Personal Development Plan

Identified training (development) needs	Plan to address training needs	How will this help the Registrant in their job?	Achievement timescale
Under take Post Qualifying award.	Applied to Queens University with support of team leader, service manager and training team to undertake systemic family therapy course in Autumn 2016.	Enhance my ability to work systemically with service users and their families as family interacts can be complex and difficult at times for patients with PD.	**Certificate 2016-2017** **Diploma 2017-2019**
Complete Advanced Mentalization course.	To apply for the next available place on the advanced mentalisation practitioner course when it is advertised by the Anna Freud Centre London.	Enhance my MBT skills within both group and individual therapy sessions. As MBT is the therapeutic model used within the team this will enable me to enhance my practice. This will also enable me to progress with further training as a MBT supervisor training in the future.	**2016/2017**
Quality Improvement audit.	To look at applying for the next quality improvement training provided by the trust and undertaking a quality improvement audit.	Will review with the team the area to be consider for quality improvement audit and service development. This may be the joint working on the development and delivery of a pregnancy and new mothers MBT informed based support group for patients with PD.	**2016/2017**

Dialectic Behaviour Therapy Skills training.	To apply for basic DBT awareness training when it next becomes available.	Recommended by the NICE guidelines for treatment of self-harm, a basic awareness within this therapy will enhance my practice in supporting me to work with people using this therapy stance to enable service users to focus their attention and manage intense and often overwhelming and distressing thoughts and feelings using mindfulness techniques and meditation	**2016 Autumn/ Winter**
Mentalizing Supervision from London	Weekly supervision focused on MBT and group/ individual therapy	Case discussion and group treatment reflection supports me to remain on model, to work through difficulties that arisen within the treatment provision, support development of enhanced mentalizing skills and practice.	**On going**
Signed			
Signed Line Manager/Mentor			

PRTL Submission Form

Full name:

Employer name (if in employment)

Registration Number:

Summary of Work Role (maximum 500 words)

Total words:

<u>Social Work Role</u>:

My current role is as a Self-Harm Practitioner within the Self Harm and Personality Disorder Service, in a Health and Social Care Trust. I have the opportunity to work with patients who struggle with self-harming behaviours, mostly with a diagnosis of Personality Disorder, many of which struggle to manage impulsive thoughts and actions. The impact of their thoughts and behaviours both on themselves, and their families, affects the dynamics within the wider family circle, this proving difficult for all to manage and understand. Relationships are mainly chaotic and unstable for all involved in each patient's life. It is essential that I approach my work with my patients in a "holistic" way, and I believe that underpinning social work skills, theory and values have been invaluable and beneficial to my ability to carry out my working role.

I undertake assessments, complete in-depth case formulations often using a mentalising formula, liaise with both voluntary and statutory service providers. This often relates to case management of patients. I facilitate group therapy and undertake one to one therapy sessions, using Mentailisation Based Therapy stance, the evidence base for such therapy in patients with Personality Disorders is significant. Exploring within individual therapy the person's lived experiences can promote a greater understanding of self and often empowers individuals to make more constructive decisions in their daily lives. Dallos, & Draper, 2005 state "Both therapeutic and natural change are seen to centre on conversation; there is not seen to be a fundamental difference in how change occurs …It is suggested that, for example, the natural process of change involves the development of personal accounts of narratives which make sense of experiences."(107) I completed the Mentalisation basic awareness training in 2010 in the Anna Freud Centre London which is the underpinning therapy of the treatment provided.

Working within the Self-Harm Team, I have the opportunity to avail of weekly MBT supervision from the Anna Freud Centre London, this supervision has been particularly helpful when I began to facilitate the 12 week MBT psycho-educational weekly group therapy. Facilitating the 12 week MBT and the (WRAP) wellness recovery action planning group have enabled me to develop within my role.

I have had the opportunity to work closely with both users and carers. I supported CAUSE to develop both user support and focus groups within the Belfast Trust area and have attended many of their monthly meetings to provide Self-Harm and Personality Disorder awareness information to carers. I under took training in the Knowledge and Understanding Framework for Personality Disorders and am a certified group facilitator. This has provided me with the opportunity to provide KUF basic training over three days to groups both in the voluntary and statutory sectors.

I have been proactive in implementing training which is now provided through the Trust Recovery College, and is called "An awareness of Personality Disorder." I helped to develop this, in partnership with a patient who has completed therapy within the team, from the team's service user focus group.

