Dear members of Community Psychology UK

My name is Jenny Stuart and I am a trainee clinical psychologist at Salomons, Canterbury Christ Church University. For my doctoral research I am aiming to find out how some clinical psychologists have developed an interest in critical community psychology (CCP).

I am contacting list members to invite those who are clinical psychologists to take part in my project. Here I will offer an apology as I am aware that many people who subscribe to this JISCMail are not clinical psychologists, and one of the things that makes CCP distinctive is that its contributors come from various backgrounds. For the purposes of meeting the requirements of my training I need to recruit clinical psychologists - I hope you will forgive me for this.

The research involves completing a short online questionnaire regarding your interest in CCP (when piloted it took an average of 15 minutes to complete). Following this, you have the option of volunteering to take part in a telephone interview at a time convenient for you.

I have attached an information sheet regarding the study. After reading the information sheet should you wish to take part please follow the link below to the online platform Bristol Online Survey where you can access a consent form and the questionnaire:

https://survey.canterbury.ac.uk/js

Please feel free to forward this email to people you know (who are clinical psychologists) who you feel might be interested in taking part.

Many thanks for reading my email. Please contact me on j.r.stuart719@canterbury.ac.uk with any comments or questions.

Kind regards

Jenny

Recruitment tweet. Looking for clinical psychologists interested in critical community psychology to take part in my research https://db.tt/9mBdQRbk Please RT

Appendix 6: Online survey information sheet

Information about the research

How clinical psychologists develop an interest in critical community psychology.

I am a trainee clinical psychologist at Salomons. I am inviting you to take part in a research project. It is important that you understand why the research is being done and what it would involve for you. The research project is part of my doctoral training. The research supervisors are Dr Miles Thompson and Dr Louise Goodbody both of whom work at Canterbury Christ Church University.

The research has been considered, reviewed and given favourable opinion by Salomons Ethics Panel, Canterbury Christ Church University.

What is the purpose of the study?
This study aims to explore how clinical psychologists, who are interested in critical community psychology, develop and maintain this relationship.

Why have I been invited?
You have been invited to participate because you are a clinical psychologist and are a member of the UK Community Psychology Discussion List JISCMail, or, you are a clinical psychologist and have had this email forwarded to you by someone you know.

Do I have to take part?
No, it is entirely up to you to decide whether or not to take part. If you decide to take part, it is important that you have read this information sheet, asked for further information if you want it, and that you give your consent to be part of the study.
You remain free to withdraw from participating at any time without giving a reason.

What will taking part involve?
The email that you received regarding the study contains a link (www.https://survey.canterbury.ac.uk/js) to the online platform 'Bristol Online Survey' where you can access a consent form and questionnaire. The questionnaire contains thirteen questions. There are no right or wrong answers. In a pilot, the questionnaire took an average of 15 minutes to complete. At the end of the questionnaire you will be invited to consider taking part in an optional telephone interview. If you would like information regarding this please leave your name and email address when prompted.

Expenses and payments
You can follow a link at the end of the questionnaire to leave your email address in order to enter a prize draw to win £30 of Amazon vouchers. Please note that this will not be connected back to the answers on your questionnaire and will be stored separately.

What are the possible disadvantages and risks of taking part?
Taking part requires personal reflection and could bring up emotive issues. You can share as much or as little as you like in order to look after your own wellbeing.

What are the possible benefits of taking part?
The opportunity for reflection may be experienced as beneficial for some participants.

Will my taking part in the study be kept confidential?
Yes, all information will be kept confidential. If you enter your email address to participate in the prize draw, it will not be linked to your questionnaire. If you end your participation there then your data will remain anonymous. If you enter your name and email address to be contacted for a telephone interview these will be linked with your questionnaire, which will be given a study number. Your name and email address will be linked with the study number, stored in an encrypted document on a password protected memory stick. Only I will have access to this document. Following the end of the study, data will be coded and kept on a password protected CD in the Salomons clinical psychology programme office in a locked cabinet and in my possession for 10 years after the study is completed.

What will happen if I don't want to carry on with the study?
If you decide you do not want to take part, then you can withdraw at any point up to the submission of data at the end of the questionnaire. After this point data will be non-retrievable.

What if there is a problem?
If you have a complaint, in the first instant please speak to me (contact details below). If you would prefer not to speak to me, you can contact my supervisors Dr Miles Thompson (miles.thompson@canterbury.ac.uk) or Dr Louise Goodbody (louise.goodbody@canterbury.ac.uk). If you remain unhappy and wish to complain formally, you can do this through the Canterbury Christ Church University Complaints Procedure. Details can be obtained from Deborah Chadwick on deborah.chadwick@canterbury.ac.uk.

If taking part in the study distresses you, please contact me to talk through any concerns or queries. If completing the study brings up wider issues, then we would suggest that you speak with a colleague, supervisor, or seek support in a way that feels useful to you (be that support from family and friends, professional support, spiritual support, community support etc.)

What will happen to the results of the research study?
The study will complete in October 2015. Following this I will aim to publish results in a peer reviewed journal. Participants will not be identified in any report/publication but anonymised quotations may be included.

Who is organising and funding the research?
The research is being funded by Canterbury Christ Church University as part of my doctoral training in clinical psychology.

Further information and contact details
If you would like to speak to me and find out more about the study then please feel free to email me (j.r.stuart719@canterbury.ac.uk). Alternatively you can leave a voicemail message for me along with your telephone number on 0333 0117070 and I will call you back (please note this is a 24 hour research voicemail line so please state that your message is for Jenny Stuart).

Appendix 7: Telephone interview recruitment email and information sheet

Dear (individual name)

I would like to thank you for your interest and participation in my research study 'How clinical psychologists develop an interest in critical community psychology'.

At the end of your questionnaire you left your contact details to be given additional information regarding participation in a telephone interview. I have attached an information sheet about this part of the study. If you have any questions or comments related to this then please feel free to contact me on this email address.

