Department of Clinical Psychology and Psychological Therapies

University of East Anglia
Norwich

Norwich Medical School

The Enterprise Centre, UEA

Doctoral Programme in Clinical Psychology

Annual Research Fair 2026

Annual Research Fair 2026 – Welcome!

A very warm and special welcome to the UEA ClinPsyD Annual Clinical Psychology Research Fair 2026.

This Abstract Booklet and our Annual Clinical Psychology Research Fair are designed to introduce you to the research programmes and wider research themes within the UEA ClinPsyD programme and current research opportunities within them.

Whichever research programme or theme you work with during your doctoral training, you will be supported to develop and demonstrate the knowledge and skills needed to make an original contribution to knowledge by conducting a research study and systematic review of research. Your thesis journey will take you from the Research Fair, presenting your proposed research to others for feedback, and writing a thesis proposal and application for relevant approvals in year 1, to conducting your research, writing your thesis portfolio and journal submissions, defending your thesis and returning to present your work at the ClinPsyD Annual Research Conference in year 3.

Before attending the Research Fair, please read through the abstracts in this booklet and make notes of research programmes, themes and supervisors you want to speak to at the Fair and at follow up discussions the next week. Have your questions ready!

After the Research Fair and subsequent discussions, we will send you a link to the online form to register your interests in the different programmes, themes and projects so we can take our areas of expertise and your interests into account when allocating thesis supervisors and projects.

University of East Anglia Norwich

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Research on the Clinical Psychology Doctorate

Dear Trainees,

We are genuinely excited to welcome you to this year's research fair. For the first time in several years, we are having it in person, and so we are particularly looking forward to it!

Good clinical research is incredibly important. Our profession is founded on research, but the complexity and depth of the clinical problems and challenges we work with means we remain very much in the 'dark ages' in regards to our knowledge and understanding about many of the issues we work with. We hope that you will be enthused about the opportunity for your research to build on the foundations of the research which has gone before– to develop new knowledge, improved understanding and ultimately better treatments, interventions and social policies.

There are a number of projects available for you to consider and we hope that you will take the time to speak to potential supervisors about this range. If you don't know where to start, we'd encourage you to pick a range of different projects and see where those discussions take you. If you have got a particular topic or research question in mind, that's great– but we'd encourage you also to take a moment to look at the wider options that are available as well.

Your thesis journey is one which you will remember throughout your career. Of course, at the end of it, there are some key practical deliverables – a viva and two papers for publication most prominently – but we also hope that it is much more than that, and that you're able to use the journey to learn and develop new ways of thinking, appraising and analysing data, and testing and developing hypotheses, which stands you in good stead for your long term career.

I look forward to seeing you on the day!

Peter

(Dr Peter Beazley, UEA ClinPsyD Programme Director)

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Programme of Talks

10 – 10.50 Introductory Talks, TEC Lecture Theatre 0.16

• **Introduction to the Research Fair**	Dr Fergus Gracey, ClinPsyD PGR Director Dr Catherine (Cat) Ford, Senior Research Tutor.

• **Our 3 ATR-supported Research Programmes**

• Psychosis	Dr Jo Hodgekins
• Behavioural Sleep Medicine	Dr Sarah Reeve
• Stroke and Other ABI	Dr Josh Blake

• **Our 6 Wider Research Programmes**

• Clinical Psychology of Childhood, Adolescence and Youth	Dr Kenny Chiu
• Psychological Distress and Disorders in Adult Populations,	Dr Adrian Leddy
• Clinical Health Psychology across the Lifespan	Dr Kiki Mastroyannopoulou
• Neurodiversity, Developmental Disorders and Learning Disability	Dr Peter Beazley (ClinPsyD Programme Director)
• Forensic Clinical Psychology & Mental Health Law	,,
• Social and Professional Issues and Workforce Sustainability	Dr Sheryl Parke

11 – 12.50 Research Fair, TEC Foyer – your chance to network and discuss thesis projects with research supervisors from all research groups!

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Map of the Research Fair

THE ENTERPRISE CENTRE, UNIVERSITY OF EAST ANGLIA

SEATING AREA	Psychological Distress & Disorders in Adult Populations	Behavioural Sleep Medicine	Stroke and Other Acquired Brain Injuries	Social and Professional Issues and Workforce Sustainability	Forensic Clinical Psychology & Mental Health Law	RECEPTION & CAFE
	Clinical Psychology of Childhood, Adolescence & Youth	Psychosis	Clinical Health Psychology across the Lifespan	Neurodiversity, Developmental Disorders and Learning Disability		

LECTURE THEATRE

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The ClinPsyD Research Programme on Psychosis

Our primary areas of interest include chronic psychosis, social recovery and functioning, pathways to psychosis, sleep, post partum psychosis, and intervention implementation.

We have two major NIHR funded projects starting in 2026 (an RCT on social recovery in psychosis, and a programme of research on sedation in psychosis), which each have linked trainee projects proposed.

We use qualitative and quantitative methods across primary and secondary data (including anonymised clinical records).

We work closely with clinical and research collaborators in the region via the PINE network, and with collaborators nationwide.

Experience working with psychosis is not required to work with us, but you need to bring curiosity and compassion (and a willingness to learn) into this area. We work closely with services and real-world clinical data, which means our work is highly impactful.

Psychosis
Interest
Network
East Anglia

Lived experience perspectives on patient involvement in psychosis research

Supervisory Team and Collaborators

Dr Sophie Allan

Background

Patient and public involvement, where people with relevant lived experience and the public contribute to research, is firmly embedded in research. The benefits for research and PPI contributors themselves are clearly documented. However, the benefits and challenges of contributing to research from the specific perspective of people with psychosis are unclear.

Main Research Question/s

What are PPI contributors with psychosis experiences of their involvement? What benefits has it had? What are the challenges?

Proposed Methods

1-1 semi structured interviews, analysed using thematic analysis. UEA FMH ethics with recruitment via social media and PPI networks. Study documentation (including interview schedule) to be co-created with people with lived experience of psychosis.

Suggested Further Reading

Brett, J., Staniszewska, S., Mockford, C. et al. A Systematic Review of the Impact of Patient and Public Involvement on Service Users, Researchers and Communities. Patient 7, 387–395 (2014). https://doi.org/10.1007/s40271-014-0065-0

McPin Foundation (https://mcpin.org/). A mental health involvement in research charity – several useful blogs from people with lived experience of psychosis, including: https://mcpin.org/antipsychotic-medication-ian/

Staley, K. ‘Is it worth doing?’ Measuring the impact of patient and public involvement in research. Res Involv Engagem 1, 6 (2015). https://doi.org/10.1186/s40900-015-0008-5

Contact email for trainee queries and arranging post Fair meetings

s.allan@uea.ac.uk

Cognitive and clinical changes of auditory closed-loop slow wave stimulation for Chronic Pain sleep disturbances

Supervisory Team and Collaborators

Dr Tristan Bekinschtein

Dr Ian Smith (Papworth Sleep Hospital Medical Director)

Dr Kieran Lee

Background

Chronic pain conditions such as fibromyalgia are strongly associated with poor sleep quality, excessive daytime sleepiness, cognitive impairment, and reduced quality of life. A key electrophysiological feature of disturbed sleep in this population is the presence of alpha intrusions during slow-wave sleep, which reflect sleep instability and reduced restorative depth. Despite their clinical relevance, alpha intrusions are rarely assessed outside single-night laboratory studies, limiting ecological validity. Closed-loop auditory stimulation offers a novel, non-invasive method for enhancing slow-wave sleep by delivering precisely timed sound pulses during deep sleep. Early work suggests this technique can stabilize sleep and improve daytime functioning, but its clinical effects in chronic pain populations remain largely untested.

Main Research Question/s

Can multi-night home EEG monitoring reliably detect alpha intrusions and markers of poor sleep quality in individuals with fibromyalgia?

Does closed-loop auditory slow-wave stimulation reduce alpha intrusions and improve objective and subjective sleep quality?

Do improvements in sleep quality lead to reductions in next-day pain, sleepiness, and psychological distress?

Proposed Methods

This study will use a longitudinal, within-participant, home-based experimental design. Approximately 30 adults with fibromyalgia and poor sleep quality will complete baseline questionnaires assessing sleep, pain, mood, and functioning. Participants will undergo multi-night portable EEG monitoring at home. Phase 1 will include three baseline nights without stimulation and one night with auditory closed-loop pink-noise stimulation during non-REM sleep. Phase 2 will involve three months of nightly EEG monitoring with stimulation switched on and off in a blinded manner to assess acute and cumulative effects. Daily sleep quality, pain, and daytime functioning will be recorded via a mobile application. Primary outcomes include changes in slow-wave activity, alpha intrusions, sleep quality, pain, daytime sleepiness and detailed symptomatology tracking.

Suggested Further Reading

Ngo, H.-V. V., Martinetz, T., Born, J., & Mölle, M. (2013). Auditory closed-loop stimulation of the sleep slow oscillation enhances memory. Neuron, 78(3), 545–553. https://doi.org/10.1016/j.neuron.2013.03.006

Santostasi, G., et al. (2016). Phase-locked loop for precisely timed acoustic stimulation during sleep. Journal of Neuroscience Methods, 259, 101–114. https://doi.org/10.1016/j.jneumeth.2015.11.010

Papalambros, N. A., et al. (2017). Acoustic enhancement of sleep slow oscillations in older adults. Frontiers in Human Neuroscience, 11, 109.
https://doi.org/10.3389/fnhum.2017.00109

Roizenblatt, S., et al. (2001). Alpha sleep characteristics in fibromyalgia. Arthritis & Rheumatism, 44(1), 222–230.
https://doi.org/10.1002/1529-0131(200101)44:1
<222::AID-ANR28>3.0.CO;2-0

Finan, P. H., Goodin, B. R., & Smith, M. T. (2013). The association of sleep and pain: An update and a path forward. The Journal of Pain, 14(12), 1539–1552.
https://doi.org/10.1016/j.jpain.2013.08.007

Contact email for trainee queries and arranging post Fair meetings

tb419@cam.ac.uk

Improving Social Recovery in Psychosis

Supervisory Team and Collaborators

Dr Jo Hodgekins

Background

Schizophrenia spectrum disorders are the mental health problems most frequently associated with poor social outcomes and the personal and economic costs are large, particularly for those from minoritised groups. Existing psychosocial interventions have small and short-term effects on social functioning, with the effects being weakest for people experiencing more severe social disability. We have conducted two early phase randomised controlled trials of a novel intervention, Social Recovery Therapy (SRT) with promising effects, but a definitive trial is needed to demonstrate effectiveness and confirm wider implementation. We have recently received funding from the National Institute of Health and Social Care (NIHR) to run such a trial.

Main Research Question/s

There is an opportunity to develop a variety of research questions to run alongside data collection for an NIHR funded definitive randomised controlled trial and embedded process evaluation.

Proposed Methods

Mixed methods in the context of a definitive randomised controlled trial.

Suggested Further Reading

Fowler D. The promise of social recovery therapy in non-affective psychoses. World Psychiatry. 2024;23(2):289–90.

Fowler D, Hodgekins J, Painter M, Reilly T, Crane C, Macmillan I, et al. Cognitive behaviour therapy for improving social recovery in psychosis: a report from the ISREP MRC Trial Platform Study (Improving Social Recovery in Early Psychosis). Psychol Med. 2009;39(10):1627–36.

Fowler D, Hodgekins J, French P, Marshall M, Freemantle N, McCrone P, et al. Social recovery therapy in combination with early intervention services for enhancement of social recovery in patients with first-episode psychosis (SUPEREDEN3): a single-blind, randomised controlled trial. Lancet Psychiatry. 2018;5(1):41–50.

Hodgekins J, Birchwood M, Christopher R, Marshall M, Coker S, Everard L, et al. Investigating trajectories of social recovery in individuals with first-episode psychosis: a latent class growth analysis. Br J Psychiatry. 2015;207(6):536–43.

Contact email for trainee queries and arranging post Fair meetings

j.hodgekins@uea.ac.uk

Enhancing recovery following postpartum psychosis: adapting a psychological intervention

Supervisory Team and Collaborators

Dr Jo Hodgekins

Dr Melanie White

Background

Postpartum psychosis (PP) is a severe but treatable form of mental illness that can happen to women after having a baby. PP affects approximately 2 mothers per 1000 deliveries and occurs very rapidly in the days or weeks following birth. PP can occur in the absence of history of mental health difficulties, but those with a previous diagnosis of psychosis (esp. bipolar disorder) are at increased risk. With the right treatment, women with PP do make a full recovery. However, this can take time and be a difficult journey.

Treatment for PP is mainly pharmacological and often involves an inpatient admission in a mother and baby unit. The acute episode often resolves within 6-12 weeks. However, there is a 50% chance of relapse with future pregnancies and 45% of women still require treatment up to 4 years later.PP can also have a wider impact on families and parent-infant relationships. More research is needed to fully understand the process of recovery from PP over time and what psychological interventions might support this.

Main Research Question/s

How can a psychological intervention be adapted to support recovery following postpartum psychosis?

Proposed Methods

Qualitative, mixed methods, utilisation of Moore et al ADAPT framework.
This project follows on from a series of previous Trainee projects.

Suggested Further Reading

Action on Postpartum Psychosis website: www.app-network.org

Forde, R., Peters, S., & Wittkowski, A. (2020). Recovery from postpartum psychosis: a systematic review and metasynthesis of women's and families' experiences. Archives of Women's Mental Health, 23(5), 597-612

Jairaj C, Seneviratne G, Bergink V, Sommer IE, Dazzan P. Postpartum psychosis: A proposed treatment algorithm. Journal of Psychopharmacology. 2023;37(10):960-970. doi:10.1177/02698811231181573

Moore, G., Campbell, M., Copeland, L., Craig, P., Movsisyan, A., Hoddinott, P., Littlecott, H., O'Cathain, A., Pfadenhauer, L., Rehfuess, E., Segrott, J., Hawe, P., Kee, F., Couturiaux, D., Hallingberg, B., & Evans, R. (2021). Adapting interventions to new contexts—the ADAPT guidance. BMJ, n1679. https://doi.org/10.1136/bmj.n1679

Roxburgh E, Taylor BL, Hodgekins J. Experiences of Care from Mental Health Services among Partners of Women Accessing Support for Postpartum Psychosis: a Qualitative Study. Community Ment Health J. 2025 Oct;61(7):1406-1417. doi: 10.1007/s10597-025-01479-4. Epub 2025 Jun 6.

PMID: 40478520; PMCID: PMC12408760.

Skivington, K., Matthews, L., Simpson, S. A., Craig, P., Baird, J., Blazeby, J. M., Boyd, K. A., Craig, N., French, D. P., McIntosh, E., Petticrew, M., Rycroft-Malone, J., White, M., & Moore, L. (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. BMJ, n2061. https://doi.org/10.1136/bmj.n2061

Contact email for trainee queries and arranging post Fair meetings

j.hodgekins@uea.ac.uk

Prevalence and patterns of physical health comorbidities in first episode psychosis

Supervisory Team and Collaborators

Dr Sheri Oduola

The CRIS team at SLaM

Background

Excess mortality rates in people living with psychotic disorders have been well documented [Vigo et al. 2015; Das-Munshi et al. 2016]. Premature deaths in psychosis have been linked a range of cardiometabolic disorders, such as type 2 diabetes, obesity and cardiovascular disease [Maidment et al. 2022]. Several reasons may explain this phenomenon, including but not limited to antipsychotic medication, high rate of physical inactivity, poor access to services, high prevalence of smoking and substance misuse [Das-Munshi et al. 2016; Smith et al. 2020]. However, much of our understanding of the elevated risk of physical comorbidities and mortality in patients with psychotic disorders has been gleaned from those with severe illnesses like schizophrenia. It is unclear what the prevalence and patterns of physical comorbidities are in the first episode of psychosis.

Main Research Question/s

This population-based study aims to (1) examine who is at risk of and how quickly physical comorbidity occurs after a diagnosis of FEP and initiation of antipsychotic medication and identify factors that may explain the differences by analysing electronic health records. (2) understand the experiences of physical comorbidity among people with psychotic disorders through a systematic review. The findings would be useful for informing the development of specific interventions, localised action and national health policies to mitigate health inequalities.

Proposed Methods

A cohort study design will be employed. People aged 14 – 64 years first diagnosed with FEP [ICD-10 codes F20 to F29] in SLaM adult services between 1 Jan 2022 and 31 Dec 2022 will be identified. The cohort will be followed until 31 Dec 2025.
A systematic review will examine qualitative studies exploring experiences and perspectives of living with physical health comorbidity from people with a psychotic illness

Suggested Further Reading

- Vigo, D., G. Thornicroft, and R. Atun, Estimating the true global burden of mental illness. Lancet Psychiatry, 2016. 3(2): p. 171-8.
- Smith J, Griffiths LA, Band M, Horne D. Cardiometabolic Risk in First Episode Psychosis Patients. Front Endocrinol (Lausanne). 2020 Nov 24;11:564240. doi: 10.3389/fendo.2020.564240
- Das-Munshi, J., et al., Ethnicity and cardiovascular health inequalities in people with severe mental illnesses: protocol for the E-CHASM study. Social Psychiatry and Psychiatric Epidemiology, 2016. 51(4): p. 627-638.
- Maidment I, Wong G, Duddy C, Upthegrove R, Oduola S, Allen K, Jacklin S, Howe J, MacPhee M. Medication optimisation in severe mental illness (MEDIATE): protocol for a realist review. BMJ Open. 2022 Jan 24;12(1):e058524. doi: 10.1136/bmjopen-2021-058524.

Contact email for trainee queries and arranging post Fair meetings

s.oduola@uea.ac.uk

Carers perceptions of sedation

Supervisory Team and Collaborators

Dr Sarah Reeve

Background

Sedation is common among patients with psychosis, often impactful on their presentation and recovery, and is likely to be noticed or discussed with carers. Carers are likely to have their own appraisals of sedation and its impact, which may be complex (for example, torn between not wanting their loved one to be sedated, versus being reassured that sedation protects them from being acutely unwell). These are worth considering in more depth given the role that carers play in patient care and outcome in psychosis.

Main Research Question/s

Questions could include i) what issues or benefits do carers of patients with psychosis identify with sedation? ii) what is the impact of sedation on patients (according to carers)? and iii) what do carers perceive as facilitators or barriers of supporting patients with sedation?

Proposed Methods

Qualitative interview based study, likely with a thematic analysis approach - experience in this or other qualitative analysis approaches would be a benefit.

Suggested Further Reading

Previous theses carried out jointly in similar method and area: Kate Robbins and Ioana Marinescu (both in 2024 cohort, theses available in UEA depository)

Contact email for trainee queries and arranging post Fair meetings

sarah.reeve@uea.ac.uk

Impact of sedation on psychosocial interventions in psychosis

Supervisory Team and Collaborators

Dr Sarah Reeve

Background

Sedation is common among patients with psychosis, and can be linked with low mood, low activity, reduced attention, and social disengagement, among other plausible effects. Given that psychosocial interventions in psychosis focus on improving these outcomes, it is possible that sedation may adversely affect the wider range of interventions delivered in mental health services. However, this has not yet been examined.

Main Research Question/s

Aim to explore how those delivering psychosocial interventions in psychosis perceive sedation to affect patients and their work with this group, and how they work to mitigate its impact.

Proposed Methods

The proposed study would recruit NHS staff who deliver psychosocial interventions in psychosis, to conduct interviews - this would be facilitated by link with ongoing programme of sedation research, but would still need its own ethical approval. The analysis approach would likely be qualitative.

Suggested Further Reading

Recent systematic review: Reeve et al., 2025 The psychological consequences of the sedating side effects of antipsychotic medication: A systematic review
Previous trainee qualitative paper on excessive sleepiness: Robbins et al., 2025 Understanding excessive sleep in people with psychotic disorders
Current trainee project - clinician perspectives on sedation (quantitative survey) being carried out by Ellen Holden (3rd year trainee), results would link into planning/design for this project.

Contact email for trainee queries and arranging post Fair meetings

sarah.reeve@uea.ac.uk

Clinical impacts of sedation in care pathways (engagement, admission, crisis, discharge) - secondary analysis of anonymised clinical records

Supervisory Team and Collaborators

Dr Sarah Reeve

Background

Sedation is a very common side effect of antipsychotic medication and is likely to impact on patient care (e.g. patients who are experiencing sedation being more likely to discontinue taking their medication, or not attend appointments), but this has not been specifically explored to date.

Main Research Question/s

The proposed study aims to use anonymised clinical record data (the CPFT research database) to identify a cohort of patients with problematic sedation, and identify impacts on their care trajectory (e.g. non-adherence to medication, admission to crisis or inpatient settings), with a suitable comparison group (e.g. those who have sedation that resolves, or other side effects, or no side effects).

Proposed Methods

The methods would involve development of appropriate coding scheme based on content analysis, and subsequent quantitative analysis. There would be scope for related research questions to be addressed within the dataset based on trainee interest (e.g. whether sedation is linked with ethnic minority status, impact on physical health).

Suggested Further Reading

The project would be suitable for an individual with existing analytical skills, who is comfortable working out a systematic approach to big (and messy) real life clinical data in order to leverage clinically useful outcomes.

Further reading (previous UEA EP, same database and related method):
https://www.sciencedirect.com/science/article/pii/S1389945724004131

Contact email for trainee queries and arranging post Fair meetings

sarah.reeve@uea.ac.uk

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The ClinPsyD Research Programme on Behavioural Sleep Medicine

We conduct a range of research into sleep disorders and their treatment, particularly where sleep problems present alongside (and potentially contribute to) other difficulties.

In such cases sleep can be an overlooked risk factor, but one that can be effectively addressed by effective and brief treatments, where accessible.

We use a range of methods, primarily quantitative and experimental, to explore the relationship between sleep and mental health and to develop treatments for sleep problems.

We work closely with colleagues in the UEA School of Psychology and with clinicians across the region via the SINEA network.

Sleep and mental health is a fascinating research area, with a lot of scope for application in clinical practice. This area is especially useful for those interested in developing interventions or experimental research.

SLEEP AND INSOMNIA NETWORK EAST ANGLIA

Behavioural treatment for post-stroke insomnia: A feasibility study

Supervisory Team and Collaborators

Dr Heather Condon

Professor Niall Broomfield

Dr Alpar Lazar and Dr Josh Blake

Background

Insomnia after stroke is common (Baylan et al., 2020) and can affect recovery and outcome (Matas, Amaral & Patto; 2022; Glozier et al., 2017). CBTI is recommended as a first line treatment for insomnia (NICE, 2025; Riemann et al, 2023), and single behavioural components of CBTI, such as Sleep Restriction Therapy (SRT) have also been found to be effective standalone treatments (Maurer et al., 2021). However, SRT has been found to be associated with a decline in daily functioning and daytime sleepiness, particularly in early treatment (Kyle et al., 2014), as well as affecting psychomotor vigilance and alert cognition, and mood (Vincent, Lewycky, & Finnegan, 2008). Given these difficulties, it is unclear whether SRT would be a feasible treatment within stroke populations. Some studies of CBTI in stroke have used sleep compression as a gentler alternative (Herron et al. 2018), whilst others have described sleep restriction as part of the CBTI protocol but given little further detail to the extent it was used (Ford et al., 2023; Fleming et al., 2024). A recent study investigated the feasibility of a brief behavioural treatment for insomnia (BBT-I) in acquired brain injury, with results suggesting feasibility and possible efficacy in this population (Gardani, Baylan & Zouhar, 2025). However, this study did not measure for or report on adverse events which may be an important indicator of feasibility and safety and has also been recommended to be monitored for as standard in CBTI research (Condon, Maurer & Kyle, 2021). Additionally, cognitive outcomes were not measured in this study. outcomes were not measured in this study. The current study would aim to carry out a feasibility trial of BBT-I for post stroke insomnia. Feasibility and acceptability would be measured through variables such as attrition, adverse events, and an acceptability questionnaire. Other outcomes could include preliminary analysis on improvements in insomnia, daytime sleepiness, mood, cognition and quality of life. There is a possibility for mixed methods analysis including closed and open questions within an acceptability questionnaire.

Main Research Question/s

1) Does Brief Behavioural Treatment for Insomnia (BBT-I) have good acceptability for stroke survivors?
2) Is it feasible to conduct a clinical trial of BBT-I after stroke (e.g. can clinicians and patients be recruited to the study, what are the rates of attrition, missing data and adverse events, and what estimates of effect size should be used in the design of the full study?)

Proposed Methods

A feasibility trial of BBT-I for post stroke insomnia

Suggested Further Reading

Baylan, S., Griffiths, S., Grant, N., Broomfield, N. M., Evans, J. J., & Gardani, M. (2020). Incidence and prevalence of post-stroke insomnia: a systematic review and meta-analysis. Sleep medicine reviews, 49, 101222.
Condon, H. E., Maurer, L. F., & Kyle, S. D. (2021). Reporting of adverse events in cognitive behavioural therapy for insomnia: A systematic examination of randomised controlled trials. Sleep Medicine

Reviews, 56, 101412.
Fleming, M. K., Smejka, T., Macey, E., Luengo-Fernandez, R., Henry, A. L., Robinson, B., ... & Johansen-Berg, H. (2024). Improving sleep after stroke: a randomised controlled trial of digital cognitive behavioural therapy for insomnia. Journal of Sleep Research, 33(2), e13971.
Ford, M. E., Geurtsen, G. J., Groet, E., Rambaran Mishre, R. D., Van Bennekom, C. A., & Van Someren, E. J. (2023). A blended eHealth intervention for insomnia following acquired brain injury: a randomised controlled trial. Journal of Sleep Research, 32(1), e13629.
Gardani, M., Baylan, S., & Zouhar, V. (2025). Preliminary feasibility and efficacy of a brief behavioural treatment for insomnia after acquired brain injury: A case series. Journal of sleep research, e14441.
Glozier, N., Moullaali, T. J., Sivertsen, B., Kim, D., Mead, G., Jan, S., ... & Hackett, M. L. (2017). The course and impact of poststroke insomnia in stroke survivors aged 18 to 65 years: results from the Psychosocial Outcomes In StrokE (POISE) study. Cerebrovascular diseases extra, 7(1), 9-20.
Herron, K., Farquharson, L., Wroe, A., & Sterr, A. (2018). Development and evaluation of a cognitive behavioural intervention for chronic post-stroke insomnia. Behavioural and cognitive psychotherapy, 46(6), 641-660.
Kyle, S. D., Miller, C. B., Rogers, Z., Siriwardena, A. N., MacMahon, K. M., & Espie, C. A. (2014). Sleep restriction therapy for insomnia is associated with reduced objective total sleep time, increased daytime somnolence, and objectively impaired vigilance: implications for the clinical management of insomnia disorder. Sleep, 37(2), 229-237.
Matas, A., Amaral, L., & Patto, A. V. (2022). Is post-ischemic stroke insomnia related to a negative functional and cognitive outcome?. Sleep medicine, 94, 1-7.
Maurer, L. F., Schneider, J., Miller, C. B., Espie, C. A., & Kyle, S. D. (2021). The clinical effects of sleep restriction therapy for insomnia: A meta-analysis of randomised controlled trials. Sleep Medicine Reviews, 58, 101493.
Riemann, D., Baglioni, C., Bassetti, C., Bjorvatn, B., Dolenc Groselj, L., Ellis, J. G., ... & Spiegelhalder, K. (2017). European guideline for the diagnosis and treatment of insomnia. Journal of sleep research, 26(6), 675-700.
Vincent, N., Lewycky, S., & Finnegan, H. (2008). Barriers to engagement in sleep restriction and stimulus control in chronic insomnia. Journal of consulting and clinical psychology, 76(5), 820.

Contact email for trainee queries and arranging post Fair meetings

N.Broomfield@uea.ac.uk & heather.condon2@nhs.net

How is insomnia addressed by clinicians across stroke services? A qualitative study.

Supervisory Team and Collaborators

Dr Heather Condon

Professor Niall Broomfield

Dr Alpar Lazar

Background

Insomnia is prevalent among individuals recovering from stroke (Baylan et al., 2020), and evidence supports the effectiveness of both psychological and pharmacological interventions (Ford et al., 2023; Cai, Wang & Yang 2021). Stroke patients may access services via a number of different routes, including inpatient stroke rehabilitation, community stroke services and outpatient follow up. It is unclear whether there is consistency across services as to how post stroke insomnia is addressed, or even if it is considered at all. The current study would use qualitative methods to explore the practices and decision-making processes when supporting patients after stroke who present with insomnia. The study would use semi structured interviews with clinicians in stroke including Stroke Consultants, Stroke Nurses and Clinical Psychologists. Interviews would explore how insomnia is assessed, perceived barriers to care, and what interventions are delivered directly or whether patients are signposted to other service such as NHS Talking Therapies services or digital CBTI programmes. By capturing clinicians' experiences and current practices, the study aims to identify gaps in support, variability in care, and opportunities for improving insomnia management within stroke services.

Main Research Question/s

How is insomnia addressed by clinicians across stroke services?

Proposed Methods

This study would use primarily qualitative methods such as reflexive thematic analysis.

Suggested Further Reading

Baylan, S., Griffiths, S., Grant, N., Broomfield, N. M., Evans, J. J., & Gardani, M. (2020). Incidence and prevalence of post-stroke insomnia: a systematic review and meta-analysis. Sleep medicine reviews, 49, 101222.

Cai, H., Wang, X. P., & Yang, G. Y. (2021). Sleep disorders in stroke: an update on management. Aging and disease, 12(2), 570.

Ford, M. E., Groet, E., Daams, J. G., Geurtsen, G. J., Van Bennekom, C. A., & Van Someren, E. J. (2020). Non-pharmacological treatment for insomnia following acquired brain injury: A systematic review. Sleep medicine reviews, 50, 101255.

Contact email for trainee queries and arranging post Fair meetings

heather.condon2@nhs.net & N.Broomfield@uea.ac.uk

Living with Stroke and Insomnia: Lived Experience, Impact and Coping

Supervisory Team and Collaborators

Professor Niall Broomfield
Dr Heather Condon (Dept. of Neuropsychology, Cambridge University Hospitals NHS Foundation Trust)

Dr Alpar Lazar (School of Health Sciences, UEA)

Background

Stroke is the leading cause of disability worldwide, and fourth leading cause of death. Much is now known about the neuropsychological (mood and cognition) effects of stroke, the impact of these on stroke recovery, and how clinicians can mitigate. Sleep is a universal biopsychological need - vital for life - and a known risk factor for incident stroke (Mitoui et al, 2025). Rates of diagnosed insomnia disorder in stroke survivors are high (pooled estimate 32%; Baylan et al, 2020) and experiencing a stroke - irrespective of functional impact- is inherently stressful and thus likely to affect sleep. Yet surprisingly, disrupted sleep/insomnia disorder remains otherwise not well understood in the context of stroke and with to date no qualitative or mixed methods studies designed to evaluate living with stroke and insomnia, the range of specific impacts and how people cope.

Main Research Question/s

1. What is the lived experience of stroke survivors with insomnia disorder?
2. What is the specific impact of the insomnia disorder stroke survivors fatigue and energy levels, motivation for rehabilitation, quality of life, mood, functional outcome and carer/ familial relationships?
3. What do people with post-stroke insomnia do to cope?

Proposed Methods

This study will used mixed quantitative and qualitative methods, including thematic analysis.

Suggested Further Reading

Baylan S, Griffiths S, Grant N, Broomfield NM, Evans JJ, Gardani M. Incidence and prevalence of post-stroke insomnia: A systematic review and meta-analysis. Sleep Med Rev. 2020 Feb;49:101222. doi: 10.1016/j.smrv.2019.101222. Epub 2019 Oct 28. PMID: 31739180.

Mitoiu BI, Alexe MD, Gheorghievici GL, Nartea R. Chronic Insomnia and Stroke Risk-A Real Bidirectional Issue. Life (Basel). 2025 Oct 14;15(10):1602. doi: 10.3390/life15101602. PMID: 41157275; PMCID: PMC12565062

Contact email for trainee queries and arranging post Fair meetings

N.Broomfield@uea.ac.uk; heather.condon2@nhs.net; A.Lazar@uea.ac.uk

Developing an Abbreviated Glasgow Sleep Effort Scale (GSES) for Primary Care

Supervisory Team and Collaborators

Professor Niall Broomfield

Dr Joshua Blake

Background

Sleep is a universal psychobiological need, and insomnia is the commonest of the sleep disorders. There is consensus that sleep effort (performance anxiety related to sleep) is a crucial cognitive behavioural maintaining factor for insomnia disorder (Espie, 2024; Espie Broomfield, at el 2006). The Glasgow Sleep Effort Scale (GSES; Broomfield & Espie, 2006) was specifically developed to measure components of sleep effort in people with insomnia disorder. A range of validation and subsequent translation studies confirm GSES has sound psychometric properties including in a range of languages, and that it can readily discriminate people with insomnia disorder from those without. A recent scoping review noted increased interest in, and usage of, GSES in in the past three years (Marques, Piers, Broomfield & Espie, 2024). A useful next development for the scale will be to evaluate, using pre collected data on a sample of good sleepers and people with insomnia disorder, whether an abbreviated one or two item GSES may perform as adequately as the full scale. This could have potentially important implications for GSES use in primary care and in busy clinical settings, especially as it is now demonstrated CBT insomnia acts to reduce sleep effort (Bristowe, 2024).

Main Research Question/s

1. What constitutes an abbreviated GSES?
2. Does an abbreviated GSES version perform as adequately as the full scale, including to distinguish good sleepers from those with insomnia disorder, who may be indicated for CBT?

Proposed Methods

This study will use exploratory and confirmatory factor analysis and item response theory.

Suggested Further Reading

Bristowe, H (2024) The effect of cognitive behavioural interventions on sleep effort. Doctoral thesis, University of East Anglia.

Broomfield NM, Espie CA. Towards a valid, reliable measure of sleep effort. J Sleep Res. 2005 Dec;14(4):401-7. doi: 10.1111/j.1365-2869.2005.00481.x. PMID: 16364141.

Espie CA. Revisiting the Psychobiological Inhibition Model: a conceptual framework for understanding and treating insomnia using cognitive and behavioural therapeutics (CBTx). J Sleep Res, 2023;32:6. https://doi.org/10.1111/jsr.13841

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Contact email for trainee queries and arranging post Fair meetings

N.Broomfield@uea.ac.uk; Joshua.Blake@uea.ac.uk

Paradoxical Intention Therapy for Insomnia in University Students: A Non-Comparative Feasibility Trial

Supervisory Team and Collaborators

Professor Niall Broomfield

Dr Jo Bowers (School of Psychology, UEA)

Dr Alpar Lazar (School of Health Sciences, UEA) and Dr Josh Blake

Background

Cognitive behavioural therapy (CBTI) is an evidence based, first line treatment for insomnia disorder (Reimann et al, 2023). Typically, multi-component CBT-I comprises several core treatment elements, although of late, there has been a trend toward trialling single component insomnia therapeutics (Kyle et al, 2023). One example of a single component insomnia therapeutic which shows promise is Paradoxical Intention Therapy (PI). PI in application to insomnia disorder encourages poor sleepers to gently give up trying to fall asleep sleep, thereby obviating sleep effort which is inhibitory to what is an involuntary process. Paradoxically therefore, by encouraging poor sleepers to gently stay awake, PI hastens sleep onset. PI use in insomnia disorder has been researched since the 1970's (e.g. Ascher & Turner, 1979; Espie & Lindsay, 1985; Broomfield & Espie, 2003). Bringing that evidence together in a first ever systematic review of 10 RCTs, there is now converging evidence that PI represents a safe and effective single component cognitive therapeutic for insomnia disorder (Jannson-Frojmark et al, 2021). However, there are still relatively few RCTs to data (only ten to 2021), they are moderate in terms of study quality, and they cover a limited age range of participants (mean 25 to 45 years). This makes it difficult to draw firm conclusions regarding the effectiveness of PI for age groups where sleep is especially disrupted. We are already progressing a trainee led study looking at PI in School aged children in school settings, delivered in a group format. Another key group who often present with sleep difficulties, and where there is implication for education performance health, is university students. Insomnia and sleep disruption is common in this group and there are known impacts on mental health. Yet little is known about the suitability of PI for use in this group (Lindsay et al, 2022; Uccella et al 2023).

