

Thesis Abstracts 2008

Doctorate in Clinical Psychology



THE UNIVERSITY *of* EDINBURGH





Clinical Health Psychology Research

Each year a number of high quality research projects are completed by trainees as part of their DClinPsychol training. These projects address clinically relevant research questions across a wide range of topics.

Trainees invest considerable time and resources into their thesis projects, producing results which would be of interest to a variety of health care professionals and services. These abstract booklets are intended to help disseminate results from these projects, together with presentations and publications produced by trainees and their supervisors.

We hope that our graduates will continue to use the research competencies they have developed whilst training in their on-going contributions to NHS Scotland.

We would like to congratulate all of the trainees and all of the people who supported them in their projects.

The image shows two handwritten signatures in black ink. The signature on the left is 'Paul Morris' and the signature on the right is 'Mike Hopley'. Both are written in a cursive, flowing style.

Paul Graham Morris and Mike Hopley

Contents

		Page
Audrey Matthews	Dignity Therapy: A Scottish Feasibility Study	4
Claire Campbell	“But what can a Psychiatrist do about my Bowel?!” Borderline Personality Disorder in Primary Care: A Qualitative Analysis of Patient Experience.	5
Corrie Darbyshire	A Pilot Study Investigating the Effectiveness of a Mindfulness Based Stress Reduction (MBSR) Course Designed Specifically for Parents of Children with Chronic Illnesses	6
Donna J Gilroy	Levels of acceptance and perceived control in a chronic pain population: a preliminary study	7
Emma Louise Seel	“ <i>What does it mean to me?</i> ”: A Q-methodological exploration of the beliefs held about Asperger’s Syndrome/High Functioning Autism when the diagnosis is received in adulthood.	8
Ewan Culling	The EZ-Yale Questionnaire and the NEO Personality Inventory Revised and Individuals with Mild Intellectual Disability: An Exploratory Study of Between Instrument Associations.	9
Fraser Morrison	Predictors of Relapse in Alcohol Dependence	10
Jessica Hendry	Clinician’s experiences of therapeutic work in a child and adolescent mental health service: An interpretative phenomenological analysis	11
Julie Hardie	Auditory Hallucinations: an Investigation of Associated Trauma, Dissociative and Schizotypal Factors	12
Karen Forrester	“Normal’s different for me now”: A qualitative study of women’s experiences of ending treatment for breast cancer.	13
Kenny Day	Quality of life in epilepsy: the role of psychological resilience	14
Kirsten Marie Jardine	What Meaning does Raising a Child with Autism have for Parents? A Qualitative Exploration	15
Laura Jean Watters	Learning Disabilities: An Evaluation of the Impact of Staff Training on the Knowledge and Confidence of Support Staff	16

Contents

		Page
Leigh-Anne Lynch	Perplexed parenting: Fathers' experiences of having a son who has ADHD	17
Lesley Meiklejon	The Effect of a Mindfulness-Based Stress Reduction Programme on Adjustment to Breast Cancer	18
Lindsay McKean	'Feeling Like Me Again': Reconstructing Women's Self-Image Through Breast Reconstruction	19
Marie-Claire Whyte	Gender and self-harm in community-based adolescents: relationships with emotional distress, coping and personality	20
Rebecca Lower	The relationship between self-schema, illness beliefs, experiential avoidance and psychological distress in individuals with psychosis.	21
Rowena McElhinney	Professional identity development: A grounded theory study of clinical psychology trainees	22
Sally Marie Dewis	An exploratory study into the factors which influence nursing staff's attributions, beliefs and behaviour towards individuals who self-harm	23
Tom Gosden	Images of pain: Exploration of the characteristics and functions of pain-related mental imagery in chronic pain	24
Vicki Robinson	The relative roles of family and peer support in metabolic control and quality of life for adolescents with type 1 diabetes	25
Victoria Thurlby	An exploration of perceived control, acceptance, emotional distress, knowledge and self care in the control of Type II diabetes, in an older adult population.	26
Wendy Prentice	Psychotic and non psychotic interpretations of physiological sensations in delusional, panic disordered, and healthy populations.	27

Dignity Therapy: A Scottish Feasibility Study

Audrey Matthews

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Introduction

Dignity therapy, which has recently been developed to reduce psychosocial and spiritual distress in terminally ill patients, has stimulated substantial interest worldwide. This new form of structured life review has not previously been researched in the United Kingdom. This study aimed to explore the experiences of specialist palliative care patients in Scotland undertaking dignity therapy and to establish whether or not they would recommend it to fellow patients.

Method

Eight patients (seven female and one male) participated in the Dignity Psychotherapy Question Protocol (DPQP), followed by a semi-structured research interview. The interviews were recorded and transcribed verbatim, before being analysed using a grounded theory approach to develop a provisional framework.

Results

The findings suggest that patients perceived dignity therapy in a predominantly positive light. They considered the patient-researcher rapport, in terms of listening and compassion, to be especially helpful and to have facilitated the therapeutic encounter. The analysis also identified four beneficial components of this therapy: a) looking back b) sharing their memories c) getting things off their chest and

d) putting their story on paper. Based on their experiences, the majority of patients reported that they would recommend this intervention to fellow patients.

Discussion

Whilst several of the benefits of dignity therapy reported by patients correspond to findings of previous dignity therapy studies, many also fit with benefits reported in the literature from other life review processes. Consequently, it is unclear if dignity therapy is unique as claimed. It is also unclear which features of the rapport were attributable to therapist-specific factors and which may be credited to the intervention itself. However, identified limitations of this study are discussed.

Conclusion

These results suggest that dignity therapy is feasible for patients with advanced illness in Scotland and may even benefit those without observable psychological distress. Nevertheless, given the small sample studied, further research is needed to corroborate these findings.

