

# Job Description

CT1-3 in Psychotherapy  
Clinical Supervisor: Dr Emma Janes  
Locality: C&H  
Main Base: Vivienne Cohen House  
Team / Service: SPS

Address / Contact details:  
Vivienne Cohen House, E96AT

Last updated:  
17.9.20

## Introduction & Summary

### Professional relationships

Mr Rory Bolton, consultant psychodynamic psychotherapist is the operational and clinical lead of the department and borough lead for psychological therapies (line managing psychology provision to teams and wards) and reports to the borough Director, Dean Henderson.

Dr Emma Janes is the consultant covering SW1, SE2 SE1. Dr Benjamin Robinson is the consultant covering NW1, NW2, NE1, NE2, SW2 and city. Consultants are line managed by Dr Sheraz Ahmad who is the Clinical Director for the service.

## Induction

At the beginning of the placement you will take part in an induction programme. Induction will introduce you to the organisation if you have not worked at the Trust before. You will also be introduced to the workplace and informed of the requirements of the post, including the nature of your on call commitment. You also will have an educational induction with your trainer that will help you write your individual learning plan for the placement.

You will be working under the clinical supervision of Dr Emma Janes as your psychotherapy consultant here.

You should book in with our admin lead, Abiola Sobodu to do an admin induction at the start of your job.

Supervision with Dr Janes will be weekly on Tuesday mornings at 10:15

Your job here will be varied – and hopefully a great opportunity to gain some experience in delivering various psychological models.

**1) You will be supporting Dr Janes & Dr Robinson in doing in-house medical assessments.** There is an internal referral flow of patients that are under SPS and need medical/medication reviews (sometimes referrals come via GP, are screened by CHAMRAS who send on to us if the patient is already open to SPS)

This means thinking about medications, thinking about differential diagnosis (e.g. BPAD vs EUPD, carrying out screening for ADHD, OCD, PTSD etc.) and risk assessments (including making a safeguarding referral where necessary). It can involve providing advice to GPs, therapists in the team and making onward referrals where required (e.g. ED services, occasionally EQUIP)

The service has been undergoing integration (historically the PD, CBT and Psychodynamic services were separate and in different locations). The CT was traditionally aligned to the PD service but is now viewed as a resource for the whole service.

**Medics are currently using an excel spreadsheet to keep track of the patients and what's happening with the referrals.**

K drive>Specialist psychotherapy services> Medical research> Fran's patient list/ Medical review requests

We have a system whereby editable letters can be sent out to the patients, and appointments are booked on a RIO clinic, these need to be outcome in your RIO clinic diary.

## 2) Outreach : is predominantly within the MBT/Outreach service

This means engaging with difficult patients on the ward, or in community that are not yet ready to start a longer time therapy. These patients may have difficulty with drugs and alcohol, housing, patchy engagement, or fear of groups that may be hindering them from starting. You will see these

patients up to 6 times to do a concise piece of work with them. Outcome will be either discharge with signposting and communication to referrer or referral on to longer therapy within the department.

Outreach work involves forming a crisis plan in collaboration with the patient, providing some psychoeducation about PD (including given the diagnosis), giving patients some basic information re mentalising and testing their readiness to be able to engage.

Its best to agree a contract with dates at the outset with the patient (after discussing with team first) so they can have a letter clearly outlining the dates and times of their sessions (there is a standard letter for this on our K drive, team will show you how to access it). This helps manage the patients expectations.

You may find it helpful to shadow a team member doing a piece of outreach to see how they do it, and you will need to attend the team meeting on Tuesday mornings at 9 to discuss cases and make sure you keep on track.

### **3) Familiarise yourself with our online first stage psychoeducational modules**

Due to COVID there have been a number of changes in service provision. Formerly, CTs would co-facilitate in iMBT (introduction to mentalisation based therapy) which is a 8 week program with a group of patients. This follows a semi-scripted file of pdfs and is an apriori requirement for patients starting on the MBT program. It's great experience for learning group facilitation, however for the foreseeable this is being offered in the form of a pod cast on line (you can access it here on our website). All first stage treatment will be offered in this format on line. Once patients have returned their questionnaires, admin will inform you and you can set up a review to think about further treatment (which for most newly referred patients will be via a 16 week group)

#### **Please click the link**

<https://www.elft.nhs.uk/service/242/Psychotherapy-Department-City-and-Hackney>

When you click on this link it will take you to the City and Hackney Psychotherapy Service Website.

