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Student social workers' knowledge and perceptions of clinical psychologists

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Abstract

In order for appropriate and effective collaborative working between health and social care professionals, it is essential that there is a good understanding of each others' training and roles. Interprofessional education is a key component in facilitating such understanding. The aim of this study was to examine student social workers' knowledge and perceptions of Clinical Psychologists. A questionnaire was designed for this purpose and used on an opportunity sample of 10 post-graduate and 21 undergraduate social work students. Responses provided some evidence of a lack of understanding of the role of a clinical psychologist, perceived barriers to referral and perceptions of clinical psychologists as professionals. Implications of the findings are discussed and learning objectives for a workshop to address these responses are provided. It is anticipated that completing a similar task with trainee clinical psychologists regarding their knowledge and perceptions of social workers would be valuable.

Introduction

Lack of joined up services and collaborative working has been indicated as partly responsible for deaths in vulnerable groups such as children, people with a learning disability, older adults and people with serious mental health problems (see Carpenter & Dickinson, 2008). Serious case reviews continue to identify short-comings in multi-agency working such as poor communication between professionals and failure to include key professionals or agencies (Ofsted, 2010). There is a need for high quality communication and collaborative working between agencies and professionals in health and social care to prevent such tragedies (Laming, 2003).

The value of positive and effective interprofessional and interagency working is outlined in guidance for safeguarding children (HM Government, 2013). The coalition Government's commitment to integrated care and support for adults has set out an expectation of a 'culture of co-operation' in which professionals should work across traditional boundaries (National Collaboration for Integrated Care and Support, 2013).However, there is a lack of clarity within professional guidelines and policy about how the aim of effective partnership working can be developed in practice.

Cross-professional education offers opportunities for professionals in training to learn about and value one another in preparation for effective collaborative working. It can be conceptualised as a continuum on which different professional courses sit (Harden, 1998). For example 'nesting' describes uniprofessional training in which efforts are made to give an understanding of other professions, for example through teaching from professionals from a different discipline about their work. Further along the continuum, 'inter-professional' education occurs when students from different disciplines are taught the same content together alongside discussion of how the professions are similar as well as different in their understanding and working practice (Barr, 1996).

A Cochrane review of the impact of interprofessional education on professional practice and health care outcomes was not able to draw generalisable conclusions due to the small

number of robust studies available (Reeves et al., 2013). Some individual encouraging results were found such as positive outcomes for mental health practitioner competencies related to patient care. A review of the literature on interprofessional education in university-based health professional programmes found it enhanced students' attitudes and perceptions towards interprofessional collaboration (Lapkin, Levett-Jones & Gilligan, 2013).

Within a mental health context, both social workers and clinical psychologists have significant roles to play in identifying needs, assessing risk, supporting individuals and families, and providing interventions. In order for appropriate and effective collaborative working between these key professions, it is essential that there is a good understanding of the potential roles of each professional in the lives of vulnerable children and adults. Interprofessional education is not currently mandated by the Health and Care Professions Council (HCPC) which is the regulating body for both Social Work in England and Clinical Psychology.

The higher education context provides an appropriate arena for exploration of social worker knowledge and perceptions. By the end of training, student social workers have inhabited dual roles as academic learners and social care professionals working in the field. In the academic context, relevant psychological theories are taught and then embedded into practice. On placement, students may be exposed directly or indirectly to clinical psychologists for example through referral pathways, court reports or joint professional meetings. The knowledge and perceptions that student social workers develop during their training period are likely to impact on their behaviour once they are qualified and in practice. Therefore it is of interest to explore these in student social workers. Additionally, assessment of student social worker attitudes can help inform best practice in teaching and learning of interprofessional skills (Cox, Sullivan & Button, 2012).

As part of some teaching to social work students, an opportunity arose to embed a questionnaire to assess knowledge and perceptions of the clinical psychology profession as a baseline measure.

Aim

The aim of the study was to examine student social workers' knowledge and perceptions of clinical psychologists to aid teaching.

Method & Design

A questionnaire was designed as a brief accessible way to gain a snap-shot of students' knowledge and perceptions (Appendix 1). A cohort of 12 post-graduate and 60 undergraduate student social workers were given the opportunity to complete the questionnaire during teaching delivered by the author. The postgraduate students were asked to complete the questionnaire ten minutes prior to the author commencing teaching about working in partnership with clinical psychology in order to aid students to reflect on what they had learnt throughout the presentation. For the undergraduate students, questionnaires were left at the end of each row for students to complete anonymously in breaks if they wished to during teaching on attachment theory.