Personal Statement (page 1) **(Maximum 1500 words):**

This should demonstrate that you have evaluated your learning and describe how you met standards 3 and 4. Additional space is provided on pages 20 and 21.

Total words: 1500

Personal Statement: Reflective summary and evaluation of learning and professional development.

In undertaking this review of the required training and professional development for the Northern Ireland Social Care Council post registration training and learning, I had the opportunity to take time to consider my own learning style, what impacts on my learning, supports for my development and how I can progress both professionally and personally. As result I have come to value the ethos of the learning cycle and consider my own learning style Kolb's 1975 learning cycle includes concepts around concrete experience, observation and reflections, formation of abstract concepts and generalisations and testing implications of concepts in new situations. Reviewing these concepts has helped me to focus on my experiences within each area and make sense of what this means for me in terms of my interactions with service users. Taking time to plan for my learning development and completing the personal development plan has given me the opportunity to consider how I want to develop and in what areas I want to focus. For me this is often linked to potential service development and meeting service user needs. Through patient contact and therapeutic treatment provision, patient needs can sometimes be highlighted as unmet, this has stimulated my interest to consider undertaking further training and development. I worked with a patient who struggled to meet her planned treatment goals. Through discussion at the team meeting it was identified that I could offer to undertake a CBT approach with weekly individual supervision sessions. The CBT supervision guided me in the use of that therapy and enabled me to support the patient in not only meeting her initial treatment goals but enabling her to work on the long term goals for treatment. The patient commented that this had impacted positively on her life and how she was able to function in a much more meaningful way. A further example is a recent CPA visit to London where the service user reported on the positive experiences of using DBT skills within the treatment provision received. This enabled me to consider how DBT skills could benefit many of the patients within the team. Through team discussion it has been agreed that DBT skills would be helpful, as it is named within the NICE guidelines is an indicated treatment provision for those struggling with self-harming behaviours. Accessing this training is something that will be important for my future practice and learning development. The idea that treatment should be available to all regardless of gender, ethnicity, political opinion,

religious belief, disability, age, sexual orientation and dependant, marital status is important, I am aware of these issues when undertaking my role within the team and work to ensure I am not actively discriminating. I am aware that DBT as stated by the health and social care board (2015) pg 12 comments " … techniques developed for disorders where people suffer from extreme mood swings, intense feelings of interpersonal conflict and experiences impulsive behaviours."

One key area within my personal development plan, has been to continue with weekly Mentalisation Based Treatment supervision which includes discussion of patient interactions within group and individual therapy. This allows time to reflect on the therapeutic model used to underpin the service provision and case discussion about the difficulties that arise in treatment. This provides opportunities for learning and planning in moving forward and holding the patient and their lived experience as key to the treatment provided. Reflecting within a metalizing case discussion I find beneficial and the facility of external supervision has been invaluable for my personal development and growth when using Mentalisation Based Treatment. It helps ensure I am not only "on model" but also continuing to develop my therapeutic skills considering the model and my role to support the patient to consider the impact of emotions and emotional states on them and those close to them. Bateman (2006 pg 93 states The mentalizing therapist continually constructs and reconstructs an image of the patient in his mind to help the patient to apprehend what he feels and why he experiences what he does." At times continued commitment to weekly supervision has been hard due to time constraints. Being in group supervision at times I have found it difficult to explore difficulties have arisen in the treatment provision, being honest and open about practice and taking the opportunity to learn from these difficulties and when I have been off model has been invaluable in terms of my own growth. This has helped me to develop reflection skills in terms of being "on model" and holding a Mentalisation stance within the treatment provision. I have explored my own practice and how I interact with service users. Being aware of my interactions with the peer supervision group has been a learning process for me within the group supervision sessions. I have developed a wider acknowledgement of my practice interactions with services users, my ability to grow from self-reflection. Payne comments in Adams (2002) pg123-124 "Reflective practice has become increasingly important in the 1990s and now has a central place in the relationship of theory to practice… however the social work task is too complex and the demands made of social

workers too variable to be restricted in this way… Reflective practice offers an apparently rigorous way of working, without the stringencies of evidence-based practice… reflection seems the answer to handling the range of practice theories available" Group evaluation has been tough and extremely beneficial. On reflection undertaking weekly supervision supports me to consider the treatment experiences for the services users, to work within the therapeutic model. This facilitates the transition through treatment for service users in a meaningful and thoughtful way that seeks to understand and make sense of their experiences, to support them to meet their identified treatment goals and move forward in their lives.