On the website scroll down the page and click the option:

Ways to Get Started During the COVID-19 Pandemic

### **4) Cofacilitation of a 16 week group**

Given that we now have serious waiting list pressures, we are changing our offering for the short to medium term, in the first instance people waiting for individual therapy will be contacted and offered the choice of a 16 week group which they can access much quicker. If they chose to remain on the WL it is likely to be quite some time. You will get the opportunity to cofacilitate one of these and it needs to be thought about early in your placement.

### **5) Conducting new psychotherapy referral assessments –**

You will see you see patients for one or two appointments and determine which psychotherapy modality will be useful to them. Dr Janes will explain the process, but essentially following assessment if you feel the patient is suitable and willing to undergo a first stage psychoeducational intervention, they are signposted to the online modules.

You will need to check whether they have completed and returned the outcome measures and formulation before arranging to review them and decide further treatment. If patients do not return these forms within an allotted time frame they are automatically discharged by Admin (the exact processes are in transition at present, Dr Janes will keep you right)

Your job in the assessment process would be to diagnose patients (and facilitate a helpful discussion with patients about this) update outcome measures (dialogue plus, Core 10), check cluster, consider risk, give information to interim services (Crisis café, MIND, SUN etc) and advise on whether further

treatment within the service may be helpful (it may not always be). You should by the second time you have seen the patient be able to collaboratively agree a formulation of their difficulties which will guide therapy.

The patients you see in the new psychotherapy referral assessments will also then fall under your caseload which is a sort of holding for patients who are waiting to start therapy.

Ideally you see the patients who you assessed every 3 months (this could be a 15 minute phone catch up). They need to be aware that your placement is a 6 month one at the outset and they will likely be seen by another member of staff for this holding whilst they wait for therapy to start.

## **6) Clinical Supervision**

A regular clinical supervision slot is provided weekly by Dr Janes, from 10.15-11.15 on Tuesdays. You will need to keep your record of supervision up to date following each meeting. This supervision is in addition to supervision from the principal & senior therapists in the service. Whole team MBT supervision is provided by Rory Bolton on 1st, 3rd and 4th Thursdays of the month, from 1-2 formerly in the large group room, now on teams, but the CT is not expected to attend this.

Whole service MBT supervision is provided on the 3rd Weds of each month by Rory Bolton at 8.45am-10am on teams. CTs are not expected to attend this meeting as you will not have any individual MBT patients on your case load. You will have an opportunity to discuss outreach cases you are holding both in supervision with Dr Janes and at the monthly Tuesday morning outreach meeting (from 9-10).

You will also be able to present cases you have assessed in supervision with Dr Janes and at the team assessment and formulation meeting on Thursday mornings. You are expected to attend the weekly clinical meeting on Tuesdays from 9-10 and to input patients discussed on RIO.

## **The practicalities**

### **Room bookings**

Please email bookings to [elt-tr.SpecialistPsychotherapyService@nhs.net](mailto:elt-tr.SpecialistPsychotherapyService@nhs.net), as we now share the space with the north and south recovery teams, ADHD service, CHAMRAS and PCL, we are in the process of setting up a centralised booking system, this is going to take a while.

### **Booking in patients**

You can ask admin to do this for you. Can be done via phone, email or letters. Generally post COVID I have been calling patients to agree a time that suits them, then either seeing via acu RX or phone call, we are not doing F2F individual appointments yet.

Make sure you also add them to the RiO diary (to outcome later).

For new referral assessment patients the admin prefer it if you give them a list of dates that you can have new patients seen. I would suggest setting up a day a week you are happy to do this. Email Alex for info on who to speak with regarding this.

## **Team meetings**

The MBT team meetings happen on Tuesday and Thursday mornings and start at 09:00.

We are currently having race and privilege meetings monthly 10:15 weds (check with Dr Janes for details)

SPS Business meetings are 10 on first weds of every month

**Chair:** Marie Gabriel

**Chief Executive:** Dr Navina Evans

We are in the process of selecting a new external facilitator for our staff development group (This is likely to be on one of those weds mornings)

There are a number of supervision groups, including assessment groups if you need to discuss a patient and are unsure what modality might be best.

Door code

Front - 3579

Back – 3579

For admin office: C1627X

### **Leave**

As per routine get this signed off by Dr Janes. There is also a calendar in the office where you can indicate when you are gone so the rest of the team know. **Its really important to let Admin know your planned leave/post night rest days otherwise they may book patient assessments in for you.** We've had patients turn up before expecting an appointment and being very upset to be told the doctor is on leave.

### **Sickness**

You should call Dr Janes if you are sick on 07879632399. She will inform admin who will then be able to contact patients to inform them.

### **On-calls**

Have a look at the duty day rota. Previous CTs have had 3rd AM on call on Tuesdays and Thursdays for the East wing wards. You best confirm and update this as needed (may have changed).

You are also on the regular nights, evenings and weekend rotas.

