

What is “Clinical Psychology”

“The science of the disturbed mind”

Prof. Hugh Koch
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A “distinct” profession

70,000-80,000 undergraduates

Post WW2 development: Post “shell-shock”

Popular degree course

Psychology in practice: Fastest growing health profession

Psychology in the NHS

- Maudsley Hospital and Tavistock Clinic
BPS and Department of Health
- IAPT and NICE
Common condition summary (DSM-5 and
ICD-11)

Overview

- Models of psychologists (2)
- Core competencies
- Therapy: What is it and why does it work
- Summary of therapy models
- Behavioural
- Cognitive-behavioural
- Psychodynamic
- Systemic and group
- Eclectic and integrative
- Mindfulness and meditation
- Common factors in therapy
- Well known psychologists
- Opportunity and challenge
- References

Interface between research/science and practice

- Wide range of health care settings and professional groups
- Ethics and values of profession
- Impact: Stimulating, challenging and of value

Two models of psychologists:

1. Reflective scientist practitioner
2. Reflective practitioner

Psychologists as ‘reflective scientist’ practitioners

- Iterative cycle of psychological competences
- Psychometrics

Iterative cycle of core competencies

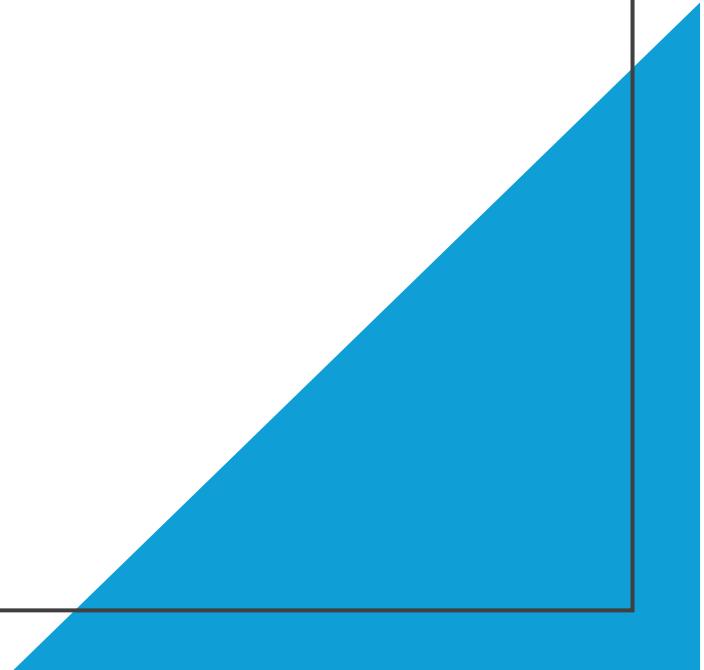
Assessment

Formulation

Evaluation

Communication/consultation

(Service Development)



Core competencies

- Assessment
 - Using tests
 - Issues of reliability and validity
 - Systematic observation and measurement of behaviour
 - Self _____ (behaviour and thoughts) and socialising
 - Formal and informal interviewing of clients and family and other
- Formulation
 - Integrated information during assessment
 - Used to 'diagnose' and 'plan intervention'
 - Use of DSM and ICD
 - Causation, predisposition and maintenance
- Intervention
 - Desired change process
 - Dissemination of psychological knowledge
- Evaluation
 - Central
 - Use of psychometrics
 - Process of outcome
- Communication/consultation and service delivery
 - Writing reports
 - Liaison with others e.g. GP

Therapy: what is it and why does it work?

1. Empathy – enter into your frame of reference; see the world through your eyes
2. Non-judgmental acceptance
3. Affirming and validating – cares about details of your life
4. Genuineness – not contrived
5. Focus – goals and plan
6. Hope and optimism
7. Solution-focused and strength based
8. Advice and guidance



Yalom Curative Factors

Wotton and Johnson (2023)

Summary of therapy models

1. Behavioural
2. Cognitive-behavioural
3. Psychodynamic (short-term)
4. Systemic and group
5. Eclectic and integrative

Behavioural approaches

Operant conditioning

Classical conditioning

Systematic desensitisation

Modelling and imitation

Observational learning

Journaling/diary

ABC functional analysis

Progressive relaxation and breathing

Exposure and response prevention

Cognitive-behavioural approach

Collaborative and ‘hands on’

Cognitive distortions

Social skills training (SST)

Cognitive restructuring

EMDR

Response prevention

Progressive relaxation and breathing

Fact-checking

Visualisation

Cognitive filters, mental traps and cognitive distortions

Negativity Bias

- Biased world view
- ‘Bad’ is stronger and ‘good’
- Negative information has a greater influence on judgments and decisions, impression formation
- Evolutionary advantage reacting to danger
- But – doesn’t feel good; tunnel vision; less balanced; less empathetic

Confirmation Bias

- People prefer information that confirms their view
- Leads to simplistic views and opinions
- Reinforces our self-esteem (in error!) and builds over self-confidence

Cognitive distortions

Polarized thinking

- All-or-nothing or black-and-white thinking

Overgeneralisation

- Incorrectly apply a conclusion or a view 'across the board'

Catastrophising

- Assume the worst
- Ordinary worries quickly escalate

Personalising

- Blame self for circumstances not your fault
- Assume intentionality excluded or targeted

Mind reading

- Assume you know what others are thinking

Discontinuing the positive

- Belief of no control over outcomes

Cognitive-Behavioural therapy

Explore links between thoughts, feelings and behaviours used for anxiety disorders and depression.