Main Research Question/s

1. Using a non-comparative feasibility study, what is the recruitment feasibility, retention and adherence and acceptability of PI for insomnia in poor sleeping university students with insomnia disorder?
2. Ahead of a large-scale trial, what are preliminary outcome data following two weeks treatment, relative to baseline, on subjective and objective sleep metrics?

Proposed Methods

This will be a non-comparative feasibility trial of Paradoxical Intention Therapy for Insomnia in university students. A comparator arm such as sleep hygiene could be incorporated into the design, and consideration of other age groups (e.g. older adults) is also possible.

Suggested Further Reading

Ascher LM, Turner R. Paradoxical intention and insomnia: an experimental investigation. Behav Res Ther. 1979;17(4):408-11. doi: 10.1016/0005-7967(79)90015-9. PMID: 486046.

Broomfield, N. M., & Espie, C. A. (2003). Initial insomnia and paradoxical intention: An experimental investigation of putative mechanisms using subjective and actigraphic assessment of sleep. Behavioural and Cognitive Psychotherapy, 31(3), 313-324. https://doi.org/10.1017/S1352465803003060

Espie CA, Lindsay WR. Paradoxical intention in the treatment of chronic insomnia: six case studies illustrating variability in therapeutic response. Behav Res Ther. 1985;23(6):703-9. doi: 10.1016/0005-7967(85)90070-1. PMID: 3907617.

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Lindsay JAB, McGowan NM, King N, Rivera D, Li M, Byun J, Cunningham S, Saunders KEA, Duffy A. Psychological predictors of insomnia, anxiety and depression in university students: potential prevention targets. BJPsych Open. 2022 Apr 19;8(3):e86. doi: 10.1192/bjo.2022.48. PMID: 35438069; PMCID: PMC9059737.

Riemann D, Espie CA, Altena E, Arnardottir ES, Baglioni C, Bassetti CLA, Bastien C, Berzina N, Bjorvatn B, Dikeos D, Dolenc Groselj L, Ellis JG, Garcia-Borreguero D, Geoffroy PA, Gjerstad M, Gonçalves M, Hertenstein E, Hoedlmoser K, Hion T, Holzinger B, Janku K, Jansson-Fröjmark M, Järnefelt H, Jernelöv S, Jennum PJ, Khachatryan S, Krone L, Kyle SD, Lancee J, Leger D, Lupusor A, Marques DR, Nissen C, Palagini L, Paunio T, Perogamvros L, Pevernagie D, Schabus M, Shochat T, Szentkiralyi A, Van Someren E, van Straten A, Wichniak A, Verbraecken J, Spiegelhalder K. The European Insomnia Guideline: An update on the diagnosis and treatment of insomnia 2023. J Sleep Res. 2023 Dec;32(6):e14035. doi: 10.1111/jsr.14035. PMID: 38016484.

Uccella S, Cordani R, Salfi F, Gorgoni M, Scarpelli S, Gemignani A, Geoffroy PA, De Gennaro L, Palagini L, Ferrara M, Nobili L. Sleep Deprivation and Insomnia in Adolescence: Implications for Mental Health. Brain Sci. 2023 Mar 28;13(4):569. doi: 10.3390/brainsci13040569. PMID: 37190534; PMCID: PMC10136689.

Contact email for trainee queries and arranging post Fair meetings

N.Broomfield@uea.ac.uk; Joanne.Bower@uea.ac.uk; A.Lazar@uea.ac.uk

Exploring Paradoxical Intention for use in Poor Sleeper University Populations: a Focus Group Methodology involving Students and Student Services

Supervisory Team and Collaborators

Professor Niall Broomfield

Dr Alpar Lazar (School of Health Sciences, UEA)

Dr Jo Bower (School of Psychology, UEA)

Background

Cognitive behavioural therapy (CBTI) is an evidence based, first line treatment for insomnia disorder (Reimann et al, 2023). Typically, multi-component CBT-I comprises several core treatment elements although of late, there has been a trend toward trialling single component insomnia therapeutics (Kyle et al, 2023). One example of a single component insomnia therapeutic which shows promise is Paradoxical Intention Therapy (PI). PI in application to insomnia disorder encourages poor sleepers to gently give up trying to fall asleep sleep, thereby obviating sleep effort which is inhibitory to what is an involuntary process. Paradoxically therefore, by encouraging poor sleepers to gently stay awake, PI hastens sleep onset. PI use in insomnia disorder has been researched since the 1970's (e.g. Ascher & Turner, 1979; Espie & Lindsay, 1985; Broomfield & Espie, 2003). Bringing that evidence together in a first ever systematic review of 10 RCTs, there is now converging evidence that PI represents a safe and effective single component cognitive therapeutic for insomnia disorder (Jannson-Frojmark et al, 2021). The limited age range of participants in the extant studies however makes it difficult to draw firm conclusions regarding PI applied to age groups where sleep may be especially disrupted. One such group in university students where we know insomnia and sleep disruption is common and with known impacts on mental health (Lindsay et al, 2022; Uccella et al 2023). Yet little is known about the acceptability of PI for use in students, how it may be received, how it might need to be adapted and its potential to also improve mental health and education performance. No study as ever gathered such views. Further, no study has ever explored such views in student services colleagues who - as effectively primary care practitioners in university settings - may be best placed to deliver PI to help poor sleeping students.

Main Research Question/s

1. What are the perception and attitudes of poor sleeping students to insomnia, and to Paradoxical Intention (PI) as a potential treatment for this?
2. What are poor sleeping student perspectives on how PI treatment for insomnia may need to be refined or adapted?
3. What are the preferred delivery methods of PI in this context, and treatment expectations?
4. What should student centred PI for insomnia treatment materials look like?
5. What do student services colleagues think about PI for students with insomnia, potential barriers and practical challenges of such an approach and treatment refinements and adaptations?

Proposed Methods

This study will use a mixed methods approach incorporating focus groups. There are no qualitative studies of PI anywhere in the insomnia literature, so the approach could be adopted to explore older adults perspectives of potential from PI, or the perspectives of poor sleeping adults and GP/primary care colleagues to this under-researched treatment.

Suggested Further Reading

Ascher LM, Turner R. Paradoxical intention and insomnia: an experimental investigation. Behav Res Ther. 1979;17(4):408-11. doi: 10.1016/0005-7967(79)90015-9. PMID: 486046.

Broomfield, N. M., & Espie, C. A. (2003). Initial insomnia and paradoxical intention: An experimental investigation of putative mechanisms using subjective and actigraphic assessment of sleep. Behavioural and Cognitive Psychotherapy, 31(3), 313-324. https://doi.org/10.1017/S1352465803003060

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Lindsay JAB, McGowan NM, King N, Rivera D, Li M, Byun J, Cunningham S, Saunders KEA, Duffy A. Psychological predictors of insomnia, anxiety and depression in university students: potential prevention targets. BJPsych Open. 2022 Apr 19;8(3):e86. doi: 10.1192/bjo.2022.48. PMID: 35438069; PMCID: PMC9059737.

Riemann D, Espie CA, Altena E, Arnardottir ES, Baglioni C, Bassetti CLA, Bastien C, Berzina N, Bjorvatn B, Dikeos D, Dolenc Groselj L, Ellis JG, Garcia-Borreguero D, Geoffroy PA, Gjerstad M, Gonçalves M, Hertenstein E, Hoedlmoser K, Hion T, Holzinger B, Janku K, Jansson-Fröjmark M, Järnefelt H, Jernelöv S, Jennum PJ, Khachatryan S, Krone L, Kyle SD, Lancee J, Leger D, Lupusor A, Marques DR, Nissen C, Palagini L, Paunio T, Perogamvros L, Pevernagie D, Schabus M, Shochat T, Szentkiralyi A, Van Someren E, van Straten A, Wichniak A, Verbraecken J, Spiegelhalder K. The European Insomnia Guideline: An update on the diagnosis and treatment of insomnia 2023. J Sleep Res. 2023 Dec;32(6):e14035. doi: 10.1111/jsr.14035. PMID: 38016484.

Uccella S, Cordani R, Salfi F, Gorgoni M, Scarpelli S, Gemignani A, Geoffroy PA, De Gennaro L, Palagini L, Ferrara M, Nobili L. Sleep Deprivation and Insomnia in Adolescence: Implications for Mental Health. Brain Sci. 2023 Mar 28;13(4):569. doi: 10.3390/brainsci13040569. PMID: 37190534; PMCID: PMC10136689.

Contact email for trainee queries and arranging post Fair meetings

N.Broomfield@uea.ac.uk; A.Lazar@uea.ac.uk; Joanne.Bower@uea.ac.uk

The interplay between sleep, intrusive thoughts, and mental health in adolescence

Supervisory Team and Collaborators

Faith Orchard (School of Psychology, UEA),
Marcus Harrington (School of Psychology, UEA)
Sarah Reeve

Background: Everyday events can trigger the recollection of unpleasant experiences. For example, entering an exam might bring back the sting of a past failure. Such intrusive memories are common and normal. However, when persistent, they can contribute to conditions like PTSD, OCD, and eating disorders [1]. Adolescence represents a critical developmental window during which intrusive-memory-related psychopathology often emerges [2], but the mechanisms underlying vulnerability to intrusive memories during this stage are poorly understood.

Recent empirical studies by the secondary supervisor indicate that sleep deprivation impairs the ability of healthy adults to keep intrusive memories out of mind [3,4]. Adolescence is a developmental period characterised by poor sleep [5], raising the possibility that intrusive memories, sleep disruption, and poor mental health outcomes could be intimately linked during adolescence.

Main Research Question/s: Are intrusive thoughts, sleep quality, and mental health interrelated in adolescence?

Proposed Methods: Cross-sectional or longitudinal survey to collect quantitative data on self-reported sleep, intrusive memories, and mental health, and possibly also qualitative data on the subjective experience of intrusive memories. There may also be scope to include cognitive tasks and/or experience sampling methods.

Suggested Further Reading:

1. Pascual-Vera, B., Akin, B., Belloch, A., Bottesi, G., Clark, D. A., Doron, G., Fernández-Alvarez, H., Ghisi, M., Gómez, B., Inozu, M., Jiménez-Ros, A., Moulding, R., Ruiz, M. A., Shams, G., & Sica, C. (2019). The cross-cultural and transdiagnostic nature of unwanted mental intrusions. International Journal of Clinical and Health Psychology, 19(2), 85–96. https://doi.org/10.1016/j.ijchp.2019.02.005

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3. Harrington, M. O., Ashton, J. E., Sankarasubramanian, S., Anderson, M. C., & Cairney, S. A. (2021). Losing Control: Sleep Deprivation Impairs the Suppression of Unwanted Thoughts. Clinical Psychological Science, 9(1), 97–113. https://doi.org/10.1177/2167702620951511

4. Harrington, M. O., Karapanagiotidis, T., Phillips, L., Smallwood, J., Anderson, M. C., & Cairney, S. A. (2025). Memory control deficits in the sleep-deprived human brain. Proceedings of the National Academy of Sciences, 122(1), e2400743122. https://doi.org/10.1073/pnas.2400743122

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Differences in 24 European and North American Countries. Journal of Adolescent Health, 66(6), S81–S88. https://doi.org/10.1016/j.jadohealth.2020.03.013

Contact email for trainee queries and arranging post Fair meetings: F.Orchard@uea.ac.uk; M.Harrington@uea.ac.uk

University of
East Anglia
Norwich

Norwich Medical School

The ClinPsyD Research Programme on Stroke and Other Acquired Brain Injuries

1 in 4 will have a stroke in their lifetime (53% under 70).

Traumatic Brain Injuries are the leading cause of disability among < 40s.

>400 children have a stroke/year in the UK; head injury is the most common reason children to go to hospital.

(Neuro)psychological aspects of these conditions are important research priorities. We focus on mood, cognition, behaviour & social connection after brain injury. We use diverse methods such as qualitative approaches, consensus building techniques, acceptability pilots, feasibility trials, & more! We have excellent links with clinical services and collaborators across the UEA, East Anglia, UK & Australia. We work closely with the Stroke Association, Different Strokes, Headway, AnchorPoint and others. Our members are actively involved in the European Life After Stroke Forum (ELASF) - scientific committee, World Federation of Neuropsychological Rehabilitation NR & OPSYRIS special interest groups, BPS Division of Neuropsychology, UK & Ireland Stroke Psychology Network, and Norfolk & Waveney Brain Injury Network.

This research programme may be for you if you are passionate about supporting those affected by stroke and other acquired brain injuries and their inclusion in research and you are keen to work as part of a group, grow a professional network, and support research to have a meaningful impact through engagement activities, talks, and publications.

Stroke Research Group
UNIVERSITY OF EAST ANGLIA

Exploring Cognitive Maintaining Factors in PSE using Single Case Experimental Design

Supervisory Team and Collaborators

Dr Joshua Blake

Professor Niall Broomfield

Background

Post-Stroke Emotionalism (PSE) is a common, debilitating, neurologic condition of emotional expression, affecting one in ten stroke survivors in the long term (Broomfield et al., 2022). PSE involves sudden outbursts of crying and, in rarer cases, laughter. Episodes are commonly triggered by external events, such as conversation or watching the news, or internally by thoughts or memories (Fitzgerald et al., 2021). PSE appears to be significantly impactful; it can be socially debilitating, detrimental to mood, and a source of significant anxiety (Broomfield et al., 2024).

There is emerging evidence that antidepressant medications may be effective for PSE, linked to the involvement of serotonin in PSE (Choi-Kwon et al., 2006). Not everyone, however, is eligible or willing to take antidepressant medication. Non-pharmacological alternatives, are therefore important (Ottaway et al., 2023).

Research into psychological therapies for PSE is still in its infancy. There have been no registered or published RCTs or quasi-experimental trials of non-pharmacological PSE interventions (Ottaway et al., 2023). We theorise that there may be psychological mechanisms that increase the occurrence and severity of emotionalism episodes (Broomfield et al., 2024). It is well-established that thought-suppression paradoxically increases the occurrence of the target thought (Clark et al., 1991; Wegner et al., 1987), and psychological modalities, such as Acceptance and Commitment Therapy (ACT), encourage acceptance-based techniques as more functional alternatives (Curvis & Methley, 2021). Where PSE episodes are triggered by thoughts or memories, we therefore hypothesise that active suppression will increase PSE episode frequency and length, and that acceptance techniques will reduce.

Main Research Question/s

Does thought suppression increase the frequency, severity, and duration of PSE episodes?
Do thought acceptance techniques decrease the frequency, severity, and duration of PSE episodes?

Proposed Methods

We suggest an ABAC Single Case Experimental Design (SCED) approach, where participants practice applying both suppression and acceptance techniques within the same trial, with intermittent baseline phases. Participants will be recruited from the community, target n of 5. Participants will people with PSE that identify as experiencing internal triggers (thoughts, memories), willing to take part in an experimental approach and complete symptom diaries. Analyses will include visual inspection and some statistical approaches (e.g. Tau-U) in keeping with the SCED literature.

Suggested Further Reading

Broomfield, N. M., Blake, J., Gracey, F., & Steverson, T. (2024). Post-stroke emotionalism: Diagnosis, pathophysiology, and treatment. In International Journal of Stroke (Vol. 19, Issue 8, pp. 857–866). SAGE Publications Inc. https://doi.org/10.1177/17474930241242952

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Wegner, D. M., Schneider, D. J., Carter, S. R., & White, T. L. (1987). Paradoxical effects of thought suppression. Journal of Personality and Social Psychology, 53(1), 5–13. https://doi.org/10.1037//0022-3514.53.1.5

Contact email for trainee queries and arranging post Fair meetings

joshua.blake@uea.ac.uk; n.broomfield@uea.ac.uk

Evaluating behavioural therapeutics of PSE

Supervisory Team and Collaborators

Dr Joshua Blake

Niall Broomfield

Background

Post-Stroke Emotionalism (PSE) is a common, debilitating, neurologic condition of emotional expression, affecting one in ten stroke survivors in the long term (Broomfield et al., 2022). PSE involves sudden outbursts of crying and, in rarer cases, laughter. Episodes are commonly triggered by external events, such as conversation or watching the news, or internally by thoughts or memories (Fitzgerald et al., 2021). PSE appears to be significantly impactful; it can be socially debilitating, detrimental to mood, and a source of significant anxiety (Broomfield et al., 2024).

There is emerging evidence that antidepressant medications may be effective for PSE, linked to the involvement of serotonin in PSE (Choi-Kwon et al., 2006). Not everyone, however, is eligible or willing to take antidepressant medication. Non-pharmacological alternatives are therefore important (Ottaway et al., 2023).

Research into psychological therapies for PSE is still in its infancy. There have been no registered or published RCTs or quasi-experimental trials of non-pharmacological PSE interventions (Ottaway et al., 2023). A survey of NHS staff and subsequent expert consensus study suggested that some behavioural techniques, such as deep breathing and distraction, may be effective in shortening the duration and severity of emotionalism episodes (Gillespie et al., 2020; Ottaway et al., 2023). This may be due to guiding attention away from a triggering stimulus, or simply because it re-regulates a dysregulated system.

Main Research Question/s

Does engaging in breathing reduce the severity and duration of PSE episodes?
Do distraction techniques reduce the severity and duration of PSE episodes?
We may include an experimental manipulation whereby we can identify whether it is the attentional or regulatory aspect of breathing that is effective e.g. comparing deep breathing with mindful breathing.

Proposed Methods

We suggest an ABAB Single Case Experimental Design (SCED) approach, where participants practice applying the technique, with intermittent baseline phases. Participants will be recruited from the community, target n of 3 per behaviour. Participants will people with PSE, willing to take part in an experimental approach and complete symptom diaries. Analyses will include visual inspection and some statistical approaches (e.g. Tau-U) in keeping with the SCED literature.

Suggested Further Reading

Broomfield, N. M., Blake, J., Gracey, F., & Steverson, T. (2024). Post-stroke emotionalism: Diagnosis, pathophysiology, and treatment. In International Journal of Stroke (Vol. 19, Issue 8, pp. 857–866). SAGE Publications Inc. https://doi.org/10.1177/17474930241242952

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Contact email for trainee queries and arranging post Fair meetings

joshua.blake@uea.ac.uk; n.broomfield@uea.ac.uk

Mixed Methods Survey of Post-Stroke Emotionalism Thought-Feelings-Behaviours

Supervisory Team and Collaborators

Dr Joshua Blake

Niall Broomfield

Background

Post-Stroke Emotionalism (PSE) is a common, debilitating, neurologic condition of emotional expression, affecting one in ten stroke survivors in the long term (Broomfield et al., 2022). PSE involves sudden outbursts of crying and, in rarer cases, laughter. Episodes are commonly triggered by external events, such as conversation or watching the news, or internally by thoughts or memories (Fitzgerald et al., 2021). PSE appears to be significantly impactful; it can be socially debilitating, detrimental to mood, and a source of significant anxiety (Broomfield et al., 2024).

There is emerging evidence that antidepressant medications may be effective for PSE, linked to the involvement of serotonin in PSE (Choi-Kwon et al., 2006). Not everyone, however, is eligible or willing to take antidepressant medication. Non-pharmacological alternatives are therefore important (Ottaway et al., 2023).

Research into psychological therapies for PSE is still in its infancy. There have been no registered or published RCTs or quasi-experimental trials of non-pharmacological PSE interventions (Ottaway et al., 2023). We theorise that there may be psychological mechanisms that increase the occurrence and severity of emotionalism episodes (Broomfield et al., 2024). It is well-established that thought-suppression paradoxically increases the occurrence of the target thought (Clark et al., 1991; Wegner et al., 1987), and psychological modalities, such as Acceptance and Commitment Therapy (ACT), encourage acceptance-based techniques as more functional alternatives (Curvis & Methley, 2021). Where PSE episodes are triggered by thoughts or memories, we therefore hypothesise that active suppression will increase PSE episode frequency and length, and that acceptance techniques will reduce.

We also wonder whether PSE may lead to secondary mood disorders because of negative thinking, emotions, and unhelpful behavioural responses. For example, negative thoughts about PSE may be associated with embarrassment, anger, or sadness, and these may drive avoidance behaviours (Colamonico et al., 2012; Fitzgerald et al., 2021). Though these mechanisms are suspected (Broomfield et al., 2024), they have not been confirmed in research. Establishing the existence of such mechanisms would set strong groundwork for the development of a first non-pharmacological intervention for PSE and associated trial.

Main Research Question/s

How may negative thoughts about PSE associate with emotions and behaviours?
Do negative thoughts about PSE predict the presence of secondary mood disorders?

Proposed Methods

We suggest a mixed-methods study, involving a quantitative aspect that utilises emotionalism and mood diaries (target n = 15-20), alongside more detailed qualitative interviews that explore the presence of possible mechanisms (possibly a grounded theory approach). This project may be suited as a joint trainee project.

Suggested Further Reading

Broomfield, N. M., Blake, J., Gracey, F., & Steverson, T. (2024). Post-stroke emotionalism: Diagnosis, pathophysiology, and treatment. In International Journal of Stroke (Vol. 19, Issue 8, pp. 857–866). SAGE Publications Inc. https://doi.org/10.1177/17474930241242952

Broomfield, N. M., West, R., Barber, M., Quinn, T. J., Gillespie, D. C., Walters, M., House, A., McIntyre Broomfield, N., West, R., Barber, M., Quinn, T. J., Gillespie, D. C., Walters, M., House, A., Broomfield, N. M., West, R., Barber, M., Quinn, T. J., Gillespie, D. C., … House, A. (2022). TEARS: A longitudinal investigation of the prevalence, psychological associations and trajectory of poststroke emotionalism. Journal of Neurology, Neurosurgery & Psychiatry, 93(8), 886 PG – 9. https://doi.org/10.1136/jnnp-2022-329042

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Gillespie, D. C., Cadden, A. P., West, R. M., & Broomfield, N. M. (2020). Non-pharmacological interventions for post-stroke emotionalism (PSE) within inpatient stroke settings: a theory of planned behavior survey. Topics in Stroke Rehabilitation, 27(1), 15–24. https://doi.org/10.1080/10749357.2019.1654241

Contact email for trainee queries and arranging post Fair meetings

joshua.blake@uea.ac.uk; n.broomfield@uea.ac.uk

Evaluating the relationship between fatigue and anxiety in stroke - a time-series approach

Supervisory Team and Collaborators

Dr Joshua Blake

Dr Sheryl Parke

Background

Stroke is a leading cause of adult disability nationally. Psychological difficulties after stroke are common, with approximately a third developing depression and a quarter developing an anxiety disorder. Treatment of mental health problems after stroke is a research priority.

Stroke also causes fatigue in as mas half of survivors. Anxiety and fatigue are related, both in the general population and in stroke. The relationship is likely to be more nuanced in stroke, with possible predictors of both anxiety and fatigue. A recent feasibility trial targeting fatigue post-stroke failed to find benefit, highlighting the importance of understanding the mechanisms of fatigue causality after stroke (Mead et al., 2022)

Knowing of a basic link between anxiety and fatigue tells us nothing about the process by why this link occurs. We know both excessive worrying and physiological anxiety can be mentally exhausting. There have been two studies of relevance. Mutai et al., (2017) found that anxiety correlates most strongly with physical fatigue and general fatigue, but far less with mental fatigue. By contrast, they found that depression correlates more strongly with mental fatigue and less with physical and general fatigue. Another study by Galligan et al. (2015) found tentative evidence that stroke-specific anxiety was specifically related to fatigue, while generalised and health anxiety no longer predicted fatigue when controlling for stroke-specific anxiety.

The data from these studies suggests that a portion of fatigue may be explained by experiences of anxiety. We want to examine these links in more depth, longitudinally, drawing links between different aspects of anxiety (physiological, worries, behaviours) and associated fatigue.

Main Research Question/s

How do various aspects of anxiety predict occurrence of fatigue across time?
How do behavioural responses to anxiety predict fatigue across time?

Proposed Methods

We suggest a small n study with a large number of observations, making use of anxiety/fatigue diaries. This may involve twice-daily measures of various components of anxiety and fatigue, possibly using a mobile app with reminder prompts. The power of the study would be number of observations and a time-series analysis approach will be used to analyse time-linked associations.

Suggested Further Reading

Drummond, A., Hawkins, L., Sprigg, N., Ward, N. S., Mistri, A., Tyrrell, P., Mead, G. E., Worthington, E., & Lincoln, N. B. (2017). The Nottingham Fatigue after Stroke (NotFAST) study: factors associated with severity of fatigue in stroke patients without depression. Clinical Rehabilitation, 31(10), 1406–1415. https://doi.org/10.1177/0269215517695857

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(2015). Exploratory Longitudinal Cohort Study of Associations of Fatigue After Stroke. Stroke, 46(4), 1052–1058. https://doi.org/10.1161/STROKEAHA.114.008079

Galligan, N. G., Hevey, D., Coen, R. F., & Harbison, J. A. (2016). Clarifying the associations between anxiety, depression and fatigue following stroke. Journal of Health Psychology, 21(12), 2863–2871. https://doi.org/10.1177/1359105315587140

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Mutai, H., Furukawa, T., Houri, A., Suzuki, A., & Hanihara, T. (2017). Factors associated with multidimensional aspect of post-stroke fatigue in acute stroke period. Asian Journal of Psychiatry, 26, 1–5. https://doi.org/10.1016/J.AJP.2016.12.015

Wu, S., Mead, G., Macleod, M., & Chalder, T. (2015). Model of understanding fatigue after stroke. Stroke, 46(3), 893–898. http://stroke.ahajournals.org/lookup/suppl/doi:10.1161/STROKEAHA.

Contact email for trainee queries and arranging post Fair meetings

joshua.blake@uea.ac.uk; sheryl.parke@uea.ac.uk

How do staff screen and recognise PSE: a theory of planned behaviour study

Supervisory Team and Collaborators

Professor Niall Broomfield

Dr Joshua Blake

Background

Post-Stroke Emotionalism (PSE) is a common, debilitating, neurologic condition of emotional expression, affecting one in ten stroke survivors in the long term (Broomfield et al., 2022). PSE involves sudden outbursts of crying and, in rarer cases, laughter. Episodes are commonly triggered by external events, such as conversation or watching the news, or internally by thoughts or memories (Fitzgerald et al., 2021). PSE appears to be significantly impactful; it can be socially debilitating, detrimental to mood, and a source of significant anxiety (Broomfield et al., 2024).

Identifying PSE requires careful assessment due to overlapping symptoms with grief and depression (Broomfield et al., 2022). Recently, a brief self-report questionnaire of post-stroke tearful emotionalism was validated and is highly sensitive and specific (Broomfield et al., 2021). However, uptake in services remains mixed and we understand that mpeople find that emotionalism was not identified during their stroke care, leaving them confused in their experiences (Fitzgerald et al., 2021).

Gillespie et al. (2019) completed a survey of NHS staff looking at intention to treat PSE. In this study, they used the Theory of Planned Behaviour (TPB), which suggests that given behaviour is fundamentally driven by intention, which itself may be driven by attitudes, norms, and perceived control. They found that intention to provide non-pharmacological approaches was high, and predicted by attitudes and whether they held themselves responsible for using them.

We do not currently understand how consistently services are screening for emotionalism at a national level and what screening for emotionalism may look like. We also do not understand the barriers to emotionalism screening, whether this relates to knowledge of the condition, its assessment, or other factors. The TPB framework is applicable to this context and would help us understand behaviour, intention, and factors influencing intention.

Main Research Question/s

How do services screen for, or assess, emotionalism?
How aware of PSE and available screening tools are stroke staff?
What factors predict intention to screen for and assess emotionalism?

Proposed Methods

We suggest a cross-sectional UK survey of current NHS staff, possibly accompanied by focus groups or qualitative interviews. It will be important to sample various professions (nursing, medicine, allied health professionals) and contexts (acute, inpatient rehabilitation, Early Supported Discharge), to understand variation between contexts and professional groups.

Suggested Further Reading

Broomfield, N. M., Blake, J., Gracey, F., & Steverson, T. (2024). Post-stroke emotionalism: Diagnosis, pathophysiology, and treatment. In International Journal of Stroke (Vol. 19, Issue 8, pp.

857–866). SAGE Publications Inc. https://doi.org/10.1177/17474930241242952

Broomfield, N. M., West, R., Barber, M., Gillespie, D. C., House, A., & Walters, M. (2021). Practical guidance on use of TEARS-Q to diagnose post-stroke emotionalism. Clinical Rehabilitation, 35(12), 1768–1772. https://doi.org/10.1177/02692155211024801

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Fitzgerald, S., Gracey, F., & Broomfield, N. (2021). Post-stroke emotionalism (PSE): a qualitative longitudinal study exploring individuals' experience with PSE. Disability and Rehabilitation. https://doi.org/10.1080/09638288.2021.2002439

Gillespie, D. C., Cadden, A. P., West, R. M., & Broomfield, N. M. (2020). Non-pharmacological interventions for post-stroke emotionalism (PSE) within inpatient stroke settings: a theory of planned behavior survey. Topics in Stroke Rehabilitation, 27(1), 15–24. https://doi.org/10.1080/10749357.2019.1654241

Contact email for trainee queries and arranging post Fair meetings

joshua.blake@uea.ac.uk; n.broomfield@uea.ac.uk

Co-producing a Toolkit for the Assessment of Suicidality after Stroke

Supervisory Team and Collaborators

Dr Catherine Ford

Professor Niall Broomfield
Professor Ian Kneebone (University of Technology Sydney, Graduate School of Health - Clinical Psychology)

Background

Stroke can have a profound effect on mood and suicidality. Following stroke, prevalence estimates rise to 31% for depression, 12.3% for suicidal thoughts, 6.6% for suicide plans and risk ratios for suicide attempts and completed suicide also indicate increased prevalence. For those with post-stroke communication disorder (aphasia) depression is estimated to be even more common. We have a strong history of important ClinPsyD trainee research with the UEA Research Group, presented at national conferences, focussing on staff detection and assessment of depression and suicidality in people with aphasia. Our research suggests this population is particularly at risk because staff have lower intention to screen for suicidality in this population (Schlesinger et al. 2024) but it may be possible to improve this through our work to test a way to increase staff screening intentions (Carroll ClinPsyD thesis, 2024) and develop the first professional consensus on how to detect and assess suicidality in this population (McCann ClinPsyD thesis - ongoing). The next step in this research is to co-produce a toolkit to facilitate detection and assessment of suicidality after stroke that is inclusive of people with aphasia.

Main Research Question/s

What features of a suicidality assessment toolkit would make it acceptable to those affected by stroke (service users, family carers and professionals)?

Proposed Methods

This study would use primarily qualitative methods. We anticipate that it would involve analysis of qualitative focus group data using reflexive thematic analysis.

Suggested Further Reading

Carroll, S (2024). Post-stroke suicidality: risk factors and factors influencing screening people with Aphasia. https://ueaeprints.uea.ac.uk/id/eprint/97550/1/2024CarrollSClinPsyD_Thesis.pdf"

Schlesinger, H., Shiggins, C., Kneebone, I. I., Broomfield, N. M., & Ford, C. (2024). Screening Depression and Suicidality in Post Stroke Aphasia: A Theory of Planned Behaviour Study. Aphasiology, 38(3), 440–461. https://doi.org/10.1080/02687038.2023.2203801

Contact email for trainee queries and arranging post Fair meetings

Catherine.Ford@uea.ac.uk

The Availability and Impact of Cognitive Rehabilitation

Supervisory Team and Collaborators

Dr Catherine Ford

Dr Sheryl Parke

Background

At least 1 in 6 people in the UK live with a neurological condition, according to the Neurological Alliance, yet the UK-wide 'My Neuro Survey 2024' of over 10,000 children, adults and carers affected by these conditions found that struggle to find the healthcare needed, with only 1 in 3 adults reporting having care that met their needs. Some of the hardest services to access were found to be those providing support for brain and mental health. This is a significant problem as cognitive deficits are common features of acquired neurological conditions and personalised support could be provided using cognitive rehabilitation. Little is known, however, about the availability, accessibility and impact of cognitive rehabilitation for people with neurological conditions in the UK.

Main Research Question/s

Does self-reported availability, accessibility and impact of cognitive rehabilitation vary according to neurological condition and demographic features?

Proposed Methods

This study would use primarily quantitative methods. An online survey will be designed for people with acquired neurological conditions in the UK and Ireland. This will include self-report measures of self-efficacy, health-related quality of life, and subjective cognitive complaints as well as demographic and clinical data and information about cognitive rehabilitation availability, accessibility and impact. Multivariate analysis (between group ANOVA and regression if sample size permits) will be used to test whether condition and demographic features are associated with perceived availability, accessibility and impact of cognitive rehabilitation.

Suggested Further Reading

Neurological Alliance My Neuro Survey 2024-25 research findings report. Accessible at: https://www.neural.org.uk/wp-content/uploads/2025/06/My-Neuro-Landscape-Report-150625.pdf

Contact email for trainee queries and arranging post Fair meetings

Catherine.Ford@uea.ac.uk

What do families need to get through the trauma of their child's stay on the Paediatric Intensive Care Unit?

Supervisory Team and Collaborators

Dr Fergus Gracey

Dr Suzanna Watson (CPFT / Addenbrookes)

Background

There is a body of qualitative research concerned with parents' experiences when their child is admitted to a PICU, which highlights the specific stresses and trauma experienced. This can be triggered by a combination of issues. For example, the life-threatening condition of their child, the intrusive and overwhelming technology and devices their child is connected too, balancing practical and financial challenges as well as needs of other family members/children caused by focusing on the child in PICU. Given the focus on the clinical care of the child, parent / family needs can be missed by PICU staff, although increasingly attention is being paid to parent needs in paediatric settings (drawing on models of trauma informed care, e.g. Hobfoll et al, 2007; Kazak et al, 2006). Next steps in the research are to go beyond simply exploring trauma experiences, in order to further understand what aspects of care might help, and what families need during their child's stay. Areas to explore could include those outlined in approaches to acute psychological trauma, psychological first aid (e.g. Hobfoll et al, 2007) or the humanising healthcare framework (Todres et al, 2009).

Main Research Question/s

Options for research questions for this project include:
1) How can we understand better what might be of the greatest help to parents / families while their child is on PICU?
2) What are family members' experiences of help, support and care during their child's admission to PICU?
3) What does a 'good' experience of PICU admission look like to parents / families, given the trauma of the situation?

