



Dr E. Angharad Polley
MA, MSc, D.Clin.Psych.
Senior Clinical Psychologist



Health Professions Council Registration: **PYL36119**

Dr Polley currently works as a Senior Clinical Psychologist in an NHS child and adolescent mental health service. Over the last 9 years she has also worked in a community-based adult mental health service supporting adults with severe and enduring mental health difficulties, and an all-ages community eating disorder service. Dr Polley has been responsible for the assessment, formulation and treatment of severe and complex cases and specialises in complex trauma, eating disorders, attachment, anxiety and mood disorders. Dr Polley has been responsible for completing assessments based upon the interpretation and integration of data from a variety of sources, including neuropsychological reports, self-report measures, rating scales, direct and indirect observations and semi-structured interviews with clients, family members, and other agencies involved in clients' care and support. Dr Polley has experience of delivering both individual and group interventions, and is experienced in a variety of evidence-based treatment approaches including EMDR, Acceptance and Commitment Therapy, CBT, and Mentalization-Based Therapy.

AREAS OF SPECIALISM

- Assessment of mental health needs in children, adolescents and adults
- Assessment and formulation of risk of suicide and self-harm
- Evidence-based formulations and interventions for Anxiety, Depression, OCD, Eating Disorders, Trauma/PTSD and complex-PTSD

PROFESSIONAL QUALIFICATIONS

- 2018** Doctorate in Clinical Psychology, University of Manchester (pass)
- 2009** MSc in Forensic Psychology, University of Central Lancashire (merit)
- 2002** MA in Psychology, University of Glasgow (1/1)

WORK HISTORY

2022 – Present Child and Adolescent Mental Health Services (CAMHS): South Cumbria

In my clinical role, I am responsible for the assessment, formulation and treatment of severe and complex cases presenting to this tier 3 service. Assessments are based upon the appropriate use, interpretation and integration of data from a variety of sources, including neuropsychological reports, self-report measures, rating scales, direct and indirect observations and semi-structured interviews with clients, family members and others involved in the clients' care. Formulations based on assessments inform intervention strategies and I am able draw on a range of evidence-based models including Eye Movement Desensitisation and Reprocessing (EMDR), Acceptance and Commitment Therapy, Compassion Focussed Therapy, Cognitive Behaviour Therapy, and Mentalization-Based Therapy. I exercise autonomous professional responsibility for assessment, treatment and discharge of clients, which includes risk assessment, formulation and management.

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Alongside direct clinical work I am responsible for supporting the multidisciplinary team on clinical issues. This involves offering a psychological perspective on clinical decisions, and advice and support to colleagues from various disciplines to develop formulations and care plans. Weekly multidisciplinary team meetings and case discussion slots offer opportunities to discuss clinical issues or develop formulations where psychological principles and theories can be applied to presentations that may be proving particularly challenging in some way, often as an alternative to medical/diagnostic conceptualisations. I am also responsible for supporting staff on complex decision making particularly where an interface with other agencies such as Tier 4 services, social services, and/or schools is necessary. I have led on various service delivery projects including clinical skills training for the team and improving how the service interfaces with partner agencies by establishing interface meetings.

I have responsibility for supervising Trainee Clinical Psychologists, Assistant Psychologists and several members of the nursing team. Within this role I feel I have fostered a culture of psychological safety where clinicians feel safe to ask questions, adopt a “not knowing” stance, and voice concerns and uncertainty.

2019 – 2022

All Ages Eating Disorder Service: The Bay

Working in a multidisciplinary team offering lifespan support to individuals with eating disorders I was responsible for leadership on clinical issues. This involved offering a psychological perspective on clinical decisions, and advice and support to colleagues from various disciplines to develop formulations and care plans. I was responsible for supporting staff on complex decision making, such as where there were comorbid presentations (e.g. drug and alcohol issues) or risky discharges from inpatient settings. I contributed to decision making regarding service delivery. I was responsible for ensuring the team had adequate clinical supervision and offered supervision to a number of members of the team. I was responsible for developing and implementing strategies to address staff wellbeing. In my clinical role I exercised autonomous professional responsibility for assessment, treatment and discharge of clients, which included risk assessment, formulation and management. Alongside assessment and treatment of individuals with eating disorders, this role included delivering training to non-psychologist colleagues, I have delivered training within the team on risk assessment, formulation and management. Beyond the team I have delivered training in eating disorders and the management of risk to medical professional teams including junior doctors and paediatric teams.

