Pebbles in Palms: Sustaining practices through training

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Introduction

Clinical psychology training can offer an extensive range of opportunities for both personal and professional development. The teaching methods offered by different courses can be diverse, but they aim to ensure trainees develop the competencies they need for working with the communities in which they serve. The process of training provides an exciting space to define your own questions and learning, as you interact with qualified professionals, a diverse peer group and a range of client groups. The opportunity to be part of a group of knowledgeable trainees allows you to learn from each other, share ideas, and be inspired by those alongside you. This chapter aims to explore these, the training journey and consider different ideas of how to make the most of these opportunities, whilst juggling the multiple demands of being a trainee. We invite the reader to consider how to sustain themselves in times of hopelessness and embrace the experiences offered to them during training.

Training Methods and Opportunities

The British Psychological Society (2014) guidelines on the standards for doctoral programmes in Clinical Psychology emphasise the need for courses to combine evidence-based and practice-based approaches, develop the trainee's ability to synthesise knowledge

and experiences and apply these critically and creatively. Furthermore, they highlight the importance of reflective practise through supervision, co-working and collaboration with service users; and in doing so they emphasise the importance of having an awareness of diversity issues. There is some variation in the teaching methods that are adopted in different training programmes, although all courses expect trainees to juggle the demands of academic, research and clinical skills; whilst going on a challenging journey of personal and professional reflection and development.

Identifying and overcoming the challenges of training

Despite training offering a unique and enriching experience, it is not without its challenges and many trainee clinical psychologists express high levels of stress (Hannigan, Edwards, & Burnard, 2004). Our experiences of training can parallel some of the processes within our therapeutic work, as we move between three different domains: personal domain, domain of production, domain of reflection (Lang, Little, & Cronen, 1990). The *personal domain* requires us to consider the personal challenges and experiences that we become aware of. The *domain of production* requires us to take action, through completing assignments, or thinking about a treatment plan for an individual. The *domain of reflection* requires us to question our assumptions and relationship with different diversity factors and relationship with different theories and knowledges. As we experience some of the demands of training, we develop the skills and resilience to cope with the challenging field that we have chosen. Here, we will explore some of the more challenging aspects of training that have been reported in the literature. We will invite you to explore your own relationship to some of

these challenges, and ways in which you can ensure that you take steps to sustain yourself through the process and find the support from those around you.

Managing the practical pressures of training

The academic component of the course can involve an element of didactic teaching, experiential learning (e.g. role plays), peer-assisted learning (Nel, Canade, Kelly, & Thomson, 2014), reflective practise groups (Lyons, Mason, Nutt, & Keville, 2019), and problem-based learning (a group learning exercise which encourages members to share and discuss material related to a "problem", whilst reflect on their individual and group process; Stedmon, Wood, Curle, & Haslam, 2006; Nel et al., 2008; Keville et al., 2009). Trainees are examined using a variety on methods including examinations, presentations, debates and written assignments, including clinical practice reports, reflective accounts and literature reviews. These learning methods ensure trainees receive robust and holistic training that allows them to meet their core competencies. However, the workload can lead to an increase in stress in trainees (Hannigan et al., 2004) and it has been reported that it is hard to strive for a healthy work life balance on training due to the academic and clinical demands of the course (Pakenham & Stafford-Brown, 2012).

In addition to the workload, the process of adapting to life as a trainee psychologist can lead to a sense of discomfort. It is not uncommon for many to report feeling in competition with their peers, after having faced a challenging journey to secure a place on the course - inviting a tendency for trainees to compare themselves to others. Trainees can find themselves in unfamiliar territory, and feel as though others know more than them, leading

to an uncomfortable feeling of being deskilled (Kumary & Baker, 2008; McElhinney, 2008) - battling with 'imposter syndrome' (Clance & Imes, 1978). However, it is important to acknowledge that each other trainee has had their own individual journey, and therefore has a unique contribution to the group.

Trainees consistently emphasize the active component of learning and report benefits from having a chance to practise their skills, and observe others doing so (Nel, Pezzolesi, & Stott, 2012). However, these experiences can sometimes feel quite exposing and lead to feelings of vulnerability and fears of being judged by others. However, upon reflection, this feeling can provide an example of how it must feel for some of our clients when they come into a therapeutic session and discuss their experiences.

Furthermore, as clinical work is, by its very nature, ambiguous, learning to sit with uncertainty is an uncomfortable yet necessary part of training - which can create high levels of anxiety (Pica, 1998). However, it is these challenges that can help prepare us for the road ahead. Clinical training provides a setting in which one can reflect on their relationship with uncertainty, to help prepare us for the realities of our clinical work, when clients do not fit neatly into diagnostic categories or treatment protocols, and we are forced to cope with the experience of 'not knowing'.