I will be in touch in one-week time to enquire about whether you would like to take part, and if so, to arrange a convenient time for us to conduct a telephone interview.

Many thanks,

Jenny

Information about the telephone interview

How clinical psychologists develop an interest in critical community psychology.

What is the purpose of the second part of the study?
The telephone interviews will allow a deeper exploration of how clinical psychologists, who are interested in critical community psychology, develop and maintain this relationship.

Why have I been invited?
You have been invited to participate because you completed an online questionnaire and left your contact details in order to receive additional information regarding a telephone interview.

Do I have to take part?
No, it is entirely up to you to decide whether or not to take part. If you decide to take part, it is important that you have read this information sheet, asked for further information if you want it, and that you give your consent to be part of the study. You remain free to withdraw from participating at any time without giving a reason.

What will taking part involve?
I will contact you via email within one-week of sending you this information sheet. If you would like to participate we will arrange a convenient time to conduct a telephone interview. With your consent the interview will be recorded using a digital telephone voice recorder. I will be asking questions about your interest in critical community psychology, how it developed and how you maintain it.

Expenses and payments
There is no payment available for participation.

What are the possible disadvantages and risks of taking part?
Taking part requires personal reflection and could bring up emotive issues. You can share as much or as little as you like in order to look after your own wellbeing.

What are the possible benefits of taking part?
The opportunity for reflection may be experienced as beneficial for some participants.

Will my taking part in the study be kept confidential?
Yes, all information will be kept confidential. Interviews will be audio-recorded using a digital telephone voice recorder and data will be immediately transferred to a password protected memory stick. Interviews will be transcribed and all potentially identifying information, names, places etc. will be removed from the transcript. Transcriptions will be completed with reference to a participant number. A document matching numbers to participants will be stored in an encrypted document on a password-protected memory stick; only I will have access to this document. Following the end of the study, voice recordings will be deleted, all other data will be kept on a password protected CD in the Salomons clinical psychology programme office in a locked cabinet and in my possession for 10 years after the study is completed.

What will happen if I don't want to carry on with the study?
If you decide you do not want to take part, then you can withdraw at any point before, during or immediately after the interview, up until the point where I start data analysis.

What if there is a problem?

If you have a complaint, in the first instant please speak to me (contact details below). If you would prefer not to speak to me, you can contact my supervisors Dr Miles Thompson (miles.thompson@canterbury.ac.uk) or Dr Louise Goodbody (louise.goodbody@canterbury.ac.uk). If you remain unhappy and wish to complain formally, you can do this through Canterbury Christ Church University Complaints Procedure. Details can be obtained from Deborah Chadwick on deborah.chadwick@canterbury.ac.uk.

If taking part in the study distresses you, please contact me to talk through any concerns or queries. If completing the study brings up wider issues, then we would suggest that you speak with a colleague, supervisor, or seek support in a way that feels useful to you (be that support from family and friends, professional support, spiritual support, community support etc.)

What will happen to the results of the research study?
The study will complete in October 2015. Following this I will aim to publish results in a peer reviewed journal. Participants will not be identified in any report/publication but anonymised quotations may be included.

Who is organising and funding the research?
The research is being funded by Canterbury Christ Church University as part of my doctoral training in clinical psychology.

Further information and contact details
If you would like to speak to me and find out more about the study then please feel free to email me (j.r.stuart719@canterbury.ac.uk). Alternatively you can leave a voicemail message for me along with your telephone number on 0333 0117070 and I will call you back (please note this is a 24 hour research voicemail line so please state that your message is for Jenny Stuart).

Appendix 8: Email consent form

Hi [name]

Great - thank you. I was wondering if we could find a time the week commencing [date]? Roughly speaking it would be good to have about an hour but we may need much less time than that. It is a semi-structured interview so the length depends on how long our conversation lasts. What would be the best number for me to contact you on?

In order to consent to taking part I would appreciate it if you could copy and paste the following questions into a reply email, answering yes or no.

1. Have you had the opportunity to read the telephone interview information sheet and have any questions answered?
2. Are you happy that your participation is voluntary?
3. Do you understand that you are free to withdraw at any time, up until I have commenced data analysis, without giving a reason?
4. Are you happy that your interview will be recorded using a digital telephone voice recorder?
5. Do you understand that to ensure the quality of my data analysis my research supervisors may look at your anonymised interview transcript and the following analysis?
6. Do you consent for anonymous quotes to be used in published reports of the study findings?
7. Are you happy to take part in this telephone interview?

Best wishes

Jenny

Appendix 9: Interview schedule

Hello, thank you for finding the time

Introduce myself – at Salomons, in third year, research is part of my doctorate

Interested to find out how clinical psychologists, develop an interest in CCP and how this does or doesn't relate to their practice.

Any questions?

Before we start, can I check that you are happy for me to audio record this interview?

Thank you for completing the survey. **You mentioned a little bit there about how you came to develop an interest in critical community psychology. I wondered if you could tell me a bit more about that…**

Prompts:

How did you learn what CCP was?

How (if at all) did clinical psychology training relate to your interest in CCP?

How (if at all) have your job roles related to your interest in CCP?

How (if at all) have things you have read related to your interest in CCP?

How (if at all) have your personal life experiences related to your interest in CCP?

How (if at all) does CCP relate to your personal values/ethics?

How (if at all) did/do particular relationships (either personal, professional or both) relate to your interest in CCP?

How (if at all) do your political views relate to your interest in CCP?

How (if at all) do your epistemological positions relate to your interest in CCP?

How does your view of distress relate to your interest in CCP?

How (if at all) does your interest in CCP relate to your professional practice?

Prompts:

How (if at all) are you able to draw from CCP in practice? in the NHS?

How do you make sense of the relationship between values and action?

Could you say a bit about any tensions you have felt being a clinical psychologist who is interested in CCP? How have you found a way forward with these?