Proposed Methods

The study will employ a qualitative design, likely rooted in a contextualist or relativist approach, which is more concerned with understanding and communicating peoples' experiences, exploring and changing ways of viewing concepts we use in practice, rather than finding out what is objectively 'true'.
Recruitment will be via NHS routes or possibly charity sector, likely requiring NHS ethical approval. Analysis options might vary depending on the focus of the project. If the question focuses on gathering information about the types of things that have been helpful and how they helped, a less interpretative, more descriptive design could be used. However, if the question is more focused on a deeper exploration of subjective nature of help and support in the difficult context, a phenomenological approach might be more applicable. Options might include thematic analysis such as Braun and Clark's Reflexive Thematic Analysis, or Idiographic Phenomenological Analysis (IPA).

Suggested Further Reading

Hobfoll SE, Watson P, Bell CC, Bryant RA, Brymer MJ, Friedman MJ, Friedman M, Gersons BP, de Jong JT, Layne CM, Maguen S, Neria Y, Norwood AE, Pynoos RS, Reissman D, Ruzek JI, Shalev AY, Solomon Z, Steinberg AM, Ursano RJ. Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. Psychiatry. 2007

Anne E. Kazak, Nancy Kassam-Adams, Stephanie Schneider, Nataliya Zelikovsky, Melissa A. Alderfer, Mary Rourke, An Integrative Model of Pediatric Medical Traumatic Stress, Journal of Pediatric Psychology, Volume 31, Issue 4, May 2006, Pages 343–355, https://doi.org/10.1093/jpepsy/jsj054

Todres, L., Galvin, K. T., & Holloway, I. (2009). The humanization of healthcare: A value framework for qualitative research. International Journal of Qualitative Studies on Health and Well-Being, 4(2), 68–77. https://doi.org/10.1080/17482620802646204

Contact email for trainee queries and arranging post Fair meetings

f.gracey@uea.ac.uk

How do mental health and service use compare between children with an acquired brain injury (ABI), children with other neurodiversities and mental health diagnoses?

Supervisory Team and Collaborators

Dr Fergus Gracey

Dr Kenny Chiu

CCPNR team

Background

Sustaining an acquired brain injury in childhood (cABI) is associated with a range of cognitive, sensory, motor changes which impact the child's ability to engage in current activity as well as disrupting development over time. In addition, cABI is associated with increased risks of psychiatric disorder in the short and longer term, with higher risk associated with younger age at which the injury was sustained and cognitive deficits (Gracey et al, 2014). Despite this, specialist community services for children with brain injury are very limited in the UK and access to CAMHS is challenging. Children might be referred to other services such as CAMHS but might not always be accepted in some services where they don't have a primary mental health diagnosis. Dasarathi et al (2011) showed complex patterns of service use post cABI, highlighting the needs these children have. Therefore, there is potential for specialist cABI services to reduce later need/service use, a key objective in the NHS 10-year plan. However, the sample in the Dasarathi et al study was small and limited to one specific UK NHS Trust. Cambridgeshire and Peterborough NHS Trust (CPFT) host the UK's only specialist community cABI service, in addition to providing a range of other mental health services. CPFT also have a searchable clinical database (CPFT RD) which is accessible for researchers. This has been used in a number of studies, for example to map service pathways for children with depression (Wickersham et al, 2024). It therefore provides an opportunity to identify service users who have experienced cABI, and to test hypotheses regarding predicted associations between cABI, co-morbid psychiatric conditions and service use.

Main Research Question/s

1) What services have those with history of cABI accessed?
2) What comorbidities are recorded for children with cABI?
3) How do recorded outcomes (measures) and processes (numbers of professionals involved, type and duration of service use) compare between children with a history of ABI, those with ABI plus an additional psychiatric condition, and children without ABI receiving services in CPFT?

Proposed Methods

Design – the study will employ quantitative methods to analyse data extracted from the CPFT Research Database. This is a searchable resource comprising anonymised healthcare records, based on the CRIS database developed in South London and Maudsley NHS Trust. The database has prior ethical approval. We have raised a query with the CPFT RD team to determine which variables we are interested in could be extracted from the data, so specific questions might vary from those given above.

Suggested Further Reading

Dasarathi M, Grace J, Kelly T, Forsyth R. Utilization of mental health services by survivors of severe paediatric traumatic brain injury: a population-based study. Child Care Health Dev. 2011 May;37(3):418-21. doi: 10.1111/j.1365-2214.2010.01199.x . Epub 2011 Jan 31. PMID: 21276036.

Gracey F, Watson S, McHugh M, Swan A, Humphrey A, Adlam A. Age at injury, emotional problems and executive functioning in understanding disrupted social relationships following childhood acquired brain injury. Social Care and Neurodisability, 2011, Vol. 5 No. 3 pp. 160–170, doi: https://doi.org/10.1108/SCN-08-2013-0030

Wickersham, A., Westbrook, J., Colling, C. et al. The patient journeys of children and adolescents with depression: a study of electronic health records. Eur Child Adolesc Psychiatry 33, 1093–1101 (2024). https://doi.org/10.1007/s00787-023-02232-6

Contact email for trainee queries and arranging post Fair meetings

f.gracey@uea.ac.uk

Understanding loneliness following stroke and acquired brain injury

Supervisory Team and Collaborators

Dr Fergus Gracey

Dr Catherine Ford

Dr Josh Blake

Background

Following an acquired brain injury such as a stroke, people are more likely to become socially isolated, even when compared with other chronic health conditions. Also, people feel subjectively lonelier. Anxieties about interacting with others due to changes in communication, cognition or motor abilities can be a factor. In addition, actual or perceived stigma, and negative experiences with others are also significant. Alongside this, some people do report making new connections or maintaining old ones, this social group membership being associated with better life satisfaction. Mostly qualitative research shows that peer connection, being in a place where others fully understand about brain injury and are accepting are key, engagement in activities with others can also be important (Ayden et al, 2025). There has been some quantitative research exploring post-stroke loneliness (Byrne et al, 2022) and post-ABI social isolation (Salas et al, 2022). However, further testing of hypotheses relating loneliness post stroke to community participation, belonging and shared activities, and other social factors, for both people with stroke as well as their caregivers, is warranted.

Main Research Question/s

1. How does social connectedness / loneliness differ between those who have experienced a stroke compared to healthy or other chronic condition samples?
2. What health and social outcomes are associated with social connectedness / loneliness post-stroke?

Questions could focus either on person with stroke / ABI or caregiver

Proposed Methods

Design - quantitative secondary data study, likely involving correlational and possibly group comparison analyses, with potential opportunity for more complex analyses testing indirect effects. Data will be extracted from the UK Data Service database
https://datacatalogue.ukdataservice.ac.uk/studies/study/6614#details

Suggested Further Reading

Ayden J, Bracho-Ponce MJ, Ajayi J, Hanson S, Gracey F. The Experiences of Social Connection and Isolation in Adults With Acquired Brain Injury: A Qualitative Systematic Review and Metasynthesis. Health Expect. 2025 Oct;28(5):e70420. doi: 10.1111/hex.70420. PMID: 40919681; PMCID: PMC12415711.

Byrne C, Saville CWN, Coetzer R, Ramsey R. Stroke Survivors Experience Elevated Levels of Loneliness: A Multi-Year Analysis of the National Survey for Wales. Arch Clin Neuropsychol. 2022 Feb 23;37(2):390-407. doi: 10.1093/arclin/acab046. PMID: 34189561; PMCID: PMC8865190.

Salas CE, Rojas-Líbano D, Castro O, Cruces R, Evans J, Radovic D, Arévalo-Romero C, Torres J, Aliaga Á. Social isolation after acquired brain injury: Exploring the relationship between network

size, functional support, loneliness and mental health. Neuropsychol Rehabil. 2022 Oct;32(9):2294-2318. doi: 10.1080/09602011.2021.1939062. Epub 2021 Jun 17. PMID: 34139944.
Format:

Contact email for trainee queries and arranging post Fair meetings

f.gracey@uea.ac.uk

What outcomes are most important to families of a child with an ABI?

Supervisory Team and Collaborators

Dr Fergus Gracey

Dr Suzanna Watson (Addenbrookes / CPFT)

Background

It's been over a decade since McCauley et al (2012) published recommendations for measurement of outcomes following a brain injury in childhood. In clinical practice, parents and staff have reported uncertainty about the extent to which measures used match with what's important to the child as well as family members. In addition, there has been little research to develop McCauley et al's proposals. McCarron et al published an analysis of the goals children with ABI identify, mapped to the WHO ICF. A recent trainee study explored young people with brain injury's views and experiences on what they feel are meaningful outcomes. To develop this understanding of outcomes further and contribute to the evidence base, the next step is to gather information from families who are now living with their child with an acquired brain injury to find out what outcomes are most important to them from rehabilitation.

Main Research Question/s

What do family members of a child with ABI see as the most important or meaningful outcomes following brain injury?
What are family members' experiences of outcomes that felt meaningful from their rehabilitation?
What conditions contexts or resources do families describe as helpful or necessary to achieve these meaningful outcomes?

Proposed Methods

The study will employ a qualitative design, likely rooted in a contextualist or relativist approach, which is more concerned with understanding and communicating peoples' experiences and changing ways of viewing concepts we use in practice, rather than finding out what is objectively 'true'.
Recruitment will be of family members of a child who has sustained an ABI. It is open whether this would be broad (e.g. including family member) or narrower (e.g. just focusing on parents). Recruitment sites will be via the NHS (CCPNR and possibly other paediatric neurorehabilitation services) and potentially also the Child Brain Injury Trust. The CCPNR is a pioneering community neuropsychological rehabilitation service covering the East of England, that works closely with the charity sector (The Child Brain Injury Trust) and Addenbrookes Hospital who oversee acute clinical pathways (e.g. the Major Trauma Pathway). The team are interested in and supportive of this research, with service leads as collaborators. Data collection will likely be via interview or focus group and could potentially involve additional creative adaptations depending on the question and design chosen.
Analysis will be qualitative, and given the question most likely employ a thematic analysis approach such as Braun and Clark's Reflexive Thematic Analysis.

Suggested Further Reading

McCauley, S. R., Wilde, E. A., Anderson, V. A., Bedell, G., Beers, S. R., Campbell, T. F., ... & Yeates, K. O. (2012). Recommendations for the use of common outcome measures in pediatric traumatic

brain injury research. Journal of neurotrauma, 29(4), 678-705.

McCarron RH, Watson S, Gracey F. What do Kids with Acquired Brain Injury Want? Mapping Neuropsychological Rehabilitation Goals to the International Classification of Functioning, Disability and Health. J Int Neuropsychol Soc. 2019 Apr;25(4):403-412. doi: 10.1017/S1355617719000213. PMID: 31050334; PMCID: PMC6499727.

Contact email for trainee queries and arranging post Fair meetings

f.gracey@uea.ac.uk

Appropriate cognitive assessment of people in the early stages of spinal cord injury

Supervisory Team and Collaborators

Dr Jess Hare

Dr Catherine Ford

Background

An estimated 50,000 people live with spinal cord injury (SCI) in the UK, often following falls or road traffic accidents (Patek & Stewart, 2023). Cognitive deficits are common, particularly in attention and executive functioning, reflecting the impact of traumatic brain injuries, autonomic dysfunction, pain, fatigue, neural inflammation, depression, age or polypharmacy (Sandalic et al. 2022a). These deficits may limit ability to benefit from specialist rehabilitation and adjust to life with SCI. Standards for Specialist SCI Rehabilitation developed by the UK SCI treatment centres (NHSE, 2022) recommend assessment within 10 days using a validated screen for cognitive impairment, but 15% of SCI clinicians report not screening cognition (Patel et al. 2024) despite service user experiences of cognitive changes and lack of relevant information or assessment (Patel et al. 2025). Screening is challenging as there is lack of consensus on a suitable screening tool, challenges to early screening (e.g. noisy ward environments, physical disabilities) and a need to reduce risk of false positive findings (Sandalic et al. 2022b).

Main Research Question/s

There are several possible research questions
1) Can a professional consensus be reached on a suitable cognitive screening measure for people with SCI?
2) What are the views of people affected by SCI on cognitive screening and input for cognitive changes following SCI?

Proposed Methods

This research could use either consensus building techniques (for research question 1) or qualitative approaches such as reflexive thematic analysis of semi-structured interviews (for research question 2).

Suggested Further Reading

Patel, H., Blackburn, D., Hariharan, R., Nair, K. P. S., & Bell, S. M. (2025). Improving current understanding of cognitive impairment in patients with a spinal cord injury: A UK-based clinician survey. The Journal of Spinal Cord Medicine, 48(6), 1061–1067. https://doi.org/10.1080/10790268.2024.2426313

Contact email for trainee queries and arranging post Fair meetings

Jess.Hare@nhs.net Catherine.Ford@uea.ac.uk

Improving Cognitive Assessment post-stroke: Validating a novel Measure of Spatial Attention Biases (data from the SIGHT Trial)

Supervisory Team and Collaborators

Dr Stephanie Rossit

Professor Niall Broomfield

Prof Robert D McIntosh

Background

Line bisection has long been a routine test for visual neglect, along with a range of tests requiring cancellation, copying or drawing. However, several studies have reported that line bisection, as classically administered, correlates relatively poorly with the other tests of neglect, to the extent that some authors have questioned its status as a valid test of neglect. McIntosh et al. (2005) reported that a new method for measuring line bisection (Endpoint Weighting Bias - EWB) correlated significantly more highly with cancellation, copying and drawing measures than the classical line bisection error measure in a sample of 50 right-brain damaged patients.

Main Research Question/s

Does the Endpoint Weighting Bias (EWB) method provide a more valid and/or sensitive measure of visual neglect than traditional line bisection error scores and /or other measures of neglect?

How strongly does EWB correlate with other cognitive scores?

How well does EWB predict stroke severity and functional disability compared to traditional neglect measures?

What neural correlates (lesion location, resting-state connectivity, white-matter integrity) are associated with attentional bias as measured by EWB in individuals with visual neglect?

Does EWB identify patterns of neglect that are missed by classical line bisection scoring and/or other tests?

Proposed Methods

This study will examine the relationship between a new measure of line bisection performance (Endpoint Weighting Bias; EWB), other standard neglect and cognitive tests, stroke severity, and disability. Neuroimaging data will also be used to explore the brain regions associated with EWB. Data will be taken from the SIGHT trial, a large multi-site study of 206 stroke survivors with visual neglect. Behavioural data (neglect tests) are available for all participants. Neuroimaging data (structural scans, diffusion tensor imaging, and resting state fMRI) are available for a subset of approximately 80 participants.

Suggested Further Reading

McIntosh, R. D., & Ishiai, S. (2022). Endpoints and viewpoints on spatial neglect. Journal of Neuropsychology, 00, 1–7. https://doi.org/10.1111/jnp.12278

McIntosh, R. D., Ietswaart, M., & Milner, A. D. (2017). Weight and see: Line bisection in neglect reliably measures the allocation of attention, but not the perception of length. Neuropsychologia, 106, 146– 158. https://doi.org/10.1016/j.neuro psych ologia.2017.09.014

Contact email for trainee queries and arranging post Fair meetings

s.rossit@uea.ac.uk

Voices of ABI Survivors and Carers: Exploring Cognitive Difficulties and Support Needs Through Human and AI-Assisted Thematic Analysis

Supervisory Team and Collaborators

Dr Stephanie Rossit

Dr Fergus Gracey

Background

Acquired Brain Injury (ABI) often leads to long-term cognitive difficulties, including problems with attention, executive functioning, memory and emotional regulation. These challenges can affect everyday living, independence, relationships, and overall quality of life. Carers of people with ABI also experience significant strain, both practically and emotionally, as they navigate behaviour changes, cognitive impairments, and the demands of ongoing support.

Although clinical services aim to address these needs, survivors and carers report gaps in support, long waiting times, and difficulty accessing appropriate rehabilitation. Understanding the lived experience of ABI is therefore essential for improving services and tailoring interventions. Qualitative research is particularly valuable because it gives voice to survivors and carers, allowing their priorities and challenges to shape clinical practice.

In the Neuropsychology lab at UEA we have developed a number of tools to support stroke survivors with attentional deficits. Now we would like gather end-user views to ensure these tools are suitable for people with other forms of ABI, including those with traumatic brain injury and brain tumours.

Recent advances in artificial intelligence (AI) offer new opportunities for qualitative analysis. AI-assisted thematic analysis may help researchers organise large datasets, identify patterns quickly, and compare findings with human-generated themes. However, the usefulness and limitations of AI tools in clinical qualitative research remain under-explored.

This study, will explore attentional difficulties and support needs as reported by ABI survivors and carers. It will also evaluate the potential role of AI-assisted thematic analysis alongside traditional human coding approaches.

Main Research Question/s

What attentional and daily-living difficulties do ABI survivors and their carers describe?

What types of support do survivors and carers feel they need but are currently lacking?

How do carers' perspectives on attentional difficulties differ from survivors' own accounts?

Can AI-assisted thematic analysis (e.g., ChatGPT or other tools) identify themes that are consistent with, or distinct from, human-generated themes?

What are the advantages and limitations of using AI tools for qualitative analysis in clinical psychology research?

Proposed Methods

This study will use a qualitative design to explore the attentional difficulties and support needs described by ABI survivors and their carers. Semi-structured interview transcripts, drawn from either existing online testimonials or newly collected interviews, will be analysed using two approaches: human-led reflexive thematic analysis and AI-assisted thematic analysis. The two outputs will then be compared to evaluate the consistency, depth, and added value of AI in qualitative research. Approximately 12–20 participants (survivors and carers) will be included, and all data will be handled ethically, with full anonymisation and appropriate consent procedures.

Suggested Further Reading

Wachinger J, Bärnighausen K, Schäfer LN, Scott K, McMahon SA. Prompts, Pearls, Imperfections: Comparing ChatGPT and a Human Researcher in Qualitative Data Analysis. Qualitative Health Research. 2024;35(9):951-966. doi:10.1177/10497323241244669

Contact email for trainee queries and arranging post Fair meetings

s.rossit@uea.ac.uk

Pre-Stroke Health and Post-Stroke Recovery: The Role of Cardiovascular Risk Factors in Cognitive and Functional Outcomes (data from the SIGHT trial)

Supervisory Team and Collaborators

Dr. Stephanie Rossit

Professor Niall Broomfield

Prof. Hugh Markus & Dr. Allan Clark

Background

Stroke is a leading cause of adult disability and frequently results in long-term cognitive, emotional and functional difficulties. These impairments can affect memory, attention, executive functioning, spatial awareness, and daily living, often reducing independence and quality of life. Although the neurological impact of the stroke itself is central to recovery outcomes, an increasing body of research suggests that pre-stroke health, particularly cardiovascular risk factors, may play a significant role in shaping post-stroke trajectories.

Common cardiovascular risk factors—such as hypertension, diabetes, atrial fibrillation, inflammation, smoking, and obesity—are well-established contributors to stroke incidence. However, less is known about how these factors influence the severity of cognitive impairment after stroke, the development of conditions such as hemispatial neglect, or functional recovery over time. Some evidence suggests that individuals with higher cardiovascular burden may have reduced resilience to neurological injury, poorer neural repair mechanisms, and greater vulnerability to post-stroke cognitive decline. Yet findings remain mixed, and mstudies are limited by small sample sizes or lack of detailed cognitive assessment.

Understanding the interactions between cardiovascular health and cognitive outcomes is clinically important. Stroke survivors often present with complex profiles that include pre-existing vascular changes, multiple co-morbidities and lifestyle-related risk factors. Clinicians need clear evidence to help identify patients at higher risk of poor recovery and to guide personalised rehabilitation, risk reduction strategies, and psychoeducation.

The SIGHT trial, a large multi-site study of over 200 stroke survivors with comprehensive cognitive, functional and clinical data (including neuroimaging for a substantial subset), provides a unique opportunity to address this gap. By examining how cardiovascular risk factors relate to post-stroke cognition and functional disability, this project aims to improve understanding of recovery pathways and support the development of more targeted, effective clinical interventions.

Main Research Question/s

How do pre-stroke cardiovascular risk factors (e.g., hypertension, diabetes, atrial fibrillation, smoking, inflammation, obesity) relate to post-stroke cognitive outcomes in stroke survivors with neglect from the SIGHT trial?

Do cardiovascular risk profiles predict levels of functional disability and recovery following stroke, beyond the effects of stroke severity?

In participants with neuroimaging data, are specific cardiovascular risk factors associated with structural or connectivity changes that help explain cognitive and functional outcomes after stroke?

Proposed Methods

This study will use secondary data from the SIGHT trial, which includes 206 stroke survivors with detailed clinical, cognitive and functional assessments, and neuroimaging data for a subset of approximately 80 participants. Pre-stroke cardiovascular risk factors (such as hypertension, diabetes, atrial fibrillation, smoking, inflammation and BMI) will be extracted and examined in relation to post-stroke cognitive outcomes and functional disability. All analyses will use anonymised data only. Cognitive measures and disability scores from the SIGHT dataset will be linked with cardiovascular variables, and statistical analyses will explore correlations and predictive relationships between risk factors and outcomes. For participants with neuroimaging, exploratory analyses will examine whether structural or connectivity changes help explain associations between cardiovascular burden and recovery.

Suggested Further Reading

Rosenich E, Hordacre B, Paquet C, Koblar SA, Hillier SL. Cognitive Reserve as an Emerging Concept in Stroke Recovery. Neurorehabilitation and Neural Repair. 2020;34(3):187-199. doi:10.1177/1545968320907071

Oestreich LK, Wright P, O'Sullivan MJ. Cardiovascular risk factors are associated with cognitive trajectory in the first year after stroke. Cereb Circ Cogn Behav. 2024 Jun 8;7:100230. doi: 10.1016/j.cccb.2024.100230. PMID: 38988670; PMCID: PMC11231527.

Contact email for trainee queries and arranging post Fair meetings

s.rossit@uea.ac.uk

A Qualitative approach to understanding the neurological consequences of Thrombotic Thrombocytopenic Purpura (TTP)

Supervisory Team and Collaborators

Dr Fergus Gracey (tbc)

Dr Eliane Young (lead)

Background

TTP is a rare life-threatening condition affecting 6-10 people per million. Caused by auto antibody driven removal of an enzyme in the blood, leading to the formation of blood clots in the capillaries. Once treated, people continue to be monitored for the rest of their lives and 50% will relapse, needing further preventative or reactive medical treatment. A significant sub-set of people with TTP report long term neurological consequences, including problems with memory, concentration and fatigue. Studies have sought to understand this phenomenon, often resulting in varied and inconclusive findings with cognitive difficulties at times being subtle and therefore difficult to discern on formal testing. A qualitative approach to understanding people's neurological difficulties is missing from the literature and will provide a rich understanding of people's experiences and difficulties. Addenbrookes cares for all patients with TTP in the East of England. There are 8 other closely linked specialist centres in the UK.

Main Research Question/s

What do people with TTP report to be problematic following diagnosis, what do they find helpful and what is their everyday experience?
How do people diagnosed with TPP experience the neurological consequences of TTP?
Do people's experiences of neurological problems cluster in a way that makes sense neuropsychologically?

Proposed Methods

Recruitment
The research will recruit from a clinical sample of adults living with TTP. The external supervisor leads the TTP specialist psychological service for people with TTP in the East of England, based at Addenbrookes Hospital. This project also has strong links with the other national centres in the UK who have agreed to support the research (e.g. London, West of England, Oxford, Midlands, Liverpool). The lead psychologists in these areas have agreed to support the identification and recruitment of participants in their geographical areas. Additionally, the national charity the "TTP Patient Network" have been briefed and are keen to support the research. NHS REC ethics will likely need as recruitment will be through participating NHS centres.

Design/ Analysis
A qualitative or mixed methods design, involving individual interviews with a limited group of participants. Possibly preceded by a survey to help characterise clinical presentation and history and identify potential clusters of presenting difficulty.

Suggested Further Reading

Contact email for trainee queries and arranging post Fair meetings

eliane.young1@nhs.net

UEA University of East Anglia Norwich

Norwich Medical School

The ClinPsyD Research Theme:

Clinical Psychology of Childhood, Adolescence and Youth

We identify under-researched areas in children, young people and family's psychological health, test theories, validate psychometric measures, develop and evaluate novel interventions for common mental health problems (e.g. social anxiety, depression, PTSD) to optimise patient benefit and influence public policies.

We use a wide range of methodologies, including qualitative and quantitative analytic approaches, new data collection and secondary data research of big datasets, digital RCTs and feasibility studies, systematic reviews and meta-analyses. We are committed to open science, reproducibility, and research inclusion.

We thrive on collaboration —with UEA, NHS partners, and academic institutions like KCL, Bath, Oxford, and Cambridge.

This research programme is good for people who care deeply about making a positive impact through excellent research.

CARE

Child, Adolescent and Family Mental Health
Research East Anglia Group

Sensory profiles or young people with Non-Epileptic Seizures compared to young people with epilepsy and young people without chronic health condition

Supervisory Team and Collaborators

Dr Aaron Burgess

Background

The prevalence of Non-Epileptic Seizures (NES) or Non-Epileptic Attack Disorder (NEAD) is difficult to calculate but is common (Albert, 2022); anecdotally more young people are being diagnosed with this. Children with Epilepsy (CwE) are known to have a range of sensory needs – such as sensitivity, sensory avoidance or poor registration (van Campen et al., 2015). The hierarchical Bayesian formulation of brain function (Edwards et al., 2012) provides a model/theory with which to understand functional symptoms. Neurodiversity is known to be a common co-occurring presentation among NES, NEAD and CwE; and is also linked significantly to having sensory needs. Sensory sensitivities have been theorized to be a predisposing vulnerability to Functional Neurological Disorders (Ranford et al., 2020).

Main Research Question/s

1. What are the sensory profiles of young people with NES/NEAD?
2. Are there differences between the sensory profiles of the three groups: NES, epilepsy, control?
3. Are there differences within different sensory profile areas among the NES group?

Proposed Methods

- NHS recruitment? Possibly online too
- Parent caregiver rated measures. Control group – local school?
- Survey/Questionnaire study
- Cross sectional study.
- Measures: demographics; medical variables; sensory profile
- Analysis plan: descriptive stats (RQ1); ANOVA (RQ2+3

Additional info:

- Systematic review ideas: prevalence of NES; understanding of NES, sensory needs of children with epilepsy; neurodiversity and epilepsy

Suggested Further Reading

Contact email for trainee queries and arranging post Fair meetings

aaron.burgess@uea.ac.uk

Understanding the Patient Journey Through Awake Craniotomy for Brain Tumours: A Qualitative Exploration of Patient Experience

Supervisory Team and Collaborators

Dr Amy Carroll

Dr Priya Varma

Background

Awake craniotomy is an established neurosurgical technique for tumours located in eloquent brain regions, particularly high-grade gliomas, enabling maximal safe resection while preserving neurological function. While clinical outcomes are well-studied, less is understood about the personal experience of patients across the full perioperative pathway. Existing research suggests that awake craniotomy is a profoundly complex emotional and psychological experience. Studies show that patients value involvement in decision-making, desire a sense of control, and often focus more on functional outcomes than on diagnosis itself (Palese et al., 2008). Patients' intraoperative experiences are shaped by preparation, clarity of communication, and trust in the surgical and neuropsychology team (Klimek et al., 2018). Some findings suggest potential risk of ongoing distress or trauma if patients are inadequately prepared or supported (Potters & Klimek, 2015). However, current research tends to examine isolated time-points — preoperative anxiety, intraoperative experience, or caregiver strain — rather than the entire patient journey from diagnosis through to early postoperative recovery. There is a need for research exploring the full pathway and identifying opportunities to enhance patient-centred

Main Research Question/s

To explore the lived experience and understand the psychological needs of patients undergoing awake craniotomy for brain tumours, from point of diagnosis to one-month post-surgery.

Proposed Methods

A qualitative research design will be employed with adults undergoing awake craniotomy. Interviews will aim to explore experiences at key stages: diagnosis disclosure, neurosurgical consultations, pre-operative neuropsychology and nursing contact, the awake surgical experience, inpatient recovery, and early post-discharge support. Interviews will be audio-recorded, transcribed verbatim, and analysed using appropriate qualitative methodologies.

Suggested Further Reading

•Palese, A., Skrap, M., Fachin, M., Visioli, S., & Zannini, L. (2008). The experience of patients undergoing awake craniotomy: In the patients' own words—A qualitative study. Cancer Nursing, 31(2), 166–172. https://doi.org/10.1097/01.NCC.0000305699.97625.dc

•Frazão, L., et al. (2021). Impact of anticipated awake surgery on psycho-oncological distress in patients with brain tumours. Frontiers in Oncology, 11, 795247. https://doi.org/10.3389/fonc.2021.795247

Contact email for trainee queries and arranging post Fair meetings

amy.carroll@uea.ac.uk & p.varma1@nhs.net

Child and Adolescent Mental Health Practitioners' Experiences of Treating Social Anxiety in Adolescents with ADHD

Supervisory Team and Collaborators

Dr Kenny Chiu
Dr Hannah Crook
Dr Alice Farrington

Background

One-third of adolescents with ADHD are estimated to meet the diagnostic criteria for Social Anxiety Disorder (Yüce et al., 2013). Both conditions independently impact academic and social functioning on their own, together they are associated with greater social impairment and a poorer prognosis. Yet current psychological treatments are not specifically designed for or tailored to this population, limiting its effectiveness (William et al., 2024). In clinical practice, child and adolescent mental health practitioners (CAMHPs) in the UK have been treating social anxiety in adolescents with ADHD using either a generic CBT or a targeted one (e.g. Cognitive Therapy for SAD), often with some form of adaptation to its treatment principles, target, and delivery. However, research on what adaptations is used and their effects on symptom reduction and functional improvement is limited. Understanding these adaptations and their outcomes through research holds the potential to improve patient experiences and treatment outcomes.

Main Research Question/s

What are the experiences of CAMHPs when delivering CBT-based interventions for social anxiety in young people diagnosed with ADHD?
How do CAMHPS adapt CT-SAD or generic CBT when working with this population, in terms of treatment principles, content, and delivery?

Proposed Methods

Purposive sampling will be used to ensure diversity in years of experience, service settings, and professional backgrounds. Participants will be recruited through professional networks and organisations. The sample will comprise UK-based CAMHPs who have delivered CBT-based interventions for social anxiety in young people with ADHD. Ethical approval will be sought from the UEA FMH Research Ethics Committee. Data will be collected via semi-structured interviews and analysed using reflexive thematic analysis.

Suggested Further Reading

William, S., Horrocks, M., Richmond, J., Hall, C. L., & French, B. (2024). Experience of CBT in adults with ADHD: A mixed methods study. Frontiers in Psychiatry, 15, 1341624. https://doi.org/10.3389/fpsyt.2024.1341624

Yüce, M., Zoroglu, S. S., Ceylan, M. F., Kandemir, H., & Karabekiroglu, K. (2013). Psychiatric comorbidity distribution and diversities in children and adolescents with attention deficit/hyperactivity disorder: A study from Turkey. Neuropsychiatric Disease and Treatment, 9, 1791–1799. https://doi.org/10.2147/NDT.S54283

Contact email for trainee queries and arranging post Fair meetings

kenny.chiu@uea.ac.uk

Prevalence of Specific Anxiety Disorders in Children and Adolescents with ADHD in the UK

Supervisory Team and Collaborators

Dr Kenny Chiu

Dr Jasmine Taylor

Background

People with ADHD are at increased risk of developing anxiety disorders (Kessler et al., 2006). Unlike autism (Simonoff et al., 2008), the prevalence of such comorbidity among children and adolescents remains largely unexamined in the UK. The comorbidity rate likely varies between data sources. Evaluation of existing big datasets can provide insight into possible under-diagnosis of specific anxiety disorders in young people with ADHD.

Main Research Question/s

What is the community prevalence of specific anxiety disorders in young people with ADHD?
What is the level of symptoms burden?
What is the clinical detection rate?
What is the diagnostic gap?

Proposed Methods

Quantitative analysis of prevalence data of specific anxiety disorders in adolescents with ADHD using several existing big datasets, including community data (MHCYP 2017 and APMS 2014 - to be obtained from the UK Data Service), research cohort, and real-world clinical data (anonymised data to be obtained from CPFT CRATE). There is potential to access other ADHD UK dataset(s).

Suggested Further Reading

Kessler, R. C., Adler, L., Barkley, R., Biederman, J., Conners, C. K., Demler, O., Faraone, S. V., Greenhill, L. L., Howes, M. J., Secnik, K., Spencer, T., Ustun, T. B., Walters, E. E., & Zaslavsky, A. M. (2006). The prevalence and correlates of adult ADHD in the United States: results from the National Comorbidity Survey Replication. The American Journal of Psychiatry, 163(4), 716–723. https://doi.org/10.1176/ajp.2006.163.4.716

Simonoff, E., Pickles, A., Charman, T., Chandler, S., Loucas, T., & Baird, G. (2008). Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample. Journal of the American Academy of Child & Adolescent Psychiatry, 47(8), 921-929.

Contact email for trainee queries and arranging post Fair meetings

kenny.chiu@uea.ac.uk

Safeguarding Principles of Generative AI-driven Mental Health Interventions for Adolescents: Perspectives from Healthcare Professionals

Supervisory Team and Collaborators

Dr Kenny Chiu
Dr Lucy Fitton
Dr Jinnie Ooi, Dr Peter Beazley, Dr Natasha Rennolds, Dr Andrew Hider

Background

Mental health care increasingly adopting technology to enhance its reach and effectiveness. Generative Artificial Intelligence (GenAI), a subset of machine learning capable of producing text, images, or conversational agents, offers new development opportunities. Adolescents represent a unique developmental window. They are rapidly evolving cognitively, emotionally, and socially, which can affect their ways of interacting with GenAI safely. GenAIdriven interventions or this population must be designed with explicit attention to their safety and attune to their developmental needs. To establish these safeguards, the perspectives of child and adolescent healthcare professionals (e.g. practitioner psychologists, social workers, nurses, psychiatrists) are critical for informing robust tool development. However, these professional insights are not yet systematically researched or integrated into the design process.

Main Research Question/s

What key developmental factors unique to adolescence could impact a young person's safe engagement with GenAI mental health intervention tools?
Based on these developmental factors, what design requirements and clinical guardrails should GenAI tools incorporate to ensure they are safe for young people?
What are the overarching safeguarding design principles for GenAI-driven mental health interventions that must be upheld?

Proposed Methods

The investigators will recruit UK registered child and adolescent healthcare professionals through professional networks and conduct online semi-structured interviews with each participant. A form of qualitative analysis can be used to analyse the data and generate themes for each professional group (For example, framework analysis). Ethics approval will be sought from UEA FMH REC. The study may involve more than one trainee.

Suggested Further Reading

Gardiner, H., & Mutebi, N. (2025): AI and mental healthcare: opportunities and delivery considerations. Uk Parliament Post. https://researchbriefings.files.parliament.uk/documents/POST-PN-0737/POST-PN-0737.pdf
Jiao, J., Afroogh, S., Chen, K., Murali, A., Atkinson, D., & Dhurandhar, A. (2025). Safe-Child-LLM: A Developmental Benchmark for Evaluating LLM Safety in Child-AI Interactions. arXiv preprint arXiv:2506.13510.
Kurian, N. (2025). Developmentally aligned AI: A framework for translating the science of child development into AI design. AI, Brain and Child, 1(1), 1-13.
Mansfield, K. L., Ghai, S., Hakman, T., Ballou, N., Vuorre, M., & Przybylski, A. K. (2025). From social media to artificial intelligence: improving research on digital harms in youth. The Lancet Child & Adolescent Health, 9(3), 194-204.