Using the learning cycle helped me to review what I had completed previously within my personal development plan to think about what I planned to achieve, how these had been translated into the training goals I identified. Undertaking core mandatory training and spending time within the planning stage has supported me to reflect on the importance of core training and where it fits into my training goals. Key discussions with my social work supervisor have also supported and challenged me regarding my professional development plan with regards to the area's I had identified. Also how identified training would support treatment provision within the service and how it might impact on service users experience of the service. I have had the opportunity to action plans from my personal development plan. My reflection and processing from plan to action is very helpful and has given me the opportunity to approach training in a prepared, planned and thoughtful way. Slowing down and being prepared has given me the opportunity to gain more while undertaking the training, as I felt tuned in and fully present, by taking time away from the demands of my work role to immerse myself in the planned training activities.

While undertaking recent Adult Safe Guarding and MARAC training I found myself considering how I might ensure I kept within the policy and procedures I was being trained on and what dilemmas this would bring to the face to face patient work I undertake within my daily work role. I also considered the impact of the new knowledge and understanding I gained on my role and what that means in terms of the work I undertake, how I complete it, but most importantly for me the impact on the service user. For me reflection often takes time, I find that I need to sit with the learning and then often consider the material, I believe that I often develop a better sense of course taught material during the time I take for reflection, considering what this means for my patients, for the team as a whole and within the service provision. This can lead to

thoughts about potential service development and possible opportunities to plan further learning opportunities that I may include on my future personal development plan.

PRTL Submission Appendix 3 **(continued)**

Summary of PRTL Activities

Date	Duration (hours)	Brief description of activity
26.10.15	**7.5**	MARAC Training: To promote an understanding of the marac process, how to complete a DASH and have a understanding of the risk assessment and safety planning process.
Tuesday's weekly	1 per week: **40** per year	Supervision Mentalisation Based Treatment group therapy from London. Further reading around MBT stance within group therapy, watching video clips regarding the therapeutic input for MBT within individual sessions. Case discussion about particular case issues.
Tuesday's weekly	2 per week **88** per year	Team meeting clinical case discussion, review of therapeutic input, consider impact of treatment provision, case planning and evaluation.
9.9.15 & 10.9.15	**15**	Adult Safe Guarding, training. Build awareness of how to complete adult safe guarding referrals the definition of a vulnerable adult and how to complete protection plans.
16.2.16	**2**	Book launch discussion of Psychiatric rehabilitation A psychoanalytic approach to recovery, by Raman Kapur, discussion of book content and relevance to practice with personality disordered patients.
25.2.15, 27.5.15, 2.12.15, 27.7.16	3.5 3.5 3.5 3.5 **14 in total**	CPA visit to London to review a placement and consider therapeutic engagement and treatment provisions alongside formal case discussion and review of placement provision. Reading of previous reports regarding treatment improvements and progression, checking up to date quality standards of the centre providing treatment provision in line with the trust guidance.

Wednesday's Started: 1.6.16- present	1hr **12 in total**	Cognitive Behavioural Therapy Supervision sessions, discussions of weekly sessions re CBT stance, impact of treatment provision and future planning of session structure, session review and homework setting for CBT case.
Wednesday's started: 20.4.16 - present	0.5 **15 in total**	Case discussion supervision re individual cases and MBT stance, case management, review and progression within team treatment provision.
16.5.16	**7.5**	Team building/ business day opportunity for whole team to review core work of the team, consider structures of the team pathway of treatment and development.
11.11.15 8.2.16 26.7.16	2 per session **6 in total**	Professional practice supervision, to review my professional social work role within my current position, to highlight learning needs and development opportunities, consider role and how I may develop my role in line with my professional development.
8.3.16	**7.5**	Research into suicide prevention outcomes conference.
25.2.16 26.2.16	**15**	Smoking cessation group facilitator training, comprehensive around smoking cessation benefits and methods including information around NRT use and its current recommendations
26.1.16	**7.5**	Disengagement training, builds awareness of safe techniques to manage potentially violent or aggressive attacks
20.5.16 4.1.16	2 2 **4 in total**	Development of training material for new short course in partnership with service user**.**
May 2016	**3**	Cognitive behavioural therapy information, reading and research around this therapy provision and its delivery, to enable me to undertake on a CBT focused case.

Total training and learning for period of registration

Hours: 244

Registrant Declaration

I confirm that I have undertaken the activities recorded on this form and that the details I have provided are accurate. I understand that failure to meet Post Registration Training and Learning Requirements, or the provision of false

information in relation to meeting these requirements, may be considered by the Northern Ireland Social Care Council as misconduct.

Signed: