

## Knowledge of models of intervention, and the ability to understand and employ the model in practice

### Knowledge of therapeutic models

An ability to draw on knowledge of the theory and principles underpinning therapeutic models commonly applied for individuals with personality disorder, and particularly those applied in the setting within which the practitioner is working e.g.:
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behavioural and cognitive behavioural therapies
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psychodynamic therapies
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mentalisation-based models
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integrative models (e.g. CAT)
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An ability for practitioners to draw on detailed knowledge of any therapeutic models that they are applying
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An ability to draw on knowledge of the evidence base as it relates to the models employed in services (e.g. through clinical guidelines such as NICE or SIGN), and to:
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update this knowledge regularly (e.g. as new guidelines are published through research digests, or through reading original research reports)
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apply this knowledge to inform decision-making about the range of interventions employed
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An ability to draw on knowledge of factors common to all therapeutic approaches*:
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supportive factors:
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a positive working relationship between therapist and client characterised by warmth, respect, acceptance and empathy, and trust
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the active participation of the client
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therapist expertise
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opportunities for the client to discuss matters of concern and to express their feelings
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learning factors:
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advice
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correctional emotional experience
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feedback
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exploration of internal frame of reference
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changing expectations of personal and interpersonal effectiveness
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assimilation of problematic experiences
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action factors:
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behavioural regulation
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cognitive mastery
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encouragement to face fears and to take risks
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reality testing
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experience of successful coping
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An ability to draw on knowledge of the principles which underlie the intervention being applied, using this to inform the application of the specific techniques which characterise the model

An ability to draw on knowledge of those service users for whom the intervention is recommended

An ability to draw on knowledge of the principles of the intervention model in order to implement therapy in a manner which is flexible and responsive to service users' needs, but which also ensures that all relevant components are included:

\* classification adapted from:

Lambert, M.J. and Ogles, B.M (2004) The efficacy and effectiveness of psychotherapy pp139-193 in M.J. Lambert Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change (5<sup>th</sup> Edition) New York: Wiley

## **Ability to collaboratively engage the client with the treatment model and treatment options**

An ability to engage the client in a collaborative discussion of the treatment options open to them, informed by the information gleaned through assessment, the formulation emerging from the assessment, and the client's aims and goals

An ability to convey information about treatment options in a manner that is tailored to the client's capacities and that encourages them to raise and discuss queries and/or concerns

An ability to provide the client with sufficient information about the treatment and intervention options open to them, such that:

they are aware of the range of options available to clients in the service

they are in a position to make an informed choice from among the options available to them

An ability to ensure that clients have a clear understanding of the models or approaches being offered to them (e.g. the broad content of each intervention and the way an intervention usually progresses)

While maintaining a positive stance, an ability to convey a realistic sense of:

the effectiveness and scope of each intervention

any challenges associated with each intervention

An ability to use clinical judgment to determine whether the client's agreement to pursue an intervention is based on a collaborative choice (rather than being a passive agreement, or as an agreement which they experience as imposed on them)

## **Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view'**

### **Understanding the concept of the therapeutic alliance**

An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:
the relationship or bond between therapist and client
consensus between therapist and client regarding the techniques/methods employed in the therapy
consensus between therapist and client regarding the goals of therapy
An ability to draw on knowledge that all three components contribute to the maintenance of the alliance

### **Knowledge of therapist factors associated with the alliance**

An ability to draw on knowledge of therapist factors which increase the probability of forming a positive alliance:
being flexible and allowing the client to discuss issues which are important to them
being respectful
being warm, friendly and affirming
being open
being alert and active
being able to show honesty through self-reflection
being trustworthy
Knowledge of therapist factors which reduce the probability of forming a positive alliance:
being rigid
being critical
being distant
being aloof
being distracted
making inappropriate use of silence

### **Knowledge of client factors associated with the alliance**

An ability to draw on knowledge of client factors which affect the probability of forming a positive alliance e.g.:
symptomatic issues (e.g. assuming that the therapist will disbelieve the client's perspective on events)
involuntary presentation (e.g. sectioned under the Mental Health Act, or attending because of external pressures)
issues related to substance misuse
service issues (e.g. previous negative experiences)
cultural factors (e.g. cultural expectations about who should be involved in any intervention).
influence of family and peers (e.g. families who encourage or discourage the client from maintaining contact with services, or peers who stigmatise the client for being in receipt of an intervention)