Contact email for trainee queries and arranging post Fair meetings

kenny.chiu@uea.ac.uk

Developing Design Principles for AI-Augmented dCBT-I in Children and Adolescents: Perspectives from Healthcare Professionals

Supervisory Team and Collaborators

Dr Kenny Chiu

Prof Niall Broomfield

Background

Cognitive Behavioural Therapy for Insomnia (CBT-I) is the gold-standard intervention for sleep difficulties, which can be delivered digitally (dCBT-I). Artificial Intelligence (AI) offers opportunities to enhance dCBT-I delivery. However, designing AI-augmented CBT-I for younger populations requires careful consideration of principles grounded in clinical expertise to ensure therapeutic integrity, ethical compliance, and clinical effectiveness. This study seeks to co-create design principles with clinicians to guide the development of AI-augmented dCBT-I.

Main Research Question/s

How can AI be used in dCBT-I? What principles should underpin AI augmented dCBT-I for children and adolescents? What ethical and usability factors should be embedded in the design process?

Proposed Methods

Recruitment will target clinicians with expertise in paediatric sleep medicine and CBT-I delivery, recruited from professional organisations and clinical networks. Semi-structured interviews will be held to collect rich qualitative data. The data will be analysed using qualitative methods (e.g., thematic analysis). The exact method will be decided together with the research questions. The output is a design-principle framework for clinician use.

Suggested Further Reading

Tsai, H. J., Yang, A. C., Zhu, J. D., Hsu, Y. Y., Hsu, T. F., & Tsai, S. J. (2022). Effectiveness of Digital Cognitive Behavioral Therapy for Insomnia in Young People: Preliminary Findings from Systematic Review and Meta-Analysis. Journal of Personalized Medicine, 12(3), 481. https://doi.org/10.3390/jpm12030481

Gkintoni, E., Vassilopoulos, S. P., Nikolaou, G., & Boutsinas, B. (2025). Digital and AI-Enhanced Cognitive Behavioral Therapy for Insomnia: Neurocognitive Mechanisms and Clinical Outcomes. Journal of Clinical Medicine, 14(7), 2265. https://doi.org/10.3390/jcm14072265

Contact email for trainee queries and arranging post Fair meetings

kenny.chiu@uea.ac.uk

What aspects of the Nest farms provision are experienced as transformative and how these mechanisms enable change in young people's lives.

Supervisory Team and Collaborators

Dr Kiki Mastroyannopoulou

Dr Bonnie Teague

Beth Mosley and Hannah Tuckwell

Background

The Nest Farms is a charity that supports children and young people aged 9-25 who are unable to access full time education or work due to mental health challenges. As an Approved alternative education provider, it offers day placements to young people, on a weekly basis running on a 12-week term model. Hands on activities are offered in a therapeutic farm environment, running alongside an evidence based psychoeducational programme designed by Beth Mosley (Consultant Clinical Psychologist).

The Nest aims to create a nurturing, supportive community for young people where they can develop skills (through shared tasks and animal care) and gain confidence and self-esteem alongside their peers, within a psychologically informed safe environment.

To find out more about the NEST have a look at their website:
https://www.thenestfarms.org/

Main Research Question/s

The NEST farms routinely collect outcome data to evaluate their intervention and a UEA trainee is currently conducting her SRP on this. However less is known about how and why the intervention works for different young people.

We are proposing a research study to try and understand and explore what aspects of the Nest farms provision are experienced as transformative and how these mechanisms enable change in young people's lives.

Proposed Methods

A qualitative approach involving interviews with young people either individually or as part of focus groups. Potentially alongside a survey for parents and or staff to complete. A realist evaluation (using thematic analysis) is proposed as a useful methodology to use. The details of the qualitative approach will be developed with the supervisory team and PPI involvement of stakeholders.

Expected Contribution: It is hoped that this study will provide an in-depth understanding of how and why The Nest's model works, for whom, and under what circumstances. Findings will inform service development, contribute to the evidence base for alternative education and therapeutic farm interventions, and offer practical recommendations for scaling and adaptation.

Suggested Further Reading

https://www.bps.org.uk/psychologist/mental-health-provision-young-people-pathways-personalisation

Esther J. Veen, Roald Pijpker & Jan Hassink (2023) Understanding educational care farms as outdoor learning interventions for children who have dropped out of school in the Netherlands, Journal of Adventure Education and Outdoor Learning, 23:3, 323-339, DOI: 10.1080/14729679.2021.2011340

Halsall, T., Daley, M., Hawke, L. et al. (2022). “You can kind of just feel the power behind what someone's saying”: a participatory-realist evaluation of peer support for young people coping with complex mental health and substance use challenges. BMC Health Serv Res 22, 1358 https://doi.org/10.1186/s12913-022-08743-3

Megan Moran, Chelsea Brown, Antonietta Alvarez Hernandez, Ingrid R. Hsu, Sarah Douglas, Louisa G. Sylvia, (2025). Farm-based therapy: An innovative treatment approach for children, adolescents and young adults. Complementary Therapies in Clinical Practice, 59, ,101967,ISSN 1744-3881, https://doi.org/10.1016/j.ctcp.2025.101967

Paterson-Young, C., & Denny, S. (2022). A critical study of alternative education provisions for young people aged 16 to 24 years in the United Kingdom. Journal of Education and Work, 35(6–7), 666–679. https://doi.org/10.1080/13639080.2022.2126971

Sheikh, A., Jacob, J., Vostanis, P., Ruby, F., Spuerck, I., Stankovic, M., Morgan, N., Mota, C. P., Ferreira, R., Eruyar, Ş., Yılmaz, E. A., Fatima, S. Z., & Edbrooke-Childs, J. (2024). What Should Personalised Mental Health Support Involve? Views of Young People with Lived Experience and Professionals from Eight Countries. Administration and policy in mental health, 51(5), 753–768. https://doi.org/10.1007/s10488-024-01382-2

Contact email for trainee queries and arranging post Fair meetings

k.mastroyannopoulou@uea.ac.uk

Disparities in youth mental health and substance use between rural and urban areas of East Anglia

Supervisory Team and Collaborators

Dr Bonnie Teague

Background

Young people living in rural areas are reported to have higher rates of substance and alcohol misuse and higher mental ill-health and suicide levels compared to urban youth. It has been previously reported that young people with substance use disorders also have high levels of co-occurring mental health problems, with 60% of young people in treatment programmes also meeting diagnostic criteria for a mental illness, and this relationship is reported to be stronger in rural youth. Yet despite this, efforts to mutually prevent young people's rural substance use and mental health problems developing is a relatively unexplored area of research, particularly in the UK. This project aims to examine the relationship between mental health and substance use and compare these across a population sample of urban and rural youth.

Main Research Question/s

1. What is the relationship between levels of anxiety, depression and trauma and substance use in young people?
2. Are there significant differences between rural and urban youth?
3. What other methods of coping and help-seeking do rural and urban youth use to support their mental health and wellbeing?

Proposed Methods

A mixed-methods cross-sectional survey using validated questionnaires for anxiety, depression, trauma and substance use, alongside optional open comment boxes. Demographic questions will focus on both personal characteristics and environmental to establish urban vs rural dwellers.

Suggested Further Reading

Monnat, S.M., & Rigg, K.K. (2016). Examining Rural/Urban Differences in Prescription Opioid Misuse Among US Adolescents. The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association, 32 2, 204-18 .
Roderick E, Penney J, Murrells T, Dargan PI, Norman IJ (2018) Epidemiology of adolescent substance use in Norfolk schools, QJM: An International Journal of Medicine, Volume 111, Issue 10, Pages 699–706
Wang N, Donaldson CD. (2023) Youth mental health and nicotine vape use: The moderating role of rural-urban/suburban school environments. Addict Behav. 147:107830.

Contact email for trainee queries and arranging post Fair meetings

b.teague@uea.ac.uk

The ClinPsyD Research Theme: Psychological Distress and Disorders in Adult Populations

Research on psychological distress in adults is crucial for identifying risk factors, guiding evidencebased interventions, and shaping policy. It reduces stigma, improves access to care, and mitigates individual and societal burdens of untreated mental illness.

We use a wide range of methods catered to the question we are trying to investigate. This includes analysis of large data sets, Thematic Analysis, Interpretative Phenomenological Analysis (IPA) and Grounded Theory, single case experimental designs and feasibility trials.

We have a range of collaborators. These include colleagues in the department, the wider Medical School and university, as well as colleagues practicing clinically in the East Anglia region.

This research theme is good for trainees interested in the applications of research with high relevance to placements, but also to mental health settings where outcomes can shape future practice.

Growth and loss in bipolar disorder: a cross-sectional study

Supervisory Team and Collaborators

Dr Sophie Allan

Dr Adrian Leddy

Background

joint project
Bipolar disorder is mental health condition with high levels of distress, disability and impact on functioning. Post-traumatic growth (PTG) is a concept that traumatic events can sometimes be associated with positive psychological change, such as in relating to others/improved relationships, personal strength and new possibilities. PTG has a sizeable literature in psychosis, but very little on bipolar disorder specifically. Bipolar disorder is also associated with significant losses. This project aims to investigate growth and loss in the condition, using a cross-sectional online survey.

Main Research Question/s

What factors are associated with growth and loss in bipolar disorder?

Proposed Methods

Quantitative, cross-sectional online survey. The trainee will be able to shape the questionnaires that the survey contains, but this will include measures of post-traumatic growth, bipolar recovery and loss, as well as illness severity. UEA FMH ethics with recruitment via social media and charities (e.g. Bipolar UK).

Suggested Further Reading

Grande, I., Berk, M., Birmaher, B., & Vieta, E. (2016). Bipolar disorder. The Lancet, 387(10027), 1561-1572. http://dx.doi.org/10.1016/S0140-6736(15)00241-X

Joseph, S. (2013). What Doesn't Kill Us: The New Psychology of Posttraumatic Growth. Basic Books/Hachette Book Group.

Ng, F., Ibrahim, N., Franklin, D. et al. Post-traumatic growth in psychosis: a systematic review and narrative synthesis. BMC Psychiatry 21, 607 (2021). https://doi.org/10.1186/s12888-021-03614-3

Contact email for trainee queries and arranging post Fair meetings

s.allan@uea.ac.uk

Growth and loss in bipolar disorder: a qualitative exploration

Supervisory Team and Collaborators

Dr Sophie Allan

Dr Adrian Leddy

Background

joint project
Bipolar disorder is a mental health condition with high levels of distress, disability and impact on functioning. Post-traumatic growth (PTG) is a concept that traumatic events can sometimes be associated with positive psychological change, such as in relating to others/improved relationships, personal strength and new possibilities. PTG has a sizeable literature in psychosis, but very little on bipolar disorder specifically. Bipolar disorder is also associated with significant losses. This project aims to investigate growth and loss in the condition, using a qualitative approach.

Main Research Question/s

What are the experiences of grief and loss in bipolar disorder?

Proposed Methods

Qualitative 1-1 interview study (around 8-12 participants; likely on Microsoft teams), recruiting people after they have completed an online survey (the other joint project). Analysed using thematic analysis. UEA FMH ethics required.

Suggested Further Reading

Grande, I., Berk, M., Birmaher, B., & Vieta, E. (2016). Bipolar disorder. The Lancet, 387(10027), 1561-1572. http://dx.doi.org/10.1016/S0140-6736(15)00241-X

Jordan, G., Malla, A., & Iyer, S. N. (2019). "It's brought me a lot closer to who I am": A mixed methods study of posttraumatic growth and positive change following a first episode of psychosis. Frontiers in psychiatry, 10, 480. https://doi.org/10.3389/fpsyt.2019.00480

Joseph, S. (2013). What Doesn't Kill Us: The New Psychology of Posttraumatic Growth. Basic Books/Hachette Book Group.

Ng, F., Ibrahim, N., Franklin, D. et al. Post-traumatic growth in psychosis: a systematic review and narrative synthesis. BMC Psychiatry 21, 607 (2021). https://doi.org/10.1186/s12888-021-03614-3

Contact email for trainee queries and arranging post Fair meetings

s.allan@uea.ac.uk

Exploring service users experiences of psychological support in community mental health teams

Supervisory Team and Collaborators

Dr Joe Barker

Background

Recording quantitative patient reported outcome measures (PROMs) has become the primary metric on which services are targeted, evaluated, and commissioned. This privileges approaches that create shifts in PROMs but risks devaluing the benefits and harms of psychological support that cannot be easily captured quantitatively.
Community mental health teams have become the ubiquitous secondary care mental health provision. However, this complex population is often difficult to access and the model of psychology provision within CMHTs has received relatively little qualitative scrutiny.
The proposed study aims to recruit service users who have completed or disengaged from psychological support in community mental health teams to understand their experiences of the psychological provision they received.

Main Research Question/s

What are service user's experiences of psychological support in community mental health teams?
What are the benefits and harms of psychological support?
What are service users priorities for improving psychological provision?

Proposed Methods

Thematic analysis

Suggested Further Reading

https://link.springer.com/article/10.1186/s12888-020-02682-1

Contact email for trainee queries and arranging post Fair meetings

joseph.barker@uea.ac.uk

Therapeutical applications of altered states of consciousness

Supervisory Team and Collaborators

Dr Tristan Bekinschtein

Dr Jessica Corneille

Dr Liliana Galindo

Background

Post-traumatic stress disorder (PTSD) is characterized by persistent hyperarousal, avoidance, and rigid trauma-related beliefs that restrict emotional flexibility and well-being. While psychedelic-assisted therapies have shown strong and rapid effects for PTSD, their clinical use is limited by cost, regulation, and medical infrastructure requirements. Breathwork is a low-cost, non-pharmacological method capable of reliably inducing altered states of consciousness with phenomenological overlap to psychedelic experiences. Preliminary evidence suggests breathwork may support emotional release, embodied trauma processing, and cognitive flexibility, but it has not yet been directly compared to psychedelics in a controlled clinical framework

Main Research Question/s

Can structured therapeutic breathwork produce comparable reductions in PTSD symptoms and improvements in emotional flexibility and trauma processing as psychedelic-assisted therapy, and are shared benefits mediated by similar altered-state mechanisms?

Proposed Methods

This study will use a randomized controlled pilot design with adults diagnosed with PTSD assigned to either (1) breathwork-assisted therapy or (2) psychedelic-assisted therapy. Both groups will receive standardized preparation and integration psychotherapy. Primary outcomes will be changes in PTSD symptom severity from baseline to post-treatment and 3–6-month follow-up. Secondary outcomes will include depression, anxiety, emotional regulation, and quality of life. Safety, feasibility, and participant acceptability will also be assessed to evaluate the practicality of scaling to a larger trial.

Suggested Further Reading

papers from the lab related to this project:

Lewis-Healey, E., Tagliazucchi, E., Canales-Johnson, A., & Bekinschtein, T. (2024). Breathwork-induced psychedelic experiences modulate neural dynamics. Cerebral Cortex. DOI: 10.1093/cercor/bhae347.

Summary: They used portable EEG + temporal experience tracing to study 301 breathwork sessions (with 14 novice participants). They found that sessions in which participants reported “psychedelic-like” subjective experiences corresponded with increased neural signal complexity (Lempel–Ziv complexity), and also with changes in the aperiodic exponent of the EEG power spectrum — neural markers loosely similar to those observed during classic psychedelic states. https://doi.org/10.1093/cercor/bhae347

Lewis-Healey, E., Tagliazucchi, E., Canales-Johnson, A., & Bekinschtein, T. (2024 — preprint). Breathwork-Induced Psychedelic Experiences Modulate Neural Dynamics. bioRxiv preprint. DOI:

10.1101/2024.02.19.580985v1 Accepted in Journal of Cognitive Neuroscience

This is the pre-print version of the same study, made available before peer-reviewed publication. It shows the same major findings: breathwork can induce subjective “psychedelic-like” states, and these correlate with measurable changes in neural dynamics (increased complexity, altered spectral features).

Link (pre-print): https://doi.org/10.1101/2024.02.19.580985v1

Contact email for trainee queries and arranging post Fair meetings

tb419@cam.ac.uk

The impact of extended paternity-leave length on maternal and paternal mental health

Supervisory Team and Collaborators

Dr Bob Budd

Background

In the UK there is considerable difference between statutory Maternity and Paternity leave, and approaches to salary vary between employers. Extended paternity leave is generally considered a good thing, as it is thought to enhance bonding with children, parental relationship cohesion, and support to mothers as they recover from possible surgery/post-birth life changes. Because of this, some Private sector employers have adopted enhanced paternity leave practices such as Aviva, who offer Aviva offers an equal parental leave policy that provides all employees with up to 12 months of leave, including 26 weeks at full basic pay, regardless of gender or how they became a parent.

Despite the proposed positives, very little research has been conducted to assess the effect of extended paternity leave on parental mental health. A recent systematic review () of the effect of parental leave on parental mental health presents mixed evidence for paternity leave benefits, and mainly commented on the occurrence of 2-weeks paternity leave being taken or not. There was no research examining the impact of extended paternity leave, and no research from the UK was included. However, one UK paper (Humphreys et. al. 2025) has reviewed evidence from a National Survey Database, considering data collected with the Mental component score of the SF-12, and General Health Questionnaire. With a median leave length of two weeks, their results showed no evidence to suggest a relationship between paternity leave and mental health in mothers or fathers across the whole sample, unless they were from above-median wage households.

Main Research Question/s

What are the effects of extended paternity leave on maternal and paternal mental health?

Proposed Methods

Quantitative methods - it is proposed that the project seek access to the database used by Humphreys et.al. (2025); and using same/similar mental health outcome measures, seek a matched-income range sample of parents who choose to take extended paternity leave on full-pay, (via employers such as Aviva) to compare against those who choose none, or 2 week paternity leave.

Other methodological details to be discussed and evolved together.

Suggested Further Reading

Humphreys, E.; O'Neill, S,; Filippi, V.; & Courtin, E. (2025) Paternity leave, mental health and wellbeing for new parents: evidence from a national survey in the UK. SSM - Population Health 30

Heshmati, A.; Honkaniemi, H.; & Juarez, S. P. (2023) The effect of parental leave on parent's mental health: a systematic review. Lancet Public Health 8 57-75

Cardenas, S. I.; Corbisiero, M. F.; Moris, A. R.; & Saxbe, D. E. (2020) Associations between Paid Paternity Leave and Parental Mental Health Across the Transition to Parenthood: Evidence from a Repeated-Measures Study of First-Time Parents in California. Journal of Child and Family Studies

Contact email for trainee queries and arranging post Fair meetings

bob.budd@uea.ac.uk

Evaluating Lifespan Integration Therapy for Dissociation: A Single-Case Design

Supervisory Team and Collaborators

Dr Adrian Leddy

Dr Fergus Gracey

Dr Rebecca Ison, Dr Alison Woods

Background

Dissociation is a presentation occurring on a spectrum that can underlie complex and debilitating condition characterised by disruptions in identity, memory, and consciousness, often linked to severe early trauma. Despite growing recognition of the spectrum of dissociative presentations evidence-based treatments remain limited. Lifespan Integration Therapy (LIT), an emerging trauma-focused intervention, aims to promote neural integration by facilitating chronological memory reconsolidation and reducing fragmentation of self-states. Very small scale research suggests LIT may enhance emotional regulation and identity cohesion, but empirical research is scarce.

Main Research Question/s

This study seeks to evaluate the feasibility, acceptability, and preliminary effectiveness of LIT in reducing dissociative symptoms and improving psychological functioning in individuals treated for dissociative presentations using a single case design.

Proposed Methods

A single case design will be employed with 6–9 participants presenting with dissociation and being treated for this. Each case will undergo a baseline phase (minimum 2 or 4 weeks), followed by a structured LIT intervention phase, and a follow-up phase (8 or 12-weeks) by clinicians trained in LIT. Repeated measures will include standardised assessments of dissociation (Dissociative Experiences Scale), trauma-related symptoms (PTSD Checklist), and identity integration, supplemented by idiographic measures and session-level data. Visual analysis and non-overlap indices will be used to evaluate change across phases, alongside qualitative interviews to capture subjective experiences.

Suggested Further Reading

Pace, P. (2015). Lifespan integration: Connecting Ego States through time
Rejil, S. (2020). Psychotherapy through lifespan integration: How do therapists describe the feeling of integration? European Journal of Trauma and Dissociation

Contact email for trainee queries and arranging post Fair meetings

a.leddy@uea.ac.uk

Evaluating the effectiveness of a bespoke virtual reality intervention for the agricultural community

Supervisory Team and Collaborators

Dr Adrian Leddy

Dr Jordan Tsigarides

Background

Poor mental health remains one of the most pressing challenges in UK agriculture. The RABI Big Farming Survey (2021) reported that 36% of farmers are "probably or possibly" depressed, 47% experience constant anxiety, and only 8% of women and 12% of men describe their mental wellbeing as good. The Farm Safety Foundation similarly found that 95% of young farmers believe poor mental health is the biggest hidden problem facing agriculture today.

Rural Minds is an immersive virtual reality (VR) project that places users directly within the realities of farming life — exploring pressures such as financial strain, weather dependency, isolation, and generational expectations. The experience is designed to build understanding and empathy among healthcare professionals, policymakers, and rural organisations, while promoting open dialogue about mental wellbeing within the farming community.

The VR intervention was developed by Dr Jordan Tsigarides (supervisor) in collaboration with

Empathy (e.g., Jefferson Scale of Physician Empathy; Empathy Quotient)
Mental health literacy and learning gain (e.g., Mental Health Literacy Scale)
Self-awareness and help-seeking intentions (e.g., Attitudes Toward Seeking Professional Psychological Help Scale)
Stigma reduction (e.g., Mental Health Stigma Scale or Social Distance Scale)
Emotional impact and engagement (self-report and physiological indicators, e.g., presence or immersion scales).
Potential populations include:
Healthcare professionals and trainees (GPs, practice nurses, and medical students) for the educational version, and
Farmers, agricultural students, and rural community members for the farmer-focused version.
Qualitative interviews or focus groups could complement quantitative measures to explore perceived relevance, acceptability, and behavioural intentions following the VR experience.

Main Research Question/s

The proposed ClinPsyD project could evaluate either version of the intervention using an experimental design.

Proposed Methods

One project could use the educational VR intervention with a cohort of Healthcare professionals and trainees (GPs, practice nurses, and medical students). This would be a within subjects design collecting baseline and post intervention measures related to the intervention.

The second project would follow the same design (within groups) but using the farmers focused intervention for a population of Farmers, agricultural students, and rural community members.

Suggested Further Reading

Hannah, O. et al (2025). Virtual Perspectives in Psychosis: Investigating embodied virtual reality educational interventions and unpacking the impact of immersion on participant attrition. UEA repository

Steen, C.W., Söderström, K., Stensrud, B. et al. The effectiveness of virtual reality training on knowledge, skills and attitudes of health care professionals and students in assessing and treating mental health disorders: a systematic review. BMC Med Educ 24, 480 (2024)

Contact email for trainee queries and arranging post Fair meetings

a.leddy@uea.ac.uk j.tsigradies@uea.ac.uk

Can a psychologically informed VR training tool be effective in improving education, empathy and attitudes in primary care staff

Supervisory Team and Collaborators

Dr Adrian Leddy

Dr Jordan Tsigarides

Background

Background:
Mental health presentations such as depression, anxiety, and behavioural distress are among the most frequent and challenging issues in primary care. General Practitioners (GPs) often report limited training in applied psychological approaches and managing complex interactions within short consultations.

Rationale for VR:
Immersive Virtual Reality (VR) enables safe, repeatable simulation of real-world consultations, allowing users to practice communication, empathy, and psychological management skills in emotionally engaging, evidence-based scenarios.

Main Research Question/s

Can a psychologically informed VR training tool be effective in improving education, empathy and attitudes in primary care staff?

Proposed Methods

Two phases.
Phase 1) The trainee is involved with designing a psychologically informed VR training tool aimed to enhance confidence and competence in managing mental health within primary care.
Phase 2) Following creation of the tool the trainee will then pilot the tool in a population of primary healthcare professionals and measure the educational, empathic, and attitudinal impact of immersive learning using a within (pre and post) groups design.

Suggested Further Reading

Steen, C.W., Söderström, K., Stensrud, B. et al. The effectiveness of virtual reality training on knowledge, skills and attitudes of health care professionals and students in assessing and treating mental health disorders: a systematic review. BMC Med Educ 24, 480 (2024)

Contact email for trainee queries and arranging post Fair meetings

a.leddy@uea.ac.uk j.tsigarides@uea.ac.uk

Evaluating the effectiveness of Microsoft Co-pilot for completing Quality Ratings of Cognitive Therapy Sessions and providing developmental feedback

Supervisory Team and Collaborators

Dr Adrian Leddy

Dr Hannah Crook

Dr Deirdre Williams

Background

The accurate assessment of therapist competence in cognitive therapy is essential for ensuring treatment fidelity and guiding professional development. Traditional methods rely on British Association of Behavioural and Cognitive Psychotherapies (BABCP) accredited raters using the cognitive therapy rating scale (CTRS). This can be resource intensive and subject to variability.

Main Research Question/s

This study proposes to evaluate the use of Microsoft Copilot to rate the quality of cognitive therapy sessions with the CTRS and to then provide developmental feedback to therapists.

Proposed Methods

Between and within groups design. Recordings of CBT sessions will be independently rated by both Microsoft Copilot and a sample of BABCP level 2 accredited therapists using the Cognitive Therapy Rating Scale. Both will provide recommendations and developmental feedback. Analysis will focus on inter-rater reliability, validity of Co-pilot scores, and the perceived usefulness of feedback for therapist development.

Suggested Further Reading

Goldberg, S. B., Baldwin, S. A., Merced, K., Caperton, D. D., Imel, Z. E., Atkins, D. C., & Creed, T. (2020). The Structure of Competence: Evaluating the Factor Structure of the Cognitive Therapy Rating Scale. Behavior therapy, 51(1), 113–122. https://doi.org/10.1016/j.beth.2019.05.008

Contact email for trainee queries and arranging post Fair meetings

a.leddy@uea.ac.uk

Psychological Adaptation to Polar Environments Project (P-Polar)

Supervisory Team and Collaborators

Dr Bonnie Teague

Dr Jo Bower

Background

There is increasing interest in understanding the psychological impacts and adaptations of humans living and working in extreme environmental conditions. However, there are mixed findings from previous research about psychological impacts in polar environments, specifically. Some studies suggest that there are disruptions to sleep, low mood, anxiety, impacts on identity and social withdrawal. Other studies suggest that negative impacts are minimal but there are positive benefits relating to growth of psychological resilience over time. However, much research in this area has been through longitudinal surveys, with less attention paid to qualitative approaches.

The P-Polar study aims to fill this knowledge gap by talking with those who have lived and/worked in Antarctic or Arctic Polar environments to understand the lived experiences of psychological impacts and the process of adaptation. This work has relevance for clinical psychology in terms of understanding how best to support and psychologically prepare those living and working in remote and extreme environments to build healthy resilience.

Main Research Question/s

What are the lived experiences of those living and working in polar environments in terms of psychological impacts?
What is the process of psychological adaptation used by polar workers?
What are the unmet needs or areas of psychological support that Polar workers may find valuable?

Proposed Methods

Semi-structured qualitative interviews with supplementary contextual questionnaires, focused on understanding the psychological impacts and process of adaptation of working and living in a polar environment. Options to include photovoice or elicitation approaches.
Demographic Info – professional background/role, which environment worked and when (time of year) and personal characteristics.
Possible questionnaires (For additional characterisation/description of participants, not quantitative analysis): Chronotype (natural sleep schedules), insomnia, mental wellbeing, quality of life.
Domains of Questions to be asked:
Motivation to work in that environment and preparation
Early positive and negative psychological impacts
Challenges faced
Methods of adaptation
Long-term impacts and reflections

Optional areas to explore:
Psychological impact of observed climate change
Isolation and social/cultural identity changes

Suggested Further Reading

Kuwabara T, Naruiwa N, Kawabe T, Kato N, Sasaki A, Ikeda A, Otani S, Imura S, Watanabe K, Ohno G. Human change and adaptation in Antarctica: Psychological research on Antarctic wintering-over at Syowa station. Int J Circumpolar Health. 2021 Dec;80(1):1886704.

Palinkas LA, Suedfeld P. Psychological effects of polar expeditions. Lancet. 2008 Jan 12;371(9607):153-63. doi: 10.1016/S0140-6736(07)61056-3. PMID: 17655924.

Contact email for trainee queries and arranging post Fair meetings

b.teague@uea.ac.uk

Experiences of Psychological Therapy in Farming Communities

Supervisory Team and Collaborators

Dr Bonnie Teague

Dr Louise Crouch-Read

Background

Farming and agricultural workers have poorer mental health outcomes and high suicide rates than the general population. However, anecdotally they report poor experiences of mental health care, particularly psychological therapy. Some reasons cited for this include the need to travel long distances to access care, therapy schedules being too long and regimented and not accounting for agricultural calendars and pressures, and healthcare professionals not understanding the farming and rural way of life.

As part of a bigger programme of work to understand and improve farmer experiences of mental health care, this project aims to interview farmers and/or their family supporters about their lived experiences of receiving psychological care and learning what prompted them to seek care from services.

Main Research Question/s

1) What are the lived experiences of farmers and/or their families when receiving psychological care?
2) What the barriers to accessing this care?
3) What are the unmet needs that farmers report when it comes to their psychological needs post-care?

Proposed Methods

Semi-structured qualitative interviews with farmers or their family supporters.
Demographic Info – professional background/role, type of farming and family history, and personal characteristics.

Domains of Questions to be asked:

- Motivations of help-seeking
- Experiences of accessing psychological support from NHS services.
- Experiences of receiving psychological support from NHS services
- Benefits and harms, additional challenges and facilitators of care
- Long-term impacts

Suggested Further Reading

Teague, B., Crouch-Read, L. and Haley, E. (2025), "Informing mental health research priorities and design with rural and agricultural communities: a public involvement consultation case study", Mental Health and Social Inclusion, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/MHSI-01- 2025-0003

Wheeler R, Lobley M. Health-related quality of life within agriculture in England and Wales: results from a EQ-5D-3L self-report questionnaire. BMC Public Health. 2022. 22(1):1395 doi: 10.1186/s12889-022-13790-w

Booth N, Briscoe M, Powell R. Suicide in the farming community: methods used and contact with health services. Occup Environ Med. 2000 Sep;57(9):642-4. doi: 10.1136/oem.57.9.642

Contact email for trainee queries and arranging post Fair meetings

b.teague@uea.ac.uk

Resilience in male survivors of suicide attempts: a grounded theory

Supervisory Team and Collaborators

Dr Marco Vivolo

Background

Suicide is the biggest cause of death in men under the age of 50
Men’s deaths outnumber women’s despite women being more likely than men to attempt suicide (“gender paradox”)
Men account for three quarters of suicide in the UK and this trend has been consistent since mid-1990s (Department of Health and Social Care, June 2022)
The suicide rate for males in England and Wales increased to 17.4 deaths per 100,000 in 2023, from 16.4 deaths per 100,000 in 2022 (the highest rate for males since 1999)
Existing research, particularly quantitative, has mainly focussed on risk factors and protective strategies
There is a paucity of research exploring how male survivors make sense of suicide attempts and what can be learnt from their experiences
Talking about resilience in male suicide survivors can help to inform therapeutic interventions for this group

Main Research Question/s

What are the processes that result from suicide attempts in male survivors which enable adaptation and resilience?
How do male survivors appraise the experiences of surviving suicide attempts? How do they reclaim their life following an attempt?
Are there learnings that could lead to developing adaptation, resilience and psychological flexibility?

Proposed Methods

The study is qualitative in nature
Possibility of using grounded theory or other suitable qualitative methodology
NHS REC permission required
Participants could be recruited from adult mental health services, such as CMHTs, FEP services, etc. (and perhaps Talking Therapies services)

Suggested Further Reading

Men urged to talk about mental health to prevent suicide (Department of Health and Social Care, June 2022)
https://www.gov.uk/government/news/men-urged-to-talk-about-mental-health-to-prevent-suicide

Richardson, C., Dickson, A., Robb, K. A., & O'Connor, R. C. (2021). The Male Experience of Suicide Attempts and Recovery: An Interpretative Phenomenological Analysis. International journal of environmental research and public health, 18(10), 5209. https://doi.org/10.3390/ijerph18105209

Richardson C, Robb KA, O'Connor RC. A systematic review of suicidal behaviour in men: A narrative synthesis of risk factors. Soc Sci Med. 2021 May;276:113831. doi: 10.1016/j.socscimed.2021.113831. Epub 2021 Mar 11. PMID: 3378083

Contact email for trainee queries and arranging post Fair meetings

m.vivolo@uea.ac.uk

Developing compassion through Compassion-Focussed Therapy for Bipolar Disorder: psychological therapists' experiences

Supervisory Team and Collaborators

Dr Marco Vivolo

Background

Compassion-focused therapy (CFT) is an emerging popular psychological therapy that tends to targets difficulties with self-criticism and shame (Gilbert, 2010). Numerous studies have linked self-criticism and shame with mental health difficulties (MHD), such as psychosis (Gilbert & Irons, 2005), personality difficulties (Lucre & Corten, 2013), trauma (Gilbert, 2010), depression and anxiety (Gilbert & Procter, 2006). While research has focussed on the effectiveness of CFT for these difficulties, also from a service user perspective (Gilbert et al., 2022; Vivolo et al., 2025), very little research has focussed on the effectiveness of CFT for Bipolar Disorder, mostly a feasibility study and a theoretical paper (Gilbert et al., 2022; Lowens, 2010), currently there is no research on therapists' experiences of delivering CFT and how this leads to compassion building processes in individuals with bipolar disorder(s).

Main Research Question/s

What are therapists' experiences of delivering CFT for Bipolar Disorder, both in individual and group therapy?
How does compassion develop through CFT in individuals with Bipolar Disoder?
What are the benefits and challenges of using CFT for this client group?
What are the challenges of using CFT for this client group?

Proposed Methods

Qualitative methodology
Possibility of using grounded theory or other suitable qualitative methodology

Suggested Further Reading

Gilbert, P., Basran, J. K., Raven, J., Gilbert, H., Petrocchi, N., Cheli, S., Rayner, A., Hayes, A., Lucre, K., Minou, P., Giles, D., Byrne, F., Newton, E., & McEwan, K. (2022). Compassion Focused Group Therapy for People With a Diagnosis of Bipolar Affective Disorder: A Feasibility Study. Frontiers in psychology, 13, 841932.

Kidd (2019). Therapist perspectives on individual and group Compassion Focused Therapy for Eating Disorders (DClinPsy thesis)

Lowens, I. (2010). Compassion focused therapy for people with bipolar disorder. Int. J. Cogn. Ther. 3, 172–185.