### **Senior cover**

If both consultants are off, there will be a cover arrangement with other consultants and there are lots of senior clinicians around (Adele, Rory Bolton operational lead)

### **Your schedule**

Your days start at 0900 and end 1700. You can plan this along with Dr Janes.

Medication reviews (check Excel and discuss with Dr Janes)

Excel file of these patients is kept in I Drive -> CHTCOS -> TCOS research -> audit medical reviews -> Psychotherapy patients (yes, well hidden!)

It will be important to familiarise yourself with the New Rio Configuration and clinic booking system, talk to Dr Janes about this

### **General information re SPS**

- There is a strong and valued training component and a number of junior doctors and other professionals take on cases under supervision, including staff employed as honorary psychotherapists to support their specialist psychotherapy training in non-NHS training institutions.
- Patients are referred from GPs, psychiatrists and other health professionals, via a single point of entry (CHAMRAS) that coordinates clinical pathways across primary and secondary care. The department receives over 1000 referrals per year. You may wish to shadow Dr Janes to look at how referrals are screened.
- SPS work closely with colleagues in primary and secondary care to facilitate appropriate care pathways utilising a single point of entry to the Psychotherapy Department within a stepped care model of service delivery. There is now a psychological therapies alliance (PTA) operating in the borough and you will attend the PTA complex cases/pathway meeting on the second Monday of each Month at 2.30 (hosted on Zoom) to gain a better understanding of pathway planning for talking therapies in the borough. It is expected that you attend these meetings and record the outcome of the clinical discussion.
- SPS has strong links with central psychology services within multi-disciplinary community and specialist mental health teams and the inpatient services in the borough, primary care psychological services, GP practices, third sector services providing psychological treatment and training, education and work placement opportunities.
- The MBT-outreach team provides consultation, assessment and treatment for individuals with severe personality disorder through an outreach service and MBT programme.
- SPS is developing clinical pathways for a broader range of personality disorder and complex needs to increase access for service users to evidence-based treatments alongside the MBT programmes. Thus far these pathways include the mentalisation-based therapy (MBT) programmes, schema therapy (ST) and cognitive-analytic therapy (CAT). We have also been involved in the setting up of a Service User Network (SUN) project.
- We have enhanced the outreach component of services to: (a) provide timely (early) interventions at the interface with primary care, community & specialist mental health teams and in-patient services; (b) promote recovery by supporting recovery-focussed follow-up pathways for service users who have completed treatment programme(s). This includes strong links with the recovery college, Hackney Volunteer service, MIND, Off Centre, HRS etc.

Outreach includes consultation, liaison, training, brief (up to 6 session therapy) and facilitating links to step-down (Enhanced Primary Care) and recovery-focused services in the voluntary sector. Outreach has developed to include art therapy/MBT groups as bridges from wards for very complex, risky and hard to engage patients who are not ready or willing to engage in more verbal therapies.

- Early intervention will include joint assessments and consultations with service users, support, liaison, consultation and training to staff as negotiated, reflective practice etc.
- Recovery will involve developing current follow-up and step-down pathways developing partnership links with relevant services/organisations that offer work and training/education opportunities in the community initiatives including in the education and third sectors.

## **Brief description / profile of Clinical Supervisor**

Dr Janes has been working as a consultant in the PD service since 2008, initially she was appointed to develop the outreach service and over time has taken on the lead for developing the personality disorder service as a whole, ensuring it is well integrated within SPS and local adult mental health structures. She has an interest in promoting resilience and wellbeing in doctors and health professionals, having worked in MedNet service for sick doctors. She provides reflective groups for the crisis team and ward, helping teams process the impact of SUIs on staff, is a medical student supervisor for the MedPro Programme, a consultant appraiser and led on a departmental QI 'Enjoying Work'. She has a particular interest in managing transitions for CAMHS graduates with emerging PD, developing pathways with the neurodevelopmental team for patients with comorbid ASD/ADHD and the interface between mental health services and arts organisations. She currently sits on the NHSE PD Advisory board, which is currently developing a service specification for NHS-E Commissioned tier 4 PD services throughout the UK.

## **The team (including staffing) / service description**

The team members come from multiple disciplines with individual expertise.

### **MBT team:**

Adele Mason Service Manager

Sarah Johnson, senior Prac band 7 Outreach Lead

Sonia Chee –Senior Prac band 7 Clinical Practitioner in Psychotherapy

Heather Wright- Band 6 Clinical Practitioner in Psychotherapy

SPS: (awaiting updated staffing list)

- SPS offers comprehensive provision and co-ordinated delivery of a range of psychological treatments in addition to treatments offered for severe personality disorder & complex needs, also offering evidence-based treatments for service users with complex, comorbid, chronic and severe disorders that have been resistant to or only partially responsive to previous treatment, and is also developing, pathways for affective disorders and other complex neurotic disorders such as eating disorders, obsessive-compulsive disorders, body dysmorphic disorders, post-traumatic stress disorders, identity disorders, psychosexual disorders, etc.