The benefits of being able to identify your own strengths and value your own perspective, knowledge base, and contribution to the group, whilst being open to the ideas of others, can help to reduce the discomfort caused by starting this journey. Recognising and valuing the unique contribution that members of your group bring to the discussion and being open to listening to and learning from your colleagues, can be a way of sharing some of the tasks

of training. It is also helpful to set realistic goals and be aware of any perfectionistic ways, which are common in clinical psychology trainees (Grice, Alcock, & Scior, 2018).

Embarking on a journey of research and contribution to the field

Clinical Psychology trainees are also required to develop their competencies in research, in order to provide them with the skills to be able to complete audits, service evaluations and contribute to the growing evidence-base – and where appropriate; to challenge the established or routine procedures of psychological practices. This process is recognised to be a particularly demanding process (Thomas, Turpin, & Meyer, 2002).

Before carrying out research, there are a number of important, yet challenging steps that trainees are expected to carry out. Initially, choosing a topic of interest from a vast array of areas, whilst ensuring your contribution to the field is unique. Following this, trainees are required to find a supervisory team who are able to provide you with further insight into this area and together, develop an appropriate design for the study. Gaining ethical approval, especially when working with client groups can also be time consuming and create extra pressures (Brindley, 2012; Brindley, Nolte, & Nel, *in prep*). Finally, finding enough participants to agree to take part on the research, to allow you to have sufficient time to analyse and write up the final project. No one trainee's journey is the same, with many facing different barriers along the way. Again, comparisons with others can lead to increased anxiety, as people's progress depends on their own journey.

In Focus: Surviving research during training - interview with a clinical psychologist

What was your initial reaction to the thought of completing a research project?

I was quite overwhelmed by the enormity of the task. However, I felt my research skills were ok and I welcomed the opportunity to look in depth at an area I found interesting. However, I didn't know where to start or what area that I wanted to study. We had a research day where different people presented their ideas. This helped me to gather my thoughts about areas of interest. Further discussion with the course team helped me to consider my ideas.

What are your top tips for completing your major research project?

There were a number of factors that helped me to survive the process:

1. Consider what your hopes are for the project – I wanted to do something that I felt added to the research base and focused on an area that I was passionate about, as I was going to be working on this project for a while. However, I was also aware of the pressures of the course and the need to pick a topic that was achievable, given the time constraints.

2. Seeking supervision - My supervisor's enthusiasm always brought a lot of passion to our conversations, as well as providing priceless support and advice.

3. Utilising peer support - My fellow trainees were a huge source of support. They

helped me by joining me during study sessions at the library, helping me to review my data and the analysis, providing me with examples of the work they had done e.g. sharing sample consent forms and ethics applications.

4. Planning and goal setting - I wasn't always good at staying focused. However, having a rough plan and guide to work towards helped me make progress. For example, giving myself regular chapter deadlines.

5. Self-care. I found it important to take breaks from my project, when other aspects of training became overwhelming. Allowing myself the space to get away and take a break helped to re-centre me.

6. Don't compare - I learnt that it was important not to compare myself with other trainees. Everyone had different challenges along the way – others were able to recruit faster than me and collect their data early on. However, other people's analysis took longer than mine, or they had to organise for translators etc. No one person was at the same stage of the journey at any one time, and we all had very different styles of working. Each person's journey was their own.

[Name]

The supervisory relationship as a context for learning

In addition to the learning opportunities at University, clinical placements provide the trainee with a supervised experience of applying their knowledge to working within the field

of mental health (Nel et al., 2012). As a trainee within the UK, you are required to complete core placements (adults, older adults, children and young people, and learning and intellectual disabilities), in addition to a specialist placement. Whilst on placement, you are required to demonstrate your ability to apply psychological theory and knowledge, and adapt this to the different client group and settings. People may not have experience of working in some of these areas which can also invite anxiety along the way. In recognition of this, for example, Bristow and Roberts (2017) developed a 'top tips' resource for those starting to work with children and young people for the first time, in which they surveyed trainee clinical psychologists who had completed their placements in this area to explore initial expectations, aspects they enjoyed or found challenging about the work, what they learned and things they wish they had known at the start of their placements. In response to this data, they then consulted young people involvement groups and qualified professionals in order to share experiences, develop advice and suggest resources in response to the trainees' reported experiences and learning needs.

