

Both-and or neither-nor? *The 'shifting sands' of training as a clinical psychologist and systemic practitioner*

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Our context: 'Warming up' to working systemically

Once upon a time in the south-west of England, a group of clinical psychology and systemic practice trainees embarked on a quest to hear and be heard, to question and be questioned, and to know and to not know. We are two of these adventurous trainees and we have decided to capture some of our experiences with the hope that these reflections might offer up new perspectives both for ourselves and for other systemic trainees who may identify as 'double trainees'.

We are both postgraduate students enrolled on the University of Bath clinical psychology doctorate course. Historically, this course has identified closely with cognitive behavioural therapy but this has gradually shifted to give equal emphasis to systemic theory and practice. We consider ourselves to be in a unique and privileged position to have the opportunity to complete both the foundation and intermediate stages of systemic training, whilst also in progress with another professional training course. As part of this process, we have chosen to reflect upon how these multiple layers of professional training may influence both how we are perceived by our colleagues, our supervisors, and our clients, and also how we perceive ourselves. In particular, we are curious to learn what this thing called 'systemic practice' is and how this fits with our own ideas of what it is to develop 'expert' knowledge and skills whilst also holding a non-expert and curious position.

Intersectionality

When thinking of the ways in which identities might intersect (Butler, 2017), we have noticed a complex interrelationship between our dual developing professional identities. Our sense of our competence and skill in these two areas of professional practice feels like it is only partially formed, a malleability which opens us up to multiple influences and possibilities that are mutually enriching. On the flip side though, we also sense these two nascent professional identities are vulnerable. In the context of what we bring and send forth with the people we work with, we have needed to explicate the narratives we each hold about what it means to be truly vulnerable. We have noticed that, at times, the power which the role of the clinical psychologist is perceived to have by others (in terms of holding steady and being a containing force in the systems which we work) is at odds with these feelings of professional uncertainty and vulnerability.

We thus find ourselves struggling to know how we fit with these dual identities – more a question of *both-and* and *neither-nor*.

Opportunities of dual training – and what does dual really mean for us?

We have noticed that we are taking ownership of stories that we are also learning to hold lightly within different contexts; for example: "*We work in the NHS*", "*We study at a research university*", "*We are in training*". We are still learning how to position ourselves so that we are able to hold onto these multiple perspectives and become comfortable with trying on many different hats. Our systemic theory teaching has challenged us to deconstruct our own genograms, beliefs, and rules that we hold about family systems in ways that we had not foreseen.

A theme that is present for both of us is gratitude. We feel lucky to be able to train in a place that has twin expertise in both cognitive behavioural therapy and systemic practice and to have the opportunity to train in these approaches *in parallel*. We feel there is a powerful benefit to studying both therapeutic approaches in tandem as it forces us to engage continually with new ideas and influences and maintain a flexible thinking style. When thinking about the alternative, if we were to learn systemic practice after we had developed an established cognitive behavioural practice, we wonder if we would struggle to 'unlearn' certain assumptions about the world that approach assumes, which could make for a harder transition to systemic ways of thinking. As neither of us had much cognitive behavioural experience prior to starting training, we feel that we are able to be more open-minded about the benefits and limitations of different therapeutic modalities and to reflect deeply on what kind of clinical psychologist we want to become and how we want to practice.

We have noticed, though, that feelings of professional inadequacy do present themselves from time to time as we continue to participate in multiple trainings that can lead to a sense of becoming 'a jack of all trades and master of none'. In an attempt to solidify a sense of professional identity, we can feel tied to particular approaches, methods or techniques (Burnham, 1992) so that we can assimilate our vulnerable sense of who we are with certain discourses about the role of 'the clinical psychologist'. Yet, simply through the act of noticing and reflecting upon the 'shifting sands' of the ways in which we align ourselves, we are learning how we can shape our understanding of what freedom and choice means to us in this privileged position. We can see a resonance here with our clinical work where both therapist and client choice is often necessarily limited by resource and funding constraints of the current NHS climate. In noticing these patterns, we feel re-energised to use the power of the knowledge and skills that we

are acquiring as curious therapists (Cecchin, 1987) to champion marginalised populations.

Participating in dual training for us has meant a loosening-up of a position of certainty by owning our assumptions and stories both personally and professionally. We have noticed that, once you start to think systemically, you don't ever lose this (as our course tutors told us on day one of the foundation course!). It is one thing to be told this, but quite another to experience it for ourselves. It is not an exaggeration to say that systemic theory opens your eyes to different views of the world. It encouraged us to start thinking 'in the round', questioning dominant discourses, thinking about social graces and visible/invisible, voiced/unvoiced differences (Burnham, 2012), and tuning into the effects of intersectionality.