Strong evidence base (Aaron Beck and Judith Beck (daughter)).

Core beliefs about self, environment and future.

Clarify dysfunctional assumptions/cognitive distortions.

Clarify distorted perception of reality and misinterpretations of information.

Clarify automatic negative thoughts.

Goal-oriented and problem focussed.

Educative, time limited and structured.

Collaborative.

Leads to exposure therapy and actively scheduling behavioural experiments.

Example: Overcoming travel anxiety.

Psychodynamic Therapy

‘Safe space’

Key relationships

Free association: encouragement to talk

Projection

Denial (e.g., anger)

Role of therapist

Dreams and nightmare analysis

Slips of tongue

Intellectualisation

Understanding of origin of problems e.g., past relationships

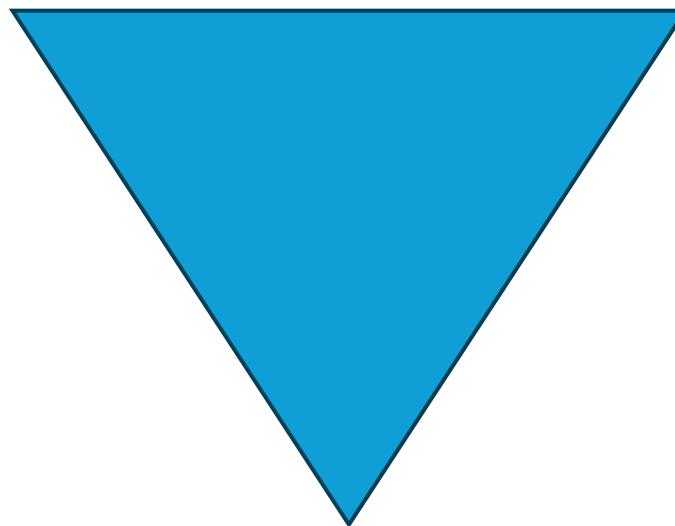
Fear of emotions

Influence of childhood/adolescent experiences

David Malan:

DEFENCE

ANXIETY

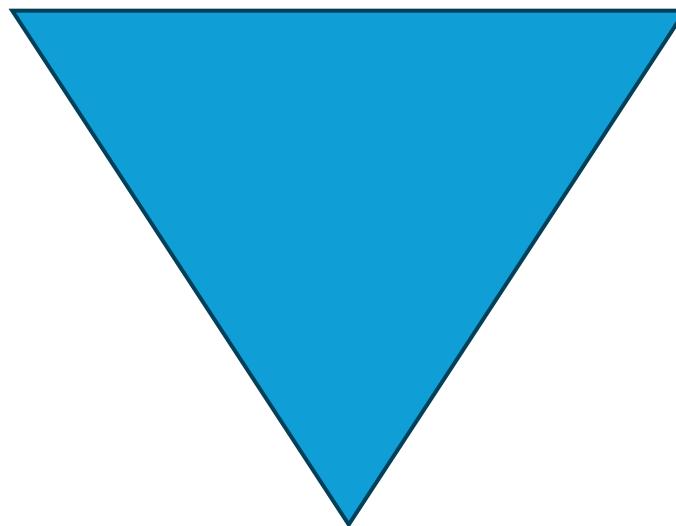


HIDDEN
FEELING

(often an IMPULSE)

‘OTHER’ (O)

(usually current, or
recent past)



PARENT (P)

(usually distant past)

‘TRANSFERENCE (T)

(usually here-and-now)

Systemic and Group Approaches

People understood in relational context

Social skills training (SST)/communication

Managing social isolating and loneliness

Group analysis and group process

Psychodrama and role play

Small group therapy

Therapeutic community

Family and marital conflicts

Improve self-esteem by helping others

Opportunities for interpersonal learning

CHM Teams

Eclectic and Integrative Approaches

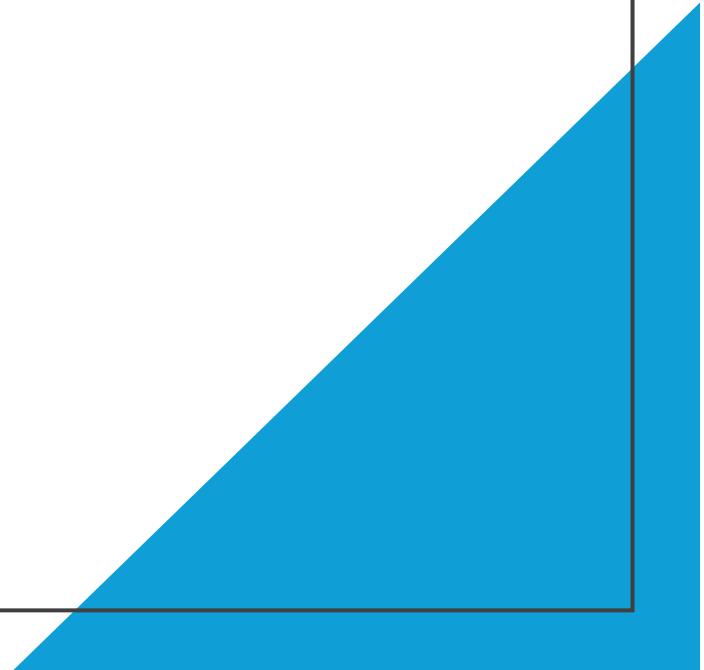
Paul Wachtel (New York)