### **Capacity to develop the alliance**

An ability to listen to the client's concerns in a manner which is non-judgmental, supportive and sensitive, and which conveys an accepting attitude when the client describes their experiences and beliefs
An ability to validate the client's concerns and experiences
An ability to ensure that the client is clear about the rationale for the intervention being offered
An ability to gauge whether the client understands the rationale for the intervention, has questions about it, or is skeptical about the rationale, and to respond to these concerns openly and non-defensively in order to resolve any ambiguities
An ability to help the client express any concerns or doubts they have about the therapy and/or the therapist, especially where this relates to mistrust or skepticism
An ability to help the client form and articulate their goals for the therapy, and to gauge the degree of congruence in the aims of the client and therapist

### **Capacity to grasp the client's perspective and 'world view'**

An ability to apprehend the ways in which the client characteristically understands themselves and the world around them
An ability to hold the client's world view in mind throughout the course of therapy and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions
An ability to establish the client's point of view by exploring their position in an open and accepting manner, taking their concerns at face value and suspending any tendency to disbelief.
An ability to hold the client's perspective in mind whilst gathering all relevant information in a sensitive manner
An ability to hold the client's world view in mind, while retaining an independent perspective and guarding against collusion with the client

### **Capacity to maintain the alliance**

#### **Capacity to recognise and to address threats to the therapeutic alliance ("alliance ruptures")**

An ability to recognise when strains in the alliance threaten the progress of therapy
An ability to deploy appropriate interventions in response to disagreements about tasks and goals:
An ability to check that the client is clear about the rationale for treatment and to review this with them and/or clarify any misunderstandings
An ability to help clients understand the rationale for treatment through using/drawing attention to concrete examples in the session
An ability to judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client (rather than explore factors which are giving rise to disagreement over these factors)
An ability to deploy appropriate interventions in response to strains in the bond between therapist and client:
An ability for the therapist to give and ask for feedback about what is happening in the here-and-now interaction, in a manner which invites exploration with the client
An ability for the therapist to acknowledge and accept their responsibility for their contribution to any strains in the alliance
Where the client recognises and acknowledges that the alliance is under strain, an ability (when appropriate) to help the client make links between the rupture and their

usual style of relating to others
An ability to allow the client to assert any negative feelings about the relationship between the therapist and themselves
An ability to help the client explore any fears they have about expressing negative feelings about the relationship between the therapist and themselves

**Sources:**

Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy: Theory, Research, Practice, Training*, 38, 171–185.

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 23, 1–33

Safran J.D. and Muran J.C. (2000) *Negotiating the therapeutic alliance* New York: Guilford Press

## **Ability to understand and respond to the emotional content of sessions**

### **Eliciting emotions that facilitate change**

An ability to help clients access, differentiate and experience their emotions in a manner which best facilitates change.

### **Management of strong emotions which interfere with effective change**

An ability to help clients process emotions, by acknowledging and/or containing emotional levels that are too high (e.g. anger, fear, despair) or too low (e.g. apathy, low motivation)

An ability to deal effectively with emotional issues that interfere with effective change (e.g. excessive levels of anxiety, anger or hostility, or avoidance of strong affect)

An ability to help clients express their feelings while also monitoring their capacity to tolerate emotional expression and an ability to deploy in-session strategies that help to manage any difficulties that emerge, for example by:

ensuring that discussion moves at the client's pace (i.e. their readiness and capacity to discuss an issue)

'pulling back' if areas appear to be too difficult and returning to them at a later stage

An ability to introduce techniques designed to manage unhelpfully strong emotions (such as aggressive behaviour), e.g.:

naming emotions exhibited by the client

indicating what behaviour is appropriate/inappropriate in social situations.

When significant others are participants in the session, an ability to help them to support the client's capacity to express emotion in an appropriate manner (in the session)

### **Ability to reflect on the expression of behaviours and emotions**

An ability to understand that the client's emotional expression (including aggressive behaviour) is a form of communication

An ability to reflect on the meaning of the behaviour/emotional expression and its relation to the current and past context

An ability to describe the emotion/behaviour and elicit the client's interpretation of its meaning

an ability to discuss any such interpretations with clients

An ability for the clinician to reflect on their own reaction to the emotional/behavioural expression and their influence on the client's behaviour

an ability for the clinician to make use of supervision to reflect (and if need be act) on these issues

## Ability to manage endings and service transitions

### Working with planned endings

Where the “contact” will be of a fixed duration an ability to work collaboratively with clients in order to manage termination and set in place any future support

An ability to prepare clients for endings by explicitly referring to the limits of the intervention at the outset, and throughout therapy, as appropriate (e.g. in connection with discussions about loss)

An ability to assess any risks to clients that may arise during or after termination with the service

An ability to help the client express feelings about termination, including any feelings of hostility and disappointment with the limitations of the intervention and of the therapist.

An ability to help clients make connections between their feelings about ending and other losses/separations.

An ability to help clients explore any feelings of anxiety about managing without the clinician.

An ability to help clients reflect on the process of the treatment as well as what they have learnt and gained from the intervention.

Where there is a planned transition to another service, an ability to prepare clients appropriately (e.g. by providing them with information about what the service offers, or arranging joint appointments with the new service).

### Working with premature or unplanned terminations

#### Knowledge

An ability to draw on knowledge of national and local guidance on the assessment of risk relating to a client ending contact with a service, including policies, procedures and standards in relation to:

risk assessment and management.

consent, confidentiality and information sharing.

An ability to draw on knowledge of local procedures in response to ‘failure to attend’ appointments

An ability to draw on knowledge of local services to which the client may be referred at the end of contact with local services

#### Working with unplanned endings

Where possible, an ability to explore with clients why they wish to terminate contact with the service earlier than originally planned.

Where working with families, an ability to establish which members of the family wish to terminate contact early (i.e. the extent to which this is a consensual family decision, or is a view held by some, but not all, family members).

An ability to explore with clients whether their concerns about the intervention or service can be addressed.

An ability to assess any risk arising from early termination with the service

An ability to contact relevant agencies regarding early termination

An ability to review contact with clients verbally or through a discharge letter.



## **Ability to select and use measures and diaries when working with individuals with personality disorder**

### **Knowledge of commonly used measures**

An ability to draw on knowledge of measures commonly used as part of an assessment for psychological interventions and when evaluating their outcomes in domains such as:

measures of functioning and adaptation (including interpersonal, work and social functioning)

measures that help to identify specific symptoms of personality disorder (e.g. capacity for emotional regulation, impulsivity)

measures that help to identify symptoms of common mental disorders

measures of risk (including self-harm and harm to others)

measures that tap the client's experience of services

measures that indicate degree to which the client is able to engage in appropriate use of services (e.g. indicators of service use, such as use of emergency services, duration of inpatient stays)

### **Knowledge of the purpose and application of measures**

An ability to draw on knowledge of the purpose of the measure (i.e. what it specifically aims to detect or to measure), for example:

measures used in a comprehensive assessment to assess particular clinical symptoms (e.g. symptoms of depression or self-harm).

measures used in outcome evaluation that are sensitive to therapeutic change.

An ability to draw on knowledge relevant to the application of a measure (such as its psychometric properties (including norms, validity, reliability))

the training required in order to administer the measure

scoring and interpretation procedures

guidance on the confidentiality of the measure and how results should be shared with other professionals and families.

characteristics of the test that may influence its use (e.g. brevity, or 'user friendliness')

An ability to draw on knowledge of procedures for scoring and for interpretation of the measure.

### **Ability to administer measures**

An ability to judge when a person may need assistance when completing a scale

An ability to take into account a person's attitude to the scale, and their behaviours while completing it, when interpreting the results

An ability to score and interpret the results of the scale using the scale manual guidelines

An ability to interpret information obtained from the scale in the context of assessment and evaluation information obtained by other means.

### **An ability to select and make use of outcome measures**

An ability to integrate outcome measurement into the intervention or treatment programme

An ability to draw on knowledge that a single measure of outcome will fail to capture the complexities of a person's functioning, and that these complexities can be assessed by:

measures focusing on a person's functioning drawn from different perspectives (e.g. person, family member, professional).

measures using different technologies such as global ratings, specific symptom ratings and frequency of behaviour counts.

measures assessing different domains of functioning (e.g. home and work functioning).

measures that assess different symptom domains (e.g. affect, cognition and behaviour)

An ability to select measurement instruments that are designed to detect changes in the aspects of functioning that are the targets of the intervention.

An ability to draw on knowledge that pre- and post-intervention measures are a more rigorous test of improvement than the use of retrospective ratings.

An ability to use sessional measures to inform on progress in therapy and to discuss the implications of this with the client

### **Ability to use diaries**

#### **Knowledge**

An ability to draw on knowledge of the ways in which systematic recording is used to help identify the function of a specific behaviours by analysing its antecedents and consequences (i.e. what leads up to the behaviour, and what happens after the behaviour has occurred).

#### **Ability to integrate systematic "diary recordings" into assessment and intervention**

An ability to explain and demonstrate the use of self-completed frequency charts (designed to record the frequency of target behaviours)

An ability to explain and demonstrate the use of self-completed behavioural diaries (designed to record problematic or desired behaviours and their antecedents and consequences).

An ability to explain the function of structured charts to clients, and to help them use charts to monitor their own behaviour.

An ability to review completed frequency charts and behaviour diaries with a client in order to:

find out the client's interpretation of the data

find out how easy it was for the client to record information

motivate them to carry out any further data collection

An ability to use diary and chart information to help assess the frequency of problems, degree of distress caused, antecedents and patterns of behaviour and reinforcement.

## Ability to respond to and manage crises

This section details strategies relevant to the management of crises in clients with whom there is on-going clinical contact

### Ability to identify common features of crises

An ability to work with the client (and where relevant significant others/ family) to develop a crisis plan based on a shared understanding of a small sample of recent crises (e.g. three):

identifying characteristic early warnings signs by helping the client elaborate and specify the sequence of events leading to a crisis

identifying the specific behavioural, cognitive and emotional triggers that make a crisis more likely

identifying the strategies that the client already uses to regain control (including reactive strategies (e.g. distraction) and proactive strategies (e.g. seeking help from others)

identifying the ways in which others the client's system (e.g. family and friends) characteristically respond to crises

### Ability to identify strategies to be used when a crisis occurs

An ability to work with the client to identify strategies that can be employed during a crisis, including:

the strategies the client can implement during a crisis (e.g. distraction, leaving a provocative situation, calling a friend if feeling trapped by loneliness)

the strategies that family and friends will adopt (e.g. offering additional support or taking care to avoid confrontation)

where possible agreeing to minimise the use of emergency services (e.g. use of accident and emergency services or hospital admission)

where possible agreeing to defer requesting changes to medication during a crisis

### Agreeing the nature of any supplementary support available during a crisis

An ability to agree with the client, and to specify:

any additional support that they can access during a crisis (e.g. telephone support, or a brief meeting)

the nature of support on offer (e.g. focused on managing the immediate problems)

### **Managing crises**

An ability to remind the client of the importance of revisiting and following the strategies outlined in the crisis plan
an ability to take an appropriately empathic, neutral and enquiring stance in order to help the client identify and discuss the issues that have precipitated the crisis, and their reactions to it
an ability (once the nature of the crisis has been fully clarified and understood), to help the client reflect on solutions that they may be able to implement

An ability to specify, and to agree with the client, what information should be communicated about the plan when a crisis occurs including:
the nature and extent of the risk
with whom the information should be shared
the role of each individual named in the crisis plan and their contribution to the management of the crisis

## Ability to deliver group-based interventions

### Knowledge

An ability to draw on knowledge of the theory or model of therapy underpinning the group intervention
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### Ability to plan the group

An ability to estimate the likely demand for the group by identifying the number of clients who:
meet the criteria for the group (e.g. presenting difficulties, range of problems).
are likely to be receptive to a group approach.
would be able to attend the group at a specified time and on a regular basis.
An ability to ensure that there is managerial/ team support for the group (e.g. obtaining appropriate accommodation, resources and referrals)
An ability to plan the basic structure and content of the group, such as:
practicalities (e.g. setting, timing, refreshments)
outline content of sessions
roles of all staff running the group
any additional/ specific resources required for group sessions
any evaluation procedures

### Ability to recruit clients to the group

An ability to specify and apply inclusion and exclusion criteria for the group.
An ability to explore collaboratively with clients the appropriateness of the group for their needs:
an ability to provide information on the content and likely effectiveness of the group intervention.
an ability to outline any alternative intervention options or services which may be more acceptable to the client
An ability to explore (and where possible address) any barriers to participation in the group, such as:
practical barriers (e.g. transport, childcare, need to take time off work etc)
social barriers (e.g. worries about the stigma of attending)
emotional barriers (e.g. social anxiety)
historical factors (e.g. previous negative experiences of groups)
An ability to negotiate individualised goals with each group member

### Ability to follow the model of group therapy

An ability to implement the components of the group therapy, including:
structuring the group (e.g. ordering and timing of material, use of media, homework)
specific intervention techniques
management of group and change processes
For manualised groups, an ability to adhere to the sequence of activities outlined in the manual.
an ability to draw on knowledge of manualised activities so that they can be introduced fluently and in a timely manner

## Ability to manage group process

### Establishing the group

An ability to apply knowledge of group processes to establish an environment which is physically and emotionally safe, by:	
	discussing the 'ground rules' of the group (e.g. maintaining the confidentiality of group members, taking turns to speak, starting and ending the group on time)
	"safeguarding" the ground rules by drawing attention to any occasions on which they are breached
	helping all group members to participate by monitoring and attending to their emotional state
	monitoring and regulating self-disclosure by both members and group leaders in order to maintain an environment where members can share
An ability to identify and manage any emotional or physical risk to group leaders, group participants.	

### Engaging group members

An ability to engage group members in a manner that is appropriate to their developmental stage and congruent with the therapeutic model being employed	
An ability to match the content and pacing of group sessions, presentations and discussions to the characteristics of group members (e.g. attention span, cultural characteristics)	
An ability to build positive rapport with individual members of the group:	
	an ability to monitor the impact of these individual relationships on other members of the group, and if necessary address and manage any tensions that emerge
An ability to manage the group environment in a way that helps all members to participate on a level with which they feel comfortable.	
When appropriate to the model of therapy, an ability to use modelling and explicit social reinforcement to encourage the participation of group members.	

### Managing potential challenges to group engagement

An ability to promote and encourage regular attendance, while not stigmatising those who fail to attend sessions.	
An ability to recognise when individuals form subgroups and to manage the impact of these relationships on overall group dynamics	
An ability to plan for, reflect on, and manage potential challenges to the group including:	
	disruptive behaviour
	persistent lateness/absence, or non-engagement in sessions
	group members who leave the group early
	members who are over voluble or who dominate the group
	high levels of distress displayed by a group member
	where the emotional states of individuals impact on the other members of the group, an ability to attend to this so as to ensure others do not become overwhelmed or disengaged

**Ability to manage the ending of the group**

An ability to prepare group members for the ending of the group by signalling the ending of the therapy at the outset and throughout group sessions, as appropriate.
An ability to draw on knowledge that the ending of the group may elicit feelings in the group member connected to other personal experiences of loss/separation.
An ability to help the group member express any feelings of anxiety, anger or disappointment that they may have about ending the group.
An ability to review the themes covered in the group, in a manner that is appropriate to the model being applied.
An ability to reflect on progress made as a result of participation, and to celebrate this in a manner that is appropriate to the model being applied

**Ability to evaluate the group**

An ability to review the client's goals for the group
An ability to draw on knowledge of appropriate strategies and tools for evaluation, and:
to draw on knowledge regarding the interpretation of measures
to draw on knowledge of the ways in which the reactivity of measures and self-monitoring procedures can bias report
to provide a rationale for the evaluation strategy
to feedback evaluation in a sensitive and meaningful manner

**Ability to use supervision**

An ability to use supervision to reflect on group processes
An ability for group leaders to reflect on their own impact on group processes

## Ability to make use of supervision and training

An ability to hold in mind that a primary purpose of supervision and learning is to enhance the quality of the treatment clients receive
An ability for therapists to recognise when they are operating beyond their level of training or beyond their capacity ("getting out of their depth") and to respond to this by seeking supervision and/or further training
An ability for experienced practitioners to draw on knowledge of significant developments that are relevant to their practice but in which they are inexperienced, and to address this by identifying appropriate training and/or supervision

## An ability to work collaboratively with the supervisor

An ability to work with the supervisor in order to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts which specify these factors)
An ability for the supervisee to help the supervisor be aware of their current state of competence and training needs
An ability to present an honest and open account of clinical work undertaken
An ability to discuss clinical work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive
An ability to present clinical material to the supervisor in a focussed manner, selecting the most important and relevant material

## Capacity for self-appraisal and reflection

An ability to reflect on the supervisor's feedback and to apply these reflections in future work
An ability for the supervisee to be open and realistic about their capabilities and to share this self-appraisal with the supervisor
An ability to use feedback from the supervisor in order further to develop the capacity for accurate self-appraisal
An ability for the supervisee to reflect on their beliefs about clients
an ability to identify (and to work on) beliefs that may be unhelpful to the progress of an intervention

## Capacity for active learning

An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into clinical practice
An ability to take the initiative in relation to learning, by identifying relevant papers, or books, based on (but independent of) supervisor suggestions, and to incorporate this material into clinical practice

## Capacity to use supervision to reflect on developing personal and professional roles

An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to maintaining the likely effectiveness of clinical work
An ability to use supervision to reflect on the impact of clinical work in relation to professional development



**Capacity to reflect on supervision quality**

An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others where:
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there is concern that supervision is below an acceptable standard
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where the supervisor's recommendations deviate from acceptable practice
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where the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships)
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