How (if at all) has your interest in CCP related to relationships with colleagues?

How (if at all) have you connected with others who are interested in CCP?

How (if at all) does your interest in CCP relate to your practice of individual work with clients?

How (if at all) has CCP related to any research interests or roles?

How has your view of clinical psychology been influenced by CCP?

How has you view of CCP been influenced by clinical psychology?

In an ideal world what would a clinical psychologist informed by CCP be doing in practice?

Is there anything else you feel we have not touched on that you would like to say?

And finally how has this interview been for you? How do you think it could be done differently?

Appendix 10: Line-by-line coding extracts from survey responses

This has been removed from the electronic copy

Appendix 11: Example memos

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Appendix 12: Line-by-line coding extract from first interview

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Appendix 13: Focused Coding Interview Extracts

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Appendix 14: Triangulation notes

Triangulation of data was conducted in line with Mays & Pope (2000) quality criteria. The emerging findings were compared against a published interview with David Smail (Moloney, 2004) and ethnographic notes made at a community psychology festival.

Interview with David Smail. The interview appeared to demonstrate overlap with the research findings, but made me go back to the data to consider the context more, and the idea to use as a more overarching category.

The following is an example of accessing relevant information, finding psychology lacking, questioning status quo:

> **Paul**: A question about your writing in general, could you identify the point or points in your career when you began to develop a critical perspective and who or what may have been the main influences on this perspective?
>
> **David**: …RD Laing's books certainly were very important, and I very quickly got interested in phenomenology and existentialism via Laing… and there was all the anti-schizophrenia type writing around at that time… I very quickly got on to that because the patients that I saw didn't seem to me to be ill and I think that most of the psychiatrists didn't really think that either, although they toed the line most of the time, in a pretty standard sort of way.
>
> In my professional experience, I would see that former patients coming back to the clinic were no different really. When they went back out in the world it got them in exactly the same way that it did before, unless there had been some big change in their circumstances… that became fairly evident.

Here he seems to be describing something related to ‘having faith in mainstream’:

> **Paul**: Why do you think it is that so few writers in psychotherapy and counselling seem to have made use of this commonplace observation?
>
> **David**: Well I think it must be to with [therapist’s] interests mustn’t it? If you set up as a member of a profession, which treats people, then it must be that, in theory, you are able to appeal to individual personal characteristics, which imply that people have some capacity, or will to change their circumstances or to change themselves. If you don’t subscribe to something like that, then you come to question more and more what therapy can be about, and you would tend to do something else if you wanted to do something that contributed to the possibility of people living different sorts of lives.

Here something about ‘finding ways to work coherently’:

> **Paul**: A related theme in your work is the idea that psychologists, for ethical and scientific reasons should seek to make these kind of observations available, not only within the profession, but to a wider public. Do you think that psychologists are being very successful in that task so far?
>
> **David**: No, not only have psychologists not been successful, they haven’t even really tried. This might not be so much a case of us going out there and telling so called ordinary people what to think, but simply of us doing what we should be doing, which is revealing the reasons for psychological distress. We should be doing that in the ways that we do anything else, by publishing… And that’s a perfectly legitimate role for the psychologist too—to help people to demystify the likely reasons for their problems… drawing attention to the kinds of social and political processes that lead to distress.

The following quotes particularly highlighted the importance of contextual factors and made me go back to the data and explore this further:

> **Paul**: But do you think that that is a very easy thing to do, since it seems to me that there is a lot of institutional and social pressure working against psychologists trying to do that kind of thing on a big scale. How do you think psychologists could begin to do more of that and keep their jobs?
>
> **David**: …There's much more centralisation [now], much more attempt to tie up what people can do. Managers have usurped the power to decide what people can do and almost what they can think. It's tremendously centralised, bureaucratic directives coming through our departments ….it is much more difficult for people to pursue their interests than it used to be…. I was head of a department for a hell of a long time, and I was relatively free of the kind of constraints that are present for many people. I think people in general and professionals in particular should have this kind of freedom. I could do what I liked, because what I liked was not in any way reprehensible, what I liked was what was good for the bloody job! I started to get uncomfortable when the managers came on the scene and started to encroach upon my freedom. If I was parachuted now into some place where nobody knew who the hell I was, and if I was put in charge of a department, I am sure things would be very different…fairly uncomfortable.
>
> **Paul**: Do you think there is much scope for people to resist these pressures?
>
> **David**: Well solidarity is the only way. Getting together, persuading other people, putting pressure on where pressure can be applied….

Ethnographic notes from a community psychology festival. The following notes were made when listening to particularly well-know clinical/community psychologist speakers.

Jim Orford. "Many of us didn't know we were were doing community psychology". He talked about being "critical rebels of psychology". He made five points about the aims of CCP:

1. Outsight not insight
2. Fairness vs. inequality
3. Collectivism vs. inequality
4. Lived vs. professional experience
5. Transformation not just amelioration
6. Peace not war

Sue Holland. "I consider myself as a psychotherapist and social action person rather than a community psychologist". Organisation and department let her "get on with it" and gave her time to do the work. She said she ended up writing her own job description! – power? She remembered Bowlby telling her she was a 'nouse' nuisance? this is making me think about 'feeling out of step'. Described her role as "healing, helping and hustling!" with need to move from "psychic space to social space to political space".

The following notes were written during discussion about some research that explored young people's earliest political memories. The audience were asked to discuss and share their own earliest political memories. "Feeling like expected to be a conservative growing up but my mind was broadened by a professor I met in the USA". "I found it hard to separate class and political memories". "I remember believing Margaret Thatcher was the Devil – my father

was a miner". "I remember writing a letter to the PM when I was six – asking to save the rhinos". "I remember feeling like I would never have an entry point into politics".

The following is a quote from some notes I made following the festival:

> …A coming together of people who want something different. I think there is uncertainty about what exactly the difference is but people are striving for social change and need one another to achieve it. I think different people seem to value different things but there is a general consensus – values? It seems that CCP is about valuing values more than a particular model as such.

Appendix 15: Table with focused codes and additional quotations

Category	Sub-category	Focused code	Example quotations
1. Being drawn to CCP	Questioning psychology/services	Finding psychology lacking	I probably spent my undergrad degree thinking [pause] I don't think this is right-I don't think this fits-I don't think you can measure it like that [pause] em, you know you're talking about people's emotions and talking about people's experiences-I just-I just don't think its that simple. (Beatrice) I very quickly realised that there was only me, there was only me for a town of over 100,000 people, I was the only psychologist in the team and that me just doing loads of individual therapy really wasn't going to help and mostly what I was seeing was a lot of, poverty, em-a-deprivation of all sorts, sort of lack of community, em, lack of opportunity, sort of really low levels of education but amongst what is er, of white working class groups, so didn't really attract any funding from government, wasn't kind of, involved in that way and people weren't recognising this group of people, and I thought, no amount of CBT is going to help with this. (Kirsty)
		Questioning the status quo	I think it's a real-ideas are not just out there because they're good ideas, they're out there because there are certain interests within them and also, maybe they're ideas out there because of certain fears of people challenging them. (Fred)
		Understanding distress as occurring in a sociocultural world	…it just seems like really obvious to me in-in many ways that when people are under stress in various different forms of stress that they will suffer as a result of that and so-em, say things like em, children, em, going to school in an area where there's a lot of deprivation it seems obvious that, they wont do as well and it seems obvious that like parents who are really worried about paying the bills will have less time for worrying about things like are their children being bullied at school, em, and so it just seems like there are a lot of very small links that just seem to be, really quite plain in everyday life. (Ellie)
	Personal exposure to inequality	Personal experience of financial inequality	I think one of the reasons that I worked so hard at school is because I grew up without very much money and I really didn't like it-it was a really stressful situation to be in (Ellie) I don't come from a wealthy background-I grew up, myself, on-you know-my family were all on benefits-we moved around a lot, em-so, my mum and my brother both have mental health problems, themselves, mostly from what I can make out to do with, the, inequalities they've experienced and what they've had to, get through in life, without support (Kirsty)
		Observing the impact of different environments	…the way that-the sort of-the way the system, the em, the kind of social system of the services if you like impacted on people-so for some people it was very detrimental, for others it was a very supportive cohesive environment (Diane)

			…having children, and seeing some of the things that hap-that happened at school, and that em that you know-things that might distress children at school-so it may not be that they are em, you know they have a kind of pathological anxiety problem but you know –that-that's intrinsic sort of within them but actually its what happens at school. (Diane) My aunt had a long term health problem and I never really saw that as a reaction to what she had to cope with, so-whereas now I think I would see it like that-so, because the long term health condition is very clear-for me-very clearly, linked to, long term stress and, you know the-the being unwell and unable to cope and not having enough help and support so, its em, so to me now-that very clear that she had too much to deal with and she didn't have the resources to deal with it, and, there was no one em, that she felt she could turn to for support, so, she was really stuck in that situation. (Kirsty)
	Alignment with other ideologies and beliefs	Observing synchrony with interest in other ideologies	..the ideas fitted with my kind of em, political and philosophical views of the world more of a, kind of socialist em activist kind of stance on things. (Carla) I think it-a lot of it, em [pause] fits quite easily with my personal ethics and values, so things about empowerment em, and about, change, and, about em, equality, they fit really quite easily. (Ellie) I just generally have an interest in social justice really. (Luke)
		Exposure to left wing political beliefs	I mean I grew up in em, I grew up in a household where em, at least my dad was really quite socialist and so I kind of, I mean-I could sort of see how these links would be there and that the really kind of common sense logic really-if somebody's quality of life is poorer they're going to be under more stress and they're more likely to suffer mental health problems and physical health problems as a result of that-so the ideas were there in a sort of common sense way. (Ellie) In my family there's always been a sense of em, or an encouragement for us to be aware of em societal injuctice…my parents…believed in the chance for a better or more equal society. em, and more tolerant society, with less hierarchy and less inequality and they em, they still believe in that-so they're quite socialist, and they're quite em, kind of-they're not particularly active, they just talk, like this really [laughs] so they're kind of well educated, well read and they-they just have kind of instilled in me a sense of, not just passively living in society but trying to actively change it so what I think is the better-but obviously in a very compassionate and considered way. (Carla)
		Believing people are experts in their own lives	I think-tha-you know-I do-I do feel that people are quite good at knowing, being quite expert in their own lives em, and often are already doing stuff that-that em, em [pause] quite positive. (Alice) people are much more-you know I think that sort of em, slogan almost that people can, find their

			own solutions and given support will-will kind of want to work together quite effectively. (Alice)
		Engaging in political activism	I've always been quite activist-I mean I was a sort of active around green issues and taking part in-in sort of you know, em lawful democratic, process-even some aspects-some kinds of direct action. (Alice)
	Accessing relevant information	Reading	After I qualified I was just reading a lot of er.. just more critical texts and books and er.. David Smail being a big influence-but I probably didn't read him straight away actually but once I did, it became really interesting, especially in those first 2/3 years I got very interested-so I read Foucault quite a bit-even though it is really difficult to get your head round and em, but moving away from psychology-psychological texts-so reading about social theory and more social theory than sociology. (Fred) I got a hold of a copy of em David Smail's book em, I think it was Power, Interest and Psychology, so I kind of had like a little bit of a sense of what community psychology was through that. (Helen) …and the next thing was starting to read some, other things, so things about power and social control and reading about David Smail and then I was like-no this makes sense. (Kirsty) …some of the very first things I read were those anti-psychiatry texts like R.D. Laing so that might have been the very very first actually… (Alice)
		Referring to the literature	why have I come to the conclusion that, human beings are largely the product of their environment? It seems the only logical to draw from the-the data really. (James) …and its not em [pause] you know one or two crazy people on the fringes-there are books and there are papers and there are [pause] you know serious, academic clever people who also think this-so yo-you're not being that strange [laughs] (Beatrice)
		Being taught about CCP	My first exposure to critical and community psychology was actually em, a module on my undergraduate course, em, they were also running a doctorate in community psychology (Ellie) I think there was some training organised, em on my course, but I think it was em an afternoon session, tha-that was talking a little bit about it-I don't remember much of the detail, em.. but-so I kind of had like a vague awareness of this and that aswell. (Helen) I think its kind of been a gradual process really, em-but I think that the original teaching that we had on the course was, just about community psychology but-sort of missed the critical angle. (Isla)

		Exposure to opposing epistemologies	I think I'd describe the course to be relatively sort of middle of the road in terms of, if you had a continuum between very [pause] em, very social constructionist-at least reasonably so at one end and very academic em, and numbers based at the other end-I'd say [location] is-course is in the middle. (Beatrice)
		Discovering a new language	I guess em, there was the idea that there might be different discourses to talk about people's em distress-you know and that some of these might not necessarily be th-that theres something inside wrong with the person. (Alice) …but then-these-hearing these people talk..em there was sort of-sort of giving words to the doubts I've got-if-if you.. em and completely-at risk of sounding a bit CBT-completely re-framing it. (Beatrice)
2. Negotiating level of confidence		Feeling unconfident with CCP	I'm actually considering doing a community psychology masters or something just to make me feel like I-can-I feel more kind of enabled to-to take this stuff into action-because, at present I em, talk about it-I have books in-in the office… (Carla) you know when you got back in touch and said you wanted to interview me I was feeling like mm, is this-you know, am I legitimate? [laughs] I em-do I have enough critical and community stuff in my, in my world to warrant being interviewed, em, and I suppose that's, that's a bit of a theme for me-feeling like other people are doing this more, or other people are able to, em [pause] take a more critical position or, invite others to take more critical position. (Georgia)
		Finding tension between what do and say	I find a constant… tension with the-things I do-I've done some teaching on the [location] course, within their community psychology module, and I constantly have that feeling of am I actually doing this? This stuff I'm saying-am I doing it? (Beatrice) The problem isn't agreeing, the problem is actually doing something about it (James)
3. Balancing clinical psychology and CCP	Identifying with 'mainstream' psychology	Identifying a possible false dichotomy	I think the profession as a whole is probably [pause] probably, would say that a lot of its ideas are based on critical community psychology even if they don't know it [laughs] or even if they don't explicitly say that-em but I think the constraints of working within that, are difficult-but I think-my-my sense of the profession is, is that-the values of CCP are also the values of people who go into clinical psychology. (Diane) I don't know of many, either psychologists or psychiatrists who say, the best way to understand people is to isolate them from their community, see them as autonomous little drones, the environment and our learning as human beings, our experience as children has practically no impact on people whatsoever and the best way to understand people is as little biological entities existing in our own closed world-nobody says that. (James) Like I say, I don't see most of the tenets of-of radical critical community psychology-I don't see as anything other than-absolute mainstream science. (James)

			I think in terms of [clinical psychology] and community psychology.. I don't think there is any reason why these things are inconsistent or incoherent, but services are not set up around them. (Kirsty) When you go to community psychology conferences the vast majority of people there are clinical psychologists. (Luke)
		Taking issue with challenging mainstream	I guess I feel like I'm still looking really for the people who want to work in that way but-but.. don't want to get embroiled in em, fighting this sort of-I don't know-I don't know who they're fighting really sometime. (Ellie) I think the question is why do, em socially, erm, er orientated clinical psychologists not, move to a position where they can provide practical solutions to some of these challenges yeah? why is it that they are still regarding themselves as-as not mainstream-why is it that they are regarding themselves as still having to argue arguments rather than, than just simply take their role around the planning tables. (James)
		Feeling uncomfortable in CCP	…its challenging...being aware of social injustice, power, inequality, and em, the need for community-I don't think that's an easy pass to follow anyway. I think you suffer greatly if you are, if you know those things and you cant un-know them, you-there is no other way-you just are socially aware and you suffer the consequence because its hard-its really hard so-but-that isn't about just being a psychologist that-that's a way of living-a particular life-that-that's what you know and understand about the world. (Kirsty)
		Observing clinical psychology as a dynamic, evolving profession	…one of the things that psychology tends to do, I suspect like all professions is fractionate itself. So the term CCP is, not one I've come across before or at least I may have done, its not one that has stuck in my mind before but em, so I've heard of community psychology, I've heard of critical psychology, em and obviously clinical psychology, or just psychology. (James)
		Considering financial implications	I don't know what the alternative is, you know, to-to do that I guess-I suppose the alternative is to, not work for the NHS and work for a, kind of lobbying job and, I dunno, some-but those jobs are hard to find and If I'm being honest probably don't pay as well. (Helen) I went off and did my PHD-I-I sort of decided I would take myself away from the kind of [pause] clinical psychology income, and do something that I felt was more, consistent with my kind of community and critical psychology values but that meant I had to take a massive kind of financial hit. (Isla)
	Finding opportunities to draw from CCP	Wanting to improve psychology	I was wanting to get involved and make, make a difference, if that doesn't sound too corny, and thinking about the ways that I could do that. (Helen) I think I've always wanted clinical psychology to aspire to a bit more… (Fred)