Whilst on placement, trainees have the opportunity to work alongside many highly experienced and knowledgeable supervisors. Each supervisor has their own style and way of working, which enables individuals to get a varied experience, which can enrich the trainee's development. However, the supervisory relationship is not without challenges, and can at times lead trainees to feel quite vulnerable.

Bordin (1983) identified three aspects that are important within a working alliance which can be applied to both therapeutic and supervisory relationships (i.e. agreed goals, tasks and the relational bond). As the supervisory relationship is complex and involves an amount of role ambiguity, supervisors are often asked to wear multiple 'hats' (e.g. teacher,

examiner, colleague and therapist). Therefore, it is unsurprising that the relationship can be at risk from ruptures, as these roles can come in conflict with each other, e.g. making personal reflections may lead you to fear that you will be judged as 'not coping' (Nelson & Friedlander, 2001). The supervisor's role in evaluating trainees' ability can at times lead to a perceived power differential (Wilson, Davies, & Weatherhead, 2016). Trainees have reported that being open and honest with someone who is assessing you, can be a threatening process (Johnston & Milne, 2012). Feelings of powerlessness within the relationship lead trainees to make negative attributions about their skills or ability (Nelson & Friedlander, 2001). In order to reduce the impact of this power differential spending time to develop a positive relationship is necessary. Trainees have reported that positive supervisory relationships have similar qualities to the therapeutic relationships. From a trainee's perspective, good supervisors have been described as non-judgemental, empathic, validating, normalising and reflective (Worthen & McNeil, 1996). When trainees have an experience of feeling safe, they report feeling more able to take risks or challenge themselves (Murphy & Wright, 2005).

For the most part during our training, supervisory relationships address the three aspects of the working alliance, that is; the supervisory relationships addressed goals, tasks and the relational bond. However, for some of us, there were some moments that led to conflicts. Learning how to overcome ruptures was an important part of this process. For example, setting up supervisory contracts that focus on identifying the goals and tasks of supervision, can help to ensure that goals are identified collaboratively, and allow for explicit conversations when these goals are not being met. For other ideas about different ways to use supervision, see Chapter 2.

Personal and relational challenges of training

As described above, clinical psychology training emphasises the importance of reflective practice in the personal, professional development of clinical psychology trainees (Sheikh, Milne, & MacGregor, 2007). Models of reflective practice recognise the importance of the awareness of the 'personal self' in our therapeutic work (Lavender, 2003). However, this can present a challenge, as one considers how to integrate and/or assimilate their personal and professional identities, whilst embarking on a journey of personal development and self-discovery (Delany et al., 2015). Trainees have reported looking to others whilst negotiating this process (Woodward, 2014). However, there is a danger that trainees could have the tendency to minimise their differences, in order to feel part of the homogenous group (Shah, Wood, Nolte, & Goodbody, 2012). Furthermore, individuals may struggle to know how much of their personal selves they should bring into the training process, as this can leave individuals to feel quite exposed and vulnerable (Woodward, 2014).

When able to find a way to voice our differences within our cultural heritage, geography, religion, ability, appearance, class and spirituality, can provide a space of greater learning and reflection (Burnham, 2012). The process of doing so can provide an opportunity to reflect on our personal and relational aspects of difference and allow us to consider alternative narratives about our backgrounds, journeys to training, professional perspectives, and political views, in order to broaden our curiosity.

Reflective activity: Power, interest and clinical training

When considering the personal and relational challenges of clinical training, it is important to continually question and evaluate your practice and the contexts within which your presence is called upon. Below, we have adapted five questions posed by David Smail in his book *Power, Interest and Psychology* (2005). Once you have answered these, perhaps you can find a friend or colleague to discuss your answers to these?

1. What resources are available to you in clinical training?

2. What material, social and economic power is accessible to you at this time?

3. What are your experiences of organisations, services & systems?

4. What possibilities for change are afforded by your situations and environments throughout clinical training?

5. In whose interests is your clinical training? Will potential change for you be affected by the interests of others?

Contextual challenges and ethical dilemmas

There are many ethical dilemmas that you have the opportunity to reflect upon and learn from during clinical training. For example, applying knowledge to complex settings; working

in over-stretched services facing cuts to funding; and the high level of adversity facing some clients. For example, as clinicians working in times of spending cuts and increased pressure on funding for health and social care services, we can find ourselves having to grapple with large caseloads and little flexibility in terms of the support that we can offer (Morgan et al., 2019). Many individuals we hope to support are left struggling to access the support they require (Cummins, 2018) and marginalised groups have been found to be the most vulnerable, with the hardest hit being from the most socially deprived areas (Mattheys, 2015). We can be left at odds with the medical model of mental illness, as it often ignores the social causes of psychological distress, with the emphasis of change being placed in the individual (Mattheys, 2015).