Vivolo, M., Ardeman, G. & Ford, C. Compassion-Focused Therapy Groups in Secondary Care Adult Mental Health Services: A Service Evaluation. Int. J. Cogn. Behav. Ther. 18, 94–113 (2025). https://doi.org/10.1007/s41811-025-00230-x

Contact email for trainee queries and arranging post Fair meetings

m.vivolo@uea.ac.uk

Perceptions and attitudes towards psychological treatment for Bipolar Disorder: A clinician survey

Supervisory Team and Collaborators

Dr Marco Vivolo

Background

People experiencing symptoms of Bipolar Disorder tends to have poor clinical outcomes and low quality of life (IsHak et al., 2012), and they are at significant risk for suicide and self-harm (Clements et al., 2013, 2015). Medication can be effective, but between 40% and 50% of those who achieve symptomatic recovery relapse within 2 years (Jones at al., 2018). The role of psychological intervention for bipolar disorder, such as cognitive behavioural therapy (CBT), remains significant but modest (Palmier-Claus et al., 2015). Despite evidence for efficacy and cost-effectiveness of psychological therapy highlighted by NICE (NICE, 2014a, 2014b), very few people with severe mental illness are offered it (Haddock et al., 2014; Schizophrenia Commission, 2012). An NHS clinical audit specific to Bipolar Disorder indicated only 8% of eligible patients were offered psychological therapy specific for Bipolar, despite high engagement rates when this wad offered (95% of those offered treatment engaged with it; Dunn & Makin, 2015). To date, there is very little research on the perceptions and attitudes of clinicians towards psychological treatment for Bipolar Disorder. Investigating the factors that contribute to this can help us unveil barriers and facilitators to referring people to psychological therapy, in turn increasing access rate. These include challenges clinicians can experience and also how confident they are in providing psychological treatment for this client group.

Main Research Question/s

Are patients with Bipolar Disorder routinely offered psychological intervention? If so, what?
What are clinicians' experiences of offering psychological intervention? What adaptations could be made?
What are the barriers to offering psychological intervention to people with Bipolar Disorder?
What support may be useful?
What factors predict how confident clinicians are at delivering psychological intervention for people with Bipolar Disorder?

Proposed Methods

Quantitative

Suggested Further Reading

Improving access to psychological therapies (IAPT) for people with bipolar disorder: Summary of outcomes from the IAPT demonstration site. Behaviour research and therapy, 111, 27–35 (Jones et al, 2018) https://doi.org/10.1016/j.brat.2018.09.006

An integrative formulation-based cognitive treatment of bipolar disorders: application and illustration (Mansell, 2007)

Appraisals to affect: Testing the integrative cognitive model of bipolar disorder (Palmier-Claus et al., 2015)

Contact email for trainee queries and arranging post Fair meetings

m.vivolo@uea.ac.uk

University of
East Anglia
Norwich

Norwich Medical School

The ClinPsyD Research Theme on Clinical Health Psychology across the Lifespan

Clinical Health Psychology is an expanding field within the NHS. Our research explores the psychological impact and personal experiences of living with significant health conditions such as cancer, motor -neurone disease or chronic pain in both paediatric and adult populations. Much of the research considers broader systemic issues including the family and MDT.

We use a range of methods, encompassing both qualitative and quantitative methodological approaches.

Many of the UEA research supervisors in the area also work as clinicians in physical health settings and have built excellent collaborations with clinicians in hospitals in the region. We also work with colleagues in psychology.

This research theme is good for trainees who are interested in contributing to the evidence base on holistic care of patients and their families. Research in this area could pave the way if you are interested in a career in a Clinical Health setting after qualifying.

Parental Experience post-Stem Cell Discharge

Supervisory Team and Collaborators

Dr Bob Budd

Dr Briony Westgate (Addenbrookes Paediatric Stem-Cell Team)

Background

Stem Cell Transplants are used to treat different medical conditions in childhood including leukaemia and non-malignant haematological conditions. Undergoing a Stem Cell Transplant is an intensive process for the whole family. Alongside the emotional response to life-threatening illness, there is also the burden of close monitoring of signs of illness and responsibility to reduce infection risk within the home. The nature of the treatment and the disruption to family life all create the context for significant psychological distress. Families can struggle with the long period of isolation following discharge from hospital and the family system can experience significant strain and relational change. It would be helpful to explore the experiences and needs of these parents further to provide more tailored support.

Main Research Question/s

There are a range of different areas we could explore further, such as how parents cope with life post-discharge, how parents manage their children's care needs at home, what impact does treatment/isolation have on their family roles, what fathers experiences are. There are different avenues that could be explored through a qualitative lens.

Proposed Methods

Qualitative Methods.

Suggested Further Reading

Beckmann, N. B., Dietrich, M. S., Hooke, M. C., Gilmer, M. J., & Akard, T. F. (2021). Parent caregiving experiences and posttraumatic growth following pediatric hematopoietic stem cell transplant. Journal of Pediatric Oncology Nursing, 38(4), 242-253.
West, C. H., Dusome, D. L., Winsor, J., & Rallison, L. B. (2020). Falling down the rabbit hole: Child and family experiences of pediatric hematopoietic stem cell transplant

Contact email for trainee queries and arranging post Fair meetings

bob.budd@uea.ac.uk

Unsuccessful Breastfeeding: What prior support do mothers want?

Supervisory Team and Collaborators

Dr Bob Budd

Background

Breastfeeding is readily promoted in the NHS for its biological and relational benefits for both the mother and infant. While around 755 of babies receive breast milk for their first feed, years, the percentage of mothers breastfeeding at 6-8 weeks is around 55% (having risen by about 10 points in the last 10 years. Research has shown a link between successful breastfeeding and lower likelihood of Post-Natal Depression (Tucker & O'Malley 2022).
However, some research has demonstrated differences in PND risk between those mother whose intentions to breastfeed prenatally were met, and those whose intentions were not (Yeuen et al 2022): Mothers who planned to breastfeed but who did not go on to breastfeed were over twice as likely to become depressed as mothers who had not planned to, and who did not breastfeed (Borra, Iacovou & Sevilla 2014). Gregory et al. (2015) have also suggested that there may be inadvertent harm caused to some families when women are encouraged to breastfeed prenatally and develop expectations that they cannot meet postnatally.
Qualitative research has shown that mmothers experience 'breastfeeding grief' when ending attempts to breastfeed, and can find the unexpected cessation 'devastating' (Ayton et al. 2019). Much is known about the experience of ceasing to breastfeed rather than weaning, but research focus has been general rather than explore the experience of motherhood beyond the isolated task of feeding.
While breastfeeding promotion encourages general uptake (and associated benefits), it is not known what could support expectant mothers to be better prepared, particularly if breastfeeding is unsuccessful.

Main Research Question/s

What successes do mothers experience beyond the focus of feeding? What f these are seen as more important on reflection?
What information do mothers who were unsuccessful in breastfeeding wish they had known before birth? Could this insight be helpful to expectant mothers in developing proactive interventions that might normalise and reduce stigma of breastfeeding failure?

Proposed Methods

Qualitative Methods - semi-structured interviews? To be chosen/developed by trainee, in accordance with their reflexive position.

Suggested Further Reading

Borra, C.; Iacovou, M.; & Sevilla, A. (2015) New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women's Intentions. Maternal Mental Health Journal (19), 897-907
Pope, C. J.; Mazmanian, D.; Bédard, M.; & Sharma, V. (2016) Breastfeeding and postpartum depression: Assessing the influence of breastfeeding intention and other risk factors. Journal of Effective Disorders 45-50.
Mahon, J. & Dreyer, P. (2024) Primiparous women's experiences of unwanted early cessation of breastfeeding: A qualitative study. Nordic Journal of Nursing Research (44) 1-8.
Ayton, J. E.; Tesch, L. & Hansen, E. (2019) Women's experiences of ceasing to breastfeed: Australian qualitative study. BMJ Open 10.1136/bmjopen-2018-026234

Contact email for trainee queries and arranging post Fair meetings

bob.budd@uea.ac.uk

The psychological needs of adults who have detransitioned

Supervisory Team and Collaborators

Dr Aaron Burgess

Background

The phenomena of detransition has over recent years been growing with clinical and academic interest. Although case studies (Pazos-Guerra et al., 2020; Turban & Keuroghlian, 2018), and surveys (Vandenbussche, 2022) have been conducted, there is little within the UK. With recent changes made to paediatric gender services (Cass, 2022), there is a need to understand the needs of this group within the UK. Detransition remains an interest for clinicians too, with wider national changes to how gender is seen and developed, opposing views within public domains and changes to the way services are provided for gender identity services. Particularly the psychological needs of this group, and how do this group access the appropriate support are under researched in this country.

Reports have shown that discrimination and minority stress can impact the mental health of this group who also have increased psychological needs (Kettula et al., 2025). Social safety theory is seen as the other part of the puzzle regarding minority stress and has been under researched in this population.

Main Research Question/s

What are the psychological needs of an adult group of people who have detransitioned?
What factors (variables) increase the likelihood of a psychological need being present?

Proposed Methods

A cross-sectional online survey, with recruitment through social media and post-trans groups, using measures of demographic characteristics, mental health (PHQ-9/GAD-7 and possibly a more global measure such as the Brief Symptom Inventory (BSI)), minority stress, social safety, and possibly a measure of ASD. Analysis will be correlational and regression models.

Suggested Further Reading

Vandenbussche (2022) Detransition-Related Needs and Support: A Cross-Sectional Online Survey, Journal of Homosexuality, 69:9, 1602-1620, DOI: 10.1080/00918369.2021.191947

Kettula et al. (2025). Gender Dysphoria and Detransitioning in Adults: An Analysis of Nine Patients from a Gender Identity Clinic from Finland. Archives of Sexual Behavior, 54:1981–1990. https://doi.org/10.1007/s10508-025-03176-5

Contact email for trainee queries and arranging post Fair meetings

aaron.burgess@uea.ac.uk

Do clinical psychologists change assessment and formulation approaches based on gender diversity

Supervisory Team and Collaborators

Dr Aaron Burgess

Background

The understanding of gender and gender diversity has changed over recent years within the UK. Gender identity remains a key sociopolitical debate, with various opinions and views across the UK population. Child and youth gender services have also had significant changes to service delivery since the Cass report. Clinical psychologists play a key role in the understanding of mental health and wellbeing factors for this population. However, a question arises do CPs change the way they assess and understand (i.e. formulation) individuals based on gender diversity? The confidence among clinicians working with gender identity has been found to be relatively high among clinicians but has not been tested through vignettes in the UK.

Main Research Question/s

1. Does gender identity/diversity affect the way clinical psychologists assess and formulate young adulthood patients (needs some work)
2. Do clinical psychologists endorse appropriate adaptations within the assessment and formulation process
3. Does clinician confidence change depend on the gender diversity of patients
4. What factors are associated with increased confidence among clinicians working with gender diversity

Proposed Methods

Participants will be assigned to one of two groups. An identical vignette will be presented, with only the gender of the patient varying between cisgender and trans-identity. (exact language needs to be developed and considered with PPI involvement). Measures of approach taken to assessment, assessment and formulation adaptations and clinician confidence will also be administered. Data will be collected through an online survey.
Analysis:
RQ1 – test of difference for each group (cis vs trans) on measures;
RQ2 (descriptives);
RQ3 – test of difference;
RQ4 (correlation/regression).

Suggested Further Reading

Wolgast et al. (2024). Effects of patient gender, ethnicity, and socioeconomic status on psychiatric assessments: A vignette-based experimental study. Scandinavian Journal of Psychology, 2024, 65, 581–591. DOI: 10.1111/sjop.13004

Gaspodini & Falcke (2018). Sexual and Gender Diversity in Clinical Practice in Psychology. Paidéia (RibeirãoPreto). Vol. 28, e2827. doi: http://dx.doi.org/10.1590/1982-4327e2827.
Powell & Cochran (2020). Mental health providers' biases, knowledge, and treatment decision making with gender-minority clients. Psychology of Sexual Orientation and Gender Diversity, Vol 8(4), 451-457. https://doi.org/10.1037/sgd0000444

Contact email for trainee queries and arranging post Fair meetings

aaron.burgess@uea.ac.uk

The experience of Anticipatory Grief in Huntingdon’s Disease

Supervisory Team and Collaborators

Dr Amy Carroll

Sarah Mason

Background

Anticipatory grief is concept that refers to an early and prolonged grieving process that occurs prior to the death of a loved one (Chan et al., 2013). Recent work by Mason et al (2024) suggested that caregivers of people with Huntington’s disease, a slowly progressing neurological disease that typically presents in midlife, experience anticipatory grief. Preliminary evidence indicates that their experience is linked to the psychological death of the care recipient or loss of the person they used to be, the protracted and uncertain journey of dementia, difficulties communicating with the person with dementia and changes in the relationship in people with Huntington’s disease.

These findings have led to further interest in understanding the lived experience of grief in people with Huntington’s disease and those that provide care for them. Following on from work with caregivers, a second-year trainee is currently exploring clinicians’ experiences of discussing grief with people with Huntingdon’s and their families in this context, as we are aware that clinicians can find this difficult to discuss. We envisage that the next stage of this work is to talk with people living with Huntingdon’s disease themselves, to better understand their experiences of anticipatory grief and grieving as they navigate life within the context of a difficult neurodegenerative disease. Currently little is known about these psychological processes, and we hope that clinically meaningful research will begin to help us better understand anticipatory grief and grief processes in people with Huntington’s, their families. and clinicians providing health care services. In turn, we hope these improved understandings will lead to the development of more psychologically informed support for this group of people.

Main Research Question/s

Broadly defined as: What is the experience of anticipatory grief in people living with Huntingdon’s Disease?

Proposed Methods: We envisage this project using qualitative methods, but the specific methodology can be further defined with a trainee (reflexive thematic analysis or interpretative phenomenological analysis might be suitable methodology for example)

Suggested Further Reading:

Mason, S. L., Barker, R. A., Andresen, K., Gracey, F., & Ford, C. (2024). The meaning of apathy in Huntington’s disease: A qualitative study of caregiver perspectives. *Neuropsychological Rehabilitation, 35(5),* 1004-1033. https://doi.org/10.1080/09602011.2024.2384519

Email Contact Addresses: amy.carroll@uea.ac.uk / drsarah.l.mason@gmail.com

The experiences of women (and/or their families) of living with metastatic breast cancer

Supervisory Team and Collaborators

Dr Amy Carroll

Dr Lauren Hickling

Background

Whilst there is some established literature on the psychological experiences of women living with primary or curative breast cancer, less is known about the psychological experience of women living with metastatic breast cancer, where the cancer is more advanced and has spread to other areas of the body. Living with metastatic breast cancer involves continuous cycles of treatment and monitoring, the cancer cannot usually be treated curatively and so alongside this, women are required to adjust to an unknown prognosis and often significantly shortened survival. A lot of existing research into breast cancer excludes women with more advanced diagnoses, leading to a gap in the literature where less is known about how to best understand and support women with the most advanced disease.

A current trainee project in progress uses qualitative methods (Interpretive Phenomenological Analysis) to explore the experience of living with metastatic breast cancer and the impact this has on identity. Several women have come forward to share their experiences and recruitment has gone well. Analysis is in progress and there is rich and meaningful data which has led to conversations about projects that might extend or follow on from this one. For example, there is potential scope to focus on living with metastatic breast cancer and the impact on womanhood, motherhood, experiences of care, or family, carer or staff perspectives.

Both supervisors have clinical experience working with this group and are keen to develop research in this area. We would also be open to considering broader research ideas within the areas of breast cancer if this was of interest.

Main Research Question/s

The experiences of living with metastatic breast cancer and the impact on: womanhood or motherhood or receiving care

The experiences of family members, carers, healthcare staff caring for people living with metastatic breast cancer

These are tentative questions, to be further discussed or worked up with trainee and supervisors should there be interest in the project

Proposed Methods

Likely qualitative methods, but driven by best methodological approach to answer research question when this is more fully defined. There is scope to work with supervisors to define the area of focus and therefore the methodological approach.

Suggested Further Reading

- Ginter, A. C. (2020). “The day you lose your hope is the day you start to die”: Quality of life measured by young women with metastatic breast cancer. Journal of Psychosocial Oncology, 38(4), 418-434. DOI: 10.1080/07347332.2020.1715523

- Visovsky C, Marshall VK, Moreno M, Advani P, Mussallem D & Tofthagen C. (2025). The sharks are circling: a qualitative study of living with metastatic breast cancer. Journal of Cancer Survivorship 19 (1), 407-413. DOI: 10.1007/s11764-023-01476-0

Contact email for trainee queries and arranging post Fair meetings

amy.carroll@uea.ac.uk & lauren.hickling@nnuh.nhs.uk

Caregiver experience, cognitive and behavioural impairment in MND

Supervisory Team and Collaborators

Dr Amy Carroll

Dr Ratko Radakovic

Background

Motor Neuron Disease (MND) is a progressive, neurodegenerative condition. Up to 50% of people living with MND with can experience cognitive (e.g. executive dysfunction, social cognitive difficulties, verbal fluency deficit) and behavioural impairment (e.g. apathy, disinhibition, loss of sympathy/empathy), which have been liked to poorer wellbeing, quality of life and prognosis. There is evidence of these difficulties generally negatively associating with caregiver experience, in terms of burden or strain, as well as caregivers quality of life and wellbeing. However, the intricacies of specific cognitive and behavioural impairments and how they related to caregiver experiences have not been thoroughly explored.

Main Research Question/s

How do specific behavioural and/or cognitive impairments relate to caregiver experience?

Proposed Methods

Two possible methodological approaches (both preceded by a systematic review relevant to the topic):

- Cross sectional study (analysis of existing cohort data TBC)
- A meta-analysis (e.g. meta-regression, meta-correlation, pooled prevalence)

Suggested Further Reading

1. Abrahams, S. (2023). Neuropsychological impairment in amyotrophic lateral sclerosis–frontotemporal spectrum disorder. Nature Reviews Neurology, 19(11), 655-667.
2. Beeldman, E., Raaphorst, J., Twennaar, M. K., de Visser, M., Schmand, B. A., & de Haan, R. J. (2016). The cognitive profile of ALS: a systematic review and meta-analysis update. Journal of Neurology, Neurosurgery & Psychiatry, 87(6), 611-619.
3. De Wit, J., Bakker, L. A., Van Groenestijn, A. C., Van Den Berg, L. H., Schröder, C. D., Visser-Meily, J. M., & Beelen, A. (2018). Caregiver burden in amyotrophic lateral sclerosis: a systematic review. Palliative medicine, 32(1), 231-245.
4. Raaphorst, J., Beeldman, E., De Visser, M., De Haan, R. J., & Schmand, B. (2012). A systematic review of behavioural changes in motor neuron disease. Amyotrophic Lateral Sclerosis, 13(6), 493-501.

Contact email for trainee queries and arranging post Fair meetings

Amy.Carroll@uea.ac.uk

Examining the impact of androgen deprivation therapy, sexual wellbeing and self-compassion on quality of life for men with prostate cancer

Supervisory Team and Collaborators

Dr Sarah Fish

Dr Beth Roughsedge (NNUH)

Background

Androgen deprivation therapy (ADT) for prostate cancer impacts sexual function, wellbeing, and quality of life. While psychological flexibility recently has been studied (Chowdhury et al., 2024), little is known about the role of self compassion. Exploring this gap is important for clinical psychology to inform interventions that help strengthen quality of life.

Main Research Question/s

What is the association between sexual wellbeing and quality of life in patients undergoing androgen deprivation therapy, and how does self-compassion influence this relationship?

Proposed Methods

- Cross-sectional quantitative survey design.
- Participants would be men who self-identify having prostate cancer and having taken ADT
- Recruitment via social media, charities, and online communities
- Measures would include gathering demographic information (e.g., health/medication status), self reported measures designed to examine sexual wellbeing, quality of life, self compassion, distress
- Analysis may be examining associations via regression models

Suggested Further Reading

- Cappuccio, F., Buonerba, C., Scafuri, L. et al. Study on the Impact of Hormone Therapy for Prostate Cancer on the Quality of Life and the Psycho-Relational Sphere of Patients: ProQoL. Oncol Ther 13, 233–249 (2025). https://doi.org/10.1007/s40487-024-00313-3
- Cha, J.E., Boggiss, A.L., Serlachius, A.S. et al. A Systematic Review on Mediation Studies of Self-Compassion and Physical Health Outcomes in Non-Clinical Adult Populations. Mindfulness 13, 1876–1900 (2022). https://doi.org/10.1007/s12671-022-01935-2
- Chowdhury, E., Horrocks, T., McAteer, G., & Gillanders, D. (2024). Examining the impact of androgen deprivation therapy, masculine self-esteem, and psychological flexibility on distress and quality of life in men with prostate cancer. Psycho-oncology, 33(1), e6277. https://doi.org/10.1002/pon.6277
- Lennon, J., Hevey, D., & Kinsella, L. (2018). Gender role conflict, emotional approach coping, self-compassion, and distress in prostate cancer patients: A model of direct and moderating effects. Psycho-oncology, 27(8), 2009–2015. https://doi.org/10.1002/pon.4762
- Kinnaird, W., Schartau, P., Kirby, M., Jenkins, V., Allen, S., & Payn, H. (2025). Sexual dysfunction in prostate cancer patients according to disease stage and treatment modality. Clinical Oncology, 41, 103801 DOI: 10.1016/j.clon.2025.103801
- Prostate Cancer UK – Sexual Wellbeing Hub

Contact email for trainee queries and arranging post Fair meetings

sarah.fish@uea.ac.uk

Exploring the Psychological and Relational Impact of Androgen Deprivation Therapy in Men with Prostate Cancer and Their Partners: A Qualitative Study

Supervisory Team and Collaborators

Dr Sarah Fish

Dr Beth Roughsedge (NNUH)

Background

This qualitative study will complement a quantitative arm (or as a stand alone study) by examining the lived psychological experiences of men undergoing ADT and their partners, providing deeper insight into how treatment affects both individuals psychologically and relationally. The study will aim to meet a gap in the literature by particularly focusing on underrepresented groups and by also capturing partner perspectives.

Main Research Question/s

How do men undergoing androgen deprivation therapy (ADT) for prostate cancer, and their partners, experience its psychological and relational impact?

Proposed Methods

- Qualitative design, using semi structured interviews
- Participants are men living with prostate cancer who have undergone ADT and their partners
- Purposeful sampling by inviting those who completed the survey (quantitative study) to participate in separate semi structured interviews (60–90 minutes). Is could be that there are joint interviews (dyadic) and/or separate interviews to capture both shared and individual perspectives. Topics could include psychological distress, identity changes, sexual wellbeing, relational dynamics, partner support, coping strategies.
- Analysis suggested to be reflexive thematic analysis

Suggested Further Reading

Binks, L., Drury-Smith, H., & Holborn, C. (2022). The psychological impact of prostate cancer after treatment: A critical review of the literature. Journal of Radiotherapy in Practice, 21(4), 576–585. https://doi.org/10.1017/S1460396921000455
Charlick, M., Murphy, M., Murphy, B., Ettridge, K., O'Callaghan, M., Sara, S., Jay, A., & Beckmann, K. (2025). Sexual wellbeing support for men with prostate cancer: A qualitative study with patients. Translational Andrology and Urology, 14(4), 913–927. https://doi.org/10.21037/tau-2024-682
Jacques, L., Drury-Smith, H., & Holborn, C. (2021). The psychological impact of prostate cancer after treatment: A critical review of the literature. Journal of Radiotherapy in Practice, 21, 1–10. https://doi.org/10.1017/S1460396921000455
Ma, H., Cariola, L., & Gillanders, D. (2025). Exploring the role of psychological flexibility in relationship functioning among couples coping with prostate cancer: A cross-sectional study. Supportive Care in Cancer, 33, 186. https://doi.org/10.1007/s00520-025-09229-8
Mainwaring, J. M., Walker, L. M., Robinson, J. W., Wassersug, R. J., & Wibowo, E. (2021). The psychosocial consequences of prostate cancer treatments on body image, sexuality, and relationships. Frontiers in Psychology, 12, 765315. https://doi.org/10.3389/fpsyg.2021.765315
Mumuni, S., O'Donnell, C., & Doody, O. (2024). The experiences and perspectives of persons with prostate cancer and their partners: A qualitative evidence synthesis using meta-ethnography. Healthcare, 12(15), 1490. https://doi.org/10.3390/healthcare12151490

Papadopoulou, C., & Schubach, K. (2020). Promoting sexual well-being for men and their partners affected by prostate cancer. Seminars in Oncology Nursing, 36(4), 151053. https://doi.org/10.1016/j.soncn.2020.151053
Walnut. (n.d.). LGBT Walnut: Support group for LGBT people in the UK with prostate cancer. Retrieved December 8, 2025, from https://www.walnutprostatecancer.org.uk

Contact email for trainee queries and arranging post Fair meetings

sarah.fish@uea.ac.uk

Obesity and Menopause: examining the role of stigma, distress, and healthcare avoidance in women

Supervisory Team and Collaborators

Dr Sarah Fish

Dr Sally Erskine MED

Background

Obesity and menopause intersect, increasing health risks and influenced by social disparities. Women with obesity experience greater stigma and distress, and reduced care seeking, while menopause itself is stigmatised, and mwomen do not seek help. Research rarely examines their combined psychological impact, leaving a critical gap in women's health. The area of study has plenty of freedom to branch into various directions, below are some ideas.

Main Research Question/s

How does internalized weight stigma during menopause associate with psychological distress and healthcare avoidance among women with obesity?

Proposed Methods

- Cross-sectional quantitative survey design.
- Participants are women (aged 40–65), self-identified as experiencing perimenopausal or postmenopausal, with BMI ≥ 30
- Sampling method via social media, charities, and online communities
- Measures to include demographics, measures designed to assess levels of internalized weight stigma, Psychological distress, Menopause symptoms, Healthcare avoidance
- Analysis could using regression models

Suggested Further Reading

Alimoradi, Z., Golboni, F., Griffiths, M. D., Broström, A., Lin, C. Y., & Pakpour, A. H. (2020). Weight-related stigma and psychological distress: A systematic review and meta-analysis. Clinical Nutrition, 39(7), 2001–2013. https://doi.org/10.1016/j.clnu.2019.10.016

Alyami, M. M., Alshammari, K. A., Al-Mutawa, M., & Alzahrani, H. A. (2025). Weight perceptions and psychological well-being in young adults: Mediating roles of dispositional gratitude, body appreciation, and weight self-stigma. Journal of Eating Disorders. https://doi.org/10.1186/s40337-025-01489-3

Astellas. (2025). New research reveals impact of menopause stigma.

Brown, A., Flint, S. W., & Batterham, R. L. (2022). Pervasiveness, impact and implications of weight stigma. eClinicalMedicine, 47, 101408. https://doi.org/10.1016/j.eclinm.2022.101408

Mathialagan, S., Lau, P. L., & Abdullah, H. S. L. (2025). The impact of weightism and weight self-stigma on obese population: A systematic review. Sage Open, 15(1). https://doi.org/10.1177/21582440251325322

Novo Nordisk Global. (n.d.). The menopause shift: How obesity can change the experience. Truth About Weight.

Prunty, A., Hahn, A., O'Shea, A., Edmonds, S., & Clark, M. K. (2022). Associations among enacted weight stigma, weight self-stigma, and multiple physical health outcomes, healthcare utilization, and selected health behaviors. International Journal of Obesity. https://doi.org/10.1038/s41366-022-01139-3

Contact email for trainee queries and arranging post Fair meetings

sarah.fish@uea.ac.uk

Lived Experiences of Obesity and Menopause: Exploring the Psychological Impact of Stigma, Health Care Engagement and Wellbeing

Supervisory Team and Collaborators

Dr Sarah Fish

Dr Sally Erskine MED

Background

Obesity and menopause are both stigmatized and under researched in combination. This study could importantly offer rich, contextualized accounts of lived experience, giving voice to women's experiences, capturing the nuances of weight stigma, distress, and healthcare engagement in the context of menopause. This could be a stand-alone study, or in parallel with the quantitative arm of the study and will increase understanding of women living with obesity and menopause. Findings could contribute to inform stigma aware, menopause sensitive clinical psychology interventions.

Main Research Question/s

How do women living with obesity experience the psychological impact of menopause, including stigma, healthcare engagement, and wellbeing?

Proposed Methods

- Qualitative design, using semi structured interviews
- Participants are women aged 40–65, perimenopausal or postmenopausal, with BMI ≥ 30
- Inviting those who completed the survey (quantitative study) to participate in separate semi structured interviews (60–90 minutes). If a stand-alone study (not associated with quantitative proposed study) then suggested to recruit directly from social media, charities, and online communities. Topics could include experiences of menopause, weight stigma, psychological distress, healthcare interactions, coping strategies
- Reflexive thematic analysis of interviews.

Suggested Further Reading

Alimoradi, Z., Golboni, F., Griffiths, M. D., Broström, A., Lin, C. Y., & Pakpour, A. H. (2020). Weight-related stigma and psychological distress: A systematic review and meta-analysis. Clinical Nutrition, 39(7), 2001–2013. https://doi.org/10.1016/j.clnu.2019.10.016
Alyami, M. M., Alshammari, K. A., Al-Mutawa, M., & Alzahrani, H. A. (2025). Weight perceptions and psychological well-being in young adults: Mediating roles of dispositional gratitude, body appreciation, and weight self-stigma. Journal of Eating Disorders. https://doi.org/10.1186/s40337-025-01489-3
Astellas. (2025). New research reveals impact of menopause stigma.
Brown, A., Flint, S. W., & Batterham, R. L. (2022). Pervasiveness, impact and implications of weight stigma. eClinicalMedicine, 47, 101408. https://doi.org/10.1016/j.eclinm.2022.101408
Mathialagan, S., Lau, P. L., & Abdullah, H. S. L. (2025). The impact of weightism and weight self-stigma on obese population: A systematic review. Sage Open, 15(1). https://doi.org/10.1177/21582440251325322
Novo Nordisk Global. (n.d.). The menopause shift: How obesity can change the experience. Truth About Weight.
Prunty, A., Hahn, A., O'Shea, A., Edmonds, S., & Clark, M. K. (2022). Associations among

enacted weight stigma, weight self-stigma, and multiple physical health outcomes, healthcare utilization, and selected health behaviors. International Journal of Obesity. https://doi.org/10.1038/s41366-022-01139-3

Contact email for trainee queries and arranging post Fair meetings

sarah.fish@uea.ac.uk

What are the views of people with widespread pain undergoing surgery, on recovery from surgery and what contributes to this?

Supervisory Team and Collaborators

Dr Emma Harrold

Background

Recovery after surgery refers to "the period of time following a surgical procedure during which the patient's body heals and returns to its normal state" indicated by presence or absence of pain or other complications, length of stay, and medication use. Patient outcomes of surgery may be improved with greater preparation before surgery, particularly for people with presenting issues such as persistent pain. Interventions such as 'fit for surgery' offer physiotherapy support however there is a lack of psychologically informed approaches. Whilst there is evidence that body healing may be aided by reducing psychological factors such as stress, there is a need to explore and understand patient's individual lived experiences and views on good recovery after surgery and what contributes to this.

Main Research Question/s

What are the views of people with widespread pain undergoing surgery on recovery from surgery and what contributes to this?

Proposed Methods

This study would use primarily qualitative methods. We anticipate that it would involve reflexive thematic analysis of semi structured interviews with patients who have received a pain management programme prior to subsequent knee replacement or arthroscopic hip surgery.

Suggested Further Reading

- Cabilan CJ, Hines S, Munday J. The Impact of Prehabilitation on Postoperative Functional Status, Healthcare Utilization, Pain, and Quality of Life: A Systematic Review. Orthop Nurs. 2016 Jul-Aug;35(4):224-37
- Levett, D., & Grimmett, C. (2019). Psychological factors, prehabilitation and surgical outcomes: evidence and future directions. Anaesthesia, 74, 36-42. https://doi.org/10.1111/anae.14507
- Nania C, Noyek SE, Soltani S, Katz J, Fales JL, Birnie KA, Orr SL, McMorris CA, Noel M. Peer Victimization, Posttraumatic Stress Symptoms, and Chronic Pain: A Longitudinal Examination. J Pain. 2024 Sep;25(9):104534. doi: 10.1016/j.jpain.2024.104534. Epub 2024 Apr 12. PMID: 38615800.

Contact email for trainee queries and arranging post Fair meetings

emma.harrold2@nhs.net

Exploring staff experiences of pain service delivery for racially minoritised patients with chronic pain

Supervisory Team and Collaborators

Dr Harriet Johnson

Dr Rachel Russell

Background

Recent literature suggests that health inequalities perpetuate for individuals from minoritised ethnic backgrounds living with chronic pain (Bull, Young & Malpus, 2022) and there is an urgent call to improve access to UK chronic pain services (Leach, et al., 2024). Just as it is understood that pain experience and pain management decisions are shaped by individuals' cultural beliefs, it is becoming acknowledged that clinicians' own beliefs, cultural bias, and pain service set-up affects treatment decisions for patients from minoritised ethnic backgrounds. Research is starting to highlight a lack of understanding around cross-cultural and cross-linguistic pain communication (Kim, Nguyen, Yoo & Bartholomew, 2024).

A recent service evaluation of a local NHS pain clinic (Davies, 2023) found that patients from South-Asian cultures were significantly less likely to proceed to 1:1 and group psychology and pain management programmes. Additionally, anecdotal evidence exists that multi-disciplinary staff feel a lack of time, resource, and difficulty translating psychological aspects of pain service delivery, are potential barriers to accessibility. More in-depth exploration of staff and patient experience is needed in order to create equitable pain services, locally and nationally.

Main Research Question/s

What are the experiences, considerations and challenges, of pain clinic staff in treatment planning for patients from minoritised ethnic backgrounds?

Proposed Methods

Qualitative study using Thematic Analysis or Interpretive Phenomenological Analysis (IPA).
PPI to be included at different stages of the project.
Supervisors, Harrie and Rachel, welcome discussion on shaping this project.

Suggested Further Reading

Bull E, Young D, Etchebarne A, Malpus Z. Understanding ethnic minority service user experiences of being invited to and attending group pain programmes: A qualitative service evaluation. British Journal of Pain. 2022;17(1):58-70.

Emerson, A. J., Chandler, L. E., Oxendine, R. H., Huff, C. M., Harris, G. M., Baxter, G. D., & Wonsetler Jones, E. C. (2022). Systematic review of clinical decision-makers' attitudes, beliefs, and biases that contribute to a marginalized process of care in persistent musculoskeletal pain. Part II: case vignettes. Physical Therapy Reviews, 27(2), 135–150. https://doi.org/10.1080/10833196.2021.2000289

Leach E, Ndosi M, Jones GT, Ambler H, Park S, Lewis JS. Access to Chronic Pain Services for Adults from Minority Ethnic Groups in the United Kingdom (UK): a Scoping Review. J Racial Ethn Health Disparities. 2024 Dec;11(6):3498-3508. doi: 10.1007/s40615-023-01803-2. Epub 2023 Oct 16. PMID: 37843777; PMCID: PMC11564250.