The post-graduate students were two months away from qualification and all currently working in a range of settings. The undergraduate students were at Level 5 and had not yet commenced their initial placement although some of the students are likely to have had work experience prior to commencing their social work training. A total of 31 students (10 post-graduate and 21 undergraduate) participated.

Ethical considerations

This questionnaire was designed to evaluate local knowledge of student social workers with the aim of helping the author to design teaching materials appropriately. It was planned that the findings would be used as evidence of teaching preparation for the author's post-graduate certificate in higher and professional education. The collection of local information for teaching purposes did not constitute 'research' and as such did not require local ethical approval. As a matter of good practice, all students were alerted to the rationale for the questionnaire as being a method by which the author could benchmark current levels of knowledge about clinical psychology to aid teaching design. The voluntary nature of participation was clarified and students were informed that the anonymised data would be used for coursework in a teaching qualification and would potentially be written up for publication.

Results

Participants stated that clinical psychologists trained for between 3 and 8 years, with a mean estimate of 5.1 years. A total of 17 participants provided 37 responses to a question asking what protected psychologist titles are protected under the HCPC. Protected practitioner psychologists' titles were correctly identified in 16 responses, most commonly forensic and educational psychologists. However a total of 21 responses incorrectly identified ten other titles which are not in fact protected titles (see Table 1).

Table 1: Practitioner psychologist titles identified

Response	Frequency	Protected title status
Forensic	7	Yes
Child	7	No
Educational	6	Yes
Criminal	3	No
Cognitive	2	No
Behavioural	2	No
Psychiatrist	2	No
AMHP	1	No
Substance misuse	1	No
Social	1	No
Therapeutic	1	No
Counselling	1	Yes
Medical	1	No
Sports	1	Yes
Occupational	1	Yes

Participants were asked to name two differences between psychiatrists and clinical psychologists. A total of 23 participants answered this question. There was some awareness that psychiatrists can prescribe medication (n=8) and diagnose (n=3) following medical training (n=3). However, there was some confusion over the differences between these two professions as evidenced by 3 respondents stating they did not know and 11 not answering this question. Some clear errors were reported with two respondents stating that psychologists were 'more medical' than psychiatrists and one reporting that clinical psychologists only need a first degree to practice whereas a psychiatrist has a doctorate.

Participants were asked what skills clinical psychologists are trained in. Only 12 participants answered this question, with some giving multiple responses. In terms of therapeutic skills, cognitive behaviour therapy (CBT) and counselling were identified in 5 responses each, play therapy and work in schools occurred once each. Training in child development and attachment theory were both included twice (both by undergraduates who were being taught about attachment theory at the time of taking the questionnaire). There was a single response for the following: statistics, conflict resolution, prescribing medication and diagnosing.

The majority of respondents (23) agreed with the statement that clinical psychologists can prescribe if they have been on a prescriber course and 18 agreed that clinical psychologists give diagnoses.

Out of the 20 respondents to the question of how does a Clinical Psychologist decide whether psychological intervention is required, 19 gave a response that named or described assessment, such as 'observation and prolonged meetings with the service user' and 'via assessment and tests'. One further response stated 'whether intervention would do more harm than good.'

An inductive thematic analysis of 23 responses from 21 participants to the question of 'what would be the main barrier or concern to you' referring someone to a clinical psychologist resulted in four common themes of fears around labelling/stigmatising, lack of client engagement, practical issues and being unclear of the clinical psychologist role (Table 2).

Table 2: Perceived barriers to referring to a clinical psychologist

Theme	Number of responses	Exemplar responses within the theme
Labelling stigmatising	7	'Do not want to label unnecessarily' 'The wrong diagnosis resulting in labelling and stigmatising the client'
Lack of client engagement	8	'Individuals believe nothing is wrong' 'Sessions not being started due to parents' lack of engagement'
Practical concerns	4	'Waiting times' 'Resources'
Unclear of clinical psychology role	4	'Being unsure about what issues they deal with' 'Not understanding the process, not wanting to waste time if it is not necessary'

Participants were asked to provide up to three words to describe clinical psychologists using free text. Inductive thematic analysis was undertaken resulting in categorisation into four key themes (see Table 3).