As trainee psychologists working as individual therapists, we can feel overwhelmed by the complex systems that interact with the problem in front of us. This can invite a sense of hopelessness which can lead to positions of disempowerment, impacting on our levels of commitment and energy (Weingarten, 2010). Our relationship to and awareness of this position can be important in reducing burnout. Weingarten (2000) identified four different positions of empowerment (aware and empowered; unaware and empowered; unaware and disempowered; aware and disempowered). As a group of trainee psychologists, we reflected on the positions we found ourselves in at different points on the course and considered the active process of holding onto hope, to maintain our energy (Weingarten, 2010).

Overcoming these obstacles and holding onto hope

Completing the tasks of training can require trainees to find ways to cope with the personal, practical and contextual challenges that they face. At times this process may invite feelings or hopelessness or disempowerment but by reflecting on these processes and using the resources that we have, it is possible to use these experiences as tools in our learning. Bronfenbrenner's (1977) ecological systems theory highlights the influence of different contexts on an individual, and how these can influence one another. This model considers the influence of the people that directly surround an individual (micro-level, e.g. family, school/work, peer groups); the relationships between these people (meso-level e.g. relationship with services); systems that a person does not have direct contact with but still have an influence on those within their microsystem (exo-level; e.g. mass media); and finally, the wider cultural systems in which a person lives (macro-level; e.g. societal norms, political policies, etc). An example has been included below in Figure 1.