“But what can a Psychiatrist do about my Bowel?!” Borderline Personality Disorder in Primary Care: A Qualitative Analysis of Patient Experience.

Claire Campbell

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Clinical Supervisor: Linda Graham, NHS Tayside

Background

Borderline Personality disorder (BPD) is one of the most common disorders presenting to General Adult Psychiatry. Characterized by mood instability, impulsive, self-harming behaviour and significant difficulties in interpersonal relationships this disorder presents a significant challenge to those involved in their care. General Practitioners (GPs) are an important part of health care. In addition to meeting physical health needs they support the management of psychiatric illness and are the gatekeepers to other services. In recent years research into personality disorders has proliferated, mainly within specialist mental health services. Less is known about patterns of health care in primary care and what the experience of these services is like for individuals with BPD.

Aim

The aim of the study is to ask individuals with a diagnosis of BPD about their experience of going to see their GP.

Methods

Eleven individuals with a diagnosis of BPD were asked about their contact with GPs by way of a semi-structured interview. Interviews were recorded and analysis was carried out using an Interpretive Phenomenological Analysis (IPA).

Results

Five super ordinate themes were identified: Experience of Having a BPD Diagnosis, Perceptions of GPs, Invalidating Experiences, Sense of Self and What Works Well.

Conclusions

The findings demonstrate that many individuals with a diagnosis of BPD struggle in their consultations with GPs. Unsatisfactory encounters are internalised and reinforce perceived stigma thus perpetuating an already damaged sense of self. GPs need to have more awareness about such issues in order to deliver services more effectively to this population due to possible implications for mental and physical well being.

A Pilot Study Investigating the Effectiveness of a Mindfulness Based Stress Reduction (MBSR) Course Designed Specifically for Parents of Children with Chronic Illnesses

Corrie Darbyshire

Academic Supervisor: Paul Graham Morris, University of Edinburgh

Clinical Supervisor: Andrew Keen, NHS Grampian

Objectives

To evaluate the effectiveness of a six-week Mindfulness Based Stress Reduction (MBSR) course, specially designed for parents of chronically ill children. The course aimed to increase mindfulness and enhance psychological well-being in participants. It also aimed to reduce perceived difficulties associated with parenting and improve perceptions of child well-being.

Design

A within subjects repeated measures design was used.

Method

Nine participants were recruited to take part in an MBSR course that included components of MBCT and ACT. Participants attended six weekly group meetings and carried-out daily home-based mindfulness practice. Measures were administered pre-treatment, post-treatment and three-months follow up.

Results

Immediately post-treatment, participants were significantly more mindful and reported significantly lower levels of anxiety, depression and parenting distress, than at baseline.

These gains were maintained at three months follow-up. No significant differences were observed in participants' perceptions of their child's well-being across the time points.

Conclusion

A brief MBSR course has the potential to enhance the well-being of distressed parents who have chronically ill children. These findings support the conduct of a randomised control trial.

Levels of acceptance and perceived control in a chronic pain population: a preliminary study

Donna J Gilroy

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Clinical Supervisor: Gillian Macleod, NHS Forth Valley

Introduction

Clinical observation suggests that patients who accept a degree of pain appear to be better placed to work at strategies to minimise their pain and its disabling consequences. Some chronic pain patients appear to possess a greater willingness to be more active and experience a potential increase in pain due to a belief that they can exert some control over it when it occurs. Positive effects can be derived from greater perceived control over pain, 'the kind of control that can be acquired first requires an acceptance of having pain' (Arntz and Schmidt, 1989). There is a growing evidence base for acceptance and control based interventions for chronic pain. Furthermore, both higher levels of acceptance and perceived control have been consistently associated with better physical and psychological functioning and overall adjustment to pain. Yet, given this, the relationship between pain acceptance and perceived control over pain has not yet been investigated explicitly. The main aim was to conduct a pilot study to examine such a relationship.

Method

A cross-sectional survey design was adopted. Thirty six patients referred to a Pain Psychology service and who met basic exclusion criteria agreed to participate. Participation involved giving consent from data contained in routinely administered questionnaires: the Chronic Pain Acceptance Questionnaire (McCracken, 2004), the Pain Control Scale

from the Survey Of Pain Attitudes (Jensen & Karoly, 2007) and three Perceived Control Likert-type Response Scale items (Jensen et al, 1991) . Basic demographic and pain related questions were also included.

Results

Results of Pearson's product moment correlations found significant moderate associations between perceived control, pain willingness and total acceptance scores. However, there was no significant relationship between perceived control and activity engagement. There were differences in significant findings for the Pain Control scale of the SOPA compared with the Perceived Control Likert-type Response Scale items; the latter being non-significantly correlated with acceptance measures.

Discussion

These data suggest that perceived control and pain acceptance may co-exist and that changes in one construct may facilitate changes in the other. This may have important implications for theory and clinical practice, in particular, in providing some explanation for therapeutic outcomes. Limitations and future areas for investigation are also discussed.

“What does it mean to me?”: A Q-methodological exploration of the beliefs held about Asperger’s Syndrome/High Functioning Autism when the diagnosis is received in adulthood.

Emma Louise Seel

Academic Supervisor: Emily Newman, University of Edinburgh

Clinical Supervisor: Jill Jones, NHS Fife

Introduction

This study aims to explore the ways in which Asperger’s Syndrome and High Functioning Autism are understood by those who have received a diagnosis in adulthood. The experience and understanding of diagnosis in adulthood has been little researched with only a small number of qualitative studies having been completed (Cousins, 2001; Molloy & Vasil, 2004; Punshon, 2006). These studies all highlight the importance of the beliefs held about Asperger’s Syndrome on the experience of diagnosis and post-diagnostic identity development. Due to the increasing awareness and diagnosis of Asperger’s Syndrome in adulthood, research into how the diagnosis is understood is invaluable for clinicians supporting individuals through the process.