Kim, S., Nguyen, N., Yoo, H., & Bartholomew, T. (2025). “I can’t think in English when I hurt so bad”: the phenomenology of racial and linguistic minority chronic pain patients’ experience with pain communication. Counselling Psychology Quarterly, 38(4), 575–600. Https://doi.org/10.1080/09515070.2024.2431115

Contact email for trainee queries and arranging post Fair meetings

Harriet.Johnson@nnuh.nhs.uk / r.russell@uea.ac.uk

The Clinical Impact of Facial Paralysis on Emotional Processing and Social Interaction

Supervisory Team and Collaborators

Dr Stephanie Rossit

Dr Fergus Gracey, Dr Mintao Zhao

Dr Monica Fawzy

Background

Facial expressions play a central role in emotional communication, social connection, and everyday interpersonal interaction. For individuals with facial paralysis, producing typical facial movements is difficult or impossible, which can profoundly affect both how they express emotion and how others interpret their emotional states. Research shows that people with facial palsy often experience misunderstandings in social settings, reduced social confidence, and increased risk of social isolation. Difficulties may arise not only from the reduced ability to convey emotions outwardly, but also from challenges in interpreting emotional expressions in others—possibly due to disrupted sensorimotor feedback or long-term adaptations in visual processing.

Dr Zhao’s work using static images, dynamic videos, and naturalistic social stimuli suggests that emotion recognition is a complex, multimodal process and he has developed a new paradigm that may be sensitive to impairments in individuals with facial palsy. Dynamic cues, such as movement of the mouth or eyes, appear particularly important in supporting accurate emotion perception, and people with facial paralysis may rely more heavily on contextual cues or non-facial features when interpreting emotions. However, empirical evidence remains limited, especially in clinical populations, and it is unclear how disrupted facial feedback influences perceptual, cognitive, and social-emotional functioning more broadly.

Understanding the clinical impact of facial paralysis on emotional processing is crucial. People with facial palsy frequently report reduced social participation, anxiety in interpersonal situations, and challenges in forming or maintaining relationships. These difficulties often persist even when medical or surgical interventions improve facial movement. As such, there is growing recognition that psychological mechanisms - such as emotion perception, self-perception, and social cognition - play key roles in well-being and rehabilitation. More research is needed to clarify how facial paralysis shapes emotion recognition, social interaction, and lived experience, and to identify potential targets for psychological support and intervention.

This project aims to contribute to this evidence base by examining how facial paralysis affects emotional processing and exploring the broader social implications for individuals living with this condition.

Main Research Question/s

How does facial paralysis affect individuals’ ability to recognise emotions from static images, dynamic videos, and naturalistic social stimuli using Dr Zhao’s new multimodal emotion-processing paradigm?

Do individuals with facial palsy rely differently on dynamic cues, contextual information, or non-facial features when interpreting others’ emotions compared to people without facial paralysis?

Proposed Methods

People with facial palsy will be recruited from Dr Fawzy's facial palsy clinic at NNUH (NHS ethics already obtained) and their data will be compared to those without facial palsy.

Suggested Further Reading

Observer and stimulus factors jointly shape perceptual similarity of static and dynamic facial emotions
Manno, L., Ewing, L., Rossit, S., Bayliss, A. P., Zhou, G. & Zhao, M., 28 Oct 2025, (E-pub ahead of print) In: Cognition and Emotion. 18 p.
https://www.tandfonline.com/doi/full/10.1080/02699931.2025.2578697#abstract

Contact email for trainee queries and arranging post Fair meetings

s.rossit@uea.ac.uk

University of
East Anglia
Norwich

Norwich Medical School

The ClinPsyD Research Theme:

Neurodiversity, Developmental Disorders and Learning Disability

This research team covers a broad field of research concerning Neurodiversity (e.g. ADHD and autism) and people with Learning Disabilities (LD; or Intellectual Disabilities) and Developmental Disorders.

We are particularly interested in:

- Identifying ways to improve treatment outcomes (including for co-occurring mental health conditions)
- Understanding how professionals make decisions that impact the lives of people with LD or developmental disorders (and how they might make better ones).

We offer a range of research projects adopting a range of different methodologies including:

- Experimental methods – to help understand what might influence a clinical or professional decision
- Other quantitative methods for example survey designs, reviews of measures and outcomes in this population (including meta-analysis or reliability generalisation studies)
- Qualitative approaches to understand experience (for example in relation to service use or treatment experience)

The experiences of healthcare professionals involved in assessment and diagnosis of neurodivergence in children and young people.

Supervisory Team and Collaborators

Dr Leila Allen

Background

Introduced in 2018, the Right to Choose Pathway for Autism and ADHD assessments was designed to reduce waiting times by allowing individuals to select their assessment provider. In April 2019, there were 17,409 individuals waiting for an Autism assessment. In March 2025, this increased to 236, 225 people in England alone (NAS, 2025), indicating an increase of 1250%. This increase in demand for Autism assessments has consequently increased waiting times, with almost nine in ten individuals waiting longer than 13 weeks for an assessment (as recommended by the National Institute for Health and Care Excellence (NICE 2017).

It is hypothesised that healthcare professionals are facing pressures to complete assessments rapidly. Indeed, in recent years, there have been significant changes to the assessment and diagnostic process. For example, using telehealth to complete parts of the assessment which traditionally required in-person interaction (e.g., Autism Diagnostic Observation Schedule, ADOS), services relying on shorter and non-standardised tools informed by “gold standard” instruments, using AI for report writing, and clinicians completing multiple assessments a week (Spain et al., 2022). With these increasing pressures, teams of professionals may be required to make difficult diagnostic decisions with less time and resource. Research in this area is essential to explore the experiences of healthcare professionals who are involved in the assessment and diagnosis of neurodivergence in children and young people.

Main Research Question/s

This study aims to explore the experience of healthcare professionals who assess and diagnose neurodivergence.

Proposed Methods

Design: Qualitative, semi-structured interviews.

Participants:
Lead clinicians/clinicians with experience delivering diagnoses – likely to be largely Clinical Psychologists and Psychiatrists
Those who assess and diagnose autism, ADHD and/or both?
Maybe just families with children being assessed? Influence of systemic dynamics.

Recruitment:
Social media and relevant charities. Could also explore recruiting through NHS and private organisations.

Suggested Further Reading

See background information

Contact email for trainee queries and arranging post Fair meetings

leila.allen@uea.ac.uk

The experiences of neurodivergent children and young people in accessing and receiving trauma-focused therapies

Supervisory Team and Collaborators

Dr Leila Allen

Background

Neurodivergent children and young people often face unique challenges in accessing and engaging with trauma-focused therapies. Navigating complex mental health systems with limited information and a lack of clarity regarding processes has been documented for neurodiverse individuals and their families (Babalola et al., 2024). Despite increasing recognition of the prevalence of trauma within neurodivergent populations, little research has explored their lived experiences of therapeutic provision. The Lancet Commission on Autism highlights that services are frequently not designed with neurodivergent needs in mind, leading to feelings of exclusion, misdiagnosis, and ineffective interventions (Lord et al., 2021). Moreover, neurodivergent individuals may process and express trauma differently, with sensory sensitivities, neurobiological predispositions, and co-occurring psychiatric conditions complicating diagnosis and treatment (Peterson et al., 2019). Research in this area is therefore pivotal to explore the experiences of neurodivergent individuals who have accessed trauma-focused therapies, ensuring their voices inform the development of neuroaffirmative clinical practice.

Why does this project matter?

Higher vulnerability: Neurodivergent children are disproportionately exposed to trauma, including bullying, abuse, and systemic exclusion.

Barriers to access: Standard trauma therapies (e.g., CBT, EMDR) often assume neurotypical communication and processing styles, making them less accessible.

Need for adaptation: Evidence points to the importance of sensory accommodations, flexible pacing, and recognising overlapping trauma and neurodivergent traits.

Equity in care: Without tailored approaches, neurodivergent children risk misdiagnosis, disengagement, or possible re-traumatisation in therapy.

Main Research Question/s

This study aims to investigate how neurodivergent service users navigate barriers to access trauma-focused therapies, their perceptions of therapeutic processes, and the extent to which trauma-focused interventions meet their needs (or don't!).

Proposed Methods

Design: Qualitative, using semi-structured interviews, optional creative elicitation (e.g., drawing, storyboards). Might be worth considering dyadic interviews and involving parent/carers.

Participants: Neurodivergent individuals – may need to narrow down to autism, ADHD and/or AuDHD.

Recruitment: Social media and relevant charities. Could also explore recruiting through NHS and private organisations.

Suggested Further Reading

Tailoring therapy for neurodivergence | BPS

Adams, J. Autistic informed trauma practice: Moving away from trauma as a diagnostic label to understanding what has happened to a person. In Improving Mental Health Therapies for Autistic Children and Young People (pp. 71-78). Routledge.

Babalola, T., Sanguedolce, G., Dipper, L., & Botting, N. (2024). Barriers and facilitators of healthcare access for autistic children in the UK: A systematic review. Review Journal of Autism and Developmental Disorders, 1-29.

Lord, C., Charman, T., Havdahl, (2021). The Lancet Commission on the Future of Care and Clinical Research in Autism. The Lancet

Peterson, J. L., Earl, R. K., Fox, E. A., Ma, R., Haidar, G., Pepper, M., ... & Bernier, R. A. (2019). Trauma and autism spectrum disorder: Review, proposed treatment adaptations and future directions. Journal of child & adolescent trauma, 12(4), 529-547.

Vo, S., & Webb, L. (2024). Support for neurodivergent children and young people. UK Parliament [Internet], 24. https://doi.org/10.58248/PN733

Contact email for trainee queries and arranging post Fair meetings

leila.allen@uea.ac.uk

Prevention of Future Deaths in ASD, thematic review

Supervisory Team and Collaborators

Dr Lucy Fitton

Background

Prevention of Future Deaths (PFDs) Reports are provided by coroners in response to deaths where they consider action must be taken to prevent similar events reoccurring. Coroners have a responsibility to do this under the Coroners and Justice Act (2009) with all most all reports being published by the Chief Coroner. The report is issue to persons or organisations that are thought to have the power to act. There may be different causes of death depending on the individual case, although minclude suicide and homicides, which remain significant public health concerns.

A recent study explored PFDs Reports looking at themes within suicides (Wallace et al., 2024) and there has since been research looking at more specific samples such as suicide in children (Sharland et al. [in development]). As such, thematic analysis of PFDs Reports is recognised to be a feasible methodology that can yield useful information to improve safety and prevent deaths (Bremner et al., 2023; Leary et al., 2021).

Specific clinical diagnoses of the deceased are sometimes mentioned in the PFDs Reports, exploring reports by diagnoses could identify specific themes here. Neurodevelopmental conditions such as Autism Spectrum Disorder (ASD) have been identified in the suicide studies mentioned above, and the current project proposes to explore PFDs Reports in relation to this clinical presentation.

Mortality rates of people with ASD are known to exceed that of the general population (Hirvikoski et al., 2018), further information in this area could inform practice in this area and inform prevention strategies.

Main Research Question/s

The project would aim to:
Identify the number of PFDs Reports where autism or neurodevelopmental conditions were present
Explore themes within this including type of death, recipient of report (e.g. type of service or persons), type of primary concern, clinical characteristics, demographic characteristics and more
Expand understanding on preventable deaths in autism or neurodevelopmental conditions

Proposed Methods

Data to be used from the publicly available PFDs Reports, these can be searched for using relevant search terms e.g. autism

Coding and extraction methodology to be developed and informed by previous similar research

A mixture of qualitative and quantitative methodology. Coding can be used to form quantitative analyses. Qualitative methods could be a manifest content analysis methodology. Descriptive statistics may depend on data, but could include group comparisons and regression analyses.

Suggested Further Reading

see background

Contact email for trainee queries and arranging post Fair meetings

L.Fitton@uea.ac.uk

Trial of an adapted RHSE for Youth with IDD and anti-social behaviours – Keep Safe 4 All.

Supervisory Team and Collaborators

Dr Lucy Fitton

Background

Young people with IDD need to learn about relationships and sex so as to stay safe and healthy as they grow up. Such individuals have said they want to learn about adult relationships, taking responsibility, making choices, and finding a partner for a healthy relationship.

Knowledge gained through school sex education is believed to be key in promoting good sexual health and wellbeing. Sex education is associated with decreases in 'risky' sexual behaviours leading to later first-sexual experience and increased use of contraceptives, along with decreases in transmission of sexually transmitted diseases and unplanned or teenage pregnancies. As such, the Department for Education issued statutory guidance for relationship and sex education (RSE) in UK secondary schools from September 2021, with a 2025 update.

Delivery of relationships and sex education (RSE) to young people with LD/autism is often poor or inconsistent, lacking clear links to theory, and/or is too complex for the student. There is evidence to suggest a dearth of teachers able or willing to deliver personal, health and social education (PHSE) in mainstream secondary schools, with special school staff feeling further ill-equipped to deliver such education.

As such, this group of young people with SEN are less likely to receive high quality relationship and sex education (RSE). For example, students with autism/LD and SEN demonstrate poorer knowledge of sex and relationships than others without disabilities, are at increased risk of sexual abuse or exploitation, are over-represented in youth populations displaying risky or 'harmful' behaviours, score higher in levels of loneliness and are less likely to develop healthy, 'close' friendships and relationships. As a consequence, they experience inequality in the potential for attaining good sexual health.

Why does this project matter?

Sexual and reproductive health is a human right and global health initiative, with the sexual rights of individuals with IDD protected under the United Nations Convention on the Rights of Persons with Disabilities.

UK policy highlights the importance of sexual health and early education interventions, for example, the UK's Department for Health's Sexual Health Improvement policy in England, as well as Public Health England's Health matters: Prevention – a life course approach. Both UK policies recognise children and young people, and those with intellectual and developmental disabilities, as vulnerable, making those who fall within both groups (young, with disabilities) particularly at risk in sexual health matters.

To address such increased risks and vulnerabilities, there is a need for timely, meaningful and relevant RSHE to lessen the need for later, re-active, higher intensity healthcare treatment addressing sexual health and/or associated mental health problems. For example, poor sexual health, can have negative impacts ranging from sexually transmitted diseases and unplanned pregnancy to maladaptive use of pornography and social media, poor intimacy skills and loneliness, as well as sexual violence and abuse. Sexuality in those with LD/autism is frequently denied, minimised or pathologized, with sex education for those with IDD historically a low curriculum priority, with few manualised, evidenced-based programmes available for professionals and education staff to employ.

Main Research Question/s

To explore the acceptability[1] and utility[2] of two modules from an evidenced-based clinical therapy programme for sexual behaviour, to be run as a stand-alone RSHE for CYP with IDD.

To explore the feasibility and acceptability of delivery of KS4A professionals, parents and CYP with IDD.

To understand pupil, educators and parent/carer experiences of KS4A.

To explore the promise of KS4A as a primary intervention for sexual health and wellbeing by collecting data from the participants on five measures assessing sexual knowledge, mental health and behaviour, quality of life and emotional responding.

Proposed Methods

A single case-study design or small qualitative study (depending on service/access to participants) trialling an 18-20 week adapted RHSE manualised CBT programme on a 1:1 or group basis for young people with IDD/SEN (IQ. 55-85/moderate-borderline).

Suggested Further Reading

see background information

Contact email for trainee queries and arranging post Fair meetings

l.fitton@uea.ac.uk

Balancing Risk and Freedom: Perspectives on Risk Management in Prader-Willi Syndrome

Supervisory Team and Collaborators

Dr Tylah Nunes

Background

People with Prader-Willi Syndrome tend to have learning disabilities and experience extreme insatiable hunger (hyperphagia) which places them at higher risk of experiencing obesity, other conditions associated with significant morbidity and early mortality. There is some research into approaches to managing risks and health needs of people with Prader-Willi Syndrome in a way which allows for some mutual decision making. However, these studies have not been completed on a UK population, where there are different legal and social care contexts. Additionally, few studies have included the voices of people with Prader-Willi Syndrome. The aim of the study is to view how people with Prader-Willi Syndrome and their carers experience the balance between independence and restriction in terms of the management of risky behaviours. Recruitment will take place via the Prader-Willi Syndrome Association UK (PWSA UK), a charity for people living with Prader-Willi Syndrome and their families and Consensus Support, a supported living service for people with Prader-Willi syndrome.

Findings aim to inform best-practice guidelines that respect individual rights while addressing clinical and environmental risks, contributing to a more nuanced understanding of risk management in rare neurodevelopmental conditions.

Main Research Question/s

The aim of the study is to view how people with Prader-Willi Syndrome and their carers experience the balance between independence and restriction in terms of the management of risky behaviours. Recruitment will take place via the Prader-Willi Syndrome Association UK (PWSA UK), a charity for people living with Prader-Willi Syndrome and their families and Consensus Support, a supported living service for people with Prader-Willi syndrome

Proposed Methods

Qualitative - Semi-structured interviews will be conducted and analysed through TA/IPA.

Quantitative – If interested in the topic there is the potential to take a quantitative approach through administering measures of autonomy (Basic Psychological Needs Scale/ARC Self-Determination Scale) and comparing with Quality-of-Life measures (PROMIS).

Suggested Further Reading

Allen, K. (2011). Managing Prader–Willi syndrome in families: An embodied exploration. Social Science &Amp; Medicine, 72(4), 460-468. https://doi.org/10.1016/j.socscimed.2010.11.032

van Hooren, R. H. van, Widdershoven, G. A. M., Borne, H. W. van den, & Curfs, L. M. G. (2002). Autonomy and intellectual disability: the case of prevention of obesity in Prader–Willi syndrome. Journal of Intellectual Disability Research, 46(7), 560-568. https://doi.org/10.1046/j.1365-2788.2002.00426.x

van Hooren, R. H., Widdershoven, G. A. M., van der Bruggen, H., van den Borne, H. W., & Curfs, L. M. G. (2005). Values in the care for young persons with Prader–Willi syndrome: creating a meaningful life together. Child: Care, Health and Development, 31(3), 309-319.

https://doi.org/10.1111/j.1365-2214.2005.00502.x

van Hooren, R. H., Widdershoven, G. A., Candel, M. J., van den Borne, B. W., & Curfs, L. M. (2006). Between control and freedom in the care for persons with Prader-Willi syndrome: An analysis of preferred interventions by caregivers. Patient Education and Counseling, 63(1-2), 223-231. https://doi.org/10.1016/j.pec.2005.11.004

Schwartz, L., Vrana-Diaz, C. J., Bohonowych, J. E., Matesevac, L., & Strong, T. V. (2025). Life Satisfaction, Global Health and Mood in Prader–Willi Syndrome: Use of PROMIS and Glasgow Depression Scales. Journal of Applied Research in Intellectual Disabilities, 38(2). https://doi.org/10.1111/jar.70053

Contact email for trainee queries and arranging post Fair meetings

t.nunes@uea.ac.uk

Exploring the content validity, face validity and perceived usability of the Manualised Group Intervention Check (MAGIC)

Supervisory Team and Collaborators

Dr Tylah Nunes

Background

The CTR is currently used to assess the competency of CBT therapists in training. The BABCP are looking for other tools which are appropriate to use with clinical populations where CBT skills require adaptations to the person's cognitive abilities. One such assessment developed for people with Learning Disabilities is the MAnualised Group Intervention Check (MAGIC) which was designed for use with people with Learning Disabilities. Thus far, there have been few studies of its usefulness. The aim of the research project would be to identify clinicians' and trainees' perspectives on each item.

Main Research Question/s

Establishing content validity, face validity, and usability of the MAGIC ensures it is both theoretically sound and practical to use. This supports the training of CBT skills for clinicians working with people with learning disabilities whilst also maintaining high standards and replicability of approach.

Proposed Methods

Mixed Methods - Feedback through online form will be collected from experts with experience of assessing competence and from novices with limited CBT experience who are likely to use the tool to rate their own competence. Face and content validity will be measured through ratings of relevance and clarity of each time. Usability will be assessed through rating of ease of use, overall style, appearance and layout, appropriateness of the scoring system, whether the tool provides adequate opportunity for in-depth feedback. Qualitative feedback will be sought where scores are low. Recruitment will take place through the BABCP who provide training and supervision to people using CBT.

Qualitative approach – An alternative approach may be in using a Delphi methodology to assess each of the items of the MAGIC.

Suggested Further Reading

Jahoda, A., Willner, P., Rose, J., Kroese, B. S., Lammie, C., Shead, J., Woodgate, C., Gillespie, D., Townson, J., Felce, D., Stimpson, A., Rose, N., MacMahon, P., Nuttall, J., & Hood, K. (2013). Development of a scale to measure fidelity to manualized group-based cognitive behavioural interventions for people with intellectual disabilities. Research in Developmental Disabilities, 34(11), 4210-4221. https://doi.org/10.1016/j.ridd.2013.09.006

Contact email for trainee queries and arranging post Fair meetings

t.nunes@uea.ac.uk

How do clinicians judge the risk of admission? / Validity of the DSD Clinical Support tool for assessing risk of admission

Supervisory Team and Collaborators

Dr Tylah Nunes

Background

People with a Learning Disability and/or Autism who are identified as being at risk of admission are referred to their local Dynamic Support Register (DSR). The recommended process to determine whether a person should be included on a DSR is through the Dynamic Support Database - Clinical Support Tool (DSD-CST). The DSD-CST was developed by Cheshire and Wirral NHS Foundation Trust. The tool comprises of 19 items. The scores are weighted to reflect the extent to which each question is an indicator of increased risk of admission. It provides an overall RAG (red, amber, and green) rating which reflects current levels of risk of admission to inpatient services. Both child and adult versions of the tool are available (NHS England, 2019).

There have, however, been limited studies on the properties of the DSD-CTS as a means for assessing likelihood of admission in people with a Learning Disability and Autism. Bohen & Woodrow (2020) looked at inter-rater reliability and found that 30 individuals completed 60 rating tools, showing 95% consistency across raters. Mottershead & Woodrow (2019) asked 50 clinicians to rate the overall ease of use (90%), utility (60%), face-validity (66%), and likelihood of recommendation (78%). Further assessment is needed to determine how clinicians decide whether a person with a Learning Disability or Autism is at risk of admission and whether the DSD-CST is an accurate measure of risk of admission.

Why does it matter? Healthcare policy over the last 10 years in England has consistently aimed to improve the quality of care and support experienced by people with learning disabilities and reduce over-reliance on inpatient admissions (Transforming Care, 2015). While there is some evidence to suggest the combination of a DSD-CST and particular service model showed a reduction in admissions, there are several limitation of this project, such as comparing two different time frames and not distinguishing between the DSD-CST and the service model (Woodrow et al, 2025). There is evidence to suggest that risk stratification has not reduced admission rates in people with learning disabilities (James, Hatton & Brown, 2017). Decisions around admission have major implications for patient safety, resource allocation, and continuity of care. Understanding how clinicians make these judgments helps identify biases, heuristics, and gaps in reasoning that could lead to inconsistent or unsafe decisions. Ensuring that decisions regarding admissions are made in a standardised, valid and reliable manner will reduce variability, enhance transparency, accountability and allow for judgements to be made on the basis of evidence.

Main Research Question/s

Further assessment is needed to determine how clinicians decide whether a person with a Learning Disability or Autism is at risk of admission and whether the DSD-CST is an accurate measure of risk of admission.

Proposed Methods

Qualitative - To examine how clinicians judge the risk of admission and views of the items within the DSD-CST through interviews or Delphi methodology.

Quantitative – To experimentally explore factors influencing clinician's judgements of likelihood of admission.

Suggested Further Reading

Bohen, F., & Woodrow, C. (2020). Dynamic support database clinical support tool: inter-rater reliability. Advances in Mental Health and Intellectual Disabilities, 14(2), 25-32. https://doi.org/10.1108/amhid-09-2019-0027

Mottershead, T., & Woodrow, C. (2019). Practicality, utility and face-validity of the dynamic support database. Advances in Mental Health and Intellectual Disabilities, 13(5), 228-236. https://doi.org/10.1108/amhid-04-2019-0009

Woodrow C, Eick H, Vaughan S, Odiyoor M (2025;), "Assessing the impact of stratification of admission need and intensive support on inpatient admissions for people with intellectual disabilities". Advances in Mental Health and Intellectual Disabilities, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/AMHID-08-2025-0034

Tool: DSD Clinical Support Tool - Child.doc

James E, Hatton C, Brown M (2017), "Variation in rates of inpatient admissions and lengths of stay experienced by adults with learning disabilities in England". Tizard Learning Disability Review, Vol. 22 No. 4 pp. 211–217, doi: https://doi.org/10.1108/TLDR-02-2017-0010

Contact email for trainee queries and arranging post Fair meetings

t.nunes@uea.ac.uk

An exploration of the therapeutic relationship in psychological therapy with children and young people with learning disability: Parent/carer perspectives

Supervisory Team and Collaborators

Dr Rachel Russell

Background

There is a year 2 project already running looking at this question from the perspective of psychological professionals, and we now want to look at this from parent/carer perspectives

CYP with learning disability (LD) are at greater risk of experiencing mental health difficulties (Emerson and Hatton, 2007)

Therapeutic relationships have been found to increase motivation, trust and change in psychological interventions for CYP with LD (Attwood & Atkinson 2021; Boyden et al., 2012; Nuñez et al., 2022)

However, there are mbarriers for CYP with LD accessing psychological therapy and/or the services that provide this (National Development Team for Inclusion, 2012), which may impact on the development of therapeutic relationships

Whilst there is research exploring this for adults with LD, there is no research to the research team's knowledge looking at this in relation to CYP with LD

Given that parent/carers may be likely to be involved either directly or indirectly in psychological therapy for CYP with LD, they are an important stakeholder

Main Research Question/s

Understanding the complexities of therapeutic relationships for CYP with LD may help to facilitate reasonable adjustments in psychological therapy and increase accessibility to mental health services, key goals of: NHS Long Term Plan, (NHS England, 2019), Public Health England (2020) guidance for reasonable adjustments and is a legal requirement of the Equality Act (2010)

Proposed Methods

Qualitative research project

Interviews with parent/carers

Thematic analysis

Suggested Further Reading

Attwood, S., & Atkinson, C. (2021). Therapeutic support for young people with learning difficulties: what enables effective practice? Journal of Research in Special Educational Needs, 21(3). https://doi.org/10.1111/1471-3802.1251

Boyden, P., Muniz, M., & Laxton-Kane, M. (2012). Listening to the views of children with learning disabilities. Journal of Intellectual Disabilities, 17(1), 51–63. https://doi.org/10.1177/1744629512469923

Emerson, E., & Hatton, C. (2007). Mental health of children and adolescents with intellectual disabilities in Britain. British Journal of Psychiatry, 191(6), 493–499. https://doi.org/10.1192/bjp.bp.107.038729

National Development Team for Inclusion, Bates, P., Jr., Turner, S., Hersov, J., Emerson, E., Eley, A., & Macadam, A. (2012). Reasonably Adjusted? Mental Health Services and Support for People with Autism and People with Learning Disabilities. In Reasonably Adjusted? Mental Health Services for People With Autism and People With Learning Disabilities.

NHS England (2019). The NHS Long Term Plan. Available at: www.longtermplan.nhs.uk/publication/nhs-long-term-plan

Nuñez, L., Fernández, S., Alamo, N., Midgley, N., Capella, C., & Krause, M. (2022). The Therapeutic Relationship and Change Processes in Child Psychotherapy: a Qualitative, Longitudinal Study of the Views of Children, Parents and Professionals. Research in Psychotherapy: Psychopathology, Process and Outcome, 25(1). https://doi.org/10.4081/ripppo.2022.556

Contact email for trainee queries and arranging post Fair meetings

r.russell@uea.ac.uk

‘Unmasking’ following Adult Autism Diagnosis: A Qualitative Study

Supervisory Team and Collaborators

Dr Jasmine Taylor

Background

Masking/camoflauging can be defined as an “individuals' tendency to hide, suppress, or camouflage their autistic traits, autistic identity, or autism diagnosis” (Evans et al., 2024). It is reported to be associated with some perceived benefits, including ‘fitting in’ with others, or achieving a sense of social safety (Hull et al., 2017), but can have a consequence long-term on embracing identity, and may contribute to burnout, anxiety and low mood (Hull et al., 2017), which is highly prevalent in the autistic population (Micai et al., 2023). Thus far, little is known about the experiences of potential ‘unmasking’ following a late (adult) autism diagnosis, including if, why and how autistic adults ‘unmask’ following a diagnosis, and the potential psychosocial benefits and consequences of this.

Main Research Question/s

Findings from the project will further our understanding of the phenomenon of ‘unmasking’, and the potential benefits and consequences on identity and mental health. This understanding may help to inform post-diagnostic support for late diagnosed autistic adults in NHS services and more broadly.

Proposed Methods

Semi-structured interviews with late (adult) diagnosed autistic adults. Recruitment could be via NHS or charitable organisations. The project will use a qualitative analysis (e.g., thematic analysis, IPA).

Suggested Further Reading

Evans, J. A., Krumrei-Mancuso, E. J., & Rouse, S. V. (2024). What you are hiding could be hurting you: Autistic masking in relation to mental health, interpersonal trauma, authenticity, and self-esteem. Autism in Adulthood, 6(2), 229-240.

Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M. C., & Mandy, W. (2017). “Putting on my best normal”: Social camouflaging in adults with autism spectrum conditions. Journal of autism and developmental disorders, 47(8), 2519-2534.

Micai, M., Fatta, L. M., Gila, L., Caruso, A., Salvitti, T., Fulceri, F., ... & Scattoni, M. L. (2023). Prevalence of co-occurring conditions in children and adults with autism spectrum disorder: A systematic review and meta-analysis. Neuroscience & Biobehavioral Reviews, 155, 105436.

Contact email for trainee queries and arranging post Fair meetings

j.taylor10@uea.ac.uk

Predictors of Therapeutic Alliance for Autistic Adults

Supervisory Team and Collaborators

Dr Jasmine Taylor

Background

Research has identified that for autistic individuals, reasonable adjustments in therapy are more likely to yield effective outcomes, but clinicians' understanding of adaptations in therapy is mixed (Beecher et al., 2004). Milton's double empathy problem posits that social communication issues are bi-directional, and neurotypical therapists might experience difficulty understanding the social nuances of autistic people (Milton, 2012). In fact, some clinicians may unintentionally demonstrate an 'anti-autistic' bias (Darazsdi & Bialka, 2023) which may hinder therapeutic alliance. Thus far, there is a lack of research regarding the factors which might predict a positive therapeutic alliance for autistic adults. It is important that this is understood as therapeutic alliance is suggested as a strong predictor of therapy outcomes (Bachelor, 2013; Cameron et al., 2018).

Findings from the project will inform how therapists are trained in adapting therapy for autistic adults. This is particularly important given the high prevalence of mental health difficulties within this population and the need for 'mainstream' mental health services to meet the needs for autistic adults (as opposed to specialist services).

Main Research Question/s

Predictors of Therapeutic Alliance for Autistic Adults

Proposed Methods

There is scope for much of this to be developed by the trainee. Quantitative data will be collected e.g., demographics of patient, type of mental health condition they were referred for support with, previous support received. Demographics and job role of the therapist will also be recorded. Measures will be completed by patients and therapists e.g., Social Responsiveness Scale (SRS), and the Revised Vanderbilt Therapeutic Alliance Scale (VTAS-R). Analysis yet to be determined.

Suggested Further Reading

Bachelor, A. (2013). Clients' and therapists' views of the therapeutic alliance: Similarities, differences and relationship to therapy outcome. Clinical psychology & psychotherapy, 20(2), 118-135.

Cameron, S. K., Rodgers, J., & Dagnan, D. (2018). The relationship between the therapeutic alliance and clinical outcomes in cognitive behaviour therapy for adults with depression: A meta-analytic review. Clinical psychology & psychotherapy, 25(3), 446-456.

Darazsdi, Z., & Bialka, C. S. (2023). "Oh, you couldn't be autistic": Examining anti-autistic bias and self-esteem in the therapeutic alliance. Autism, 27(7), 2124-2134.

Milton, D. E. M. (2012). On the ontological status of autism: The 'double empathy problem'. Disability & Society, 27(6), 883–887.

Contact email for trainee queries and arranging post Fair meetings

j.taylor10@uea.ac.uk

Experiences of requesting and securing reasonable adjustments in healthcare following adult autism diagnosis: A qualitative study

Supervisory Team and Collaborators

Dr Jasmine Taylor

Background

Under the Equality Act 2010, Autistic individuals are entitled to request reasonable adjustments (RAs) in healthcare, to remove or reduce potential disadvantages for autistic people.

Anecdotally, RAs in healthcare are a common reason for seeking a late autism diagnosis.

Research suggests a higher prevalence of physical health conditions in diagnosed autistic adults (Weir et al., 2022). Thus, access to good healthcare is a high priority to reduce health inequalities.

Initiatives such as the SPACE Framework (Doherty et al., 2023) are in place to increase understanding and reduce barriers to healthcare, but its impact is yet to be fully determined.

Research will help to inform processes of securing RAs in healthcare to reduce health inequalities for this population.

Main Research Question/s

What are the experiences of autistic adults who receive a late diagnosis of autism, in a) requesting, and b) securing, RAs in healthcare?

Proposed Methods

Qualitative design e.g., thematic analysis , or possibly a combined with survey to get a larger sample from community.

Participants can be recruited via NHS service or charitable organisations.

If NHS recruitment – NHS Ethics required.

Suggested Further Reading

Doherty, M., McCowan, S., & Shaw, S. C. (2023). Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings. British Journal of Hospital Medicine, 84(4), 1-9.

Weir, E., Allison, C., & Baron-Cohen, S. (2022). Autistic adults have poorer quality healthcare and worse health based on self-report data. Molecular Autism, 13(1), 23.

Contact email for trainee queries and arranging post Fair meetings

j.taylor10@uea.ac.uk

University of
East Anglia
Norwich

Norwich Medical School

The ClinPsyD Research Theme:
Forensic Clinical Psychology & Mental Health Law

This research theme addresses key issues related to wider social policy and legislation. It asks questions about people who are detained in hospitals under the Mental Health Act, how practitioners might use the Mental Capacity Act in their decision-making, how mental health conditions are perceived, and whether judges or juries make fair decisions about people with mental health conditions.

We offer a range of research projects adopting a range of different methodologies including:

- Experimental methods – to help understand what might influence a clinical or professional decision,
- Other quantitative methods for example survey designs, reviews of measures and outcomes in this population (including meta-analysis or reliability generalisation studies), and
- Qualitative approaches to understand experience (for example in relation to service use or treatment experience).

Diagnostic Information and the decision to detain somebody under the Mental Health Act

Supervisory Team and Collaborators

Dr Peter Beazley

Background

A previous trainee (Milena Wolak) conducted an experimental project exploring whether a diagnosis of Borderline Personality Disorder vs. Schizophrenia was more or less likely to be associated with a decision to detain under the Mental Health Act by an AMHP (Approved Mental Health Professional). We recruited a sample of nearly 100 AMHPs across the country and they took part in an online study where they were randomised to one of two conditions. We found that whilst diagnostic information did not make a difference to the detention decision, there was huge variation in the decision or likelihood to detain. We also found that the extent to which the person appraised there to be risk within the condition did predict the decision to detain. So, even though participants all received the same information (apart from diagnosis), they appraised risk very differently, but if they 'saw' information about risk in the vignette, they were much more likely to recommend detention.

This study is a very unique study and so there are lots of directions in which to replicate or repeat this. You could for example conduct an identical study but recruit s.12 doctors, who are the other professional group involved in the detention process. Alternatively, you could look at whether certain other types of information (e.g. autism or learning disability) or certain descriptors of conditions were more or less likely to be associated with a recommendation to detain. Another alternative might be to propose or develop a better 'way' of making the decision that resulted in less bias operating (e.g. use of a checklist or similar) to see if this reduced heterogeneity in decision-making.