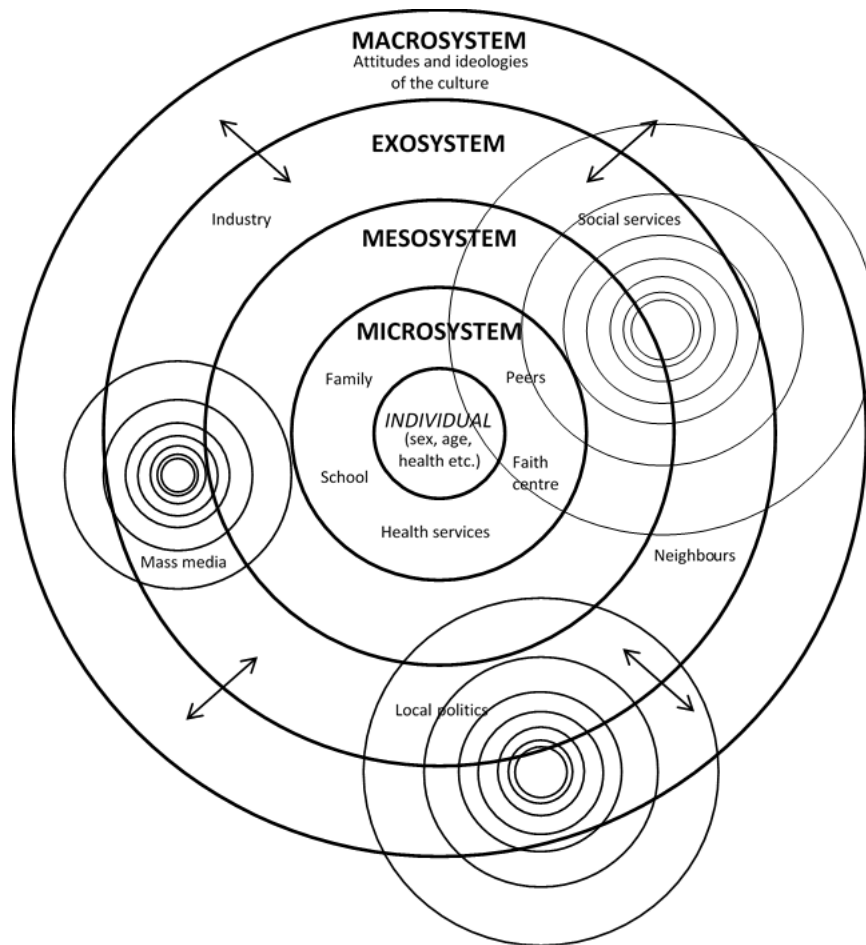Figure 1: An example of Bronfenbrenner's (1977) Ecological Systems Theory
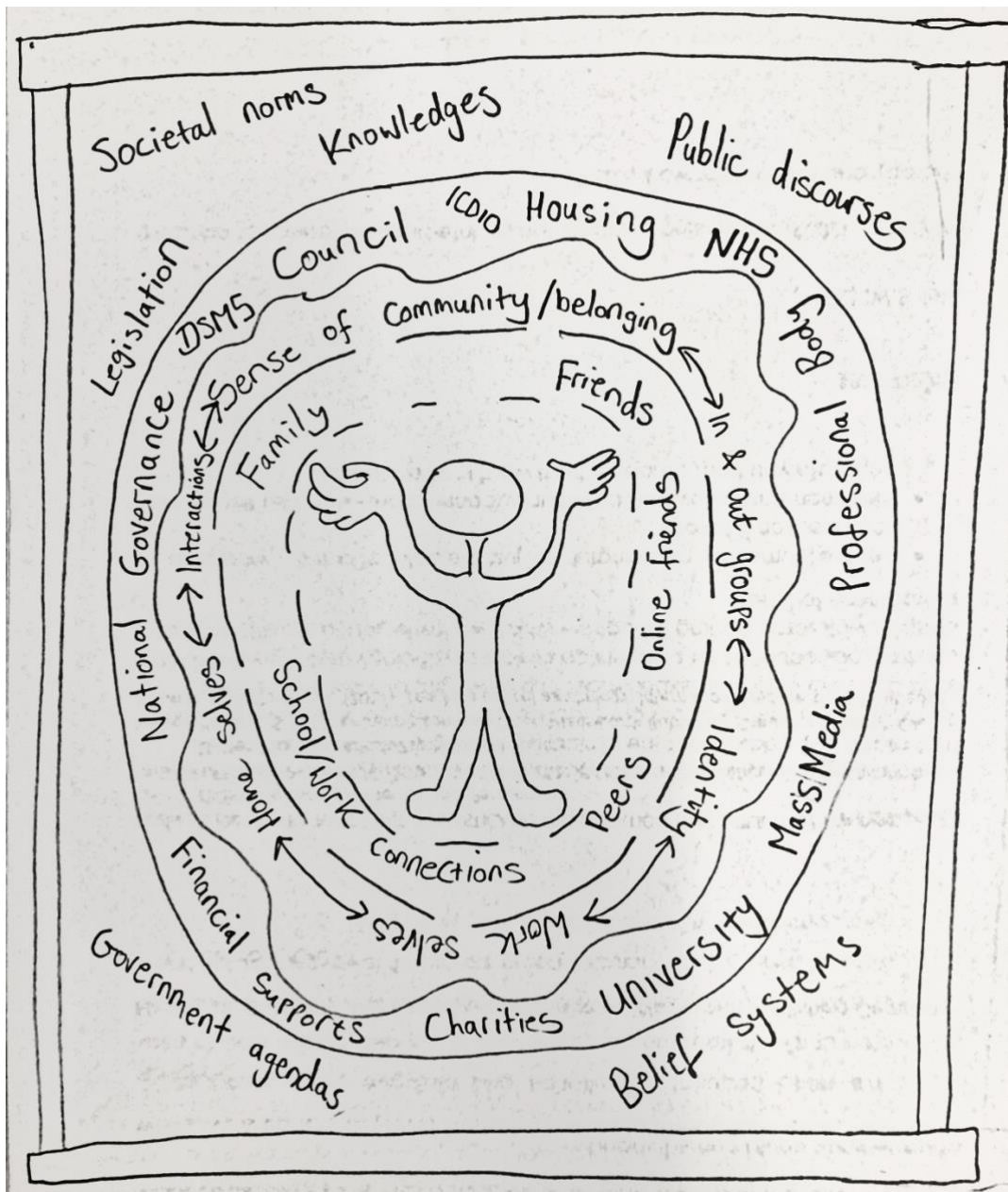
As psychologists, we exist within our own set of influential systems. The skills that we develop through our training, allow us to work in a number of different roles (e.g. therapist, researcher, consultant and trainer). These positions enable us to influence the individuals we are working with by intervening in a number of different ways. At times this leads to a desire to do "everything". This has the potential to invite feelings of hopelessness or despair, as this can feel overwhelming.

Relinquishing the need to do *everything*

Whilst on training, it can be easy to become overwhelmed by the amount of theory one could learn about and apply, the amount of ways in which we can intervene, and the numerous ways that we can think about a problem. However, this can invite our position of feeling disempowered and hopeless, making it difficult to know what to address first. Morgan and colleagues (2019) considered the importance of breaking clinical tasks, socio-political and cultural challenges down, and considering 'something' that we could do in a given situation – rather than feel overwhelmed by too many ways of intervening. This might involve thinking about the models that fit with your values, and spending time applying these to certain contexts, rather than trying to learn everything. It may be about identifying an appropriate care plan for the individual that addresses one aspect of their difficulties, rather than trying to tackle everything. By doing so, it can be important to recognise and hold onto the fact that by doing 'something' we are exerting an influence over different parts of the system.