Method

This study uses a Q-methodology (Stephenson, 1953) to build upon recent qualitative research. The methodology is based on two techniques, the Q-sorting process and Q-factor analysis. For the Q-sorting process a set of 52 statements were developed which attempted to provide coverage of the understanding of Asperger’s Syndrome currently in the public domain. A wide range of sources were used to develop the Q-set, including a focus group with six adults with Asperger’s Syndrome. Eighteen individuals who had received their diagnosis in adulthood were recruited to complete the Q-sorting process, which involved them having to rank the statements based upon their agreement with

them. Additionally a semi-structured interview was completed to gather information regarding the sort and supplementary demographic information.

Results

Q-factor analysis involving principal components analysis and varimax rotation was then carried out. This led to four statistically significant and theoretically meaningful factors being extracted. The four factors were interpreted using the additional information gathered, and were labelled ‘*An important part of me*’, ‘*It is a lifelong disability*’, ‘*Confused about myself*’, and ‘*Support can bring improvement*’.

Discussion

The findings were discussed with consideration of the clinical implications and scope for further research. Particular emphasis was placed on discussing three main areas ‘acceptance and adjustment’, ‘consequences of diagnosis’ and ‘theoretical conceptualisations’. The importance of further research into the links between understanding and mental health were highlighted.

The EZ-Yale Questionnaire and the NEO Personality Inventory Revised and Individuals with Mild Intellectual Disability: An Exploratory Study of Between Instrument Associations.

Ewan Culling

Academic Supervisor: Jill Jones, University of Edinburgh

Clinical Supervisor: Amanda McKenzie, NHS Grampian

Aims

The principle objective of this study was to explore the degree of overlap between similar personality sub-scales on the EZ-Yale Personality Questionnaire (EZPQ) (Zigler et al, 2002) and the NEO Personality Index revised (NEO PI-R)(Costa and McCrae, 1992), in a sample of adults with mild intellectual disability.

Methodology

A within subjects design was used. Twenty seven participants completed the EZPQ and the NEO PI-R personality questionnaires, each in relation to a specific client with mild intellectual disability. Pearson correlations and Spearman rho correlations were used to investigate the associations between sub-scales of the two questionnaires that purport to measure similar aspects of personality.

Results

Significant positive correlations were found between the Agreeableness (NEO PI-R) and Obedience (EZPQ) sub-scales and between the Conscientiousness (NEO PI-R) and Effectance Motivation (EZPQ) sub-scales. The associations between the other personality sub-scales were less than anticipated.

Conclusions

The findings were discussed in terms of the possible future utility of the EZPQ and NEO PI-R in the assessment of psychiatric disorders, particularly personality disorder. The lack of correlation was discussed in relation to differences in the way the NEO PI-R and EZPQ were developed and standardized.

Predictors of Relapse in Alcohol Dependence

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Background

Relapse rates following treatment for alcohol dependence are high, and efforts to prevent relapse are an integral part of treatment. Outcome studies have reported relapse rates of 65 per cent within one year of treatment, with the majority relapsing within less than three months. Many factors have been studied as potential predictors of relapse in alcohol dependence, such as psychiatric disorder.

Methods

Fifty four residents in an inpatient alcohol detoxification unit were tested on measures of memory and executive functioning, mood, self efficacy, quality of life, and liver function at the end of a 7 to 10 day stay in the unit. These patients were then followed up 3 months later via a telephone interview to ascertain the number of days drinking alcohol during this period. The sample of the study contained individuals at the severe end of the range of alcohol dependence, a group that has been largely neglected throughout the literature.

Results

Low mood during detoxification was found to predict number of days drinking in the three months following discharge. Executive dysfunction was also associated with relapse to a lesser extent.

Conclusions

Low mood appears to be a significant barrier to ability to remain abstinent from alcohol following a period of detoxification. Interventions to reduce depression may have a beneficial effect in reducing relapse rates in individuals at the severe end of the range of alcohol dependence.

Clinician's experiences of therapeutic work in a child and adolescent mental health service: An interpretative phenomenological analysis

Jessica Hendry

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Clinical Supervisor: Beatrice Carroll, NHS Lanarkshire

Clinical therapeutic work entails exposure to traumatic narratives and the emotional experiences of distressed clients. There is evidence that this type of work can lead to negative psychological consequences for therapists, consequences that have been variously labelled compassion fatigue (Figley, 2002), vicarious traumatisation (McCann & Pearlman, 1990) and traumatic countertransference (Neuman & Gamble, 1995). Recent investigations into the negative consequences of therapeutic work (e.g. Steed & Downing, 1998) have however reported incidental findings of positive sequelae for therapists, calling into question the conceptual sufficiency of models of fatigue and traumatisation.

The emergence of positive psychological sequelae from trauma has been investigated within clinical populations using the framework of post-traumatic growth (Tedeschi & Calhoun, 2004). A recent study (Arnold *et al.*, 2005) employing qualitative methodology was the first to investigate the possibility of post-traumatic growth occurring in therapists through vicarious contact with client's trauma. This provided preliminary evidence to suggest that models of vicarious traumatisation underestimate the positive developmental aspects of therapeutic work. Clinical therapeutic work with children has previously been seen to be an area of high risk for therapist stress (Cunningham, 1999). Despite this, little research has investigated the specific effects of therapeutic work with children and young people.

The present study aimed to build upon the existing research by investigating clinicians' experiences of therapeutic work

within a Child and Adolescent Mental Health Service, using a qualitative approach, Interpretative Phenomenological Analysis. Five super-ordinate themes were generated from the analysis: *Client Acting Upon Therapist, The Person and The Professional, Responsibility, Support and Emotional Growth and Depletion*. Clinicians described the varying ways in which the emotional impact of their work is felt and experienced. The emotional complexity of the work was seen to link to shifts in clinicians' parameters of responsibility and to their experience of the professional self. Both shorter term and longer term influences of the work were highlighted. For some, this included facets of experience in keeping with concepts of vicarious traumatisation and burnout, while for others there was a perceived development in emotional understanding and regulation over time.