Table 3: Themes and responses for descriptions of clinical psychologists

Theme	Number of responses	Responses (number of individual responses)
Professional Practice	33	'clever' / 'intelligent' (6) 'highly regarded – better than social workers'/ 'high professional status' (3) 'knowledgable' / 'highly qualified' (3) 'helpful' / 'helping' (3) 'support enablers' / 'supporting' (2) 'professional' (2) 'analytical' (2) 'theoretical' / 'theory-led' (2) 'insightful' / 'intuitive' (2) 'signposters' (1) 'scientific' (1) 'empathic' (1) 'thoughtful' (1) 'considerate' (1) 'skilled' (1) 'patient' (1) 'in depth' (1)
Concerns	2	'cold' (1) 'inaccessible' (1)
Medical	10	'brain doctor' / 'mind doctor' / 'doctor' (5) 'shrink' (1) 'medical' (2) 'clinical' (1) 'white coat' (1)
Clinical Skills	13	'observers' / 'behaviour watchers' (3) 'therapy' (3) 'counselling' (2) 'facilitating change' (1) 'working with psychopaths' (1) 'behaviour' (1) 'mind readers' (1) 'psychoanalysis' (1)

Discussion

The results provide a snapshot of student social workers' knowledge and perceptions of clinical psychologists which has not previously been researched. The mean figure of 5.1 years that clinical psychologists were estimated to have trained for is an under-estimation, however it does demonstrate that the majority of participants were aware that an undergraduate degree was insufficient. Clinical psychology formal training currently requires a minimum of an undergraduate degree followed by a three year doctoral training

programme, as well as relevant work experience prior to the latter (Clearing House for Postgraduate Courses in Clinical Psychology, 2014).

The majority of participants were not aware of protected practitioner psychologist titles. This may in part be due to a lack of opportunity to engage with varying psychologists as the majority of participants were undergraduate students who had not yet been on their first placement. It is important for social workers to be aware that there are protected titles within psychology and what this means in terms of quality control. There are numerous professionals who describe themselves as 'psychologists' and may offer services to social workers such as court reports, expert opinions or therapeutic input but would not meet the criteria for an accredited professional psychologist. Knowledge of the professional framework could aid social workers to make informed decisions about such pieces of work or when reading and making use of past reports on clients for their own assessments.

Participants were mainly not aware or confident in stating the difference between psychiatry and clinical psychology. This matches the author's experience from clinical practice that professionals are unsure of the difference even after qualifying and this can cause unhelpful or confusing communication and referrals or create a barrier to effective working. The majority of participants agreed with the statement that clinical psychologists could prescribe if they had been on the prescribers course. This figure may have been lower if this 'red herring' option had not been offered and it could be considered leading. However the purpose of including this option was to see how sure participants were about whether clinical psychologists prescribe as they may well have heard about nurse prescribers in mental health settings. It is possible that this lack of awareness of the difference between psychiatry and clinical psychology partly explains why 7 respondents named fear of labelling or diagnosis as a barrier to referring to clinical psychology.

Over half of the participants agreed that clinical psychologists give diagnoses. This is a complex issue, as many clinical psychologists can and do give diagnoses where they deem it appropriate and helpful. However, there is a growing drive within the profession to offer collaborative formulation as a way to help make sense of people's experiences rather than through diagnosis (Division of Clinical Psychology, 2011). There is a risk that clinical psychologists are debating these issues with psychiatry and nursing whilst failing to share or explain their approaches with professions outside of medicine.

It is encouraging that 19 out of 20 respondents were able to name or describe assessment as the route by which clinical psychologists make decisions about whether psychological interventions are required. It may be interesting to look further into this as social workers also use the term 'assessment' but this shared language does not necessarily mean a shared understanding. If a social worker is not helped to understand what may be different or 'added value' by seeking an assessment from a clinical psychologist rather than relying on their own assessment or having a psychiatric or medical opinion, this may reduce appropriate liaison and referrals.

Interestingly, the most common barrier to referral to clinical psychology was not a direct reflection on clinical psychology as a profession but a concern that individuals would not accept help. This offers an insight into an area for development – for the professions to share knowledge and ways of working towards meaningful and effective engagement with potential clients. Social workers can only help to provide this gateway to services and dispel myths if they are educated and supported to understand what clinical psychologists can offer. The need for this is further supported by the finding that four participants cited not knowing what clinical psychologists can offer as a barrier to referral.

