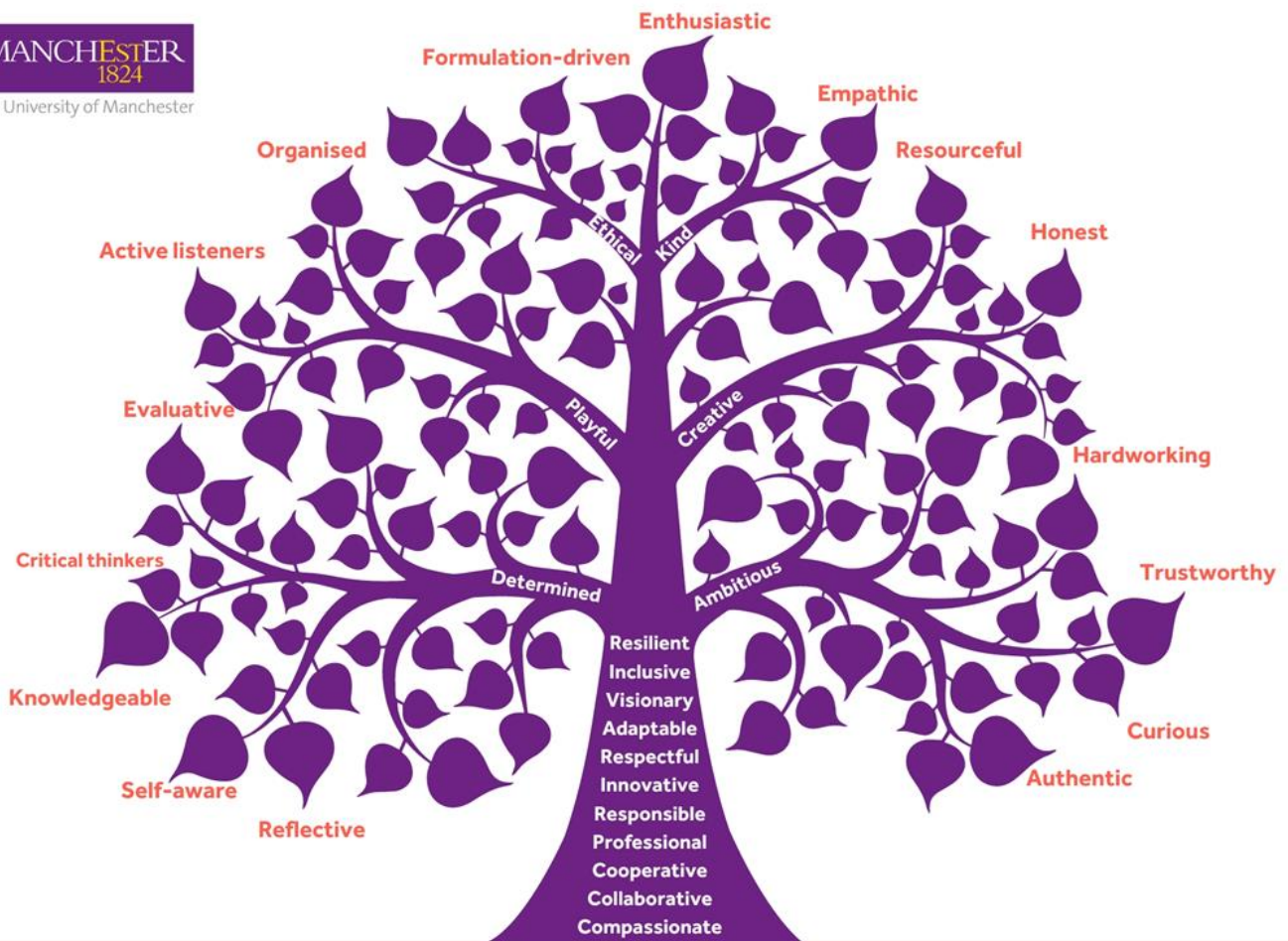


# Academic Implementation Plan for the Clinical Psychology Doctorate at The University of Manchester 2024-2029



KNOWLEDGE | WISDOM | HUMANITY | ACADEMIC FREEDOM | COURAGE | PIONEERING SPIRIT

# Academic Implementation Plan for the Clinical Psychology Doctorate at The University of Manchester

This document has been developed to support the implementation of our [2024-2029 academic strategy](#) for the ClinPsyD. The ideas and practices presented in this plan underpin our aspirations for teaching and learning within the programme, to offer all programme members the opportunity to achieve their potential and support one another in their personal and professional development.



## Contents

Part One .....	3
Creating an Inclusive Learning Culture .....	3
Overarching Implementation Considerations.....	5
Part 2.....	9
Implementing the Theoretical Framework .....	9
2.1 Adult learning model (Andragogy).....	11
2.2. Transformational Learning Theory.....	16
2.3. Team-based Learning Theory.....	18
2.4. Experiential Learning Theory .....	21
3. Considerations for implementing content warnings .....	24
4. Addressing Health Inequalities in Clinical Psychology Training .....	26
5. Quick Reference Guide for Implementation.....	28

## Part One

### Creating an Inclusive Learning Culture



#### **A note on the development and use of this implementation guide**

This implementation guide for the ClinPsyD at the University of Manchester is a living document reflecting our ongoing commitment to fostering an inclusive and supportive learning community. We acknowledge that, as a profession, we have much to learn to enhance equality and this is an evolving process. Our academic strategy, implementation plan, and quick reference guides represent our initial steps towards a more transparent and inclusive academic approach, outlining our goals, proposed pathways, and mechanisms for development. We understand that true progress requires continuous reflection, adaptation, time and the input of diverse voices. While we implement the plans outlined in this document, we will listen carefully, create new avenues for feedback, and continue to reflect to help us refine our approach and ensure that it meets the priorities and needs of our programme members and stakeholders over time. We thank all the programme members and stakeholders who have contributed to our strategy and plans thus far.

*For queries/permissions, please contact Dr Sarah Parry, Academic Director for Clinical Psychology, University of Manchester*

Drawing on the theories and writings of bell<sup>1</sup> hooks<sup>2,3</sup>, an influential scholar in cultural criticism, feminist theory, and education, we can further develop our culture for learning within the ClinPsyD. Cultivating awareness, fostering inclusion, and empowering trainees builds upon hooks' transformative approach to learning. Within this section, we consider how we can benefit from hooks' wisdom and guidance to support trainees during the 'becoming' process of their training as future clinical psychologists.

**Emphasise the Therapeutic Value of Learning:** education can be seen as a practice of freedom, where learning is not just about acquiring knowledge but also about healing and growth, for oneself and others. In clinical psychology training and practice, we can frame our teachings to highlight the therapeutic aspects of learning, encouraging trainees to reflect on their own experiences and the experiences of others to inform personal and professional development. There are many parallels between pedagogical and therapeutic concepts (e.g., vicarious resilience, limbic resonance, self-care) and explicitly looking for therapeutic elements of learning can support trainees to make these connections, drawing further upon personal experience within their unique learning process.

**Promote an Inclusive Classroom Environment:** Consistent with hooks' emphasis on inclusivity and the empowerment of marginalized voices, educators should strive to create an environment where all trainees feel seen and heard. This includes addressing various forms of inequality and discrimination within the curriculum, such as race, gender, and socioeconomic status, and proactively incorporating diverse voices and practices. We should also be mindful of facilitators and barriers to learning processes, which can feel challenging and initially deskilling to some, offering foundational training around distress management, peer support, and skills in how to sit with discomfort, and engage in challenging conversations and reflections.

**Encourage Critical Thinking and Self-Reflection:** championing a critical approach to education, urging trainees to question dominant paradigms and ideologies. For clinical psychology, this means teaching trainees to critically evaluate the foundations and biases of psychological theories, evidence-bases, and practices. Encouraging self-reflection helps trainees understand their own biases and how these may affect their future practice. Further training in cultural humility can support a gradual unlearning and relearning process and develop trainees' skills and confidence to engage in respectful and meaningful interactions on sensitive topics.