Implications for clinical practice are drawn out, specifically suggesting the potential benefits of a greater commitment to recognising, discussing and understanding therapists' emotional reactions to the work at individual, team and organisational levels. Possible barriers to the achievement of this goal, at both individual and organisational levels are put forward.

Auditory Hallucinations: an Investigation of Associated Trauma, Dissociative and Schizotypal Factors

Julie Hardie

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Clinical Supervisor: Helen Griffiths, NHS Lothian

Objectives

It has been suggested that symptoms of psychosis occur on a continuum with everyday experiences in the general population. Recent attention has been drawn to the psychological factors that contribute to the development of symptoms along this continuum, and evidence has suggested that events such as trauma, processes such as dissociation and schizotypy may be important factors of hallucinations in particular. The current study aimed to explore how trauma, dissociation and schizotypal cognitions are associated with auditory hallucinations within clinical and non-clinical populations.

Design

The study used a cross-sectional design with clinical and non-clinical samples.

Methods

Forty-four individuals were recruited into the study and assigned to a psychosis group, an emotional disorder group or a healthy volunteer group. All participants completed measures of auditory hallucinations (severity and predisposition), alongside measures of trauma (the Trauma History Questionnaire), dissociation (the Dissociative Experiences Scale), and schizotypal cognitions (the Rust Inventory of Schizotypal Cognitions).

Results

Significant between group differences were found on the measures of trauma, dissociation and schizotypy. The psychosis group reported significantly greater scores on the depersonalisation and derealisation subcomponent of dissociation and schizotypal cognitions than the emotional disorder group and healthy volunteer group. Across the three groups, trauma, dissociation, and schizotypy correlated significantly with predisposition to auditory hallucinations, whilst dissociation, schizotypy and emotional abuse correlated significantly with severity of auditory hallucinations. Of the factors measured, the depersonalisation and derealisation subcomponent of dissociation and schizotypal cognitions were found to predict predisposition to, whilst depersonalisation and derealisation was found to predict severity of auditory hallucinations.

Conclusions

The results confirm the significant association of trauma, dissociation and schizotypal cognitions in auditory hallucinations and indicate that depersonalisation and derealisation, and schizotypal cognitions are specifically important in the development of auditory hallucinations. These findings may have theoretical implications for understanding the cognitive processes involved in psychosis and clinical implications for the treatment of auditory hallucinations within clinical settings, alongside the identification of people 'at risk' of developing psychotic symptoms.

“Normal’s different for me now”: A qualitative study of women’s experiences of ending treatment for breast cancer.

Karen Forrester

Academic Supervisor: David Gillanders, University of Edinburgh

Clinical Supervisor: Belinda Hacking, NHS Lothian

Introduction

There is conflicting evidence in the literature regarding the experience of women ending treatment for breast cancer. Some research reports little discrepancy between women with breast cancer and the general population on measures of distress, anxiety, depression and quality of life. Other studies demonstrate that women experience disrupted adjustment and cancer-specific concerns following the end of their treatment. The aim of this study was to explore the subjective experience of women who had ended their treatment for breast cancer.

Method

Interviews were conducted with nine women who had ended treatment for breast cancer. Their accounts were recorded and transcribed verbatim, then analysed according to the principles of Constructivist Grounded Theory methodology.

Results

The results suggest that women attempt to construct a ‘new normal’ following the end of their treatment. Doing so involves women managing the loss of the hospital cocoon, regaining control, living with uncertainty, negotiating changes in their relationships and their identity and experiencing personal growth.

Discussion

The current results are discussed in relation to the existing theoretical and research literature, and methodological limitations are identified. In addition, possible implications for service delivery, clinical practice and future research are discussed.

Quality of life in epilepsy: the role of psychological resilience

Kenny Day

Academic Supervisor: Paul Graham Morris, University of Edinburgh

Clinical Supervisor: Penelope Fraser, NHS Tayside

Introduction

The quality of life of those with intractable epilepsy is significantly lower than that of the general population. Researchers have found that seizure frequency accounts for a statistically significant amount of the variance in levels of quality of life in those with epilepsy. However, not all studies have shown this effect. Psychosocial factors have recently received more attention and there is some evidence that they may provide a better account of the variance than seizure frequency. Psychological resilience, the ability to adapt to stressful events with good outcomes, is one area that has received little attention in the quality of life of adults with intractable epilepsy.

Aims and Hypotheses

The aim of the current study was to examine the role of resilience in quality of life in adults with intractable epilepsy. The first hypothesis predicted that the correlation between resilience and quality of life would be both significant and positive. Secondly, it was hypothesised that resilience would provide a better account of the observed variance in quality of life than seizure frequency. A further hypothesis predicted that resilience would show a significantly negative correlation with measures of anxiety and depression.

Methodology

Postal questionnaires were presented to 223 patients with a diagnosis of epilepsy at their regular neurology review appointment. Exclusion criteria were; outwith the age range of 16-65, a diagnosis of intellectual impairment and seizure freedom for a period of 6 months. Measures of resilience, quality of life, seizure frequency anxiety and depression and several demographic variables were included. Of the 223 individuals invited to take part in study, 60 returned the completed questionnaires.

Results and Discussion

Correlations indicated that levels of resilience and quality of life showed a significant and large, positive correlation. Multiple regression analysis indicated that a significant proportion of the variance in quality of life was accounted for by resilience. Seizure frequency did not account for a significant amount of the variance. Measures of anxiety and depression were also significantly negatively correlated with resilience. The results are discussed in terms of their impact on future treatment options for those with intractable epilepsy.