- SPS offers specialist treatments provided by an expert team of psychotherapists trained in art therapy, group and individual psychodynamic psychotherapy, couple and family therapy, cognitive behavioural therapy (CBT), cognitive analytic therapy (CAT), schema-focussed therapy (SFT).

## **Role of the Core Trainee (1-3) / Main Duties and Responsibilities**

Please familiarise yourself with the 'Induction and enrolment' online session that we run for newly referred patients. This will help you get a handle on how we operate. The person who coordinates the group is Helen Bougass. Its important to do this early in your placement (pre COVID CTs were running these along side staff)

The trainee in this post will take part in the City and Hackney on-call rota, where support is provided by a higher trainee and consultant on-call.

At the beginning of the post the trainer will determine the level of clinical supervision required; as a guideline, for core trainees who are new to psychiatry, it is mandatory for you to discuss all patient management decisions that you make, prior to their being enacted.

The name of the clinical supervisor and the advice given must be clearly documented in the patient's clinical record.

### **Educational Supervision**

Your educational supervisor will provide you with formal educational supervision sessions, usually once per term.

### **Duties and opportunities**

The department currently offers 6 MBT programmes, and we hope to expand this to offer treatment to more patients. The MBT service is relatively new and developing, having opened in November 2007 and currently receives 300+ referrals annually. There have been a number of changes to the service over the past year which have had an impact on staff and patients.

The CT2/3 will assess referred patients under supervision from the consultant and will attend CPA/professionals meetings as and when required.

There will be an opportunity to cofacilitate at least 1 16 week MBT group. Trainees are encouraged to do basic MBT training at the Anna Freud Centre to consolidate their skills.

Careful thought needs to be given to the role of the facilitator in 'dynamic administration' of groups: this means arranging to meet with your cofacilitator prior to the group and to be available to debrief with them afterwards. Where possible, phones should be switched off and efforts made to minimize the imposition of carrying the on call bleep (e.g. arranging swaps for days when you are not taking a group). Group members and your cofacilitator need adequate notice of your intended absence due to leave/on call commitments.

While CTs are expected to be available to offer medication and physical health reviews, helping to pull together information in a timely manner and communicate clear management plans to the patient and their GP. The CT is considered to be a resource for the entire service (SPS and TCOS).

You will attend a monthly facilitated staff development group & contribute to the service QI projects by attending QI meetings and becoming involved in QI projects. You will gain experience in conducting SCID-II diagnostic interviews for personality disorder. You will attend monthly business & service development meetings.

There will be an opportunity to take on a CAT case under supervision, this needs to be set up in a timely manner with the CAT supervisor, Louise Harrison.



## CT1-3 Timetable

This is an example with special interest and non fixed sessions negotiable on commencing post.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Assessments/reviews	Weekly clinical meeting 9-10 Clinical supervision Dr Janes 10:15-11:15	Assessments/reviews/MBT groups  Business meeting 1 <sup>st</sup> Weds, Staff development 3 <sup>rd</sup> weds 10:15 Race and privilege TBA	Assessment and formulation meeting 9-10 Staff development group 10.15-11.15 11.20-12 QI meeting	assessments
PM	Assessments/reviews Complex cases meeting (second Monday 2;30-2:45)	CAT case and Supervision	iMBT group (flexible re days) Local teaching	Mrc Psych Teaching if appropriate	Assessments/reviews

## Clinical Supervisor Timetable

Dr Janes hours:  
Monday 8-4  
Tuesday 8-2  
Weds 8-2  
Thursday 8-7

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	HTT staff development group Assessments/reviews	Clinical meeting/outreach supervision CT supervision Meeting with Dr Robinson Assessment slot/QI	8 am Seniors meeting 9 Supervision group 10 Business meeting 1 <sup>st</sup> Weds, Staff development 3 <sup>rd</sup> weds 10:15 Race and privilege TBA	Assessment and formulation meeting 9-10	Not working Fridays
PM	Reviews Complex cases meeting	Neighbourhood MDT meetings Management meetings	Barts monthly 1 <sup>st</sup> Weds Cons meeting 2 <sup>nd</sup> weds CDSG 3 <sup>rd</sup> Weds Consultant CBD group 4 <sup>th</sup> Weds	CPD/SPA activities	

**Chair:** Marie Gabriel

**Chief Executive:** Dr Navina Evans