On testing different ways of working systemically

In the first year of our doctorate, we started out by learning to practice what we saw as small 's' systemic work; that is, reflecting on ways of working in a systemic way but not doing what we saw as 'formal' or big 's' systemic therapy. In both our working and older-age-adult placements we had to learn to find creative ways of incorporating these approaches, methods and techniques (Burnham, 1992) into placements when we did not have access to a family therapy clinic. This experience has led us to really wonder: how do we know when we're 'doing systemic practice'? What we noticed was that the distinction that we initially perceived between small and big 's' systemic work unravelled. For example, we noticed how we could enrich our clinical work on inpatient wards by reflecting on narratives by thinking 'in the round' about the 'sick role', help-seeking and help-giving, dominant discourses, the family life cycle and stressful transitions. We were amazed and humbled by the power of these ideas to spread once they were introduced into a new system, giving us impetus to investigate more ways of working indirectly within a systemic approach. We also tentatively started to test out some systemic techniques in our cognitive behavioural based individual case work, for instance using gentle reframes, asking some circular questions, or inviting a client to draw their genograms. Here, we noticed how circularity helped to create difference and free up entrenched stories around emotive themes such as 'stuckness'. Above all, we realised that systemic ideas gave us a greater ability to consider the inter-individual dynamics that play out in the relational context of therapy than perhaps working within a purely cognitive behavioural approach would allow.

In transitioning from the foundation to the intermediate course, we have had to step out of our comfort zone even further, although here our experience differs. The variation in access to family therapy clinics and accredited supervisors across our region has inevitably meant that our fellow clinical psychology trainees are progressing at different rates with gaining systemic-practice experience. Thus, for one of us (Eleanor) *"I have not yet had the chance to observe or participate in a family therapy clinic but hope to experience this on my next clinical placement"*. Whereas for the other of us (Sarah):

"I was already able to gain numerous hours of experience as a member of a reflective team and I have now chosen to take on a lead role with a family. For me, this has required a real shift from participating in the reflecting team by holding

the reflective stance to lead therapist in asking the curious and pertinent questions. This might seem an obvious distinction to Context readers, but for me it has felt like a significant transition and it has really challenged me to ask myself: how do I know when is the 'right' time to step up into that role?"

In our discussions about our different journeys with systemic practice, we can see both the perceived benefits but also the challenges of identifying resources that can support the transition between different positions within systemic therapy clinical practice. In this transition, we have been grateful for the 'top-up' systemic supervision provided by the Bath course team as this has provided us all with equitable access to high quality, specialist supervision.

On the challenges of dual training

One of the main challenges for us is what feels like the 'double discomfort' of being both a clinical psychology and a systemic therapy trainee. By going through two parallel training courses (each with multiple criteria for case hours, clinical competencies, and supervision requirements), the cognitive load can feel high when, as a trainee, there is an urge at times to seek out the secure base of one dominant approach. We have noticed that foundation-level training has highlighted the importance of feeling 'safe uncertainty' in this process with regard to developing competencies in working systemically and incorporating this into our existing clinical work which, given the context of the Bath course, is largely based on cognitive behavioural therapy.

Our 7 tips for other dual trainees

1. Make your placement supervisors aware of your interest in systemic practice so that you can maximise opportunities available on that placement. If it is not possible to work in a family therapy clinic, any work with couples, carers, teams, and organisational systems is all valuable experience.
2. Proactively seek out opportunities to observe in other services and make use of regional contacts.
3. Use peer supervision: informal support is very valuable, and you can pick up a lot of vicarious learning from other trainees who have had other training opportunities, for example, participating in reflecting teams.
4. Plan ahead to ensure you make the best use of the group supervision provided by the course.
5. Identify colleagues on placement who have systemic interests. We have discovered a number of multidisciplinary colleagues who have a curiosity about systemic approaches but who have not trained formally in systemic theory and practice. Why not use them as allies, have informal case discussions, or think about ways to implement more systemic informed ideas into your service.
6. Stay curious and retain awareness of your own perspective beyond your 'professional' position.
7. Don't be afraid to question what you are learning; there is always more than one perspective to bring forth!

So where do we go next...?

We are continuing our growth as we proceed through the intermediate-level training course. We have realised there is a need for greater support (continuing professional



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development, supervision etc.) for both trainee and qualified clinical psychologists who have not had much experience with systemic practice but who are curious and want to learn and develop. Here we can see a possible role for us as trainees to help spread some of this systemic knowledge. It has been a surprise for us to realise that on some placements we have been the only professionals with any systemic training and, as a non-accredited trainee, this can feel like a rather precarious position to be in (but also one that is full of possibilities). We are coming to terms with the sense that, as systemic practice trainees, we are a valuable resource for the services in which we work and also that we ourselves are providing a crucial link to the Bath course with its high-quality systemic training and supervision. We wonder if, in this regard, we could be used more?

We feel privileged to be in a 'dual trainee' position as very few clinical psychology doctorate students have this opportunity. And so, we end this piece with a feeling that we are holding 'steadily vulnerable' as part of the next generation of hopeful psychologists who continue their journey of wanting to facilitate "the difference that makes a difference" (Bateson, 1971).

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References

- Bateson, G. (1971) The cybernetics of "self": A theory of alcoholism. *Psychiatry*, 34(1); 1-18.
- Burnham, J. (1992) Approach-method-technique: Making distinctions and creating connections. *Human Systems*, 3(1): 3-26.
- Burnham, J. (2012). Developments in Social GRRRAAACCEESS: Visible-invisible and voiced-unvoiced. In: I-B.Krause (ed.) *Culture and Reflexivity in Systemic Psychotherapy*. Abingdon: Routledge.
- Butler, C. (2017) Intersectionality and systemic therapy. *Context*, 15(1): 16-18.
- Cecchin, G. (1987) Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process*, 26(4): 405-413.

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