To further illustrate this process, we can consider the analogy of the ripples made by dropping a pebble in a pond, and how, no matter the size of the pebble, the change it creates can be widespread. Therefore, holding onto the fact that doing something at one level, could lead to ripples of change at other levels (Figure 2, Morgan et al., 2019). Doing 'something' could include speaking up in a team meeting, completing an audit or research, working with the network around the person or working with the person themselves.

Figure 2: Pebbles in Palms Analogy (Morgan et al., 2019)

Bronfenbrenner's ecological systems model showing the MACROSYSTEM (Attitudes and ideologies of the culture), EXOSYSTEM, MESOSYSTEM, and MICROSYSTEM surrounding the INDIVIDUAL (sex, age, health etc.), with Family, Peers, School, Faith centre, Health services, and outer elements Industry, Social services, Mass media, Neighbours, Local politics.

Reflective activity: Pebbles in palms

We wish to invite you to consider what you can do to hold onto hope and consider what pebbles you can bring to the field.

Spend some time thinking about one hope, ambition or value you wish to share through the way you approach your clinical work.

How could you capture this on a pebble? Could you paint a symbol that represents a memory of a time when you felt listened to, or a time in which you gave someone a

helping hand?

What are the benefits of having tangible reminders and objects within your home, on your desk or in your pocket? Could you take this and start a conversation with a friend or even a stranger?

Through our own reflections on the process of training, we considered the following 'survival strategies' and counter-practices to despair that helped sustain us through our experience of training. We identified four factors that empowered us during our journey. These are reasonable hope; small acts of resistance, being stronger together and sustaining ourselves over time (Morgan et al., 2019). By considering these factors, we were able to cope with the demands of training, in addition to the challenges that we faced whilst working with families facing multiple problems.

Holding onto 'reasonable hope'

When faced with increasing pressure during training - for example, when feeling overwhelmed with upcoming deadlines, when being faced with the complexities of working with families experiencing multiple problems - it can be helpful to hold onto a grounded, more practical, hope – something Weingarten (2010) coined as 'reasonable hope'. Weingarten (2010) identified three components of this idea: that hope is relational in nature

(existing between people rather than solely within individuals); that hope is an active practice (helping to identify actions that people can work towards together); and that hope maintains that the future is unknown, uncertain, and can be influenced and/or changed.

As hope is an act that exists between people, it can be helpful to consider where feelings of disempowerment can originate from, and the collective action that one may take as a result. For example, if feelings of hopelessness are part of a (hypothesised) transference from your client, then this arguably provides you with an insight into their experience and is thus helpful, as opposed to problematic. Thus, a pebble that you might throw might be an effort to reflect on this experience and think with the client about things that provide them with a sense of hope e.g. future events, times in which they overcame adversity, etc.

When feeling overwhelmed with personal or relational experiences of training (e.g. struggling to cope with the conflicting pressures of the academic and clinical workloads; having a difficult relationship with your supervisor; struggling with comparing yourself to others), it can be helpful to consider whether sharing your dilemmas with others will help you overcome these challenges, and help you to see a different possibility. Seeking supervision, keeping a reflective log of your experience, or sharing your dilemmas with peers can help to alleviate some of these pressures.

Small acts of resistance

Wade (1997) recognised the importance of any action that people engage in that helps them to cope with or prevent forms of oppression. This way of intervening can be viewed as an act of resistance. On starting new placements during training, trainees are often faced

with unfamiliar contexts, cultures, and team members. This can mean that they tend to be more cautious about contributing, critiquing or challenging practices across a range of situations. As such, resistance or protests can be disabled by their training and personal contexts. However, it is important to be able to stay true to our own values within our practise and not become overwhelmed – risking feeling disingenuous or inauthentic in our practice.

Small acts of resistance can not only sustain the self during challenging times, when we would otherwise feel silenced, unheard or invisible, but can also provide a foundation for more visible and effective action in the future - even if or initial behaviours may at first seem inconsequential (Wade, 1997). By doing so we can question existing discourses, enabling us to advocate for the people we seek to support. This, at times, requires us to be critical of existing knowledge in order to expand and develop ideas. In doing so, the importance of developing independent thought, being critical in approach and giving oneself permission to disagree with the status quo becomes imperative (Nel et al., 2012).