What Meaning does Raising a Child with Autism have for Parents? A Qualitative Exploration

Kirsten Marie Jardine

Academic Supervisor: Jill Jones, University of Edinburgh

Clinical Supervisor: Wendy van Riet, NHS Grampian

Introduction

Children with autism experience difficulties in social interaction and communication which are often manifested behaviourally. The nature of these difficulties means that the task of parenting is often challenging. This study therefore aims to explore which aspects of raising a child with autism are most meaningful for parents. It will also investigate what, if any, are the positive aspects related to the experience of having a child with autism.

Method

A qualitative approach was used, with data collection and analysis being guided by the principles of Interpretative Phenomenological Analysis (Smith, 1995). Seven interviews were conducted which yielded approximately 10 hours of data. Interviews were recorded and transcribed to facilitate analysis of the narratives.

Results

The meaning of being the parent of a child with autism was conceptualised within four core themes of: autism as a journey, what it means to live with autism; negotiating the social world; and positive aspects of raising a child with autism. Three of these themes contained sub-themes which provided further insight into the participants' experiences. Being the parent of a child with autism was represented as a complex and dynamic process.

Discussion

The results of the research are discussed in the context of relevant literature. Previous findings regarding receiving a diagnosis of autism, coping, acceptance and adaptation are essentially supported by this research. However, these results also acknowledged the significant role of social encounters in the participants' experiences and the positive aspects of raising a child with autism. The clinical implications of the findings are discussed. Suggestions for future research are also made in response to the current findings and potential imitations of the methodology are considered.

Conclusions

The findings from this research indicate that being the parent of a child with autism is characterised by many meaningful experiences, some of which are significant moments in the process of raising a child with autism. For example, the journey to, and receipt of, their child's diagnosis was identified as a particularly important event in the experiences of the participants. Furthermore, there are complex interactions between the different aspects of these experiences which reflect the ever-changing nature of the challenges of parenting a child with autism.

Bereavement and Individuals with Learning Disabilities: An Evaluation of the Impact of Staff Training on the Knowledge and Confidence of Support Staff

Laura Jean Watters

Academic Supervisor: Karen McKenzie, University of Edinburgh

Clinical Supervisor: Rachel Wright, NHS Lanarkshire

Objective

This study aimed to investigate whether staff training, for staff from support provider organisations, improved knowledge about bereavement and grief, in general and in relation to individuals with a learning disability, and of supporting an individual with a learning disability at a time of bereavement. In addition, the study also aimed to investigate whether training improved staff members self rated levels of confidence about offering support to an individual with a learning disability who has experienced bereavement.

Method

A mixed design was used to investigate the impact of a one day training course on the above factors. A total of forty eight participants were recruited for the study and were randomly assigned to one of two groups, each consisting of twenty four members of staff. In addition to the development of a one day training course, a questionnaire was designed for the purpose of assessing the study's hypotheses and was completed by participants prior to training, immediately after training and one month following completion of the training.

Results

Staff training was shown to significantly improve knowledge overall and in all three areas measured. These knowledge gains were maintained one month following completion of the

training course. Differences were also found in the number of response categories identified by participants before and after training, with a broader range of answers post-training. Training also significantly improved participants' self rated levels of confidence about supporting an individual with a learning disability who has experienced bereavement. In addition to this, the validity and reliability of the questionnaire was analysed, with results confirming the questionnaire to be a reliable and valid measure.

Discussion

A one day training course significantly improved staffs' knowledge about bereavement and grief, in general and in relation to individuals with a learning disability, and of supporting an individual with a learning disability at a time of bereavement. Training also significantly improved staffs' self rated levels of confidence about supporting an individual with a learning disability who has experienced bereavement. The clinical and ethical implications of the study are discussed along with limitations and suggestions for further research outlined.

Perplexed parenting: Fathers' experiences of having a son who has ADHD

Leigh-Anne Lynch

Academic Supervisor: Eleanor Sutton, University of Edinburgh

Clinical Supervisor: Helen Stirling, NHS Forth Valley

Background

Attention deficit hyperactivity disorder is one of the most commonly diagnosed and intensively researched behavioural disorders in the world (Tannock, 1998). ADHD not only has an effect on the individual child, but also has an impact on parents. Having a child with ADHD is associated with disturbances to family and marital functioning, disrupted parent-child relationships, reduced parenting efficacy, and increased levels of parent stress (Johnston & Mash, 2001). However, there is a dearth of qualitative studies that investigate the experience of having a child with ADHD from the perspective of the parent. In the few qualitative studies that have been carried out, fathers are often not included, or are not differentiated in terms of their experience of being a parent. The aim of this study is to explore the particular experience of what it is like to be a father of a son with ADHD, from the first awareness of difficulties with their child to the present day.

Method

Eight fathers of boys with ADHD participated in interviews. All interviews were transcribed verbatim and analysed using Interpretive Phenomenological Analysis (Smith, 1996).

Results

The following six superordinate themes emerged from the analysis: 'the search for answers'; 'working with the diagnosis';

'perplexed parenting – parenting a son who has ADHD'; 'the battle to balance family life'; 'heightened sense of parenting responsibility' and 'managing uncomfortable emotions'.