		Communicating with the general public	…tweeting about these ideas… (Kirsty) So I'm not particu-well I do go to conferences but I'm not so interested in em, er in going to, you know a conference of like-minded people who have all read my stuff anyway and then you give your latest version of the talk that they have already heard and you know off they go-em I'm much more interested in talking to the Daily Mail or to to the BBC or people like that and I think that means that I'm putting out relatively unusual ideas, relatively unusual ideas in, er more, mainstream, settings. (James)
		Considering societal structures in individual work	The day to day work that I do so its sort of being able to think about contexts, being able to think about kind of the conditions of my-the structures within society and try to use that in, kind of not-not as kind of formally, as within a formulation but-but inevitably its in the back of my-back of my mind in terms of formulating people's distress is this-what is this? is this something that is individual? I'm not seeing this as your individual pathology I'm seeing this as part of your context. (Isla) I do use David Smail's power maps quite often as a way of-kind of at least highlighting what we have power to change. (Carla)
		Using approaches based in social constructionism	I used a very sort of [pause] em, social constructionist approach...o-I-I-think that using that approach, came quite naturally to me for my research. (Alice) I think I moved towards this approach through parallel interests in systemic working and narrative therapy. (survey 4)
		Directly observing client contexts	…I did home visits, em-so I had to come-and actually I think you get a real stronger sense of the reality of people's, lives if you go and, see them in their homes. (Fred) I'm thinking about a client who-you know I think he was quite paranoid and, having a sense of people watching him all the time and when I went to do a home visit, he lived in a really overlooked, em [pause] er.. quite kind of, em, unfriendly housing, and it was like well yeah, understanding that doesn't come from you-you're becoming ill and having this made up worry, but actually isn't it understandable in your context. (Helen)
		Running groups	I was thinking much more about, groups, you know working with groups of people em, and I-much less structured groups-more groups where people could get together, em, and sort of work things out and, and draw a lot of strength, you know that being the point of it really that-that-that it would be kind of creating a little community. (Alice)
		Involving service users	I ended up getting involved in a em, project trying to increase the use of involvement in the unit…(Beatrice) I've em, tried to encourage the team that I work in to think more about getting involved with, em [pause] social action and, service user led em, projects, and we know have a service user involvement group, well not a group, but a service user involvement project. (Georgia)

		Encouraging service user connections	…but I think the idea was that the young men would be able to offer each other quite a lot. (Alice) the groups offer support within them but also we very much encourage patients to form their own support groups afterwards and we would help them to facilitate that. (Diane)
		Teaching others about CCP	…its been great…helping to develop kind of curriculum here-everyone was keen to get in, a community psychology, em you know teaching… (Luke) I teach on clinical psychology courses and the teaching that I do tends to be influenced by em, critical community ideas. (Georgia) I do teaching on the doctorate courses [locations] so they get em, a-a day and a half day…specifically on community psychology. (Carla)
		Engaging in research	…the ideas of community psychology shaped my doctoral research heavily. (Ellie) …because I've got-actually I've given up er my clinical job for a few years and I'm doing a research job, right now- so kind of keeping on that aspect of sort of reading and thinking with other people where possible. (Alice)
		Acting in attempt to redress power imbalances	I would consider myself to avoid-avoid using diagnostic labels wherever possible. I think I'm quite cautious about, what I can measure and what I cant…I think I'm quite careful about what I write down about what that means…wherever possible copying letters or doing another version of a letter to send to client, or their family, or their carers or their social worker-which I think maybe a lot of people would consider unnecessary work em [pause]…where reports-I would always aim for them to be [pause] understandable to the-to the client rather than, necessarily writing them to professionals em, so I suppose I mean I'm not so-using a lot of big words or jargon. (Beatrice) I think obviously like you're in charge of you own interactions with a person aren't you and you can try as far as possible to reduce power imbalances and try to work in a way, that you think is [pause] is reasonable and you think is, morally fine. (Ellie)
4. Interacting with professional structures		Working in highly prescriptive structures	I think I felt like the course, wanted us to, subscribe to a particular model of clinical psychology-not necessarily a particular em, therapeutic model but a particular way of understanding what clinical psychology was and [pause] critical and community [pause] stances were [pause] not really part of how they wanted us to conceive of clinical psychology I don't think. (Georgia) I mean I think it's a really difficult if…your're sort of squeezed into an IAPT model. (Alice)
		Being bound by	…they want measurement, they want you to measure people's distress at time 1 and distress at time 2, and that's not always the critical community way of thinking, em-you know to reduce

		expectations of the NHS	complexity and experience down to simplicity that's not that's not the community psychology way-so I think targets, I think measurement-er I think time constraints. (Diane) I've got a sense that managers are becoming a bit more [pause] restricting of me. (Fred) I mean one of the difficulties is always the kind of-the waiting list demands really. (Luke) …although the work is within a reactive, referral-based system. (Isla)
		Feeling frustrated by professional expectations of clinical psychology	Partly because I think its not actually-you know clinical psychology is a profession in its own right and how-you know I'm qualified in that so-as part of my rationale for perhaps doing the masters in community psychology is because I'd have some training in an alternative model which can compliment clinical psychology but isn't actually clinical psychology so I feel like while I'm actually employed in the profession I'm going to be frustrated. (Carla) …it's difficult because, what's demanded of a clinical psychologist in our current NHS isn't necessarily em, at one with what CCP would feel was the right thing to be, em, so I think that that would-that presents a dilemma to clinical psychologists in our-you know, in our current NHS. (Diane) I think there's lots of stuff around [pause] our-demands on us as psychologists to do, predominantly individual work and yeah we're starting to have some-a little bit of pressure around, numbers of contacts and you know, less time to do the more, kind of, vague [pause] community psychology stuff… (Helen) it [CCP] doesn't fit the er, the model-lots of the sort of beliefs-almost personal beliefs about, how we should be practicing but we're restricted by our profession, em-or by stories about our profession. (Kirsty)
		CCP not being seen as a priority	I have a feeling that most of that [CCP teaching] was optional, so the people who were there tended to be the people who already knew about it, em [pause] and, that was interesting and useful but em, it-I thought it conveyed the message that, thinking particularly about psychology and about the history of psychology and, engaging with communities is not, part of [pause] clinical-mainstream clinical psychology, it's a bit marginal. and if you want to think about it then, do, but you know its not part of clinical psychology core identity. (Georgia)
		Being limited by geography	Unfortunately it wasn't em-I-I wasn't able to commute to-to [location] so I wasn't able to do it but that would have been amazing. (Beatrice) I hadn't applied for it-I'd applied for courses according to geography rather than the orientation of the course em, which I guess-you know looking back-might not have been the best choice-but then moving a long way from where I'd settled wouldn't have been the right thing for me either em [pause] so, I hadn't applied for courses that were particularly community psychology