**Integrate Theory with Practical Application:** Praxis—applying ideas to practice. Within clinical psychology training, we can draw upon the blended learning model (placements, online, and in person training) to nurture learning of theoretical concepts and understand how to apply these in practical settings (e.g., research, clinical practice, training, team working). Employing critical reflective conversations, case studies, role-playing, or placement planning activities can offer a 'safe enough' practice space before trainees practice their skills in real-world scenarios.

**Foster a Sense of Community and Collaboration:** According to hooks, education is most effective when it promotes the collective good rather than individual competition. In the context of clinical psychology training cohorts, this can be implemented by encouraging collaborative learning and peer support networks. Group projects, active learning sets, reflective groups, and peer supervision sessions can be valuable in building a supportive learning community. Trainees should also be

---

<sup>1</sup> Author bell hooks opted not to capitalize her name, hoping to keep the public's focus on her work.

<sup>2</sup> hooks, b. (1996). Teaching to transgress: Education as the practice of freedom. *Journal of Leisure Research*, 28(4), 316.

<sup>3</sup> Brookfield, S. (2003). The praxis of transformative education: African American feminist conceptualizations. *Journal of Transformative Education*, 1(3), 212-226.

reminded they are not competing for academic advancement, which may be different to their previous experiences of academic working. Whilst individual endeavour is assessed throughout training, peer support and teamwork will support all trainees to reach their full potential, resulting in higher levels of knowledge and skills to enhance their undertakings as clinical psychologists.

**Practice Compassionate Pedagogy and Andragogy:** For clinical psychology educators, this involves showing empathy and fostering empathy among trainees. Teaching approaches should aim to model and cultivate compassion, self-care, embrace sensitivity as well as resilience, and provide protected time for processing the impact of learning, professional identity change, and 'becoming' within a supportive learning community and environment.

**Continuous Professional Development:** As educators of trainees, we can model CPD, recognising that effective teaching involves continual learning and adaptation, recognising trainees are both learners and educators during their time as trainees, and future trainers and supervisors of trainees. CPD can enrich our learning environment as we stay updated with the latest research and clinical practices, ensuring teaching remains relevant and informed.

By integrating these principles into teaching and learning strategies, clinical psychology educators can create a more engaging, inclusive, and effective learning environment that aligns with the transformative educational philosophy of bell hooks and our underpinning theories for learning in our academic strategy.

## Overarching Implementation Considerations

**Integration Across Training:** Ensure that values-based learning, reflective learning, intersectional awareness, and trauma-informed principles are woven through both synchronous and asynchronous learning, reflecting their interconnectedness in the learning process and real-world practice.

**Continuous Professional Development:** Regularly offer opportunities for trainees to engage in further learning and reflection, enhancing their skills and understanding of complex clinical, societal, and environmental issues.

**Evaluation and Feedback:** Implement a robust system for feedback and continuous assessment to ensure the effectiveness of both teaching methods and trainee learning outcomes.

**Establish Trust and Respect:** If new to the group or introducing novel and sensitive information, begin by setting parameters and expectations that emphasize confidentiality, respect for all opinions, and non-judgmental listening. It is crucial that members of the learning space feel safe sharing their thoughts and experiences, that mistakes are permitted in a learning process, and that we sometimes learn through trial and error, and reflection enhances learning and professional growth.

**Promote Inclusivity:** Make sure all members of the learning space feel welcomed and valued by acknowledging and celebrating diversity. This includes diversity in opinions, backgrounds, and experiences.

**Foster Open Communication:** Encourage open, honest dialogue while ensuring that discussions are moderated to prevent any form of disrespect or harm. This might include having a system in place for trainees to share information, feedback, or questions anonymously if they prefer.

**Provide Support Resources:** Training topics in clinical psychology can be triggering and can resonate with people's personal and professional experiences. Consider when content warnings may be

helpful to issue prior to a learning session, providing self-care resources or information sources prior to learning, and normalise the unpredictability of information that trainees will encounter on placement, with in person training offering an environment to develop coping strategies for potential distressing stimuli.

**Sensitive Language:** Educate on the use of sensitive, non-stigmatizing language when discussing mental health issues. Language shapes perception, and words can create a more accepting and understanding environment.

**Implement Active Learning Strategies:** Engage participants through activities, discussions, and real-life scenarios that make learning more relatable and less theoretical. This can help in understanding the complexity and nuance of mental health issues, normalising challenges as part of everyone's life.

**Lived Experiences:** When appropriate and with consent, invite and include narratives or guest speakers who have lived experiences of mental health challenges, highlighting that many people hold both a professional and personal experience of mental health difficulties. These conversations can nurture narratives around understanding struggle, coping, overcoming challenges, and hopefulness.

**Practice Self-Care and Boundary Setting:** Teach and practice self-care and boundary-setting within the educational setting. It's important for trainees to recognize and respect their own limits, especially when discussing potentially distressing topics. Offer reflective time before engaging trainees in sensitive discussions, so they have time to consider their boundaries for the conversation.

**Offer Debriefing Sessions:** After covering particularly sensitive topics, provide an opportunity for trainees to reflect and debrief. This can be in the form of a group discussion, individual reflections, expressing gratitude, or through creative outlets like writing or drawing.

Synchronous Strategies	Asynchronous Strategies
<b>Values-Based Learning</b>	
<p><b>Interactive Workshops:</b> Weave critical discussions into face-to-face workshops (e.g., ethical decision-making/problem-based learning activities), supporting trainees to discuss and resolve ethical dilemmas with immediate feedback from each other and trainers.</p> <p><b>Group Discussions:</b> Facilitate in-person discussions focusing on how personal values influence professional behaviour and interactions with others, utilizing real-world scenarios and inviting reflective feedback.</p>	<p><b>Reflective writing:</b> Assign writing tasks before or after in person training that require trainees to reflect on the integration of personal values with professional ethics and expectations, which they can work on independently, either for private reflection or group discussion.</p> <p><b>Case Study Analysis:</b> Provide access to case study material that illustrates ethical challenges, complete with guiding questions for personal exploration, critical reflection, and workshop preparation.</p>
<b>Reflective Learning</b>	
<p><b>Reflective facilitation:</b> In person, small group, facilitated sessions where trainees discuss their reactions and responses to learning, encouraging reflexive learning skills, peer support, and critical considerations on personal, professional, and peer development.</p> <p><b>Role-Play Exercises:</b> Support live role-play sessions within workshop settings that simulate interactions, leaving time for reflections, encouragement, appraisal, and feedback.</p>	<p><b>Learning Diaries:</b> Encourage trainees to keep private journals, documenting their reflections on learning experiences and personal growth, which they can choose to discuss during supervision or in reflective spaces.</p> <p><b>Peer Review Groups:</b> Set up a system where trainees can share their reflections with peers through secure digital mediums, fostering a community of reflective learning, support, and feedback.</p>

### Intersectional Awareness

**Engagement Workshops:** Host workshops featuring guest speakers to raise awareness of societal, historical, intersectional, and structural inequalities; critically reflecting upon personal and professional responsibility and accountability. Consider trainee needs prior to and after these sessions, equipping trainees with the tools to fully engage and take learning forwards.

**Interactive Role-Playing:** Offer 'safe enough' spaces for trainees to practice implementation of new approaches/thinking in a learning environment.

**Cultural Competence and Humility:** Recognise where learning is required beyond professional boundaries. Invite educators who can educate programme members, recommend learning resources, and challenge inequalities within our profession that may be stifling awareness, learning and professional development.

**Interviews:** Provide recorded interviews with people and organisations driving equality to encourage lexicon development around sensitive issues, critical discourses, and greater awareness of intersectionality.

### Principles of Trauma-Informed Learning Environments

**Trauma-Informed Practice Seminars:** Use the dynamic nature of in person workshops to present and discuss trauma-informed practices and frameworks, supporting trainees to understand their implementation, relevance and impact across settings and contexts.

**Employ core principles:** As trainees become familiar with trauma-informed principles, bring these principles into the learning community for the benefit of individuals, peers, and the cohort, highlighting the utility of trauma-informed principles for trainees working in often challenging environments, promoting a supportive learning environment.

**Online Trauma Training:** Identify reading, listening, and watching opportunities to learn about how trauma-informed principles are operationalised in health, social care, and education to offer examples.