2017 – 2019

Cumbria Partnership Foundation Trust – Community Mental Health Team; Furness

Working within a small team of psychologists my role was to provide specialist psychological assessment and treatment to clients referred to the team with severe and enduring mental health difficulties. Assessments informed formulation and treatment plans for evidence-based psychological treatments. I worked individually exercising autonomous professional responsibility for assessment, treatment and discharge of clients, which included risk assessment, formulation and management. Alongside my individual therapy case load I facilitated the Mentalisation Based Therapy (MBT) programme which involved consulting with other professionals as to the suitability of MBT to their client, screening referrals, and facilitating both the introductory (psychoeducation) and the weekly therapy groups. Within my CMHT role I was given the 0.3 WTE post of Psychologist within the Anorexia Nervosa Intensive Service (ANIS) team. Alongside assessment and treatment of individuals with severe anorexia nervosa, this role included delivering training to non-psychologist colleagues, participating in clinical discussions including complex risk assessment, formulation and management, and safeguarding. I was given responsibility for the Carers Training and Support package, which included quarterly training days and a monthly evening support group. This included tailoring training to meet the needs of people with loved ones who have chronic mental health difficulties including eating disorders. I was one of a number of psychologists who led weekly

team formulation meetings. I represented the psychology team in assessment meetings on a regular basis where an MDT discussed treatment strategies for a diverse range of referrals. I developed and delivered training on motivational interviewing and personality disorders.

2014 – 2017 **Manchester Mental Health and Social Care Trust, Clinical Psychology Doctorate, University of Manchester**

As a trainee clinical psychologist I was responsible for assessment, formulation and intervention with clients across core placements which included Adult Mental Health Services, Child and Adolescent Mental Health Services, Learning Disability Services, and Physical Health Psychology Services. I opted to split my final year specialist between a community adult mental health placement and a tier 4 adolescent inpatient service (The Cove) due to interests in these areas. I acquired knowledge and experience in a range of psychological models. I am competent in assessment, formulation and intervention using both cognitive (CBT, Metacognitive Therapy, and third wave CBT approaches in particular Acceptance and Commitment Therapy) and relational models, predominantly Psychodynamic Interpersonal Therapy (PIT) and Cognitive Analytical Therapy (CAT). I have also had the opportunity to work with clients using systemic approaches (for example Solution-Focused and Narrative Therapy). I gained experience in conducting and interpreting neuropsychological assessments (including the WAIS-IV, WMS-IV, DKEFS, BADS) with a number of clients at different developmental stages. Alongside clinical duties I submitted coursework and research assignments and presentations. My large-scale research project explored communication within families and was driven by an interest in the area of prevention of mental health difficulties and familial risk factors.

2014 **Cumbria Alcohol and Drug Advisory Service**

I was responsible for planning, coordinating and delivering the Health and Wellbeing project from the Barrow centre and within the local community. I planned and delivered group and 1:1 interventions to support people with substance misuse problems to make changes to improve health and wellbeing. Group interventions included an Anxiety and Stress Management course which incorporated elements of CBT and DBT; Coping with Stress and How Your Diet Can Help; and Sleep Hygiene. Alongside these intervention groups I established the “CHEWS Life Allotment Project”. I was also responsible for identifying relevant areas for staff training, and delivered training on Self Harm and Functional Assessment, and The Good Lives Model.

2010 – 2014 **University of Central Lancashire, Ashworth Research Centre**

Within this role I worked autonomously across a variety of projects, including service and treatment evaluations, implementation projects, and audits. I was engaged in a variety of research activities such as conducting psychological assessments and clinical interviews, delivering group interventions, recruitment of research participants, and liaison with staff across departments. Included in this role was training in a variety of assessment measures including administration and scoring of the Psychopathy Checklist – Revised, the WAIS-IV, and the HCR-20. I presented project results at the Division of Forensic Psychology 2013 annual conference.

2009 – 2010 **Khulisa UK**

Within this role I was responsible for delivering programmes and support sessions on a violence intervention programme with offenders and “at risk” adolescents. This included liaising with school and prison staff and planning and delivering sessions.

2007 – 2008 **Cumbria Alcohol and Drug Advisor**

I was responsible for contacting clients, arranging sessions, maintaining notes, collecting data, selecting and delivering therapeutic tools relevant to each client, and attending monthly supervision.

SPECIALIST TRAINING AND PROFESSIONAL DEVELOPMENT

Professional Development

- 2022** Adaptive Mentalization Based Integrative Treatment (AMBIT) Local Facilitator training programme, 5 days [Anna Freud Centre]
- 2022** Eye Movement Desensitisation and Reprocessing (EMDR) Level 1 Child and Adolescent training, 2 days [Child Trauma Therapy Centre]
- 2021** Understanding Acute Food Refusal Intake Disorder (ARFID), 1 day [Birmingham Food Refusal Service]
- 2020** BPS accredited supervisor training, 3 days [Lancaster University]
- 2019** Perinatal Mental Health, 2 days [The Tavistock & Portman NHS Trust]
- 2018** Mentalisation Based Therapy practitioner training, 3 days [Anna Freud Centre]
- 2018** Maudsley Anorexia Nervosa Treatment Approach (MANTRA) supervisor training, 3 days [University College London]
- 2018** Mentalisation Based Therapy basic training, 3 days [Anna Freud Centre]
- 2017** Eye Movement Desensitisation and Reprocessing training, 7 days [EMDR Academy]
- 2017** Maudsley Anorexia Nervosa Treatment Approach (MANTRA) basic training, 3 days [University College London]