Discussion

Only one father instigated the diagnosis, the other fathers were not at the same stage as mothers in accepting that a medical investigation was warranted, which had implications for fathers' adjustment to the diagnosis. Other implications include fathers' attributions toward the diagnosis and their son's behaviour. Parenting was a perplexing process and fathers typically described having difficulty adapting to the diagnosis. However, fathers demonstrated fighting hard to adjust to their child's diagnosis and manage the family system within the context of the condition. Fathers reported being highly protective of their sons and were proactive in making positive changes for their child. Fathers managed their emotions through a number of strategies. It is recommended that services involved in the diagnosis and management of ADHD in children be mindful of the differing perspectives of mothers and fathers and seek to involve both parents to allow a smooth adjustment to the diagnosis for the family system. It is also recommended that services make available follow up behavioural training and parenting interventions for fathers. Suggestions for future research include following up fathers who normalise their sons behaviour pre-diagnosis to ascertain their psychological adjustment to diagnosis.

The Effect of a Mindfulness-Based Stress Reduction Programme on Adjustment to Breast Cancer

Lesley Meiklejon

Academic Supervisor: Paul Graham Morris, University of Edinburgh

Clinical Supervisor: Pauline Adair, NHS Fife

Objectives

The aim of this study was to evaluate the effectiveness of a Mindfulness-Based Stress Reduction Programme (MBSR) on psychological adjustment to breast cancer. It was hypothesised that engagement in the MBSR intervention would lead to more adaptive coping strategies and increase mindfulness relative to controls. It was also hypothesised that the MBSR intervention would be associated with lower levels of distress.

Design & Method

A sample of 59 breast cancer patients were randomly assigned to either an MBSR group or a waiting list control group. The MBSR intervention consisted of six weekly group sessions, each of ninety minutes duration, together with home based practice. Participants completed measures of mindfulness (Mindfulness Attention Awareness Scale), coping strategies (Mental Adjustment to Cancer and Coping Orientations to Problems Experienced scales) and distress (Profile of Mood States) at baseline, post-intervention and at three month follow-up.

Results

The MBSR group demonstrated significant reductions in distress scores post-intervention relative to the control group. These reductions in distress were evident on all of the subscales (tension, depression, anger, vigour, fatigue

and confusion). Improvements in the MBSR group's distress scores continued beyond the intervention, with lower levels of distress observed at follow-up than post-intervention. The MBSR group also demonstrated significant improvements in mindfulness scores compared to the control group. There were no significant differences between the MBSR and control groups on any of the measures of coping strategy.

Conclusions

The MBSR intervention appeared effective in decreasing distress and increasing mindfulness. These improvements continued beyond the intervention, suggesting that they were incorporated into individuals' lifestyles rather than a temporary effect of the intervention. Further research is needed to confirm the longer-term effects of MBSR and to determine processes which may mediate its effects.

'Feeling Like Me Again': Reconstructing Women's Self-Image Through Breast Reconstruction

Lindsay McKean

Academic Supervisor: Emily Newman, University of Edinburgh

Clinical Supervisor: Pauline Adair, NHS Fife

Aims

National guidelines recommend that breast reconstruction surgery should be widely available for women undergoing mastectomy following a diagnosis of breast cancer. An examination of the relevant literature revealed a lack of theoretical conceptualisations of breast reconstruction's role regarding women's self-image. The present study aimed to explore this topic further and develop appropriate theory.

Method

A Grounded Theory methodology was employed to retrospectively explore the experiences of women who had undergone breast reconstruction, focusing upon the concept of self-image. Ten participants took part in the current study, recruited from breast cancer support groups. Data was collected by means of semi-structured interviews and analysed via the NVivo 8 computer package. The views of three breast cancer care staff were also canvassed via focus group in order to verify the findings and emerging theory.

Findings

The current investigation generated a core category entitled 'Feeling Like Me Again'. This category emerged as a reflection of the participants' belief that breast reconstruction surgery has helped them to restore a sense of normality in their lives and in how they see themselves. The core category comprised two principal categories, namely 'Normal Appearance' and

'Normal Life', and their subordinate themes. A further two main categories were generated, entitled 'Moving On' and 'Image of Sick Person'. The categories were formulated into a Model of Breast Cancer, Breast Reconstruction and Self-Image. Implications of this model in relation to existing theory and clinical practice were considered.

Conclusions

This study has highlighted that breast reconstruction's role in relation to women's self-image is subtle and wide-ranging. Further research is recommended to test and develop the model.

Gender and self-harm in community-based adolescents: relationships with emotional distress, coping and personality

Marie-Claire Whyte

Academic Supervisor: Jill Cossar, University of Edinburgh

Clinical Supervisor: Matthias Schwannauer, NHS Lothian

This study aimed to explore the differential relationships between established psychological correlates of deliberate self-harm (DSH) in male and female community-based adolescents with a history of DSH. 162 males (average age = 18.07 years, SD = 1.87) and 402 females (average age = 17.80 years, SD = 1.87) from secondary schools, colleges and universities, completed a self-report questionnaire assessing factors associated with DSH (i.e. attachment, emotional distress, personality and coping). 41 percent of the total sample (32 percent of females and 9 percent of males) reported engaging in DSH in the past year. Path analysis in the female sample revealed a direct relationship between emotional distress and DSH, which was fully mediated by non-productive coping and behavioural inhibition and to a lesser extent by adaptive coping. This model was not supported in the male sample. However, an alternative model in males also showed a direct effect of emotional distress upon DSH, which was fully mediated by impulsivity and anxiety, and to a lesser extent by adaptive coping, and strengthened by a correlation with maladaptive coping (i.e. behavioural inhibition, non-productive coping and pro-social coping). These findings further illustrate the gender differences in factors associated with self-harming behaviour, which may have relevance to clinical prevention and intervention approaches.

The relationship between self-schema, illness beliefs, experiential avoidance and psychological distress in individuals with psychosis.