Cognitive-Analytic (Ryle) (snags, traps and
dilemmas)

Community Care and CMH Teams

Therapist usually use a number of approaches

Mindfulness and Meditation



Common factors in therapy

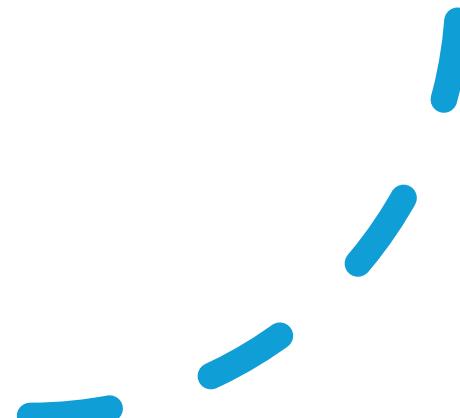
- Accessibility to client's need for contact
- Recognising despair, loss and helplessness
- Warmth, genuineness and empathy
- Focus on them not you
- Specificity, breadth and clarity of discussion
- Effective communication based on listening and management of strong feelings
- Using self as an emotional thermometer
- Logical problem solving where possible
- Solution-focus
- Keeping in the 'here and now'

Common factors in therapy

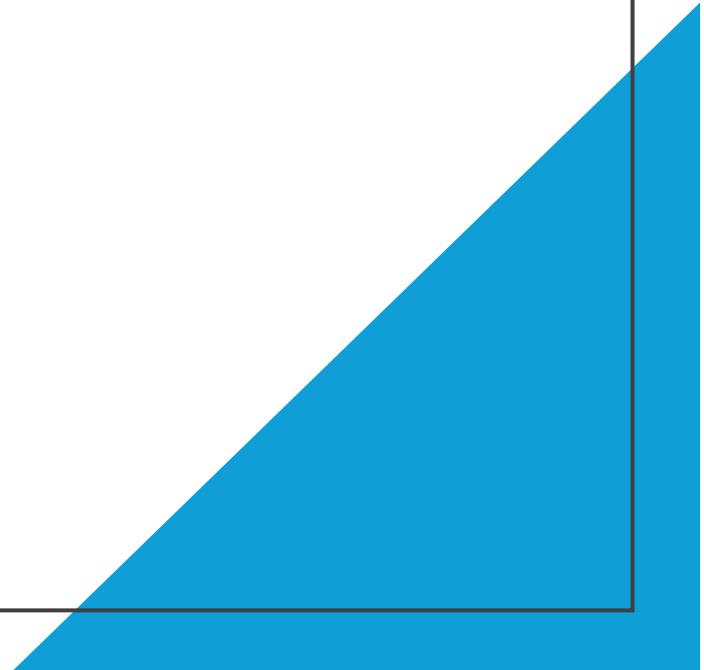
- Understanding life events and trauma (past and present)
- Using self-disclosure sparingly and ‘for the client’ not you!
- Getting client feedback
- Universality
- Opportunities to learn socialising techniques including imitation of effective skills
- Accepting reality of human condition and its assets, limitations and imperfections
- Complex, multi-faceted alliances in groups
- Meta-cognition
- Superpower of kindness
- Intentionality

Well known psychologists

- Aaron Beck
- Hans Eysenck
- May Davidson
- John Hall
- Susan Llewelyn
- Dorothy Rowe
- John Teasdale
- Frank Ryan
- Allen Ivey
- Martin Seligman
- Anthony Ryle
- Martin Herbert
- Barbara Dalton
- David Hawkes
- Ray Hodgson
- Irvin Yalom
- John Marzillier



Opportunity and challenge



The Future of Clinical Psychology

- Significant changes for our profession.
- Developing roles e.g. non-medical clinical responsibility; wellbeing practitioner.
- Accessibility to Clinical Psychology across age range and cognitive abilities.
- Involvement in key NHS strategy.
- Collaboration across community approaches.
- Direct work with Primary Care teams.
- Training and supervision.
- Involvement in public health prevention.
- Media and Technology

Ref: Dr Jan Hughes and Dr Gary Latchford (Leeds University)

Other careers in Clinical Psychology

1. NHS and private therapy: Access by clients?
2. Management of health services
3. Management consultancy in health and other public services
4. Expert witnesses in work and law
5. Academic teaching and research
6. “Giving psychology skills away”

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Any
questions?

Many thanks

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