Throughout this book, the importance of reflecting on aspects of diversity selves, our peers, trainers, supervisors and clients, we can be reminded about the dangers of making assumptions in relation to how we 'should' be, or how others 'should' fit into care pathways. The assumptions we make can shape our actions or interact with power structures within society. For example, Randall (2018) explored differences in appearance, made out of a personal choice, and how these can sometimes lead to others making assumptions. He describes taking a personal risk, to become a visibly tattooed psychologist, which may challenge the status quo of identity within the clinical psychology and the helping professions more broadly. Such challenges can help to increase the diversity within

the profession. The alternative would be to continue to shy away from 'difference', reducing our ability to challenge some of the dominant discourses that exist within our society.

We wonder whether other forms of resistance can include, for example, the use of parentheses around contentious or unquestioned uses of psychiatric diagnoses in writing (DCP, 2015); listing ICD-11 codes that represent social-determents of ill-health above those deemed more individualising in an unhelpful manner (Kinderman, Allsopp, & Cooke, 2017); or using humour when feeling confined by bureaucracy or forced into actions by those in more powerful, managerial positions (Griffiths, 1998). In what ways could you envision resisting in small ways?

Growing together

Reynolds (2010), introduces the concept of being an imperfect ally, in which we stand alongside each other to take a collective ownership of issues that we believe should not be made to reside within individuals. For example, the *psychologists against austerity* movement (Harper et al., 2015), has successfully joined psychology professionals from all over the UK together, to speak out against the impact of austerity on people's wellbeing and to challenge political discourses. As discussed above, training provides you with an opportunity to work with fellow trainees that have a wealth of knowledge and experiences, that can challenge you to think outside the box. Drawing on the skills from the collective group can help to share out the responsibility to do "everything" – not only making it more manageable, but more connecting and personally nourishing (Morgan et al., 2019).

We are shaped into the clinical psychologists that we become through the people that we meet on our journey, both professionals, clients, their friends and family. White (1997) introduced the concept of *re-membering* which referred to the way our identities are shaped by the influential people we share our life with (whether presently or historically; physically or symbolically). He referred to these people as a 'club of life'. He acknowledged that each person within our 'club of life' is attributed a different status, and therefore we place more or less weight on this person's contribution to our lives, depending on how highly we value their contributions in particular contexts (Carey & Russell, 2002). We carry their presence and/or these voices with us along our journey and can call upon them in times of need. Sometimes, 'members' of our club of life, may not even be 'people' as such, and can be animals, items and objects, and fictional characters. For example, during the interview process, one of the authors carried a pebble with him that symbolised the courage of his fellow authors – and through bringing this particular club of life to mind, he was able to use this courage in order to conquer difficult and testing situations. It is the process of holding onto these voices, that can sustain us through the training process and beyond.

Reflective activity: Club of life exercise, as adapted from White (1997)

In thinking about your own club of life, you may find it useful to write your initial answers to these questions down and then revisit the questions afterwards. This will help you to fully immerse yourself in the activity and to reflect on those who have influenced, and continue to influence, your life and practice. At the same time, you may find it useful and enriching to draw out your club of life in response to these questions, or to use

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photographs, materials or mediums that resonate or mean something to you – thus, using creative means to make this exercise as meaningful as possible and help bring these important others to mind as fully as possible.

Who is in your club of life? Do you have any objects, things, or animals in your club of life?

How do you think you came to be the clinician you are today?

Was there anyone in particular that introduced you to this way of being/thinking/acting?

What has this person (or object) contributed to your life? What did they do that made a difference to your life?

How did the actions of this person/these people make a difference in how you understood yourself and your life? How did they make you feel and think about yourself?

How did you contribute to that person's life? What difference do you think you may have made to how they thought about herself and her life?

In completing the club of life exercise, perhaps you may wish to consider what your 'club' will have looked like at different points in your life? A useful exercise when working with children and young people, for example, is to take yourself back to a similar age and try and consider who or what would have occupied key positions in your club of life back then. Importantly, this might help you to consider the ways in which you supported yourself at

the time – through staying connected to important others, whilst at the same time, perhaps assist in understanding and relating to those that you see in your practice. By reconnecting with a younger you, for example, what creative and playful ways of surviving training are revealed?