Rebecca Lower

Academic Supervisor: David Gillanders, University of Edinburgh

Clinical Supervisor: Theresa Houseman, NHS Forth Valley

Background

This study investigates psychological processes associated with distress in individuals who have experienced psychosis. Previous research has demonstrated that negative self-schema and illness beliefs may contribute to distress within this population. However, there is increasing interest in the use of acceptance-based psychological interventions, which view acceptance of psychotic symptoms as core to the enhancement of psychological well-being. Conversely, such approaches view experiential avoidance as a key contributory factor in psychological distress. This study aims to explore the relationships between self-schema, illness beliefs, and experiential avoidance, and to investigate the influence of each of these factors on psychological distress. It is hypothesised that experiential avoidance will mediate the relationships between negative self-schema and distress, and between illness beliefs and distress.

Method

Eighty-four individuals who had experienced psychotic symptoms participated in this study. A battery of measures including the Brief Core Schema Scales, Personal Beliefs about Illness Questionnaire-Revised, Acceptance and Action Questionnaire-II and Clinical Outcomes in Routine Evaluation, were administered in an interview-based format to each participant. Data were analysed using path analysis, an extension of multiple regression.

Results

A number of significant direct and indirect relationships between the variables were demonstrated by the data. Negative self-schema, illness beliefs and experiential avoidance were all significantly associated with distress, although the strongest relationship was between experiential avoidance and distress. Data did not support the hypothesis that experiential avoidance mediated the relationship between negative self-schema and distress, and only partial support was found for its role in mediating between illness beliefs and distress.

Discussion

Results indicate that experiential avoidance may be a stronger predictor of distress in individuals with psychosis than negative self-schema or illness beliefs. Clinical and theoretical implications are discussed.

Professional identity development: A grounded theory study of clinical psychology trainees

Rowena McElhinney

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Clinical Supervisor: Katherine Cheshire, NHS Fife

This is a constructivist grounded theory study of the impact of the clinical psychology flexible training scheme on the development of professional identity. Professional identity development involves the acquisition of new role behaviours and new views of the self. Research into professional identity development amongst clinical psychology trainees is scarce. Studies involving clinical psychology trainees have mainly focused on their psychological adaptation to the challenges of training.

A longitudinal study of the 2003 cohort of the University of Edinburgh Clinical Psychology Training Programme was conducted to identify factors that facilitate and impede professional identity development. A combination of focus groups and individual interviews were used to explore flexible trainees' experiences during their 4th and 5th years of training and the experiences of 4-year flexible and 3-year trainees in their first-year post-qualification. All interviews were transcribed and coded line-by-line in order to facilitate the development of analytic categories. Six main categories were identified: Perceived Competence, Formal Status, Comparisons of Self with Others, Expectations of Others, Role Conflict and Role Ambiguity.

The results suggest that professional identity development involves attaining equilibrium between the formal status of the role and the individual's perceived competence in that role. Role conflict, role ambiguity, comparisons of self with others and the expectations of others can all create a sense of disequilibrium and impede the individual's ability to identify

with the professional role.

It would appear that flexible trainees are better able to identify with the professional role on qualification as they have greater opportunities to develop a sense of competence during their training in comparison with their 3-year peers. However, they also appear to experience greater conflict and ambiguity in their roles as flexible trainees, which has implications for their identity development during training.

An exploratory study into the factors which influence nursing staff's attributions, beliefs and behaviour towards individuals who self-harm

Sally Marie Dewis

Academic Supervisor: David Gillanders, University of Edinburgh

Clinical Supervisor: Hermione Thornhill

Previous research into self-harm suggests that nurses frequently hold negative views about individuals who self-harm. In addition there is little consensus in the literature on definitions and causes of self-harm, or the impact of nurses' beliefs on their care giving to this group. This study aimed to explore nurses' attributions, beliefs and behaviour towards self-harm and to identify the impact of this work on nurses.

Q-Sort methodology was used in this study to investigate the attitudes and self reported behaviour of a group of nurses towards people who self-harm. Participants also completed a standardised measure of burnout.

Factor analysis of Q-sort responses resulted in eight factors reflecting mainly positive attitudes but some struggling to understand the individual who self-harms. Analysis yielded no differences between short and longer term working but nurses' personal accomplishment increased from training which discussed self-harm. Implications for theory, clinical practice and service delivery are discussed.

Images of pain: Exploration of the characteristics and functions of pain-related mental imagery in chronic pain

Tom Gosden

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Clinical Supervisor: David Gillanders, NHS Lothian

Introduction

A recent study by Potter *et al.* (in submission) reported that many chronic pain sufferers experience a spontaneous mental image of their pain, and that these individuals also report higher levels of anxiety and depression. However, little is known about the nature of pain-related mental imagery or the role it might have in chronic pain problems.

Research Aims

This project aimed to replicate these findings with a larger sample, and to discover more about the characteristics of pain-related mental imagery. It also aimed to explore the possible function of mental imagery in inducing physiological arousal and negative emotional reactivity.

Methodology

The research consisted of two discrete studies. In the first study, questionnaire measures of mental imagery, pain self-report, depression, anxiety, and use of imagery in everyday life were obtained from a naturalistic sample of chronic pain sufferers (N=105). The second study interviewed fourteen participants who reported experiencing pain-related mental imagery. These participants were also asked to intentionally generate their image and subjective measures of physiological and emotional reactivity were recorded.

Results

A significant proportion (40%) of participants reported experiencing pain-related mental imagery. Those who did also reported significantly higher levels of depression, though a trend towards higher levels of anxiety was not statistically significant. Mental images were predominately reported to be distressing, to occur frequently (at least every day), to interfere with daily living, to be longstanding (on average of three years duration), and to be largely stable over time. The majority of participants who were asked to intentionally self-generate their image during interview reported increases in physiological arousal and negative emotional reactivity.

Discussion

Experiencing a mental image of pain is a common phenomenon among chronic pain sufferers. Furthermore, the images experienced are long-standing, stable, and appear to be linked with physiological and negative emotional reactivity. It therefore seems possible that these images have a role in psychological adjustment to chronic pain for some sufferers and may contribute to long-term distress and disability. These findings suggest that a greater understanding of pain-related mental imagery may contribute to the psychological assessment and treatment of chronic pain sufferers.