In the final question participants were asked to provide three words to describe a clinical psychologist. As shown in Table 3, many of these were related to professional practice and were positive in nature. Although this is a very basic technique for exploring perceptions, it provides a first indication of some underlying positive beliefs about the clinical psychology profession that may provide a good grounding for future joint teaching and learning

experiences. It would useful to know what trainee clinical psychologists' views of social workers are and if this positive regard is reciprocated. Two negative perceptions related to clinical psychologists described them as cold and inaccessible. It was unclear whether the description of clinical psychologists as 'rich' and 'well-paid' had negative connotations. Further investigation into the meaning behind these descriptors would be useful. It is possible that they represent an 'us' / 'them' dichotomy, with students judging their own profession as warm, underpaid and accessible and framing clinical psychologists as opposite to them. A useful summary of processes that are required for effective interprofessional working suggests that knowledge of professional roles, trust and mutual respect between professionals is necessary and that issues relating to power differentials, envy and conflict need to be addressed (Barrett & Keeping, 2005). The responses given by participants for this question suggest that there is already a degree of respect and trust, but that the knowledge of professional roles is somewhat limited, as evidenced by the lack of specificity in the 'clinical skills' theme and other questions answered poorly earlier in the questionnaire. A good first step to address this lack of knowledge that would be simple to add into a social work programme is a 'nesting' approach of offering direct teaching by a clinical psychologist about the profession. A half-day workshop to student social workers may improve understanding and future working relationships. An example of this is the author's workshop to post-graduate social work students entitled 'Working in Partnership with Clinical Psychology'. The learning objectives are shown in Table 4. A shortened version of this workshop was made available as an online resource for Level 5 social work students in response to their poor understanding of clinical psychology as highlighted in the results from the questionnaire.

Table 4: Learning objectives for a workshop on Working in Partnership with Clinical Psychology

To reflect on personal perceptions of what clinical psychology is
To increase knowledge about clinical psychologists' training, job role and approach to making sense of people's experiences
To consider any differing uses of language between clinical psychology and social work
To feel more confident in knowing when and how to refer, and what your role is
An overall consideration of how to work in partnership

One of the barriers to implementing and further developing interprofessional education is the lack of evidence around efficacy, in part due to poor research design. For example, a recent review of the effects of interprofessional education on actual practice and outcomes generated only fifteen studies that met strict criteria for inclusion, none of which compared an interprofessional intervention to a profession-specific intervention (Reeves et al., 2013). Without clear evidence of impact on professional practice, it may be difficult to prioritise interprofessional education strands within social work and clinical psychology. Small, well-controlled pilot studies at a local level would add to this evidence base and create a first step to helping educators prioritise and make financial commitments to investing in this method of teaching and learning if real-world improvements in practice are identified.

This study focused on the knowledge and perceptions of student social workers about clinical psychologists. Exploration of trainee clinical psychologists' knowledge and perceptions of social workers would be of equal merit. A qualitative method would allow greater exploration around perceptions and knowledge, for example focus groups with students social workers and trainee clinical psychologists at different stages of their training, and in their first year in practice. Following this, joint learning opportunities between the two

training groups could provide an integrative, mutually beneficial experience with the aim of increasing positive and informed multi-agency working for the benefit of service users. Furthermore, clinical psychology as a profession needs to find ways to clarify the roles, ethos and methods of its practitioners to aid future collaborative working.

Limitations

These results are based on a small sample of 31, who may have been influenced in their responses by the fact that a clinical psychologist was delivering teaching to them at that time. This 'snapshot' of data does not provide rich elaboration around participants' perceptions and where they came from or the impact of them. As 21 of the participants were undergraduate students who had not yet undertaken their first work placement, they will have had limited opportunities to learn and develop ideas about other professionals in the field.

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Appendix 1: Questionnaire

1. How many years does it take to train to be a Clinical Psychologist?
2. What other types of Practitioner Psychologists other than Clinical are there, who have a protected title under Health & Care Professions Council?
3. What are two main differences between a Clinical Psychologist and a Psychiatrist?
4. Other than direct clinical work with clients, what other skills are Clinical Psychologists trained in?
5. Can Clinical Psychologist prescribe some medications?

   Yes No Only if they have completed the Accredited Prescribers Course
6. Do Clinical Psychologists give diagnoses? Yes / No
7. How does a Clinical Psychologist decide whether psychological intervention is required?
8. What would be the main barrier / concern to you referring someone to a Clinical Psychologist?
9. What three words would you use to describe Clinical Psychologists (no offence will be taken!)?