			friendly. (Georgia)
		Having freedom/space/autonomy	I mean you could argue that perhaps we should have said-our commissioners might have asked us-what on earth we were doing, em [pause] but they never showed that much interest...so we didn't have to say we had this many clients who came this many times, em, one or two of the clients wrote nice letters saying that they'd really enjoyed it, we didn't ask them to do so, so those kind of things, seemed to be fine really in terms of, output, it was enough. (Alice) There wasn't really any opposition to me working in that way (Ellie) …it does help to have a manager who's [pause] who's either very hands off and is busy crunching numbers all the time, so as long as you are getting a certain number of contacts in, doesn't really care what else you do with your time. I don't really have someone breathing down my neck. As long as I'm doing basically, the bare-you know the [pause] as long as I'm doing the things that they want me to do, erm, the other things that I get involved with are kind of, left up to me... (Georgia) so in terms of freedom-to develop my practice, I've been given a lot of freedom to do that and I've got no one looking over my shoulder particularly. As long as I am doing enough and my team don't complain, I can do whatever I like, beyond that, as long as its within certain quite wide boundaries. (Kirsty)
		Gaining power of profession	I think cause we've aligned ourselves with more the scientific kind of em, evidence based model then we can be seen as quite em [pause] quite well respected sometimes, and that doesn't always translate but em, generally I-I think the profession is seen as quite em [pause] with us having quite a lot of say, of power…(Carla) I thought perhaps clinical psychology might be something that would-would put me in a better position to do something. (Isla) More often than not I'm sat on the committee-you know, getting things done, rather than-rather than waiting for them to give me a decision, so, em-yeah its been really-really helpful. (Kirsty)
		Finding conducive service contexts	I think working in learning disabilities' services gives you lots of options...but I think in learning disabilities there are lots of opportunities really lots of opportunities- because there are all these little communities. (Alice) I felt really valued, em, it was an organisation that really encouraged people-you know if you had an idea it was listened to, you know they valued my exper-my expertise. (Helen) …but over time I got involved in kind of things outside of the NHS. (Luke)

5. Connecting with allies		Feeling out of step with mainstream/being the only one	I sort of spent half of my first year sitting at the back putting my hand up saying can we just discuss the validity of the DSM? and em, [laughs] have the rest of the year group going, ugh [name] again? em [laughs] and you-you sort of-then you there's only so much you can put your head above the parapet (Beatrice) I got the sense that the people-the academic er people on the course who- this was completely, weird to them, I couldn't [pause] they couldn't quite believe this was a legitimate way of approaching psychology (Georgia)
		Connecting with like-minded others and sustaining	I think one of the main functions of the group is the em, is just keeping this alive-just making it feel like we've got some network of likeminded people. (Carla) ..the creativity between yeah myself and co-colleagues…there's a lot of energy there and yeah its really exciting to be honest! (Fred) …that's what I've learnt that-I'm going to be interested in ideas that other people aren't, and that's ok and in order to, keep myself ok, I need to make contact with other people who share those ideas. (Georgia) What comes to mind is just how I felt em, so incredibly supported by being able to go to conferences and sort of have that-have a community of psychologists who were critical and community minded, and just the-the, the value of that in-in terms of, keeping us all going I think. (Isla) …you know getting people together, discussing ideas and you know, sharing out tasks those are the way-that's the way that things happen. (Luke)
		Being drawn to the CCP group culture	When I've been to-to sort of critical community type of events or conferences, I find I'm much more drawn to the other people there, than I am if I go to a more mainstream psychology [pause] conference…I tend to be very drawn to the people, em-you know whether there is-maybe personality is [laughs] part of that culture [laughs] and there's a critical psychology personality! (Beatrice) I suppose I always tended to orientate a little bit to people, em [pause] on the margins a little bit. (Fred)
		Being supported	There was really good support for the project-from the health professionals involved aswell, em, that really er [pause] it was seen as being a good piece of research and a valuable piece of research and there wasn't really any opposition to me working in that way. (Ellie) I finished clinical psychology training and I got a job and that's probably where, my thinking

			and my ideas around, em, the more social critical kind of-was given a chance to flourish whereas before I think I was always striving against whereas when I came to my full time job that's where those-I was really supported. My manager had created a real kind of em, I suppose an atmosphere and real kind of nurturing environment for people's thinking about ideas. (Fred) It-its quite difficult to pin down into words-it was just a very, kind of-supportive [pause] constructive, relationship that we were able to develop, as kind of supervisor and trainee. (Georgia) …so people like that will probably post unpleasant messages on twitter and so forth, but that doesn't really bother me a great deal-my colleagues will be, very happy and positive. (James)
		Experiencing validation	As an assistant, em-I went to a-er conference erm [pause] where a psychologist was speaking whos-whose written a lot about critical psychology em and I think about five minutes in I s-I had a bit of a, epiphany and went oh [laughs] its not-its not just me, its not that-because I think, whether this is my personality-whether everybody does this I don't know-but I think I'd thought maybe I'm just not understanding it right [pause] em, may-you know maybe I'm not clever enough-maybe not using the right measurement tools, whatever but then to hear that there was a whole group of people, who thought the same thing, em and that there was actually an argument to that side, em-was quite er [pause] was quite a novelty I think, erm, quite a revelation I think-coz I think em, I think as I said I thought I was really stupid. (Beatrice)