Sustaining ourselves

Given the challenges faced in pursuing a career in clinical psychology, it is important that we can sustain ourselves through the training process (Morgan et al., 2019). Reflecting on the words of Vikki Reynolds, it is important to continually reflectively work to remain in line with our values in our practice in order to resist burnout; to identify the practices that allow us to hold onto hope; and to stay connected to others (Reynolds, 2010), valuing the social net of care that can easily become eroded in our current working contexts (Reynolds, in press). However, despite clinical psychologists being trained on the importance of such practices, we might not always apply these practices to themselves. Alongside ways we develop to take care of our selves, collective care (Reynolds, in press) invites us to consider how finding those we can stand in solidarity with and that can shoulder us up in challenging times can be central to how we sustain ourselves through training.

The things that help us take steps towards other important aspects of life, are those that essentially help sustain our sense of self during training – that is, those things that help us to 'survive' the process. Reflecting on some of the strategies that helped to sustain us through our journey, we identified a variety of such ways, but these differed for each of us:

- Applying psychological ideas and strategies to ourselves, can allow us to develop an understanding of our strengths and difficulties, realise the potential resources available to us, and highlight potential solutions and ways forward available to us. Formulating ourselves using psychological theory for example (see Chapter 10), can identify the need to find more time and create space to reflect on ourselves and our work; to remind us that some issues can or cannot be problem-solved; to consider personal therapy; and/or to consider specific strategies to help us cope, challenge or change particular things (e.g. mindful-focusing; thought-challenging; compassionate letter-writing).

- In our experience, for some, sustaining ourselves could also be about things that we could do outside of psychology - to allow us to connect to 'other parts' of our selves (e.g. engaging in social activities with each other; physical activities, such as exercise, yoga, and outdoor pursuits that refresh us).

- For some, sustaining ourselves was about feeling 'part of something' - such as engaging in a community activity (e.g. volunteering, campaigning, becoming part of local neighbourhood initiatives).

- For some, sustaining ourselves was through continuing to connect with and develop our psychological knowledge through exploring professional areas of interest and attending conferences or contributing to working groups.

- For some, sustaining ourselves was about providing ourselves with opportunities to have some 'down-time' (or indeed, *up-time*!) - such as ensuring we get good-enough sleep, taking time-out from work.

- And finally, but by no means least, for most of us, sustaining ourselves was about nurturing our 'inner child' by reconnecting with our playful sides; allowing ourselves

to laugh and connect through silliness in and outside of work; or reconnecting with our sense of adventure and creative expression - fostering creativity by playing music, writing, going to ballet classes or singing lessons, knitting, baking or making art; and continuing to make time for those relationships that are most important to us – remembering to ask "how are you?" and to say "thank you".

From outlining some of the challenges that we faced during the training process, and how we came to reflect, learn and grow from these experiences, we have invited you to consider your own personal qualities, values and hopes that you will take with you through the training journey. Although both applying to and completing training can at times feel uncertain, there are ways to strengthen our alternative discourses and stories of resourcefulness, independence of thought, connectedness and the ability to hold on to hope in times of despair.

For us, reflecting on content and processes along the way have allowed for an enriching process, for development and growth, but also development within the field. Through building a sense of selfhood, we have also experienced an evolving sense of trust in and connection to others, sometimes developed through threatening times that leave us vulnerable and exposed – and yet we manage to survive, *together*. This emphasizes the importance of holding onto the people that have contributed to shaping our identities. We can also begin to consider the ways in which we have influenced the lives of others and be mindful of the legacy of our contributions in other's lives both in and outside of our work.

Conclusion

The journey to becoming a clinical psychologist is a meandering and unclear path - one that is constantly evolving and developing. Once we arrive at the gates of clinical training, there are several barriers and obstacles that we are still yet to face. Finding ways to cope with these, and finding ways to stay true to the values that drive you, are important factors in maintaining the hope that gives us the energy to continue supporting others in our work. Important aspects of survival include being able to resist the temptation to do everything, despite the complexity of the problems or situations we faced. Therefore, recognising the importance of a small act, intervention or pebble within your palms, is key to realising the potential for influence across different levels of the system. Being able to acknowledge who you are as a clinical psychologist in order to find a voice that can challenge dominant discourses, is not just for our own survival, but also as a way of giving voice to those that are most ostracised. In crafting the way for your own survival as a critical- and community-minded clinical psychologist, for example, is an important stepping stone to creating the conditions in which we can support one another to act in line with our values and for greater, more ethical and moral causes. Finally, practising what we preach, and ensuring that we engage in activities that sustain ourselves outside of our field will help prevent burnout. We do not believe this journey to be complete, but rather the start of an enriching path that enables us to work alongside those that we seek to support.

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