**Scenario-Based Exercises:** Provide scenario-based exercises that trainees can work through at their leisure to apply trauma-informed principles using hypothetical situations they might encounter, personally or professionally, directly or indirectly, to encourage familiarisation and critical thinking before and after in person training. It can be helpful to offer scenarios in which trauma-informed principles are employed to help others and oneself



## Part 2

### Implementing the Theoretical Framework



The four theoretical educational approaches that underpin our ethos for learning include: Andragogy, Transformational Learning Theory, Team-based Learning (TBL), and Experiential Learning Theory, tailored to enhance clinical psychology training. These methodologies aim to foster deeper engagement, practical application of theory, and personal and professional development among trainees.

### *1. Andragogy: Adult Learning Model*

Andragogy focuses on the self-directed nature of adult learners, emphasizing empowerment, relevance, and practicality. Training programs should be learner-centred, utilising learners' experiences and goals to enhance motivation and engagement. This includes providing choices in learning materials and methods, leveraging prior experiences, and encouraging a goal-oriented approach. Synchronous and asynchronous sessions should be designed to facilitate real-world application and skill-based learning.

### *2. Transformational Learning Theory*

Transformational Learning Theory facilitates deep, meaningful learning experiences by challenging trainees to critically reflect upon and transform their existing frames of reference. This approach promotes the development of leadership qualities and adaptability, essential in high-pressure environments. Educators should create inclusive learning environments, encourage critical reflection, and integrate real-world problems to enhance engagement and understanding.

### *3. Team-based Learning (TBL)*

TBL emphasizes preparation, application, and collaboration, mirroring the collaborative nature of clinical environments. Key elements include pre-class tasks to ensure readiness, diverse team formation for a supportive learning environment, and immediate feedback during in-class application of knowledge. This method enhances critical thinking and practical application of theoretical knowledge through structured team-based activities.

### *4. Experiential Learning Theory*

Focusing on 'learning by doing', Experiential Learning Theory supports the practical application of theoretical knowledge through interactive methods such as case studies, role-playing, simulations, placements, and reflections upon the process of experience. This theory encourages active participation and reflective practice, allowing trainees to engage deeply with material and apply learning in realistic settings, reflecting upon what was learnt to take forwards.

### *Cross-Cutting Theoretical Themes*

**Engagement and Practical Application:** All theories stress the importance of engaging learners through practical, real-world applications of psychological theories and practices.

**Critical Reflection and Personal Growth:** Encouraging trainees to reflect on their learning and experiences is a core element, fostering personal insight and professional growth.

**Collaboration and Peer Learning:** Promoting an environment where trainees learn from each other, educators, and stakeholders, and collaborate on tasks to enhance learning outcomes and mirror professional clinical practice.

**Flexibility and Support:** Adapting teaching methods and pacing to the needs of trainees, programme members supporting one another in an optimal learning environment, and providing robust support mechanisms, are crucial for effective learning environments.

**Technology Integration:** Employing digital tools and platforms can enhance engagement, facilitates collaboration, and supports diverse learning styles.

### *Planning Asynchronous Materials*

Please bear in mind that trainees will be working through materials at their own pace and may need more time to understand and engage with particularly challenging topics, especially early on in training. **Five minutes** of the allocated time should be allocated for an initial review of the asynchronous material. Please account for typical reading speeds of 175-300 words per minute and clearly differentiate between **essential** and **recommended** materials. Trainees should be able to engage with all essential materials in the time allocated. You may wish to include a word document with a **checklist** if not all materials are essential, so it is clear what materials trainees should prioritise.

## 2.1 Adult learning model (Andragogy)

Designing **synchronous** teaching<sup>4</sup> based on the adult learning model, or Andragogy, involves understanding and employing the characteristics that distinguish adult learners. Malcolm Knowles<sup>5</sup>, who popularised Andragogy, identified several assumptions about adult learners that can guide the creation of effective learning, which have been developed in recent years<sup>6</sup>, and are discussed here.

### *Learner-Centred Approach*

Within andragogy, it is essential that learners (trainees) feel in control of their learning. Offering choices and options in terms of the focus of assessment materials, and discussion in classroom settings can support this, as can reminding trainees of the choices they have already made that brought them to clinical psychology training. This is a key differentiating feature between andragogy and pedagogy. Developing high quality and highly relevant asynchronous materials can also support trainees to prepare and feel more in control of their engagement in in-person learning environments.

**Experience as a Resource:** Encourage the sharing of experiences among trainees, especially when working with case material or in activity-based learning. Supporting trainees to connect their past successes, experiences, and values with the content they are currently working with can enhance motivation and improve engagement. Further, adopting a ‘past, present, future’ approach to group discussions can help trainees learn from one another’s past experiences, reflect upon what they are able to achieve currently, individually and collaboratively, and reflect upon what they choose to leave behind or take with them into their future as they continually develop their professional identity. Creating space to share these temporal reflections within groups can foster perspective taking, vicarious resilience, hopefulness, and offer some distance from current struggles within the training process.

### *Goal-Oriented*

**Clear Objectives:** Begin with a clear statement of learning objectives, related to module learning outcomes, so the trainees know why they are learning the topic/approach in a particular way.

---

<sup>4</sup> Knapke, J. M., Hildreth, L., Molano, J. R., Schuckman, S. M., Blackard, J. T., Johnstone, M., & Mendell, A. (2024). Andragogy in Practice: Applying a Theoretical Framework to Team Science Training in Biomedical Research. *British Journal of Biomedical Science*, 81, 12651.

<sup>5</sup> [What Is Malcolm Knowles' Adult Learning Theory? \(growthengineering.co.uk\)](https://www.growthengineering.co.uk/what-is-malcolm-knowles-adult-learning-theory/)

<sup>6</sup> Bergkvist, L., Ahlin, K., Humble, N., Mozellius, P., & Johansson, J. (2023). Redesigning Professional Development on Digital Transformation Using Andragogy as a Theoretical Lens. In *European Conference on e-Learning*, 22(1), pp. 25-32.

**Self-Directed Goals:** Encourage trainees to set their own personal learning goals in addition to the module learning outcomes to support their individual professional development within the learning space.

### *Relevance and Practicality*

**Direct Application:** Content should be immediately relevant to trainees' professional and/or personal lives. Use real-world scenarios and problem-solving exercises.

**Skill-Based Learning:** Focus on practical skills and knowledge that can be applied on placement and/or in research. Incorporate simulations, role-playing, ethical dilemmas, and project-based tasks.

### *Respectful and Collaborative Environment*

**Peer Learning:** Facilitate opportunities for trainees to learn from each other, recognizing that each trainee brings valuable experiences. Two approaches to support this process are outlined below.

**1. Flipped learning** in mental health training involves restructuring traditional educational formats by delivering theoretical content through online content prior to face-to-face workshops<sup>7</sup>. This method allows classroom time to focus on practical, interactive activities such as role-plays, case discussions, and collaborative problem-solving exercises. Trainees engage with the material beforehand, ensuring readiness for in-depth exploration of mental health issues during class, thereby enhancing understanding and application of complex concepts through active, peer-supported learning. Within this approach, the educator/facilitator may provide an intro and outro to the session, but trainees lead the learning process, often presenting their new learning to one another towards the end of the process to share knowledge.

**Content Preparation (Asynchronous):** Develop comprehensive online introductory/conceptual information (e.g., videos, readings, vignettes, and interactive elements covering essential theories and knowledge), ensuring trainees can engage with the material at their own pace before workshops.

**Pre-Workshop Tasks (Asynchronous):** Assign pre-workshop activities, such as reflective exercises, to encourage self-evaluation from trainees on their readiness for in-person sessions. Please make it clear to trainees which resources are essential preparation for the session, and which are optional by using two folders or adding *essential* or *recommended* to the title.

#### **Workshop Structure (Synchronous):**

- Conduct in-person sessions focused on experiential learning, beginning with a review of key concepts to ensure a common starting point.
- Facilitate interactive activities like role-plays, case analyses, and group discussions to apply theoretical knowledge.
- Provide prompts in the form of questions, a structure for reflection, or quotes from a range of perspectives to encourage planning and engagement.