The decision to detain somebody is one of the largest interferences in their liberty and human rights. Practitioners who make that decision no doubt do so with good intention, but human decision-making biases are likely to influence how they approach this. Understanding how those biases operate in practice might allow us to build better safeguards within the detention process.

Main Research Question/s

Exploring whether a diagnosis of Borderline Personality Disorder vs. Schizophrenia was more or less likely to be associated with a decision to detain under the Mental Health Act by healthcare professionals involved in the detention process.

Proposed Methods

You could for example conduct an identical study but recruit s.12 doctors, who are the other professional group involved in the detention process. Alternatively, you could look at whether certain other types of information (e.g. autism or learning disability) or certain descriptors of conditions were more or less likely to be associated with a recommendation to detain. Another alternative might be to propose or develop a better 'way' of making the decision that resulted in less bias operating (e.g. use of a checklist or similar) to see if this reduced heterogeneity in decision-making.

Possible alternative /follow-up methodology: a Delphi project looking at how the decisions are made (Which might capture issues not being manipulated e.g. service /residential availability, other residents etc).

Suggested Further Reading

Milena Wolak research

Contact email for trainee queries and arranging post Fair meetings

p.beazley@uea.ac.uk

Reliability Generalisation Study for Mental Health Stigma Measures

Supervisory Team and Collaborators

Dr Peter Beazley

Background

Mental Health Stigma (by which I mean ‘public stigma’, i.e. the stigma of members of the public towards people with a mental health condition) is an important concept. However, the state of the research is cacophonous. One of the problems is that there are lots of low-quality studies using unvalidated (or poorly validated) measures of stigma.

Measuring stigmatic attitudes using a self-report instrument is inherently problematic due to several factors: awareness, cognitive biases (self-serving bias, social desirability bias, bias blind spot, selective perception). However there are hundreds of such measures, because measuring stigma without using a self-report measure is fundamentally quite a bit more complicated (implicit association tests). One of the implications is that if we are going to use self-report biases then we want to make them as good as possible, know which ones work for which purposes, and which to ignore.

Reliability generalisation studies are systematic reviews which review research that has adopted particular measures and synthesises key information about the measure’s reliability, for example Cronbach’s alpha. With a big enough sample there is then the possibility to look at reliability between different populations or groups.

A previous trainee (Claire Thirkettle) completed a project looking at translated versions of the AQ-27 – this worked well and was published - Thirkettle et al, 2025 https://doi.org/10.1016/j.ejpsy.2025.100290

Why does this project matter?

Research depends on good quality measures of stigma. If our existing measures don’t work well, or work less well with certain populations, we need to know about it, so we can develop better measures, or at least stop using bad ones.

Main Research Question/s

Reliability Generalisation Study for Mental Health Stigma Measures

Proposed Methods

A fairly large systematic review encompassing measures of either one specific instrument (e.g. the AQ-27) or a selection of a small number of related instruments. This will largely depend on feasibility and the number of studies involved. There would then be a meta-analysis of the relevant numerical scores (e.g. Cronbach’s alpha) and probably some comparison of mean scores also.

We could turn this into a fuller exploration of ‘measure invariance’ but might need to seek some broader supervisory support to help us with some of the methodology here.

Suggested Further Reading

A previous trainee (Claire Thirkettle) completed a project looking at translated versions of the AQ-27 – this worked well and was published: Thirkettle et al, 2025 https://doi.org/10.1016/j.ejpsy.2025.100290

Contact email for trainee queries and arranging post Fair meetings

p.beazley@uea.ac.uk

Mock Juror Decisions in the context of Expert Witness Credibility: the effect of profession and gender

Supervisory Team and Collaborators

Dr Peter Beazley

Background

A previous trainee (Eleftherios Kipoulas) completed his thesis conducting an experimental project looking at perceptions of credibility of expert witnesses, manipulating the profession (psychologist/psychiatrist) and gender (male/female). He found a significant interaction effect: the most credible was the male psychiatrist; the least, the male psychologist. The credibility assigned to the witness independently predicted whether or not the 'mock juror' who listened to the witness testimony was likely to find the defendant guilty or not (i.e. be persuaded by the direction of the expert witness testimony).

This was a very important study but suffered in terms of at least one aspect of its methodology, which was that the manipulation of male/female was done by having two actors record the same video vignette. Of course, this means that differences could be attributable to differences in the individual's perceived credibility that arise from factors other than gender.

Why does this project matter?

Kipoulas et al (2024)'s project (published here: https://doi.org/10.1016/j.ijlp.2024.102016) found some novel and interesting findings. The research literature on jury decision making for mental health patients in England and Wales is under-developed. If a replication with a stronger methodology found these findings, it would certainly strengthen the wider literature substantially.

Main Research Question/s

Mock Juror Decisions in the context of Expert Witness Credibility: the effect of profession and gender

Proposed Methods

There are plenty of ways to replicate this project and improve the methodology. One obvious way would be to record multiple videos with multiple male/female actors and run the experiment in something like a 2x6 or 2x8 design. The 'factorial survey approach' might also be adopted. We might also think about the recruitment approach to try and ensure a high-quality sample and test the question with somewhat different materials to see if the same effect holds. Frankly, there are plenty of directions to take this replication project. Recruitment could potentially be via Prolific.co which is a paid for recruitment platform.

Suggested Further Reading

Kipoulas et al (2024)'s project (published here: https://doi.org/10.1016/j.ijlp.2024.102016) found some novel and interesting findings. The research literature on jury decision making for mental health patients in England and Wales is under-developed. If a replication with a stronger methodology found these findings, it would certainly strengthen the wider literature substantially.

Contact email for trainee queries and arranging post Fair meetings

p.beazley@uea.ac.uk

“Persons of unsound mind”: who are they, and do the public / professionals agree?

Supervisory Team and Collaborators

Dr Peter Beazley

Background

The European Convention on Human Rights (ECHR) provides a right to liberty and security. This right, however, is a qualified right, which means it may be derogated in certain situations. One of these situations is to provide for “the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants”. The requirements of ECHR mean that if a person of unsound mind is detained, it must be “in accordance with a procedure prescribed by law” (the Mental Health Act, or DoLS), and access to a court which can challenge the detention.

But the ECHR was written in 1950, and used the language of the day. Moreover, given the complexity of actually updating the ECHR (it would require the agreement and ratification of all 28 member states), no such update is likely. But it does mean that it is reasonable to ask what does “unsound mind” mean in today’s context? How is the term understood? And does that understanding – perhaps of professionals or the public – align with the scope of the definition as developed through case law? It is possible that such research could, over the very long term, provide some kind of context on this larger decision

Why does this project matter?

ECHR 5 is a fundamental safeguard, and it helps ensure that we do not detain people unfairly. If professionals differed in their views as to what was ‘unsound mind’ this could really be a problem, as it might possibly suggest that the term is so broad that it has no power to restrict the scope of the application. Moreover, there’s an enormous debate currently on whether autism should be considered a mental disorder within the meaning of the MHA, but if we excluded it there would be a significant narrowing of definitional boundaries, and this project connects to this wider question that we agree there should be boundaries on what constitutes a reason for somebody to be detained, we perhaps don’t agree on what these boundaries are.

Main Research Question/s

“Persons of unsound mind”: who are they, and do the public / professionals agree?

Proposed Methods

This project is not ‘hammered down’. It could involve a survey of the public (but would need to think about sampling) possibly including people who have experienced a mental health condition, or possibly a survey of professionals. The survey could perhaps use a series of realistic clinical vignettes of people who might be subject to detention which described a person’s mental health condition, developmental history. Could people differentiate from vignettes which described people who would not be considered of ‘unsound mind’? Could this also be matched with a consideration of the difference between unsound mind, mental disorder or other terms? (could use Prolific to recruit for public?)

Suggested Further Reading

To be confirmed

Contact email for trainee queries and arranging post Fair meetings

p.beazley@uea.ac.uk

Diminished Responsibility and Learning Disability / Autism

Supervisory Team and Collaborators

Dr Peter Beazley

Background

When somebody is convicted of murder, they must be given a mandatory life sentence. For people with ‘mental disorder’, in certain circumstances, to avoid this outcome, there is the possibility that they may plead a ‘partial defence’ of ‘diminished responsibility’ (DR). If they successfully make out this partial defence, then they can be tried for manslaughter, which does not carry a mandatory life sentence, and allows the judge to send the person to a mental health hospital under the Mental Health Act.

The question of DR is for the jury to decide, and unlike the criminal legal determination of guilt, is tested on the balance of probabilities. The jury has to decide if the person has an “abnormality of functioning” which: A. “arose from.. a recognised medical condition” which, B. “substantially impaired” the defendant’s ability to “understand the nature of [their] conduct”, “form a rational judgement” or “exercise self-control”, and C. “provides an explanation for D's acts and omissions in doing or being a party to the killing”.

There is a lot of debate currently as to whether people with autism or learning disability should be within the scope of the Mental Health Act more generally. Some people have argued that autism and learning disability are not mental illnesses and so should not be subject to compulsory detention.

Why does this project matter?

How the public use information about mental health conditions to mitigate blame or responsibility for criminal acts is a key question that’s not well answered. It’s even less well answered for autism and LD. Yet for a person with autism and LD understanding what might or might not persuade a jury is really important to try to help professionals giving evidence do so in a way that is likely to most help the judicial process make the best decisions.

Main Research Question/s

Diminished Responsibility and Learning Disability / Autism

Proposed Methods

This would an experimental decision-making project recruiting members of the public to act as mock jurors. There are plenty of ways you could take the project, but one would be to explore what effect an added diagnosis of autism or learning disability has on the likelihood of a juror supporting a DR outcome, perhaps in addition to a diagnosis of schizophrenia. An alternative might be to see what the effect of relevant descriptors (e.g. in relation to cognitive impairment, social functioning, etc), or in the context of autism, whether linkage between particular ‘special interests’ and criminal behaviour (stalking?) has on judgements. There’s some thinking to be done here, but there’s a clear project involved.

Suggested Further Reading

There have been several jury decision making projects in other areas for example Baker et al (2022) also looked at DR https://doi.org/10.1080/13218719.2021.1938273 and Kipoulas’ study above is also relevant.

Contact email for trainee queries and arranging post Fair meetings

p.beazley@uea.ac.uk

Domestic homicide reviews: the role of mental health in homicides and homicide-suicides

Supervisory Team and Collaborators

Dr Peter Beazley

Background

Builds upon previous work from Casey Lemm (trainee Clinical Psychologist), where exploring intimate partner violence in context of domestic homicide reviews

When a domestic homicide occurs, a multi organisation review, known as a domestic homicide review is completed

Domestic homicide reviews look to explore the background, perpetuating factors and consequences relative to such homicides, as well as services involved, producing recommendations and learning points

There may be impetus for some perpetrators to complete suicide following them committing or being involved in a homicide

Speculative drivers may be mental health difficulties, guilt, remorse, feeling trapped, control dynamics, narcissism etc.

There is seldom research exploring mental health difficulties in context of suicide-homicides, as well as clinical and demographic characteristics of perpetrators, as well as involvement of services

Additional unclear role of the interplay of perpetrator-victim mental health as perpetuating factor to domestic homicide-suicides

Why does this project matter?

This project would be useful as it would aim to:

Explore possible linkages between mental health and domestic homicide-suicides

Further understanding how perpetrators mental health might play a role in domestic homicide-suicides

Elucidate consistencies or inconsistencies across domestic homicide-suicide recommendations and service involvement, both in terms of perpetrators and victims

Main Research Question/s

Domestic homicide reviews: the role of mental health in homicides and homicide-suicides

Proposed Methods

Existing data cross-sectional cohort project

Coding and extraction of variables from publicly available DHRs

Based on previously designed codebook

Primarily quantitative (although qualitative data will be synthesised and coded)

Statistical analysis (e.g. group comparison, regression) relative to domestic homicide and homicide-suicides, linkage between domestic homicide and mental health difficulties

Possibly a sub project on LD/ID or Autism ?

Suggested Further Reading

Builds upon previous work from Casey Lemm (trainee Clinical Psychologist), where exploring intimate partner violence in context of domestic homicide reviews

Contact email for trainee queries and arranging post Fair meetings

p.beazley@uea.ac.uk

Stalking in ASD: Professional Perspectives

Supervisory Team and Collaborators

Dr Lucy Fitton

Background

The crime of stalking has gathered significant public interest in recent years and there have been concerns about how well stalking is defined, responded to, and effectively prosecuted. Just this year, there has been an urgent review of stalking laws commissioned demonstrating ongoing concerns in this area. This review arose following a 'super-complaint' by the Suzy Lamplugh Trust and the National Stalking Consortium who have urged for the response to stalking to be improved. Stalking has proven challenging to address for a number of reasons. Common themes here include: difficulties with definitions, distinguishing between offences, gaps in legislation, and varying service responses.

Research in stalking has mainly focussed on victim impact which is becoming better understood. There is a paucity of research on stalkers themselves and the clinical and psychopathological features of stalkers are considered to be inconclusive (Wheatley et al., 2020). Stalking is a behaviour recognised to bring people with Autism Spectrum Disorder (ASD) into contact with the criminal justice system, yet it remains poorly understood here (Baciu & Worthington, 2024; Murphy et al., 2024).

In the absence of professional and clinical guidance in the area, it would be interesting to know how professionals are working with individuals ASD or neurodiversity that present with stalking behaviour. The current study proposes to collect views from professionals working with these individuals to inform practice and future research.

Main Research Question/s

Stalking remains a significant public concern and adding to the knowledge base in this area can inform identification and assessment, intervention and prevention, as well as ongoing areas for research and service focus.

The project would aim to determine whether there is consistency in approach to e.g. assessment, formulation, intervention, identification, risk monitoring etc. Whether there are anecdotal themes in presentation of such individuals. If there are common challenges faced and areas that should be addressed or focussed on.

Proposed Methods

This could take the form of either delphi methodology (questionnaire rounds, using a mixture of quali and quant methodology, e.g. manifest content analysis). This would be a larger sample size of at least 30 participants. These could be a range of professionals from different backgrounds (e.g. healthcare, social care, CJS etc. – or a specific subpop).

Qualitative interview methodology (i.e. IPA or thematic analysis) of a smaller sample size of a specific profession or group (e.g. all psychologists, or staff in stalking service… etc).

Suggested Further Reading

see background

Contact email for trainee queries and arranging post Fair meetings

l.fitton@uea.ac.uk

University of
East Anglia
Norwich

Norwich Medical School

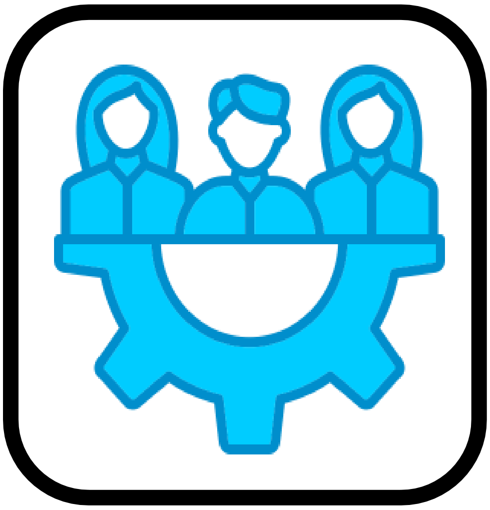
The ClinPsyD Research Theme: Social and Professional Issues and Workforce Sustainability

We research key issues for the psychological workforce, such as workforce sustainability, workforce wellbeing and resilience, reflective practice and supervision and the impact of social issues on the mental health workforce.

We use a wide range of methods, including quantitative and qualitative studies, consensus techniques and measure validation.

We have excellent collaborations within the UEA, East Anglia, the BPS, Psychological Professions Network (PPN) and other universities. Trainee Clinical Psychologists working with us have published their thesis research and presented to local and national workforce leaders.

This research theme is good for trainees passionate about the impact psychological professionals have in the NHS and how to support the future of the workforce.



How do experiences of racism and discrimination affect the psychological wellbeing and professional identity development of both trainee and qualified clinical psychologists in the UK?

Supervisory Team and Collaborators

Dr Leila Allen

Dr Meltem Osman

Background

Racism is well evidenced to negatively affect both physical and mental health, often inducing physiological and psychological reactions comparable to trauma responses (Carter & Forsyth, 2010). While its impact on health is established, less attention has been paid to how racism shapes professional identity and the role of group membership in this process. Within clinical psychology, there has been growing emphasis on diversity and inclusion; however, there remains a pressing need to understand the lived experiences of racialised psychologists and how best to support them during training and beyond. Emerging research indicates that racialised psychologists encounter racism and discrimination at multiple career stages, from aspiring psychologists to post qualification practice (Bawa et al., 2021). Such experiences of marginalisation influence how psychologists perceive themselves within the profession, often resulting in identity conflict, diminished belonging, and barriers to career progression. This study seeks to explore these dynamics, highlighting the importance of centring racialised voices in shaping equitable and inclusive clinical psychology practice.

Main Research Question/s

1) What forms of racism and discrimination are experienced by clinical psychologists at different stages of their careers?
2) How do these experiences impact psychological wellbeing and mental health?
3) In what ways do they shape professional identity, confidence, and sense of belonging in the profession?
4) What coping strategies, support systems, or institutional responses have been helpful or harmful?

Proposed Methods

Mixed method – survey design with potential outcome measures such as Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS), Professional Identity Scale in Counselling (PISC) and Everyday Discrimination Scale (EDS). Other factors could also be explored, e.g. Multidimensional Scale of Perceived Social Support (MSPSS).

Potentially followed up by focus groups to explore more about the experience of racism at different points in their careers, and to consider barriers / facilitators of support.

Suggested Further Reading

Bawa, H., Cudmore, K., Ong, L., & Knott, K. (2021). Barriers and improvements to the clinical psychology doctorate selection process. Clinical Psychology Forum, 2021(339), 16–20. https://doi.org/10.53841/bpscpf.2021.1.339.16

Carter, R. T., & Forsyth, J. (2010). Reactions to racial discrimination: Emotional stress and help-seeking behaviors. Psychological Trauma: Theory, Research, Practice, and Policy, 2(3), 183.

How it feels to be ‘The Only One’ | BPS

BPS research explores experiences of Black, Asian and Ethnic Minority postgraduate psychology students and trainees | BPS

Shetra, Kirandeep Kaur (2024) ‘Finding a space for my face’ Exploring the experiences of racialised Clinical Psychologists working in the United Kingdom. Doctoral thesis, University of Essex.

Contact email for trainee queries and arranging post Fair meetings

leila.allen@uea.ac.uk

Use of co-therapy as a CBT Training tool

Supervisory Team and Collaborators

Dr Hannah Crook

Dr Louise Crouch-Read

Background

Cognitive Behavioural Therapy Training has increased steadily in England since the introduction of NHS Talking Therapies (NHS TT, previously known as IAPT) in 2008, to ensure widespread access to talking therapies.

Recent updates in the NHS TT National Curriculum (2022) has seen the inclusion of a co-therapy element of CBT training where trainees are expected to engage in co-therapy with an experienced therapist in their workplace to, presumably, enhance their CBT training experience and competence. Anecdotally, HEIs and services are struggling to implement this expectation.

Co-therapy is briefly noted as an in vivo supervision tool in Friedberg & Brelsford (2013) and Tanner, Gray & Haaga (2012) considered the potential association between co therapy experiences and client outcomes. Aside from this, literature considering co-therapy as a training tool is limited and a recent systematic review summarising techniques in CBT training (Henrick, Glombiewski & Scholten) did not mention co-therapy.

Therefore, we believe there is a gap in the literature to consider the use of co-therapy as a CBT training tool.

Main Research Question/s

1) What are CBT trainee supervisors experiences of co-therapy as a CBT training tool?
OR
2) What are CBT trainees experiences of co-therapy as a CBT training tool?

Proposed Methods

This would use semi structured interviews to understand supervisor experiences of providing co-therapy (qualitative analysis)

Participants would be CBT trainee/recently qualified supervisors or CBT trainees

Suggested Further Reading

see ref in background

Contact email for trainee queries and arranging post Fair meetings

hannah.crook@uea.ac.uk and Louise.read@uea.ac.uk

Use of the CTSR in competence development (Part 1): how do ClinPsyD CBT pathway trainees use this tool to develop CBT competence

Supervisory Team and Collaborators

Dr Hannah Crook

Dr Paul Fisher

Background

Previous research shows that reflection is a critical component in the development of competency as shown by the Bennett-Levy (2006) DPR Model of therapist skill acquisition. Loads & Myles (2016) demonstrated that those rated as having a higher reflective ability rated their CBT competency more accurately. Banner et al (2025) proposed that reflection is a meta competency that drives psychologists competency development. We are seeking to extend their work to the domain of CBT development via the process of completing and reflecting on CTSRs.

Main Research Question/s

How do ClinPsyD CBT pathway trainees use this tool to develop CBT competence?

Proposed Methods

This is a primarily qualitative design.
We propose to recruit trainees on ClinPsyD CBT pathways as participants (from across multiple training courses). Prior to an interview, we will ask them to watch a CBT intervention session and rate it themselves and to bring this rating to the interview. We would like them to do this reasonably close to the interview.

For this project (part 1 of 2) we propose a 30mins focused interview structured by the CTS-R items to explore how participants use the CTS-R tool and the outcome of using the tool to develop their CBT competency. We will be particularly interested in how they use the CTS-R to drive improvements in their CBT practice.

Suggested Further Reading

Banner, S., Rock, A., Cosh, S. et al. Self-reflection on competence: metacognitive process and barriers of self-assessment in psychologists. Adv in Health Sci Educ (2025). https://doi.org/10.1007/s10459-025-10434-7
Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. Behavioural and Cognitive Psychotherapy, 34(1), 57–78. https://doi.org/10.1017/S1352465805002420
Loades, M. E., & Myles, P. J. (2016). Does a therapist's reflective ability predict the accuracy of their self-evaluation of competence in Cognitive Behavioural Therapy? The Cognitive Behaviour Therapist, 9, Article e6. https://doi.org/10.1017/S1754470X16000027

Contact email for trainee queries and arranging post Fair meetings

hannah.crook@uea.ac.uk and/or p.fisher@uea.ac.uk

The development of a measure of CBT competence

Supervisory Team and Collaborators

Dr Hannah Crook

Dr Kenny Chiu

Background

CBT competence assessments provide a framework to assess a clinician's ability to provide competent CBT (Muse, Kennerley & McManus, 2022). These approaches allow for standards to be monitored, evaluation to take place and feedback to be provided. While there is mixed literature about the usefulness of self-rated tools (Muse and Mcmanus, 2013), self-monitoring undoubtably has a role in developing competence and supports reflective practice (Muse, Kennerley & McManus, 2022). However, mof the established tools focus on ratings specific to a certain session rather than overall competency. A recent study developed a Cognitive Behavioural Therapy Competence Scale (CCS: Rodriguez-Quintana et al, 2022), however this looks at competence when using CBT in schools in the US. A Cognitive Behavioural Knowledge Quiz also exists (Myles and Milne, 2004) which considers knowledge acquisition rather than practical execution of the skills. This project aims to develop a CBT competency questionnaire that aligns with CBT training in the UK (BABCP and NHS TT curriculum).

Main Research Question/s

The project will aim to establish re-test reliability, construct reliability and convergent reliability of a CBT competency rating tool that considered general competency as opposed to session specific competency.

Proposed Methods

This questionnaire has already been developed and content validity is established. The questionnaire is being used as part of a national training programme to upskill psychologists in CBT. The method will be quantitative and the analysis depends partly on the data we can collect. There is a little more to iron out with this project.

Suggested Further Reading

Rodriguez-Quintana N, Choi SY, Bilek E, Koschmann E, Albrecht J, Prisbe M, Smith S. The Cognitive Behavioral Therapy Competence Scale (CCS): initial development and validation. Cogn Behav Therap. 2021;14:E39. doi: 10.1017/s1754470x21000362. Epub 2021 Dec 15. PMID: 35873733; PMCID: PMC9307077.

Muse K, Kennerley H, McManus F. The why, what, when, who and how of assessing CBT competence to support lifelong learning. The Cognitive Behaviour Therapist. 2022;15:e57. doi:10.1017/S1754470X22000502

Kate Muse, Freda McManus,
A systematic review of methods for assessing competence in cognitive–behavioural therapy,
Clinical Psychology Review,
Volume 33, Issue 3,
2013,
Pages 484-499,

ISSN 0272-7358,
https://doi.org/10.1016/j.cpr.2013.01.010.

Contact email for trainee queries and arranging post Fair meetings

hannah.crook@uea.ac.uk

Use of the CTSR in competence development (Part 2): how does reflection and reflective practice on competence support ClinPsyD CBT pathway trainees development

Supervisory Team and Collaborators

Dr Paul Fisher

Dr Hannah Crook

Potential collaborators in Australia. Currently being explored

Background

Previous research shows that reflection is a critical component in the development of competency as shown by the Bennett-Levy (2006) DPR Model of therapist skill acquisition. Loads & Myles (2016) demonstrated that those rated as having a higher reflective ability rated their CBT competency more accurately. Banner et al (2025) proposed that reflection is a meta competency that drives psychologists competency development. We are seeking to extend their work to the domain of CBT development via the process of completing and reflecting on CTSRs.

Main Research Question/s

How does reflection and reflective practice on competence support ClinPsyD CBT pathway trainees development?

Proposed Methods

This is a primarily qualitative design.

We propose to recruit trainees on ClinPsyD CBT pathways as participants (from across multiple training courses). Prior to an interview, we will ask them to watch a CBT intervention session and rate it themselves and to bring this rating to the interview. We would like them to do this reasonably close to the interview.

For this project (part 2 of 2) we propose a 30min highly semi structured interview asking participants to reflect broadly on how the process of reviewing their performance and rating their competency is driving their development. We will be particularly interested in how they use reflective processes to support improving their competency.

Interviews could be analysed using a reflective thematic analysis.

Suggested Further Reading

Banner, S., Rock, A., Cosh, S. et al. Self-reflection on competence: metacognitive process and barriers of self-assessment in psychologists. Adv in Health Sci Educ (2025). https://doi.org/10.1007/s10459-025-10434-7

Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. Behavioural and Cognitive Psychotherapy, 34(1), 57–78. https://doi.org/10.1017/S1352465805002420

Loades, M. E., & Myles, P. J. (2016). Does a therapist’s reflective ability predict the accuracy of their self-evaluation of competence in Cognitive Behavioural Therapy? The Cognitive Behaviour Therapist, 9, Article e6. https://doi.org/10.1017/S1754470X16000027

Contact email for trainee queries and arranging post Fair meetings

P.fisher@uea.ac.uk / H.crook@uea.ac.uk

To explore the relationship between reflective competence/insight, quality of supervision, and professional wellbeing among clinical psychologist and trainees

Supervisory Team and Collaborators

Dr Paul Fisher

Dr Kiki Mastroyannopoulou

Background

This project will build on previous research (including in the department by the supervisors) which suggests a relationship between reflective competence, supervision, ‘Professional wellbeing’ and ‘Job satisfaction’ for trainee and clinical psychologists. This is important given drives to improve NHS staff wellbeing and retention

Main Research Question/s

What is the relationship between reflective competence, experience of supervision and professional wellbeing across clinical psychologist and trainees?

Proposed Methods

This is primarily an online survey design using previously validated scales and measures plus some demographic and open-ended questions. We aim for two trainees working together to recruit qualified clinical psychologists and trainee clinical psychologists through a range of methods including professional mailing lists held by the training community, which we have access to.

For Project 2 of 2, we will explore how reflective competence and experience of supervision impacts on professional wellbeing across qualified and trainee groups.

There is room for trainees to be involved in the further development and refinement of these ideas, particularly around the inclusion of open-ended responses to help make sense of the quantitative data.

Suggested Further Reading

Banner, S. E., Rice, K., Schutte, N., Cosh, S. M., & Rock, A. J. (2024). Reliability and validity of the Self-Reflection and Insight Scale for psychologists and the development and validation of the revised short version. Clinical Psychology & Psychotherapy, 31(1), e2932. https://doi.org/10.1002/cpp.2932

Riccio, S., & Fisher, P. (2025). The experience of self-reflection and self-care for clinical psychologists in the workplace: An interpretative phenomenological analysis. Professional Psychology: Research and Practice, 56(5), 405–414. https://doi.org/10.1037/pro0000642

Harding, A., Ooi, J., Stinton, M., Russell, R., & Parke, S. (2025). Levels of stress and burnout in trainee and qualified NHS psychological professionals: A systematic review and narrative synthesis. Mental Health and Prevention, 40, Article 200453. https://doi.org/10.1016/j.mhp.2025.200453

Owen, J., Cross, S., Mergia, V., & Fisher, P. (2022). Stress, resilience and coping in Psychological

Wellbeing Practitioner trainees: a mixed methods study. Cognitive Behaviour Therapist, 15, Article e38. https://doi.org/10.1017/S1754470X22000356

Contact email for trainee queries and arranging post Fair meetings

P.Fisher@uea.ac.uk / k.mastroyannopoulou@uea.ac.uk

Early Maladaptive Schemas, Professional Stress, and Burn Out

Supervisory Team and Collaborators

Dr Lucy Fitton

Background

Excessive workplace stress is known to have a substantial impact on the health and wellbeing of individuals. At a chronic level this can be regarded as ‘burnout’ where an individual can experience physical and emotional exhaustion. There is a recognised ‘cost of caring’ where healthcare workers are seen to have some of the highest levels of burnout compared to other sectors. A schema-focussed model of occupational stress has been proposed to better understand workplace stress and burnout. Within this, Early Maladaptive Schemas (EMS) are considered to have a role in the causation and maintenance of stress. EMS are developed in childhood/adolescence and are an inbuilt framework that shape how experiences are interpreted, they can consist of beliefs, feelings, memories, and bodily sensations. Studies have explored how EMS can predict workplace stress within healthcare workers and suggested that certain schemas (Unrelenting Standards and Self-Sacrifice) are more prevalent in these workers. Within the healthcare setting, workplace stress, burnout, and ultimately staff absence have a significant cost, on both an individual level and societal level. A better understanding of this could inform prevention and intervention strategies with wide-reaching benefits.

Main Research Question/s

The overall aim is to investigate how EMS predict levels of workplace stress and burnout in either healthcare professionals more generally or focus on a specific sub-group (e.g. trainee psychologists, medical students, nurses, mental health workers, A&E workers etc.).

- Do *healthcare workers rate themselves as having high versus low levels of workplace stress/burnout?
- What are the most common physical health symptoms reported by *healthcare workers?
- What are the most common mental health symptoms/psychiatric caseness reported by *healthcare workers?
- How many sickness days are *healthcare workers taking in the last year?
- What are the most commonly endorsed EMS in *healthcare workers?
- What are the common coping styles ‘modes’ in *healthcare workers?
- What is the relationship between EMS and workplace stress/burnout?
- What is the relationship between EMS and coping modes?
- What is the relationship between EMS and mental health/physical health/sickness absence.

Proposed Methods

Methodology is based on close replication of studies previously completed in this area. Recruitment of participants via social media, email, word of mouth. Quantitative methods exploring questionnaire findings assessing areas of interest. Between group analyses, correlation, and regression analyses can be used

Suggested Further Reading

Bamber, M., & McMahon, R. (2008). Danger—early maladaptive schemas at work!: The role of early maladaptive schemas in career choice and the development of occupational stress in health workers. Clinical Psychology & Psychotherapy, 15(2), 96–112. https://doi.org/10.1002/cpp.564

Kaeding, A., Sougleris, C., Reid, C., van Vreeswijk, M. F., Hayes, C., Dorrian, J., & Simpson, S.

(2017). Professional burnout, early maladaptive schemas, and physical health in clinical and counselling psychology trainees. Journal of Clinical Psychology, 73(12), 1782–1796. https://doi.org/10.1002/jclp.22485

Contact email for trainee queries and arranging post Fair meetings

l.fitton@uea.ac.uk

What factors support recruitment and retention of Clinical Psychologists and Clinical Neuropsychologists in Stroke Services?

Supervisory Team and Collaborators

Dr Catherine Ford

Dr Sheryl Parke

Background

Clinical Psychologists and Clinical Neuropsychologists should be part of the core multidisciplinary stroke rehabilitation team according to UK national clinical guidance (ICSWP, 2023; NICE, 2023). However, the majority of clinical psychologists work within mental health and CNPs are typically not included in workforce literature on practitioner psychologists (e.g. NHSE, 2024). At the UK Stroke Forum national conference, stroke professionals from across the UK have reported difficulties in the recruitment and retention of CPs and CNPs in stroke services to the BPS Division of Neuropsychology. This project seeks to support efforts to tackle these difficulties through developing a better understanding of factors supporting the recruitment and retention in Clinical Psychologists and Clinical Neuropsychologists in stroke services.

Main Research Question/s

What factors (e.g. in training, sources of support, team and organisational context) support recruitment and retention of Clinical Psychologists and Clinical Neuropsychologists in Stroke Services?

Proposed Methods

This study will use primarily qualitative methods. We anticipate that it will involve reflexive thematic analysis of free text answers to an online survey of the UK and Ireland Stroke Psychology Network (N = c.180) and semi-structured interviews.

Suggested Further Reading

NICE (2023) Stroke rehabilitation in adults. NICE guideline NG 236. https://www.nice.org.uk/guidance/ng236

NHSE (2024) Psychological professions national workforce census.
https://www.england.nhs.uk/publication/psychological-professions-workforce-census/

Stroke Association (2023). What we think about: The stroke workforce. Overworked and undervalued: Building a Stroke Workforce for the Future.
https://www.stroke.org.uk/sites/default/files/new_pdfs_2019/our_policy_position/psp_stroke_workforce.pdf"

Contact email for trainee queries and arranging post Fair meetings

Catherine.Ford@uea.ac.uk

How are psychological practitioner roles understood by the wider multi-disciplinary workforce? How does this relate to implementation of, and experiences in, these roles?

Supervisory Team and Collaborators

Dr Rebecca Lower

Dr Sheryl Parke

Laura Pass, Frances Lloyd-Peck

Background

Professional roles are shaped not only by formal definitions but also by the expectations of others, workplace interactions and the broader social context in which they operate. Role clarity has been associated with positive outcomes for employees, particularly in relation to job satisfaction and well-being.

In response to workforce shortages and increasing demand, a growing number of new psychological practitioner roles have been introduced. However, little is known about how these roles are defined and understood by colleagues across multi-disciplinary teams. Exploring this may help us understand more about facilitators and barriers that influence the successful implementation of these emerging roles.

Main Research Question/s

How are psychological practitioner roles understood by the wider multi-disciplinary workforce?
Is greater role clarity or shared understanding of responsibilities associated with more positive experiences in these roles?
Does multi-disciplinary role clarity influence successful implementation of psychological practitioner roles?

Proposed Methods

This is likely to be a mixed method design, involving some quantitative and qualitative data. There is scope for the trainee to shape the methodology used.

Suggested Further Reading

Rao, A. S. et al. (2023). Are workplace factors impacting our mental health? What can be done to build up a thriving workforce? Clinical Psychology Forum, 363, 26-36.

Whittington, A. (2024). Next steps for the psychological professions workforce in England – Delivering the NHS Long Term Workforce Plan. Clinical Psychology Forum, 375, 29-38.