Appendix 16: Notes regarding the researcher's personal professional development in relation to CCP

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Appendix 17: Notes following bracketing interview

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Appendix 18: Abridged research diary

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Appendix 19: End of Study Summary Report for Participants, Ethics Committee and R&D

Clinical Psychologists and Critical Community Psychology:
A Grounded Theory of Personal Professional Development and Practice

Background

The British Psychological Society (2014; BPS) stated that clinical psychology courses should facilitate "understanding social approaches to intervention; for example, those informed by community, critical, and social constructionist perspectives" (p.12). Despite this, clinical psychologists who have aligned themselves with critical community psychology (CCP) and/or who have implemented it in practice continue to be in a minority (Boyle, 2011). The literature suggests there are significant difficulties and contradictions with adopting such an orientation, but there is limited information available about the personal professional development of clinical psychologists who are interested in CCP and who draw from this in practice.

Aim

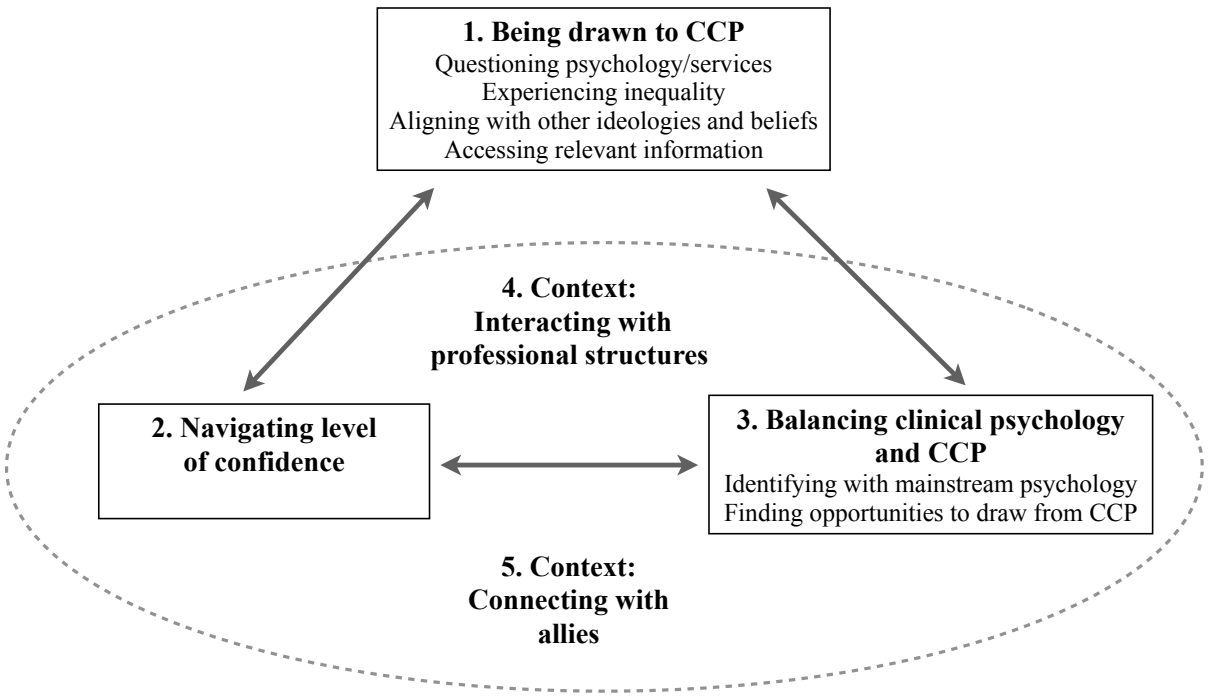
The aim of the study was to develop an understanding of the processes involved in clinical psychologists' development of interest in CCP and how, if at all, this interest relates to practice.

Method

Twenty clinical psychologists completed an online qualitative survey, of whom twelve were interviewed. Social constructionist grounded theory methodology (Charmaz, 2014) informed the data collection and analysis.

Findings

Participants described interest in ideas associated with CCP as permeating throughout their careers as clinical psychologists. The findings formed five categories (a



diagrammatic representation of the findings is presented in Figure 1).
The first category was named 'being drawn to CCP' and included the processes of questioning psychology and service structures, personal and/or professional exposure to inequality, aligning with other ideologies and beliefs, and accessing relevant information to CCP (e.g. literature, teaching). The second category was titled 'navigating level of confidence' which described a process of exploring how confident a person felt with and/or about CCP. The third category was about 'balancing clinical psychology and CCP' and represented a process of attempting to value both constructs of clinical psychology and CCP in professional work. The second and third categories appeared to exist within particular contexts and seemed to be mediated by experiences of 'connecting with allies' and 'interacting with professional structures'. Greater freedom in terms of professional roles and structures and greater collective solidarity were both contextual circumstances that supported/enabled the processes. Greater restriction and isolation made the processes less viable.

Implications
If it is considered important to support the development of clinical psychologists interested in CCP it would be useful for training centres to provide varied academic, practical, reflective and experiential learning opportunities. Signposting and/or construction of opportunity for development of allies would be an important supportive context, in addition to wider professional structures (such as the community psychology section of the BPS).

In order to compete with other approaches within the framework of the dominant discourse of evidence-based practice (as defined in the NHS), and thereby to gain status and recognition for CCP, there is a wider need for evaluative research to be carried out by clinical psychologists who conduct CCP work. This could facilitate the development of a context within which more clinical psychologists were sanctioned to use CCP as both an evidence-based and values-based approach. Without this it may be difficult for more clinical psychologists to use CCP, and to provide placements and learning experiences for others.

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Appendix 20: Journal Author Guidelines

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Appendix 21: Research and Development Approval Letters

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Appendix 22: Ethics Approval Letters

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