---

<sup>7</sup> Burden, M. L., Carlton, K. H., Siktberg, L., & Pavlechko, G. (2015). Flipping the classroom: Strategies for psychiatric-mental health course. *Nurse educator*, 40(5), 233-236.

**Peer Learning (Synchronous):** Group trainees by experience levels to encourage peer-to-peer learning, using real-life scenarios and clinical simulations to foster practical skills.

**Feedback and Reflection (Synchronous):** End sessions with a feedback round to share learning, reflect on learning applications, and gather insights to adjust future sessions and online material.

**Respectful Interaction:** Ensure that the learning environment is respectful and inclusive, valuing the diversity of learners and perspectives. Depending upon the topic, this can be achieved by asking trainee groups to work with different or similar material.

**2. Action learning** is a dynamic and reflective approach to professional development. This method centres on small groups, known as action learning sets, where members collaboratively address real-life issues, facilitating personal and professional growth through reflective learning. Educators of clinical psychologists can harness this methodology to enhance practical skills, critical thinking, and the ability to handle complex psychological scenarios<sup>8</sup>.

### **How Action Learning Works**

In action learning, participants (set members) meet regularly to discuss and reflect on individual challenges faced in their clinical practice. Each member presents a specific issue or case they are dealing with, and the group engages in a structured dialogue to explore the problem, offer perspectives, and devise actionable solutions. This process not only aids in resolving specific issues but also promotes a deeper understanding of broader psychological principles and practices.

### **Setting Up an Action Learning Workshop**

#### *1. Define Objectives*

Clearly outline what the workshop aims to achieve, connected to the module learning outcomes.

#### *2. Select Participants*

Typically, an action learning set consists of 4-8 participants, ideally with a range of perspectives and experiences.

#### *3. Schedule and Structure*

Allow enough time for each member to present and discuss their case. Each session would usually last between two and four hours, depending on the group size and issues presented.

---

<sup>8</sup> Lockyer, L., Heathcote, E., & Dawson, S. (2013). Informing pedagogical action: Aligning learning analytics with learning design. *American Behavioral Scientist*, 57(10), 1439-1459.

#### 4. Prepare the Environment

Ensure a confidential and respectful setting where participants feel safe to share and reflect on their professional experiences. The physical or virtual space should be arranged to facilitate open communication.

#### 5. Facilitate the Process

The facilitator should guide the discussion, ensuring that each member contributes and adheres to the process. The facilitator plays a crucial role in keeping the session focused and productive.

#### 6. Reflection and Action

Encourage members to reflect on the discussion and to identify actionable steps they can implement in their practice. If possible, follow-up in subsequent sessions to discuss the outcomes and further learning, or recommend trainees pick these points up with supervisors.

#### 7. Evaluate and Adapt

Regularly assess the effectiveness of the action learning sessions and adjust as needed. Feedback from participants is essential to refine the process and achieve the desired learning outcomes.

### **Benefits of Action Learning in Clinical Psychology Education**

*Enhanced Problem-Solving Skills:* Engaging with real-world problems in a reflective manner sharpens problem-solving capabilities.

*Improved Reflective Practice:* Regular reflection on action helps educators and their trainees develop a habit of critical self-analysis, which is vital in clinical settings.

*Increased Collaboration and Support:* Action learning fosters a supportive network among educators, reducing professional isolation and promoting shared learning.

*Greater Adaptability:* Frequent exposure to new and diverse issues enhances flexibility and adaptability in clinical practice.

#### **2.1.1 Additional Guidance for Synchronous Delivery**

##### *Flexible and Supportive*

**Adaptability:** Be prepared to adjust the pacing, content, and teaching methods based on feedback and the needs of the trainees. Tools such as Kazoo, Kahoot! or [Padlet](#) can offer live feedback loops in workshops.

**Support Structures:** Provide ample support, including breakout spaces, reflective conversation times, additional breaks if needed, and refer to self-care information if addressing sensitive topics. Trainees can be reminded of support available from tutors, the university wellbeing service, and GMMH employee assist programme.

### **2.1.2 Additional Guidance for Asynchronous Delivery**

Implementing high-quality **asynchronous** teaching<sup>9</sup> tailored to the Adult Learning Model (Andragogy) involves understanding and employing the principles of andragogy to create an engaging and effective learning experience.

#### *Understand Your Learners*

**Self-Concept:** Recognize that adult learners view themselves as self-directed. Provide them with options to choose their learning paths, materials, and focus for individual prep by recommended and optional asynchronous material. For example, a ‘Read - Watch - Listen’ approach to a central theme, so trainees can choose a medium that resonates with them. For instance, a short academic article or blog, a short online video, and a podcast or radio excerpt.

**Experience:** Use the learners’ experiences as a resource in learning. Encourage pre-workshop sharing of learning and experience through online forums and reflective activities.

#### *Create Relevant Content*

**Need to Know:** Make sure that content ties directly to module learning outcomes and real-world applications or professional/personal development goals.

**Problem-Centred:** Design content around problem-solving and solution focused thinking. Case study material, examples of where a positive difference had been made to someone’s life, and issues relating to promoting inclusivity, tackling inequality, and addressing social justice issues in clinical psychology may help engage trainees prior to the workshop and encourage greater critical thinking.

#### *Encourage Reflection and Management*

Integrate reflective activities that prompt learners to think about what they’ve learned, how they’ve learned it, and how they can apply it. This could be through journals, blogs, or discussion posts. This approach can be linked to public engagement and connecting clinical psychology training and learning with public psychoeducation, research dissemination, and inviting diverse perspectives in professional issues and challenges. Consider project management and collaboration tools like Trello, Microsoft Project, or Slack for group projects and communication, encouraging professional development in project management.

#### *Summary*

Creating a high-quality asynchronous learning environment for adult learners requires thoughtful design that respects the principles of andragogy, leverages technology effectively, and provides ample support and opportunities for learners to engage with the material, peers, the trainer/facilitator, and professional issues.

---

<sup>9</sup> Nolan, A. (2023). Engaging the Adult Learner: An Action Research Study on Delivering Effective Online Learning Experiences.

## 2.2. Transformational Learning Theory

Transformational Learning Theory involves strategies and approaches that foster deep, meaningful learning experiences<sup>10</sup>. Transformational Learning Theory, as proposed by Jack Mezirow, emphasizes the process by which we transform our taken-for-granted frames of reference (mindsets, habits of mind, worldviews) to more inclusive, discriminating, open, reflective, and emotionally able to change, supporting trainees to become agents for change and leadership<sup>11</sup>. Such transformations usually occur through critical reflection, dialogue, and the challenging of assumptions.

Transformational learning theory can significantly impact the professional development and psychological wellbeing of trainees, further supporting their resilience in the face of common stressors in clinical training. For example, Schubert, Rhodes, and Buus (2021) identify how transformational learning can reshape professional identities. By engaging deeply with new models of patient interaction, such as open dialogue, trainees can question and revise their previously held professional norms and values, creating new opportunities for professional growth through reflecting upon dynamic experiences. This reflective process is at the core of transformational learning, which promotes greater adaptability and empathetic skills in clinical practice.

Additionally, Hannah, et al., (2020) critically consider how understanding and applying transformational leadership can enhance one's ability to manage one's own psychological health and that of their colleagues and clients. Transformational learning theory provides a framework for trainees to develop leadership qualities that foster an inclusive and supportive environment, crucial for high-pressure working environments. Finally, Bainbridge and Del Negro (2020) explore shifting from an ego-centric to an eco-centric approach in education. Drawing upon this approach, trainees are encouraged to move beyond individualistic perspectives to a broader understanding of the interconnectedness of human experiences and environments. This shift can enhance holistic approaches to care in clinical settings and collaborative research, aligning with transformational learning principles that emphasize critical reflection and a broader worldview.

Overall, transformational learning theory is crucial for trainee clinical psychologists as it facilitates a deep and reflective engagement with their evolving professional role and identity, enhances their leadership and interpersonal skills, nurtures resilience and peer working, and supports a holistic understanding of the ecosystems trainees and clinical psychologists operate within. This theory encourages an ongoing reassessment of assumptions and knowledge, fostering continuous personal and professional growth.