The relative roles of family and peer support in metabolic control and quality of life for adolescents with type 1 diabetes

Vicki Robinson

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Clinical Supervisor: Sheenagh Macdonald, NHS Tayside

Background

In Type 1 diabetes metabolic control declines during adolescence, increasing the risk of severe medical complications. Numerous burdensome treatments including insulin management, blood glucose monitoring, diet and exercise are necessary to prevent such complications. Adolescence is characterised by the transition from reliance on the family to independence and increased peer affiliation. It is therefore important to examine the roles of family and peer support for diabetes management tasks within a developmental context. Previous research indicates that family may have a role in supporting practical diabetes management, whilst peers may provide emotional support. Currently there is no research that compares the impact of diabetes-specific family and peer support on both metabolic control and quality of life. The present study addresses these issues.

Methods

Ninety adolescents aged 13-18 with type 1 diabetes participated in this cross-sectional study. Data included youth report of diabetes-specific social support (DSSQ) from peers and family, quality of life (PedsQL) and metabolic control (HbA1c). The relationships between social support, quality of life and HbA1c were examined using *t*-tests and correlations. Fishers Z transformations and hierarchical multiple regression were used to investigate the social support measures as potential predictors of HbA1c and quality of life.

Results

Family provided significantly more support for practical diabetes management tasks than did peers. Peers provided significantly more support for exercise, but less emotional support, than did family. Better metabolic control was predicted by higher levels of family support for exercise and peer support for blood glucose monitoring, increased mood and lower levels of peer support for insulin management. Quality of life was predicted by higher levels of family emotional support and peer support for exercise, lower levels of peer support for insulin management and higher levels of family support for diet.

Conclusion

Whilst family support remains important throughout adolescence, peer support also has an important role in the metabolic control and quality of life of adolescents with diabetes. This has implications for clinical practice, the most significant of which being the education and inclusion of peers in diabetes care.

An exploration of perceived control, acceptance, emotional distress, knowledge and self care in the control of Type II diabetes, in an older adult population.

Victoria Thurlby

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Clinical Supervisor: Charlotte Holmes, NHS Lothian

Introduction

Several factors have been identified in the literature as being influential in improving self-care and blood glucose control in diabetic populations. Many of these factors have been looked at individually making it difficult to directly compare the effects of one to another. This study directly compares several factors (self-care, knowledge of diabetes, acceptance, perceived control and emotional distress) in relation to their role in diabetes management in an older adult population with Type-II diabetes.

Method

A quantitative cross-sectional design was employed to examine the role of the aforementioned factors in relation to diabetes management (defined as blood glucose level or HbA1c level). Patients with Type-II diabetes aged 65 or over were identified and sent information regarding the study. They were then approached at their routine clinic appointment and asked to participate. A total of 81 participants took part in the study completing a series of questionnaires. Information on age, duration of diabetes and blood glucose level (HbA1c level) was gathered for each participant.

Results & Discussion

Correlations were performed to examine the relationships between (self-care, knowledge, acceptance, perceived control (three sub-scales), emotional distress) and blood glucose levels (HbA1c levels). Significant correlations were found for perceived medical control and HbA1c levels and for acceptance and HbA1c levels. There were no significant differences in age groups (young-old, old-old) or differences in groups with adequate verses inadequate blood glucose control. Methodological issues, clinical implications and directions for future research are discussed.

Psychotic and non psychotic interpretations of physiological sensations in delusional, panic disordered, and healthy populations.

Wendy Prentice

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Clinical Supervisor: James Dickinson, NHS Lanarkshire

Aims

Traditionally, psychoses and neuroses have been thought of as being very different in nature. More recently it has been recognised that there may be similarities between these groups in terms of their symptoms in the context of the continuum model. It has been suggested that people with psychosis as well as people with panic disorder experience similar internal experiences (thoughts, emotions, body state information) but interpret them in different ways. This study seeks to explore the extent to which individuals who experience delusions and those who experience panic are similar in terms of their interpretations of common somatic symptoms and to explore other factors which have been implicated in causing and maintaining delusions. This has implications for the further understanding and treatment of delusions.

Design

This study used a between groups design and was based on an opportunity sample of inpatients in a psychiatric ward and out patients attending clinical psychology and psychiatry departments.

Methods

Three groups of participants were recruited for this study which included 16 people who were experiencing delusions, 11 people who were experiencing panic disorder, and

15 healthy individuals who have no previous history of mental health problems. The participants filled in self report questionnaires measuring somatic attributions; metacognitions; experiential avoidance; state/trait anxiety; delusion proneness; self-esteem and emotionality.

Results

Significant differences were found between the clinical groups and the healthy control group on scores for all 7 measures, supporting the hypotheses regarding the similarities between delusional and panic disordered patients compared with healthy controls. Remarkably, there were no significant differences between the clinical groups, although there is partial support for the idea that the clinical groups interpreted somatic symptoms differently, however, this is tentative.

Discussion

Overall, the results provide support for the continuum model of psychosis and Morrison's theory that people who experience panic and those who experience delusions process internal events in a similar way. These results also inadvertently suggest that anomalous internal experiences may be necessary in order for delusional beliefs to occur. However, further research is needed for validation of these results.

Feedback on the Abstract Booklet

This is the first time that we have produced an abstract booklet and we would be interested in your views on it. We intend to produce similar booklets for each subsequent year of DClinPsychol trainees.

Please send your thoughts and suggestions to Paul Morris at p.g.morris@ed.ac.uk

Contacts:

To find out further information about any of these projects, please contact Evelyn Kelly who will be able to put you in touch with the authors.

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