Kell, L. & Self, P. (2024). New roles deployment in England. Fitting it all together. Clinical Psychology Forum, 375, 93-101.

Zettna, N. et al. (2025). Crystal clear: How leaders and coworkers together shape role clarity and wellbeing for employees in social care. Human Resource Management, 64, 5-20.

Stinton, M. (2025). The Sustainability Challenge in NHS Psychological Professionals. Understanding and Correlating the Experiences of Stress, Burnout and Workforce Retention. Doctoral thesis, UEA digital repository.

Contact email for trainee queries and arranging post Fair meetings

R.Lower@uea.ac.uk

Exploring the qualified EMHP workforce: A survey exploring demographics, job activities, challenges, job satisfaction, and supervisory experiences.

Supervisory Team and Collaborators

Dr Rebecca Lower

Dr Laura Pass

Frances Lloyd-Peck

Background

Mental Health Support Teams (MHST) were established to improve access to mental health support for children and young people within education settings. They were developed in response to the Government's green paper 'Transforming Children and Young People's Mental Health Provision' (2017). A central component of MHSTs is the Education Mental Health Practitioner (EMHP) role, designed to deliver low-intensity interventions for mild to moderate mental health difficulties. Despite the strategic importance of this newly introduced role, there has been limited research evaluating the EMHP workforce. This research would be of significant value to the area and the future development of the EMHP role.

Main Research Question/s

What are the demographics of the qualified EMHP workforce?
What job activities are qualified EMHPs undertaking?
What challenges have qualified EMHPs experienced in implementing the role?
How satisfied are EMHPs in the role?
What are qualified EMHPs experiences of supervision?
Are there relationships between job activities, job satisfaction and supervisory experiences in the qualified EMHP population?

Proposed Methods

The study is exploratory and likely to involve a mixed method design. Quantitative data is likely to be collected through a national survey design. Qualitative data could be collected as part of this using open-text questions or through focus groups or interviews. It may be possible for two trainees to work together on the collection of this data and take different questions to answer in their respective projects.

Suggested Further Reading

Department of Health and Department for Education (2017). Transforming Children and Young People's Mental Health Provision: A Green Paper.

Gee, B. et al. (2021). Review: Delivering mental health support within schools and colleges – a thematic synthesis of barriers and facilitators to implementation of indicated psychological interventions for adolescents. Child and Adolescent Mental Health, 26 (1), 34-46.

Ellins, J. et al. (2024). Implementing mental health support teams in schools and colleges: the perspectives of programme implementers and service providers. Journal of Mental Health, 33 (6), 714-720.

Contact email for trainee queries and arranging post Fair meetings

R.Lower@uea.ac.uk

Exploring the supervisory experiences of psychological practitioners: Do supervisors and psychological practitioners have a shared understanding of these roles? How does supervisor understanding of the role impact on job activities, satisfaction, and role development?

Supervisory Team and Collaborators

Dr Rebecca Lower

Dr Frances Lloyd-Peck

Dr Laura Pass

Background

In recent years, a range of new psychological practitioner roles have been introduced with the aim of widening and diversifying the psychological workforce. Initially these new roles were commonly supervised by psychologists and other established psychological professionals. However, as these roles have developed and expanded, there have been increasing senior and supervisory positions within these new roles. Supervision is important in the development of professional identity, competency, and well-being. This research is interested in exploring the supervisory experiences of those in qualified psychological practitioner roles, in particular whether supervisees and supervisors have a shared understanding of these new roles and how this might impact on professional identity and satisfaction with the role.

Main Research Question/s

What are psychological practitioners experiences of supervision?
Are psychological practitioners supervised by supervisors trained in their role or by other professionals? How does this impact on the experience?
Is there a relationship between supervisory experiences in these roles and job activities, job satisfaction, and development in the role?
How are psychological practitioner roles understood by those who supervise these roles?

Proposed Methods

This is likely to be a quantitative or mixed methods design. It may involve a survey of qualified psychological practitioners and supervisors of psychological practitioners, and may also involve a qualitative component. There is scope for trainees to be involved in shaping the methodology used. It may be possible for this to be a project taken on by 2 trainees with one looking at the experiences of psychological practitioners (supervisees) and another looking at the supervisor perspective - how supervisors understand the role and their experiences of supervising these new roles.

Suggested Further Reading

Chircop Coleiro, A., Creaner, M. & Timulak, L. (2023). The good, the bad, and the less than ideal in clinical supervision: A qualitative meta-analysis of supervisee experiences. Counselling Psychology Quarterly, 36 (2), 189-210.

Roscoe, J. et al. (2022). CBT supervision behind closed doors: Supervisor and supervisee reflections on their expectations and use of clinical supervision. Counselling and Psychotherapy Research, 22, 1056-1067.

Contact email for trainee queries and arranging post Fair meetings

R.Lower@uea.ac.uk

To explore the relationship between reflective competence/insight, quality of supervision, and job satisfaction among clinical psychologists and trainees

Supervisory Team and Collaborators

Dr Kiki Mastroyannopoulou

Dr Paul Fisher

Joel Owen

Background

This project will build on previous research (including in the department by the supervisors) which suggests a relationship between reflective competence, supervision, 'Professional wellbeing' and 'Job satisfaction' for trainee and clinical psychologists. This is important given drives to improve NHS staff wellbeing and retention

Main Research Question/s

What is the relationship between reflective competence, experience of supervision and job satisfaction across qualified and trainee groups?

Proposed Methods

This is primarily an online survey design using previously validated scales and measures plus some demographic and open-ended questions. We aim for two trainees working together to recruit qualified clinical psychologists and trainee clinical psychologists through a range of methods including professional mailing lists held by the training community, which we have access to.

For Project 1 of 2, we will explore how reflective competence and experience of supervision impacts on job satisfaction across qualified and trainee groups

There is room for trainees to be involved in the further development and refinement of these ideas, particularly around the inclusion of open-ended responses to help make sense of the quantitative data.

Suggested Further Reading

Banner, S. E., Rice, K., Schutte, N., Cosh, S. M., & Rock, A. J. (2024). Reliability and validity of the Self-Reflection and Insight Scale for psychologists and the development and validation of the revised short version. Clinical Psychology & Psychotherapy, 31(1), e2932. https://doi.org/10.1002/cpp.2932

Riccio, S., & Fisher, P. (2025). The experience of self-reflection and self-care for clinical psychologists in the workplace: An interpretative phenomenological analysis. Professional Psychology: Research and Practice, 56(5), 405–414. https://doi.org/10.1037/pro0000642

Harding, A., Ooi, J., Stinton, M., Russell, R., & Parke, S. (2025). Levels of stress and burnout in trainee and qualified NHS psychological professionals: A systematic review and narrative synthesis. Mental Health and Prevention, 40, Article 200453. https://doi.org/10.1016/j.mhp.2025.200453

Owen, J., Cross, S., Mergia, V., & Fisher, P. (2022). Stress, resilience and coping in Psychological

Wellbeing Practitioner trainees: a mixed methods study. Cognitive Behaviour Therapist, 15, Article e38. https://doi.org/10.1017/S1754470X22000356

Contact email for trainee queries and arranging post Fair meetings

k.mastroyannopoulou@uea.ac.uk

Does frequent engagement with interprofessional Schwartz Rounds impact health students' clinical practice and wellbeing? A qualitative study

Supervisory Team and Collaborators

Dr Kiki Mastroyannopoulou

Dr Georgia Panagiotaki

Joel Owen

Background

Working in health and social care is demanding, and professionals' wellbeing directly affects patient care. Schwartz Rounds are multidisciplinary forums that offer a confidential space for reflective practice, helping participants normalise emotional responses and strengthen human connection. Evidence from clinical settings shows benefits such as reduced stress, improved teamwork and greater empathy and compassion (Maben at al., 2018). Recently, Higher Education Institutions have introduced student Rounds to support reflective practice, interprofessional learning, and compassionate care. Our recent systematic review (Zile et al., 2025) suggests student Rounds promote teamwork, emotional awareness, and reflection, though research quality remains mixed.

Main Research Question/s

This project will build on our existing research and explore:
a) the experiences of students who are regular attendees of Schwartz Rounds and
b) reflections on how their participation impacts their clinical practice and perceived wellbeing.

Findings will contribute to our understanding of how Schwartz Rounds support reflective practice, interprofessional learning, and compassionate care when offered in educational contexts.

Proposed Methods

This qualitative study will involve individual interviews (possibly with a short additional questionnaire/survey). Participants will be students from undergraduate or postgraduate health/social care course at UEA who have experience of participating in at least two Schwartz Rounds. They can be at stage in their training and will need to have early clinical contact with patients/service users as part of their course.

Since their launch in 2023, UEA's Interprofessional Student Schwartz Rounds have engaged over 350 UEA participants. The supervisory team has access to a database with all previous Rounds' attendees who have all given consent to be contacted again for the purpose of future advertising and research. Recruitment will make use of this database to identify volunteers who have attended more than two Rounds to date and wish to participate in this study.

The team has also acquired ethics approval for the evaluation of UEA's Rounds that was completed in July 2025. Ethics application for the proposed project can be based on the existing approved proposal.

Suggested Further Reading

Maben J, Taylor C, Dawson J, et al. A realist informed mixed-methods evaluation of Schwartz Center Rounds® in England. Southampton (UK): NIHR Journals Library; 2018 Nov. (Health Services and Delivery Research, No. 6.37.)

Zile, A., Owen, J., Gorick, H., Orford, A., & Panagiotaki, G. (2025). Schwartz Rounds in Higher Education Settings: A Systematic Review of the Research with Recommendations. Journal of Medical Education and Curricular Development, 12. https://doi-org.uea.idm.oclc.org/10.1177/23821205251320152

Schwartz Rounds Research - The Schwartz Center
Have a look here to find out more about Schwartz rounds
https://www.theschwartzcenter.org/schwartz-rounds-research/

Contact email for trainee queries and arranging post Fair meetings

k.mastroyannopoulou@uea.ac.uk

Exploring the experiences, coping strategies and resilience of overseas-trained healthcare professionals working in the NHS.

Supervisory Team and Collaborators

Tylah Nunes

Background

21% of NHS staff in England report a non-British nationality which includes 26% of doctors and 30% of nurses (House of Commons, 2025). There have been several studies on the experience of NHS professionals who qualified outside of the UK, particularly focussing on internationally educated nurses and international medical graduates. A summary of studies by Jalal, et al (2013) showed doctors who qualified overseas experienced a lack of information about the UK health system, language and communication challenges, clinical, educational and work-culture challenges and discrimination. A summary of studies of Nurses and midwives by Mpando, et al (2025) showed mstruggled to adapt to the workplace with non-EU qualified staff experiencing deskilling, limited recognition of prior experience, visa related restrictions, discrimination. There have been relatively few studies based on the experience of other professional groups within the NHS (Omiti, Wilkinson & Snaith, 2024) or of the coping strategies and resilience of this population in the UK context (Dahl et al, 2021).

Main Research Question/s

How do overseas-qualified / foreign national NHS staff cope with professional and personal challenges in the UK healthcare system?
What coping strategies are most effective for maintaining psychological well-being among overseas-qualified / foreign national NHS staff?

Proposed Methods

Recruitment could occur through social media, e-mail, word of mouth or via NHS professional networks.
Qualitative: Interviews with professionals working in the NHS who qualified abroad before moving to the UK.
Quantitative: Online surveys measuring coping strategies, stress levels, and well-being.

Suggested Further Reading

Dahl, K., Nortvedt, L., Schrøder, J., & Bjørnnes, A. K. (2022). Internationally educated nurses and resilience: A systematic literature review. International Nursing Review, 69(3), 405-415. https://doi.org/10.1111/inr.12787
Jalal, M., Bardhan, K. D., Sanders, D., & Illing, J. (2019). International: Overseas doctors of the NHS: migration, transition, challenges and towards resolution. Future Healthcare Journal, 6(1), 76-81. https://doi.org/10.7861/futurehosp.6-1-76
Mpando, D., Zhao, Y., English, M., & Leckcivilize, A. (2025). Experiences of EU and non-EU internationally educated nurses and midwives in the UK: a scoping review. BMC Nursing, 24(1). https://doi.org/10.1186/s12912-025-04080-y
Omiyi, D., Wilkinson, E., & Snaith, B. (2024). Exploring the Motivations, Challenges, and Integration of Internationally Educated Healthcare Workers in the UK: A Scoping Review. Policy, Politics, &Amp; Nursing Practice, 26(2), 117-135. https://doi.org/10.1177/15271544241289605

Contact email for trainee queries and arranging post Fair meetings

t.nunes@uea.ac.uk

Exploring the impact of global injustices and catastrophes on trainee clinical psychologists wellbeing and doctoral training experience

Supervisory Team and Collaborators

Dr Meltem Osman

Dr Leila Allen

Background

There is wealth of evidence highlighting the direct and indirect impact on people's mental health of global catastrophes and social injustices, such as climate change (Palinkas & Wong, 2020), humanitarian crises (Lahiri et al, 2017), the rise of the far right (March et al, 2025), and the pandemic (Usher et al, 2020). Research also highlights a significant number of trainee clinical psychologists have lived experience of mental health difficulties (Pakenham & Stafford-Brown, 2012). However, there has been little exploration of the direct and indirect impact of global catastrophes and social injustices on trainee clinical psychologists mental health while completing their doctoral training.

Main Research Question/s

What is the impact of global catastrophes and injustices on trainee clinical psychologists wellbeing and doctoral training experience?
How do trainees navigate these impacts while training? What local factors influence the extent and nature of the impact of global injustices on trainees?

Proposed Methods

Reflexive thematic analysis

Suggested Further Reading

Palinkas, L. A., & Wong, M. (2020). Global climate change and mental health. Current opinion in psychology, 32, 12-16.
Lahiri, S., Van Ommeren, M., & Roberts, B. (2017). The influence of humanitarian crises on social functioning among civilians in low-and middle-income countries: A systematic review. Global public health, 12(12), 1461-1478.
Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. International journal of mental health nursing, 29(3), 315.
March, S., Carrasco, J. M., Flores-Balado, Á., Muñoz-Haba, A., Pereira-Iglesias, A., & Zaragoza, G. A. (2025). Potential Global Effects of the Rise of the Far Right on Public Health. American Journal of Public Health, 115(6), 873-882.

Contact email for trainee queries and arranging post Fair meetings

meltemosmancp@gmail.com

Exploring the impact of global catastrophes and injustices on clinical psychology doctoral programme staff wellbeing and practice on the programme.

Supervisory Team and Collaborators

Dr Meltem Osman

Dr Leila Allen

Background

There is wealth of evidence highlighting the direct and indirect impact on people's mental health of global catastrophes and social injustices, such as climate change (Palinkas & Wong, 2020), humanitarian crises (Lahiri et al, 2017), the rise of the far right (March et al, 2025), and the pandemic (Usher et al, 2020). Research also highlights the impact of social injustices such as racism on clinical psychologists mental health and wellbeing (e.g. Wood & N. Patel, 2017). However, there has been little exploration of the direct and indirect impact of global catastrophes and social injustices on clinical psychology doctoral programme staff's mental health and their practice on the programme.

Main Research Question/s

What is the impact of global catastrophes and injustices on clinical psychology doctoral programme staff wellbeing? How do global catastrophes and injustices impact their practice as programme staff?

Proposed Methods

Semi structured interviews either 1:1 or focus groups
Reflexive Thematic Analysis

Suggested Further Reading

Talamonti, D., Schneider, J., Gibson, B., & Forshaw, M. (2024). The impact of national and international financial crises on mental health and well-being: a systematic review. Journal of Mental Health, 33(4), 522-559.
Corvalan, C., Gray, B., Prats, E. V., Sena, A., Hanna, F., & Campbell-Lendrum, D. (2022). Mental health and the global climate crisis. Epidemiology and Psychiatric Sciences, 31, e86.
Su, Z., McDonnell, D., Wen, J., Kozak, M., Abbas, J., Šegalo, S., ... & Xiang, Y. T. (2021). Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices. Globalization and health, 17(1), 4.

https://mhib.co.uk/2025/10/02/mental-health-in-crisis-understanding-the-impact-of-global-catastrophes/
https://www.mentalhealth.org.uk/explore-mental-health/articles/overwhelm-when-global-events-and-relentless-bad-news-become-too-much

Contact email for trainee queries and arranging post Fair meetings

meltemosmancp@gmail.com

What factors support recruitment and retention of Clinical (neuro)psychologists in Neurorehabilitation services?

Supervisory Team and Collaborators

Dr Sheryl Parke
Dr Catherine Ford

Background

Clinical Psychologists and Clinical Neuropsychologists should be part of the core multidisciplinary neurorehabilitation teams, aligned with UK national clinical guidance (BPRSM, 2023; NICE, 2025). However, mclinical psychologists work within mental health and CNPs are typically not included in workforce literature on practitioner psychologists (e.g. NHSE, 2024). Data collected to date has shown a significant misalignment of clinical psychology provision in comparison to national guidance (Parke & Shepherd, 2023). This project seeks to further understand these difficulties through developing a clearer understanding of factors supporting the recruitment and retention in Clinical Psychologists and Clinical Neuropsychologists in neurorehabilitation services.

Main Research Question/s

What are the factors which support recruitment of Clinical (neuro)psychologists in neurorehabilitation services?
What are the factors which support retention of Clinical (neuro)psychologists in neurorehabilitation services?

Proposed Methods

This study could use a mixture or quantitative and qualitative methods. We anticipate that it will involve analysis of responses and free text answers to an online survey of the National Network for Clinical (neuro)psychologists working in Specialist Neurorehabilitation (N = c.120) and wider and semi-structured interviews.

Suggested Further Reading

British Psychological Society. (2024). Guidelines for Commissioning NHS Neuropsychological Services.

British Society of Physical and Rehabilitation Medicine. (2023). Specialist Neuro-rehabilitation services: Providing for Patients with Complex Rehabilitation Needs. https://www.bsprm.org.uk/resources/guideline-documents/

NHSE (2024) Psychological professions national workforce census.
https://www.england.nhs.uk/publication/psychological-professions-workforce-census/

NICE guideline [NG252] Rehabilitation for chronic neurological disorders including acquired brain injury. (2025)

Parke, S., & Shepherd, A. (2023). Mapping psychological provision across Level 1 and 2 NHS neurorehabilitation services in England, February 2023. The Neuropsychologist, (16), 33-39. https://doi.org/10.53841/bpsneur.2023.1.16.33

Rosairo, M., & Tiplady, B. (2024). Are we retaining clinical psychologists and other psychological professionals in the NHS workforce and can we do more? Clinical Psychology Forum, 375

Contact email for trainee queries and arranging post Fair meetings

sheryl.parke@uea.ac.uk

Clinical Psychologist role evaluation: How do job plans compare to BPS/NHS guidance on job plans?

Supervisory Team and Collaborators

Dr Sheryl Parke

Dr Jinnie Ooi

Background

Clinical psychologists work in a range of services and role within the NHS. Job planning supports the effective and appropriate use of Clinical Psychologists time (BPS, 2023). It is unclear how job planning is used within the NHS for clinical psychologists and how this contributes to job satisfaction, effort/reward balance and retention. Research has found that effect/reward imbalance and a misunderstanding of the role of clinical psychologists can lead to them moving hours out of the NHS (Harding et al., 2025; Stinton et al., 2025). Therefore, further exploration is warranted and pertinent.

Main Research Question/s

How do workplace activities of Clinical Psychologists in the NHS align/differ from NHS jobs plans and BPS guidance?
What is the impact of the alignment/misalignment on job satisfaction and reward/effort balance?

Proposed Methods

Quantitative survey methods to explore current workplace activities and alignment with national guidance on job planning.
Survey to include questions and free text responses on how job planning and workplace activities contribute to job satisfaction and reward/effort balance.

Suggested Further Reading

Ambrose, Ana (2019) Exploring clinical leadership within the clinical psychology career pathway. University of Southampton, Doctoral Thesis, 166pp.

British Psychological Society. (2023). Guideline on job planning for practitioner psychologists in the NHS and social care. https://explore.bps.org.uk/content/report-guideline/bpsrep.2023.rep170

Harding, Annabel (2025) The Truth Behind the Murmurs: Exploring Wellbeing and Employment Decisions Within the NHS Psychological Professions Workforce. Doctoral thesis, University of East Anglia.

Riccio, S., & Fisher, P. (2025). A systematic review of factors contributing to clinical psychologists' self-care and well-being within the United Kingdom. Professional Psychology: Research and Practice, 56(3), 245–255. https://doi.org/10.1037/pro0000618

Stinton, Megan Esther Clare (2025) The Sustainability Challenge in NHS Psychological Professionals. Understanding and Correlating the Experiences of Stress, Burnout and Workforce Retention. Doctoral thesis, University of East Anglia.

Contact email for trainee queries and arranging post Fair meetings

sheryl.parke@uea.ac.uk

Recognition Matters: Building Rewarding and Enduring Careers in Clinical Psychology

Supervisory Team and Collaborators

Dr Sheryl Parke

Dr Jinnie Ooi

Professor Sara Connolly

Background

The Effort-Reward Imbalance Theory (Siegrist, 2012) has been used to explore retention issues in the NHS (Weyman et al. 2023). Recent research showed that a perceived effort/reward imbalance in early career clinical psychologists was associated with an intention to reduce their NHS hours in the next 5 years (Harding, 2025). Factors that impact on this perceived effort/reward balance include systemic barriers, the emotional and moral toll, and the misunderstanding of the role of clinical psychologists (Stinton, 2025).

Main Research Question/s

What factors are associated with fostering a rewarding and enduring career for clinical psychologists?

Proposed Methods

Quantitative and/or qualitative methods (joint projects possible)

Suggested Further Reading

1. Siegrist, J. (2012). Effort-reward imbalance at work—Theory, measurement and evidence. https://www.uniklinik-duesseldorf.de/fileadmin/Fuer-Patienten-und-Besucher/Kliniken-Zentren-Institute/Institute/Institut_fuer_Medizinische_Soziologie/Dateien/ERI/ERI-Website.pdf
2. Weyman, A., Glendinning, R., O'Hara, R., Coster, J., Roy, D., & Nolan, P. (2023). Should I stay or should I go. NHS staff retention in the post COVID-19 world: challenges and prospects-IRR report. In.: University of Bath.
3. Harding, A. (2025). The Truth Behind the Murmurs: Exploring Wellbeing and Employment Decisions Within the NHS Psychological Professions Workforce https://ueaeprints.uea.ac.uk/id/eprint/100780/
4. Stinton, M. (2025). The Sustainability Challenge in NHS Psychological Professionals. Understanding and Correlating the Experiences of Stress, Burnout and Workforce Retention. https://ueaeprints.uea.ac.uk/id/eprint/100855/1/2025StintonMClinPsyD_Thesis.pdf

Contact email for trainee queries and arranging post Fair meetings

jinnie.ooi@uea.ac.uk; sheryl.parke@uea.ac.uk

Workforce Sustainability: Psychological Professions Reasons for Staying in the NHS

Supervisory Team and Collaborators

Dr Sheryl Parke

Joel Owen

Background

Psychological professionals in the NHS workforce have grown by 65% between 2019 and 2024 (NHSE, 2024). This has been supported by an increase in training places and creation of new psychological professions.

Recent research has found that clinical psychologists are experiencing stress and burnout across the career path and are considering moving hours out of the NHS in the early career stage (Harding et al., 2025; Rosairo & Tiplady, 2024; Stinton et al., 2025).

Understanding the factors which support the retention of psychological professionals in the NHS is imperative to ensure that the workforce meets the needs of the populations it serves, supports the workforce to continue to grow and the plans outlined in the NHS 10-year health plan (NHS, 2025)

Main Research Question/s

What factors support the retention of psychological practitioners in the NHS?

Proposed Methods

Mixed methods design drawing on a survey and focus groups/interviews.

Suggested Further Reading

Harding, A (2025) The Truth Behind the Murmurs: Exploring Wellbeing and Employment Decisions Within the NHS Psychological Professions Workforce. Doctoral thesis, University of East Anglia.

NHS. (2025). Fit for the future: 10 Year Health Plan for England. https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary

NHSE (2024) Psychological professions national workforce census. https://www.england.nhs.uk/publication/psychological-professions-workforce-census/

Rosairo, M., & Tiplady, B. (2024). Are we retaining clinical psychologists and other psychological professionals in the NHS workforce and can we do more? Clinical Psychology Forum, 375 ¸

Stinton, M (2025) The Sustainability Challenge in NHS Psychological Professionals. Understanding and Correlating the Experiences of Stress, Burnout and Workforce Retention. Doctoral thesis, University of East Anglia.

Contact email for trainee queries and arranging post Fair meetings

sheryl.parke@uea.ac.uk

Trainee experience of how training prepares them for working in their roles and how this influences their career decisions.

Supervisory Team and Collaborators

Dr Sheryl Parke

Dr Imogen Rushworth

Joel Owen

Background

Psychological professionals in the NHS workforce have grown by 65% between 2019 and 2024 (NHSE, 2024). This has been supported by an increase in training places and creation of new psychological professions. Understanding the factors which support the retention and sustainability of psychological professionals in the NHS is imperative to ensure that the workforce meets the needs of the populations it serves, supports the workforce to continue to grow and the plans outlined in the NHS 10-year health plan (NHS, 2025).

Recent research has found that clinical psychologists are experiencing stress and burnout across the career path and are considering moving hours out of the NHS in the early career stage (Harding et al., 2025; Rosairo & Tiplady, 2024; Stinton et al., 2025).

Understanding how training in the newly qualified psychological professionals feel training has prepared them for their qualified roles and what impact this has on their career decisions is important as the professions continue to expand.

Main Research Question/s

How does psychological professionals training prepare them for their roles and influence their career decisions post qualification?

Proposed Methods

Mixed methods approach to include survey of newly qualified psychological professionals (6 months +) to seek to understand their experience of training and how they feel this has prepared them for their roles and analysis of free text responses or interviews.

Suggested Further Reading

Borsay, C. (2020). Understanding newly qualified psychologists' experiences of transition from trainee to qualified practitioner: A survey study. Clinical Psychology Forum, 333. https://explore.bps.org.uk/content/bpscpf/1/333/56

Harding, Annabel (2025) The Truth Behind the Murmurs: Exploring Wellbeing and Employment Decisions Within the NHS Psychological Professions Workforce. Doctoral thesis, University of East Anglia.

Levinson S, Nel PW, Conlan L (2021), "Experiences of newly qualified clinical psychologists in CAMHS". The Journal of Mental Health Training, Education and Practice, Vol. 16 No. 3 pp. 187–199, doi: https://doi.org/10.1108/JMHTEP-08-2019-0043

NHS. (2025). Fit for the future: 10 Year Health Plan for England. https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary

NHSE (2024) Psychological professions national workforce census. https://www.england.nhs.uk/publication/psychological-professions-workforce-census/

Rosairo, M., & Tiplady, B. (2024). Are we retaining clinical psychologists and other psychological professionals in the NHS workforce and can we do more? Clinical Psychology Forum, 375

Stinton, Megan Esther Clare (2025) The Sustainability Challenge in NHS Psychological Professionals. Understanding and Correlating the Experiences of Stress, Burnout and Workforce Retention. Doctoral thesis, University of East Anglia.

Contact email for trainee queries and arranging post Fair meetings

sheryl.parke@uea.ac.uk

Understanding presenteeism within the psychological workforce

Supervisory Team and Collaborators

Dr Jo Reed

Background

Presenteeism refers to an employee continuing to be at work despite being unwell to the extent that they cannot function to their usual ability. Recent research has indicated that presenteeism may be more prevalent within certain sectors, including healthcare. Research has not yet looked into the factors that may underpin presenteeism within different professionals within the healthcare workforce, the current study would seek to better the prevalence and potential factors underpinning presenteeism within the psychological workforce specifically.

Main Research Question/s

What is the prevalence of presenteeism within the psychological workforce? What are some of the potential factors underpinning presenteeism within psychological professionals?

Proposed Methods

Could be mixed methods

Suggested Further Reading

Marciniak-Nuqui, Z., Cabling, M. L., & Romanelli, R. J. (2024). Culture of presenteeism: emergent perspectives from an NHS-workforce convenience sample. Occupational Medicine, 74(2), 167-171.

Kinman, G. (2019). Sickness presenteeism at work: prevalence, costs and management. British medical bulletin, 129(1), 69-78.

Contact email for trainee queries and arranging post Fair meetings

jo.reed@cpft.nhs.uk

Are trainee clinical psychologists more likely to report increased perfectionism and feelings of imposter syndrome compared with other psychological professions trainees, and is this associated with poorer reported wellbeing and increased distress?

Supervisory Team and Collaborators

Dr Imogen Rushworth
Dr Jasmine Taylor

Background

Training to be a clinical psychologist is known to be challenging, given the multiple demands involved in training across academic, clinical and placement components. Alongside reporting increased feelings of psychological stress during training, Trainee Clinical Psychologists (TCP) are reported to describe imposter syndrome (IP) and perfectionism in relation to training. What is not known is if these are specific to TCPs and higher in comparison to other psychological professions trainees, or occur more commonly across psychological professional training. The potential mechanisms beneath a specific relationship are unclear but are hypothesised may relate to early upbringing, later cohort/societal experiences.

Main Research Question/s

Do Trainee Clinical Psychologists report higher perceived IP and perfectionism compared to trainees in other psychological professionals' training programmes?
Are higher IP and perfectionism associated with higher reported psychological distress and lower wellbeing in TCPs, compared to trainees in other psychological professionals' training programmes?
Are higher IP and perfectionism associated with perceived parenting style, cohort/societal factors?

Proposed Methods

Quantitative design using measures of perfectionism (e.g., Multidimensional Perfectionism Scale), Perfectionistic Cognitions Inventory), IP (e.g., Clance Imposter Phenomenon Scale), elements of psychological distress/wellbeing (e.g., GAD-9, PHQ-7), parental approach (e.g., Multidimensional Assessment of Parenting Scale).

Demographic information relating to e.g., year of birth, year of entry to secondary school and university, cultural background.

Suggested Further Reading

Curran, T., & Hill, A. P. (2019). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. Psychological Bulletin, 145(4), 410–429. https://doi.org/10.1037/bul0000138

Curran, T., & Hill, A. P. (2022). Young people's perceptions of their parents' expectations and criticism are increasing over time: Implications for perfectionism. Psychological Bulletin, 148(1-2), 107–128. https://doi.org/10.1037/bul0000347

https://www.lse.ac.uk/research/research-for-the-world/health/over-stressed-and-under-pressure-the-problem-with-being-perfect

Contact email for trainee queries and arranging post Fair meetings

i.rushworth@uea.ac.uk

The experience of being a trainer on a Clinical Psychology training course in the context of personal lived experience.

Supervisory Team and Collaborators

Dr Imogen Rushworth
Dr Meltem Osman tbc

Background

Research shows that therapists and those working in the psychological professions, including clinical psychologists (CPs), may have their own experience of mental health concerns. Disclosure of these experiences is often restricted due to concerns around stigma. There is some evidence to support that clinical psychologists who work on clinical psychology training courses also have lived or living experience. However, there is little evidence exploring what it is like for CPs working on training courses in the context of their own lived/living experience.

Main Research Question/s

What are the experiences of qualified clinical psychologists working on CP training courses with lived or living experience?

Proposed Methods

Qualitative interviews with qualified CPs working on UK-based clinical psychology training courses, who report lived or living experience.

Analysis using IPA.

Suggested Further Reading

Dumitru, A., Wijnberg, L. & Brett, C.E. (2025). Resilience in Practice: A Systematic Review of Coping Factors for Therapists With Lived Experience of Mental Ill Health. Mental Health Science, 3(4), e70031.
https://doi.org/10.1002/mhs2.70031

Davies, S., Rushworth, I. & Fisher, P. (2023). “Being human”: A grounded theory approach to exploring how trainers on clinical psychology doctorate programmes decide whether or not to disclose personal experiences of psychological distress to clinical psychology doctorate trainees. Counselling and Psychotherapy Research, 4(3), 919-929.
https://doi.org/10.1002/capr.12648

Tay, S., Alcock K., & Scior K. (2018). Mental health problems among clinical psychologists: Stigma and its impact on disclosure and help-seeking. Journal of Clinical Psychology, 74(9), 1545-1555.
https://doi.org/10.1002/jclp.22614

Hobaica, S., Szkody, E., Owens, S. A., Boland, J. J., Washburn. J. J. & Bell, D. J. (2021). Mental health concerns and barriers to care among future clinical psychologists. Journal of Clinical Psychology, 77(11), 2473-2490.
https://doi.org/10.1002/jclp.23198

Bearse, J. L., McMinn, M. R., Seegobin, W. & Free, K. (2013). Barriers to psychologists seeking mental health care. Professional Psychology: Research and Practice, 44(3), 150-157.
https://doi.org/10.1037/a0031182

Contact email for trainee queries and arranging post Fair meetings

i.rushworth@uea.ac.uk

How do clinical psychology trainees, who have concurrent parenting commitments, experience support of their wellbeing and training demands during training to be a clinical psychologist?

Supervisory Team and Collaborators

Dr Imogen Rushworth

Background

Clinical psychology training is a demanding and challenging process, with competing academic, clinical and placement components across three years of training. It is not uncommon for trainee clinical psychologists (TCPs) to start training with parenting responsibilities or to become a parent during training. Whilst research has shown clinical psychology training to impact on trainees' wellbeing and levels of psychological distress, there is little research into the impact of training whilst holding concurrent responsibilities such as being a parent or carer. There is some reported research which suggests that additional responsibilities can add to the demands of training, though there is limited evidence on the impact of these competing demands on trainee wellbeing. Recent initiatives have supported the introduction of generic systems to support trainee wellbeing throughout training though it is not known if these are suited to the specific needs to those with parenting responsibilities.

Main Research Question/s

Please note: there is little research currently in this area but what there is overlaps with the above, therefore the project questions will need some working up to make them distinct and different. Suggested ones are given below.
Could be approached from either a quantitative or a qualitative stance.
Quantitative: What is the impact of the training environment on the wellbeing of trainee clinical psychologists who are parents?
OR (not both)
Qualitative: How do trainees who are parents experience wellbeing initiatives offered by clinical psychology training courses and are these initiatives suited to their needs?

Proposed Methods

If quantitative. using scales such as:

- Perceived Stress Scale (Cohen et al. 1983).
- Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWEBS; Stewart-Brown et al., 2009)
- Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)
- Graduate Student Self-Efficacy Scale (GSSE; Alvarez, 1992)
- Research Training environment Scale (RTES-R-S; Gelso et al., 1996)
- SPOS Survey of Perceived Organisational Support
- Supervisor Empathy Scale
- QSDI Supervisor-Doctoral Student Interaction questionnaire

If qualitative, using semi-structured interviews.
Analysis using IPA.

Suggested Further Reading

Johnson, K. (2024). Combining Training, Employment, and Parenthood: the qualitative experiences of parents. Unpublished Doctoral Thesis, University of Liverpool.

Johnson, K. (2025). Parenting and psychology training- do they mix? https://www.bps.org.uk/psychologist/parenting-and-psychology-training-do-they-mix

Comerford, J-A. (2024). Mothers' experiences of doctoral level training in clinical psychology in the UK: A thematic analysis. Unpublished Doctoral Thesis, University of Hertfordshire.

Contact email for trainee queries and arranging post Fair meetings

l.rushworth@uea.ac.uk