### 2.2.1 Synchronous Delivery

In a **synchronous** teaching environment, applying Transformational Learning Theory effectively can enhance engagement, understanding, and the personal growth of trainees. The following strategies can help to ensure high-quality synchronous teaching employing this theory.

**Create an Inclusive Learning Environment:** Begin by establishing a safe, respectful, and supportive classroom atmosphere where every trainee feels valued and encouraged to share their views and experiences. This can involve setting clear expectations for positive communication, encouraging diverse viewpoints, and modelling inclusive language.

---

<sup>10</sup> Schubert, S., Rhodes, P., & Buus, N. (2021). Transformation of professional identity: an exploration of psychologists and psychiatrists implementing open dialogue. *Journal of family therapy*, 43(1), 143-164.

<sup>11</sup> Hannah, S. T., Perez, A. L., Lester, P. B., & Quick, J. C. (2020). Bolstering workplace psychological well-being through transactional and transformational leadership. *Journal of Leadership & Organizational Studies*, 27(3), 222-240.



**Encourage Critical Reflection:** Use activities that prompt trainees to examine their assumptions and beliefs. This could involve reflective journals, guided discussions where trainees compare their viewpoints with others, and critical thinking exercises related to the course content.

**Facilitate Engaging Discussions:** Promote dialogue that encourages trainees to question and debate various perspectives. This can be achieved through small group discussions, debates, and the use of thought-provoking questions that challenge trainees to think deeply about the subject matter.

**Integrate Real-world Problems:** Apply course concepts to real-world scenarios, encouraging trainees to connect theory with practice and theory. This approach helps learners see the relevance of their learning and motivates them to apply their knowledge in meaningful ways.

**Provide Prompt, Constructive Feedback:** Offer timely and constructive feedback on discussions. Feedback should aim to guide learners in reflecting on their performance and identifying areas for growth.

**Use Diverse Teaching Tools and Techniques:** Use technology and varied instructional methods to cater to different learning styles. This might include multimedia presentations, interactive simulations, and live polling to keep learners engaged.

**Encourage Application and Reflection:** Design activities that require trainees to apply what they've learned and then reflect on their experience. This could involve case studies, simulation exercises, or project-based learning where trainees work on real-life projects and then present their findings.

**Promote Self-directed Learning:** Encourage trainees to take responsibility for their learning by setting personal goals, seeking out additional resources, and engaging in self-assessment. This empowers learners to become independent thinkers and continuous learners.

**Support Collaborative Learning:** Facilitate opportunities for peer learning and collaboration. Group projects, peer review sessions, and collaborative problem-solving activities can all help trainees learn from each other, build community, and develop interpersonal skills.

### **2.2.2 Asynchronous Delivery**

High-quality **asynchronous** teaching, guided by Transformational Learning Theory, focuses on creating learning experiences that foster critical reflection, personal insight, and the transformation of learners' perspectives. Asynchronous teaching presents unique challenges and opportunities for implementing this theory.

**Create Engaging and Reflective Content:** Use multimedia resources (videos, podcasts, readings) that not only present information but also encourage learners to reflect on their experiences and preconceptions. Materials should be designed to prompt questions and challenge existing viewpoints.

**Facilitate Critical Reflection:** Incorporate reflective tasks such as journals, blogs, or discussion posts where learners are encouraged to critically examine their thoughts, beliefs, and assumptions. These tasks should prompt learners to consider how their background and experiences influence their understanding of the course material.

**Encourage Discourse:** Foster a sense of community and dialogue through structured discussion forums. Here, learners can exchange views, debate concepts, and offer feedback to peers. Instructors should actively participate in these discussions to guide conversation, pose challenging questions, and highlight different perspectives.

**Design Collaborative Activities:** Implement group projects or peer-review tasks where learners can collaborate asynchronously. These activities can help learners appreciate diverse viewpoints, work together to solve problems, and critically evaluate the work of their peers.

**Integrate Problem-Based Learning:** Use case studies, simulations, or project-based assignments that require learners to apply course concepts to real-world scenarios. These activities encourage learners to engage deeply with the material and to apply their learning in practical contexts.

**Provide Opportunities for Formative and Self-Assessment:** Include quizzes, self-assessment tools, and reflective prompts that allow learners to evaluate their understanding and progress. These tools can help learners identify areas for improvement and encourage them to take responsibility for their learning journey.

**Offer Personalized Feedback:** Provide detailed, constructive feedback where possible. Personalized feedback is crucial in an asynchronous environment, as it helps learners understand their progress, challenges their assumptions, and guides their reflection process.

**Encourage Autonomy and Self-Directed Learning:** Design the training in a way that learners can navigate through the material flexibly, allowing them to focus on areas of interest or where they need more practice. Providing a range of resources and optional activities can support this autonomy.

**Utilize Adaptive Learning Technologies:** Where possible, incorporate adaptive learning tools that adjust the difficulty level of tasks based on the learner's performance. These tools can provide a customized learning experience that challenges learners at the right level and pace.

**Foster a Supportive Learning Community:** Create a sense of belonging and support among learners by establishing peer support groups, online forums chats, or an online office hour (ideally on a Friday). A supportive community can motivate learners to engage deeply with the transformational learning process.

### 2.3. Team-based Learning Theory

Team-Based Learning (TBL) is increasingly recognised as an effective educational strategy in clinical psychology training, facilitating a deeper understanding of the benefits of co-production and collaboration, and peer engagement among trainees. TBL emphasises the importance of structured group learning that encourages active participation and a shift from traditional didactic teaching methods. For instance, Rhodes and Langtiw (2018)<sup>12</sup> identify the necessity of community-based approaches in clinical psychology, suggesting that TBL can bridge theoretical knowledge with practical, community-focused interventions. This method fosters a greater connection between trainees and the communities they serve, enhancing their ability to understand and address diverse mental health needs effectively. Madson, Zaikman, and Hughes (2020)<sup>13</sup> further support the adoption of TBL, presenting evidence that it not only improves knowledge retention but also enhances skills in critical thinking and application of psychological theories.

---

<sup>12</sup> Rhodes, P., & Langtiw, C. (2018). Why clinical psychology needs to engage in community-based approaches to mental health. *Australian Psychologist*, 53(5), 377-382

<sup>13</sup> Madson, L., Zaikman, Y., & Hughes, J. S. (2020). Psychology teachers should try team-based learning: Evidence, concerns, and recommendations. *Scholarship of Teaching and Learning in Psychology*, 6(1), 53

Similarly, Sisk (2011)<sup>14</sup> provides a systematic review of TBL, highlighting its benefits in terms of increased academic performance and learner satisfaction. This is echoed in the study by Walker et al. (2020)<sup>15</sup>, which explores the role of team dynamics in learning processes. Their findings suggest that effective team interactions significantly contribute to the learning experience, potentially leading to better outcomes in behavioural research methods. Finally, TBL integrated with flipped learning techniques<sup>16</sup> appears to stimulate higher levels of understanding and application among trainees, particularly where analytical and evaluative skills are learnt. Finally, Burgess et al. (2020)<sup>17</sup> examine the engagement of learners in interprofessional TBL settings. Their research underscores the importance of team collaboration across different health disciplines, indicating that TBL can effectively prepare professional learners world interprofessional teamwork, which is critical in clinical settings. Overall, TBL is a valuable approach, which enhances academic performance and engagement, preparing future clinical psychologists with the collaborative and practical skills necessary for effective practice, particularly in interprofessional settings. Implementing high-quality **synchronous** teaching based on team-based learning (TBL) theory in clinical psychology involves creating an engaging, interactive learning environment that encourages collaboration and active learning. TBL is particularly effective in clinical psychology education because it mirrors the collaborative nature of the clinical environment.

### *Preparation Phase*

**Pre-class Assignments:** Ensure that trainees have a strong foundation of the basic concepts before class. This could include readings, lecture videos, or quizzes on theories, case studies, or foundational knowledge.

**Trainee Accountability:** Use individual readiness assurance tests ([iRATs](#)) to assess trainees' preparation and understanding of pre-class assignments.

### *2.3.1 Synchronous Delivery*

#### *In-Class Application*

**Team Formation:** Create diverse teams based on trainees' strengths and learning styles to encourage a range of perspectives and a supportive learning environment.

**Team-Based Activities:** Design activities that require application of theoretical knowledge to clinical psychology scenarios, such as developing formulations and treatment plans from a range of theoretical perspectives or analysing case studies.

**Immediate Feedback:** Provide immediate feedback on team activities to reinforce learning and correct misunderstandings in real-time.

---

<sup>14</sup> Sisk, R. J. (2011). Team-based learning: systematic research review. *Journal of Nursing Education*, 50(12), 665-669

<sup>15</sup> Walker, E. R., Lang, D. L., Caruso, B. A., & Salas-Hernández, L. (2020). Role of team dynamics in the learning process: a mixed-methods evaluation of a modified team-based learning approach in a behavioral research methods course. *Advances in Health Sciences Education*, 25, 383-399

<sup>16</sup> Beek, Y. V. (2021). Using flipped classroom and team-based learning techniques to stimulate higher levels of understanding in developmental psychopathology. *Psychology Learning & Teaching*, 20(2), 250-26

<sup>17</sup> Burgess, A., Kalman, E., Haq, I., Leaver, A., Roberts, C., & Bleasel, J. (2020). Interprofessional team-based learning (TBL): how do trainees engage?. *BMC medical education*, 20, 1-11.

### *Facilitation*

**Active Facilitation:** The instructor acts as a facilitator rather than a lecturer, guiding discussions, providing clarification, and encouraging deeper analysis.

**Peer Teaching:** Encourage teams to discuss their reasoning and thought processes with the class, fostering peer teaching and learning.

**Critical Thinking:** Focus on activities that promote critical thinking, ethical considerations, and application of theory to practice.

### *Technology Integration*

**Collaborative Tools:** Use online platforms and tools that facilitate synchronous communication, document sharing, and collaborative work.

**Virtual Simulations:** Incorporate virtual simulations or role-playing exercises to mimic clinical situations, allowing trainees to apply theoretical knowledge in simulated practice.

### *Assessment and Evaluation*

**Continuous Assessment:** Use a combination of individual and team assessments to evaluate understanding and application of core concepts.

**Reflective Practice:** Encourage reflective writing or discussions about what trainees learned from each session, challenges faced, and how they overcame them.

### *Feedback Loop*

**Regular Feedback:** Collect feedback from trainees about the effectiveness of the teaching methods, team dynamics, and learning environment.

**Iterative Improvement:** Use feedback to make continuous improvements to the teaching approach, materials, and team configurations.

## **2.3.2 Asynchronous Delivery**

### *Course Design and Preparation*

**Learning Objectives:** Clearly define learning objectives that align with the competencies required in clinical psychology and module learning outcomes. This ensures that the asynchronous activities are purposeful and directed towards achieving specific outcomes.

**Pre-Recorded Lectures:** Create high-quality, engaging video lectures on foundational concepts. These lectures should be concise and supplemented with readings, case studies, and other resources.

### *Implementation of TBL Components*

**Pre-Class Preparation:** Assign readings, lecture videos, and/or other preparatory materials that trainees must complete before engaging in team activities. This ensures a baseline level of knowledge across the team.

**Peer Feedback:** Implement a structured peer feedback mechanism where team members evaluate each other's contributions. This fosters accountability, critical reflection, and growth. This can be completed online before or after the class.

**Reflection and Metacognition:** Incorporate opportunities for reflection and metacognition to help trainees think about their learning process, monitor their understanding, and make connections between new and existing knowledge.

## 2.4. Experiential Learning Theory

Recent literature on experiential learning theory (ELT) in clinical psychology training highlights several key themes: the adaptability of experiential methods to current global challenges, the importance of cultural competence, the effectiveness of hands-on training for evidence-based interventions, innovation in learning design, and the critical role of reflective practice. These elements of ELT are essential for preparing clinical psychology trainees to be competent, reflective, and adaptive professionals capable of meeting diverse client needs and advancing in their careers within dynamic clinical environments.

Adaptations to clinical training and practice during the COVID-19 Pandemic<sup>18</sup> highlighted the importance of reflective processes that enable trainees to assimilate and accommodate new knowledge amidst disruptions. Resilience and flexibility are required in experiential learning frameworks to maintain educational efficacy during unforeseen challenges. Additionally, experiential learning is crucial for developing sensitivity and competence in multicultural aspects of clinical practice<sup>19</sup>. Trainees value practical, experiential approaches that involve real-world interactions over theoretical knowledge alone, which can enhance their readiness to work effectively with diverse populations. ELT also improves the competence of therapeutic practitioners in applying evidence-based techniques under supervision. This hands-on experience is essential for bridging the gap between academic learning and clinical proficiency<sup>20</sup>. Finally, reflective practice in experiential learning can be particularly important in honing critical thinking and self-awareness among clinical psychology trainees<sup>21</sup>. Reflective practice helps trainees understand their own biases and improve their therapeutic skills by continually assessing and adjusting their approaches based on feedback and self-evaluation. Implementing high-quality **synchronous** teaching based on experiential learning theory in the context of clinical psychology can offer profound benefits in terms of trainee engagement, understanding, and application of theoretical knowledge to real-world scenarios.

### 2.4.1 Synchronous Delivery

#### 1. Interactive Case Studies

Employing real or simulated case studies in a synchronous setting allows trainees to apply theoretical concepts to practical situations. Trainers can present cases and facilitate group discussions, encouraging trainees to analyse, formulate, and propose interventions based on their learning. This

---

<sup>18</sup> Christian, D. D., McCarty, D. L., & Brown, C. L. (2021). Experiential education during the COVID-19 pandemic: A reflective process. *Journal of Constructivist Psychology, 34*(3), 264-277.

<sup>19</sup> Gregus, S. J., Stevens, K. T., Seivert, N. P., Tucker, R. P., & Callahan, J. L. (2020). Trainee perceptions of multicultural training and program climate in clinical psychology doctoral programs. *Training and Education in Professional Psychology, 14*(4), 293.

<sup>20</sup> Frank, H. E., Becker-Haimes, E. M., & Kendall, P. C. (2020). Therapist training in evidence-based interventions for mental health: A systematic review of training approaches and outcomes. *Clinical Psychology: Science and Practice, 27*(3), 20

<sup>21</sup> Lilienfeld, S. O., & Basterfield, C. (2020). Reflective practice in clinical psychology: Reflections from basic psychological science. *Clinical Psychology: Science and Practice, 27*(4), 220.

method promotes critical thinking and the application of knowledge in a controlled, yet dynamic environment.

### *2. Role-playing*

Role-playing exercises where trainees assume the roles of psychologist and client can be effective in teaching therapeutic techniques, communication skills, and demonstrating empathy. This interactive method supports experiential learning by allowing trainees to 'learn by doing' and receive immediate feedback from peers and instructors.

### *3. Simulation-Based Learning*

Utilizing technology, educators can create simulated environments that mimic real-life clinical settings. This could involve virtual reality scenarios where trainees navigate through a series of clinical challenges or software simulations that present complex patient cases requiring assessment, formulation, and treatment planning.

### *4. Reflective Practice*

Encouraging trainees to engage in reflective practice as part of the learning process can deepen their understanding and integration of knowledge. This could be facilitated through synchronous discussion forums where trainees reflect on their learning experiences, challenges faced during simulations or role-playing exercises, and insights gained from interactive case studies.

### *5. Collaborative Projects*

Working on collaborative time-limited projects in small groups can foster a sense of community and shared responsibility among trainees. These projects could involve developing treatment plans, conducting literature reviews on specific therapeutic interventions, or creating resources for public awareness on mental health issues. Collaboration in a synchronous online environment mimics real-world professional teamwork and communication.

### *6. Real-Time Feedback and Coaching*

Providing trainees with real-time feedback during synchronous sessions, especially after role-playing exercises or case study discussions, can significantly enhance learning. Personalized coaching can also be scheduled to address individual trainee needs, discuss progress, and set learning goals.

## **2.4.2 Asynchronous Delivery**

Implementing high-quality ELT **asynchronous** teaching<sup>22</sup> involves creating an educational environment that supports active learning, critical thinking, and the application of theoretical knowledge in practical, real-world situations. Experiential learning theory, emphasizes learning through experience, proposing a cyclical model of learning that includes concrete experience, reflective observation, abstract conceptualization, and active experimentation.

### *1. Interactive Case Studies*

Prior to synchronous delivery, it can be time saving and engaging to offer an anonymised detailed case study for trainees to become familiar with and work through independently. These should mimic real-life scenarios that clinical psychologists often encounter, encouraging trainees to apply theoretical knowledge to diagnose, propose treatment plans, and reflect on the outcomes. The

---

<sup>22</sup> Heinrich, W. F., & Green, P. M. (2020). Remixing approaches to experiential learning, design, and assessment. *Journal of Experiential Education*, 43(2), 205-223

asynchronous platform can include decision points where trainees choose from multiple paths, leading to different outcomes based on their decisions.

## *2. Reflective Journals*

Encourage trainees to maintain reflective journals where they can document their thoughts, reactions, and insights while engaging with course materials or after completing interactive activities. This practice fosters reflective observation, allowing trainees to internalize and make sense of their learning experiences.

## *3. Simulation Software*

Use or develop simulation software that mimics clinical psychology settings, where trainees can practice skills, such as interviewing, assessment, and intervention strategies. These simulations can provide immediate feedback based on the trainees' actions, supporting the cycle of experiential learning.

## *4. Reflection and action planning*

For some topics, it may be helpful to set a model specific reflection exercise as preparation for engagement in the synchronous session (e.g., asking the trainee to reflect on their position or relationship to the topic) and to develop an action plan. This might be an action plan of their engagement in the session or an action plan of self-care around the material, for example.

### 3. Considerations for implementing content warnings

Bearing in mind the psychological safety of the learning environment, the evidence and guidance on issuing content warnings is equivocal, so we have prepared this overview for your consideration. We rely on your professional judgment as to whether a content warning should or should not be issued, and if so, how this will be issued to trainees.

#### **Protection from Re-traumatization**

Content warnings in mental health training can serve as a pre-emptive notice that allows individuals with a personal connection to a learning topic to prepare themselves for potentially distressing content, reducing unexpected confrontation with traumatic topics and psychological distress. For example, research from the National Centre for Biotechnology Information highlights the potential of content warnings to mitigate adverse reactions by giving students control over their engagement with traumatic content<sup>23</sup>. However, sensitive topics are frequent in mental health training and repeated exposure to Content warnings can be unhelpful. Further, content warnings are rarely issued in therapeutic work trainees conduct on placement, although we strive to create a supportive learning environment, so a content warning can be appropriate to enhance preparation for engagement with learning material. Content warnings may take the form of a note attached to asynchronous material, alongside a referral to self-care resources, or a warning ahead of a specific image. We encourage trainers to avoid unnecessarily shocking, distressing, or upsetting imagery or wording. All content should have a direct benefit to learning.

#### **Fostering a Supportive Learning Environment**

By acknowledging the impact of potentially distressing content, educators can foster a more inclusive and supportive learning environment. This approach respects the diverse backgrounds and experiences of learners, potentially enhancing engagement and comfort. The thoughtful use of content warnings can be seen as part of an empathetic teaching strategy that acknowledges and accommodates the mental health needs of learners<sup>24</sup>.

#### **Potential for Avoidance Rather Than Engagement**

Critics argue that ‘trigger warnings’ might encourage avoidance rather than critical engagement with challenging material. This is particularly problematic in mental health training, where dealing with uncomfortable or distressing topics is often crucial for professional development and practice on placement. The presence of content warnings could inadvertently reinforce avoidance behaviours, which are counterproductive in therapeutic and learning settings<sup>25</sup>.

#### **Lack of Empirical Support for Efficacy**

Despite their growing popularity, there is a notable lack of robust empirical evidence supporting the efficacy of content warnings in preventing trauma. The studies cited thus far in this section often

---

<sup>23</sup> Charles A, Hare-Duke L, Nudds H, Franklin D, Llewellyn-Beardsley J, Rennick-Egglestone S, Gust O, Ng F, Evans E, Knox E, Townsend E, Yeo C, Slade M. Typology of content warnings and trigger warnings: Systematic review. *PLoS One*. 2022 May 4;17(5):e0266722. doi: 10.1371/journal.pone.0266722. PMID: 35507551; PMCID: PMC9067675.

<sup>24</sup> Bridgland, V. M. E., Jones, P. J., & Bellet, B. W. (2023). A Meta-Analysis of the Efficacy of Trigger Warnings, Content Warnings, and Content Notes. *Clinical Psychological Science*, 0(0). <https://doi.org/10.1177/21677026231186625>

<sup>25</sup> Bryce, I., Horwood, N., Cantrell, K., & Gildersleeve, J. (2023). Pulling the Trigger: A Systematic Literature Review of Trigger Warnings as a Strategy for Reducing Traumatization in Higher Education. *Trauma, Violence, & Abuse*, 24(4), 2882-2894. <https://doi.org/10.1177/15248380221118968>



highlight that content warnings do not significantly reduce the impact of exposure to traumatic content. Moreover, there is concern that their use could contribute to a culture of overprotection, potentially diminishing resilience of trainees who will need to face such realities in their professional lives.

## Summary

The decision to use content warnings in mental health training should be approached with careful consideration of both the potential benefits and drawbacks. While they can provide a sense of safety and control, they also risk promoting avoidance and limiting exposure to necessary professional experiences. Additionally, it is important trainers do not assume to overestimate or under-estimate the potential impact of specific content for individuals, and content warnings should not be assumed to lead to better preparedness<sup>26</sup>. Ultimately, the use of content warnings should be tailored to the specific context and needs of the learners, with consideration given to a range of methods to promote engagement (e.g., initial contracting, discussing support, breakout spaces, or interwoven peer support activities) to nurture a focus on fostering both resilience and sensitivity for professional development.



---

<sup>26</sup> Bridgland, V. M., Barnard, J. F., & Takarangi, M. K. (2022). Unprepared: Thinking of a trigger warning does not prompt preparation for trauma-related content. *Journal of Behavior Therapy and Experimental Psychiatry*, 75, 101708.

## 4. Addressing Health Inequalities in Clinical Psychology Training

Tackling health inequalities in clinical psychology training involves preparing trainees to understand, recognize, and address the diverse social, economic, and cultural factors that contribute to disparities in mental health outcomes. As a profession, it is widely accepted we have a distance to travel to learn how to recognise and address inequalities within the structures within which we work and train. However, the strategies below may be a helpful starting point in this journey.

### **Education on Social Determinants of Health**

- Provide trainees with education on the social determinants of health, including factors such as socioeconomic status, education, employment, housing, and access to healthcare.
- Help trainees understand how these social determinants influence mental health outcomes and contribute to health inequalities.
- Support trainees to critically explore the evidence-base for mental health interventions and approaches, consider who is under-represented in research and thus under-served in practice.
- To nurture change and hopefulness, encourage trainees to think about how they can take actions to address these inequalities (e.g., reaching out to include particular people or communities in their thesis research, including critical discourse around the availability of research from authors of the Global majority in their assessments, reporting EDI data transparently in research).

### **Cultural Competence and Humility Training**

- Explicitly discuss how people from marginalized and underserved communities may be under-represented in research and practice and consider how to address these issues.
- Teach trainees to recognize and address cultural factors that may impact assessment, formulation, diagnosis, and treatment.
- Use asynchronous teaching to introduce the basics of cultural diversity, sensitivity, and the historical and social contexts affecting different groups to enhance awareness, reflexivity and confidence in discussion prior to in person learning.
- Use diverse case studies that illustrate a range of cultural scenarios, promoting understanding and discussion of different cultural beliefs that may inform how a difficulty someone faces is interpreted to guide collaborative formulation and options for care.
- Use role-playing and reflective exercises to simulate interactions, helping trainees develop greater awareness of their perspectives and assumptions in relationships, offering a space to practice and refine communication and therapeutic skills in a learning environment.
- Provide access to a library of resources focused on cultural issues in mental health training, research and practice.

### **Community Engagement and Advocacy**

- Provide opportunities for trainees to participate in community-based projects, advocacy initiatives, and outreach programmes aimed at addressing mental health disparities.
- Encourage trainees to participate in community events or projects to promote engagement opportunities and learning within teams.
- Educate trainees on health policies that affect different cultural groups and on ways to advocate for culturally sensitive policies.
- Teach trainees how to effectively advocate for their clients within the mental health system, considering the clients' cultural contexts.

### **Trauma-Informed Care**

- Train trainees in trauma-informed care approaches, which recognize the impact of transgenerational trauma on individuals' mental health and wellbeing, and the trauma of marginalisation.
- Teach trainees to approach assessment and treatment with sensitivity to trauma histories and to provide support that is empowering and respectful of clients' experiences.
- Consider how the principles of trauma-informed care can be applied in a learning environment to promote engagement, resilience, and self-care.

### **Intersectionality Awareness**

- Incorporate discussions on intersectionality into clinical psychology training, recognizing that individuals may experience multiple forms of oppression and discrimination based on factors such as race, ethnicity, gender identity, sexual orientation, disability, and socioeconomic status.
- Help trainees understand how intersecting identities can shape individuals' experiences of mental health and access to care, and health inequalities at different points of care.
- Teach trainees strategies for providing culturally responsive and accessible care, such as offering sliding-scale fees, providing interpreter and translator services, and collaborating with community organizations.

### **Self-Reflection and Critical Consciousness**

- Promote self-reflection and critical consciousness among trainees, encouraging them to examine their own biases, assumptions, challenges, and privileges.
- Create opportunities for trainees to explore how their own social identities and experiences may influence their clinical practice and interactions with colleagues and clients.
- By integrating these strategies into clinical psychology training, trainees can develop the knowledge, skills, confidence, and awareness needed to effectively address health inequalities and promote health equity in their clinical training, practice and research.

## 5. Quick Reference Guide for Implementation

### *Learning Theories*

#### **1. Andragogy: Adult Learning Model**

**Focus:** Self-motivated learning, professional preparation, facilitated peer-led learning.

**Strategies:**

- Learner-Centred Approach: Empower trainees by offering choices in learning materials and methods. Utilize their experiences and goals.
- Relevance and Practicality: Use real-world scenarios, skill-based learning, simulations, and role-playing.
- Goal-Oriented: Set clear learning objectives and encourage trainees to establish personal learning goals.
- Respectful and Collaborative Environment: Foster peer learning, flipped learning, and action learning for practical problem-solving and reflection.
- Flexible and Supportive: Adapt pacing and content, provide ample support, and integrate feedback tools like Kazoo, Kahoot!, and Padlet.

#### **2. Transformational Learning Theory**

**Focus:** Critical reflection, transforming frames of reference, inspiring learning to shape the future self.

**Strategies:**

- Inclusive Learning Environment: Establish a safe, respectful classroom atmosphere.
- Critical Reflection: Use reflective journals, guided discussions, and critical thinking exercises.
- Engaging Discussions: Promote dialogue through small group discussions and debates.
- Real-World Problems: Integrate scenarios that link theory to practice.
- Feedback: Provide prompt, constructive feedback.
- Diverse Teaching Tools: Use multimedia presentations, interactive simulations, and live polling.
- Self-Directed Learning: Encourage personal goal-setting and self-assessment.
- Collaborative Learning: Facilitate peer learning through group projects and problem-solving activities.

#### **3. Team-Based Learning (TBL)**

**Focus:** Collaboration, preparation, application *in vitro*.

**Strategies:**

- Preparation Phase: Assign pre-class tasks and individual readiness assurance tests (e.g., self-assessment questions).
- In-Class Application: Form diverse teams, design team-based activities, and provide immediate feedback.
- Facilitation: Act as a facilitator, encouraging peer teaching and critical thinking.
- Technology Integration: Use collaborative tools and virtual simulations.
- Feedback Loop: Regularly collect feedback for continuous improvement, encourage peers to offer feedback to one another in activities.

#### **4. Experiential Learning Theory**

**Focus:** Learning by doing and deepening learning through reflection on practice.

**Strategies:**

- Interactive Case Studies: Use real or simulated cases for group discussions and analysis.
- Role-Playing: Practice therapeutic techniques and communication skills through role-playing exercises.
- Simulation-Based Learning: Create virtual environments to mimic clinical settings.
- Reflective Practice: Facilitate reflective discussion forums.
- Collaborative Projects: Engage trainees in group projects that mirror professional teamwork.
- Real-Time Feedback and Coaching: Provide immediate feedback and personalized coaching.
- Cross-Cutting Theoretical Themes
- Engagement and Practical Application: Emphasize real-world applications of psychological theories and practices.
- Critical Reflection and Personal Growth: Foster reflection to enhance personal insight and professional development.
- Collaboration and Peer Learning: Promote an environment of mutual learning and collaboration.

#### *Cultivating a Culture for Learning*

##### **1. Values-Based Learning**

**Objective:** Embed ethical awareness and critical perspective taking into clinical training.

**Strategies:**

- Interactive Workshops: Facilitate discussions on ethical decision-making and problem-solving.
- Group Discussions: Explore the influence of personal values on professional behaviour using real-world scenarios.
- Reflective Writing: Assign tasks to integrate personal values with professional ethics.

##### **2. Reflective Learning**

**Objective:** Foster self-reflection and reflexive practice to enhance self-awareness and professional growth.

**Strategies:**

- Supervised Clinical Practice: Conduct reflective sessions post-clinical experiences.
- Reflective Groups: Share experiences and insights in a supportive peer environment.
- Training Workshops: Focus on self-reflection techniques, mindfulness, and emotional intelligence.
- Role-Play Exercises: Simulate interactions with time for reflections and feedback.
- Learning Diaries: Encourage journaling for documenting reflections.
- Peer Review Groups: Share reflections digitally for community support and feedback.

### 3. Intersectional Awareness

**Objective:** Equip trainees to address structural and intersectional inequalities.

**Strategies:**

- Diverse Clinical Placements: Working with a range of groups and communities to broaden engagement experiences and cultural sensitivity.
- Educational Workshops: Led by experts in multicultural psychology and social justice.
- Critical Reflection Sessions: Discuss biases, assumptions, and systemic issues.
- Engagement Workshops: Raise awareness of societal and structural inequalities.
- Interactive Role-Playing: Practice new approaches in a safe environment.
- Cultural Competence and Humility Training: Learning from diverse educators.
- Recorded Interviews: With equality-driven educators and organisations.

### 4. Trauma-Informed Learning Environments

**Objective:** Ensure emotional safety and support for trainees.

**Strategies:**

- Trauma-Informed Seminars: Discuss principles and their implementation.
- Online Trauma Training: Provide resources on trauma-informed practices.
- Peer Support Systems: Encourage mutual support and collaboration.
- Empowerment Activities: Support trainee input in learning processes and promote options for self-care.
- Hold in mind the emotional labour of engagement in clinical training, particularly for trainees and trainers identifying with under-represented and/or marginalised groups.

### Asynchronous Prep Guidance

- Please prepare **one hour of asynchronous material per two hours of synchronous training** (half day) and **two hours of asynchronous materials per four hours of synchronous teaching** (full day).
- Asynchronous material should have a preparatory function for trainees – scene setting, encouraging critical thinking, and nurturing confidence to engage with the training material in person.
- **Five minutes** of the allocated time should be allocated for an initial review of the asynchronous material.
- Clearly differentiate between *essential* and *recommended* materials.
- You may wish to include a word document with a **checklist** if not all materials are essential.

### Content Warnings in Training

Use Cautiously: Prepare individuals for distressing content without promoting avoidance.

Balance: Encourage critical engagement while fostering resilience.

**Strategies**

Synchronous: Issue warnings in person before discussing sensitive topics, in the context of wider discussion, and with time to consider options for engagement.

Asynchronous: Attach warnings to digital materials with self-care resources.