

## Knowledge of a generic model of adjustment to long-term health conditions

An ability to draw on knowledge that adjustment is not an end-point but a process of assimilation that takes place over time, and which can be expected to vary in response to changes in the person's physical condition and any relevant life-experiences

An ability to draw on knowledge that optimal adjustment (and expectations about the adjustment that can realistically be expected) will be condition and person-specific, and hence:

the tasks associated with adaptation will relate to the specific symptomatology and treatment with which clients are contending

optimal adjustment will not always be signalled by preserved functional status or low negative affect e.g.:

in arthritis an adaptive outcome is one of maintaining quality of life in the face of pain and progressive disability

in advanced terminal illness the key task may be coping with (rather than being overwhelmed by, or not expressing) distressing feelings relating to imminent death

An ability to draw on knowledge that adjustment to a health condition can be understood as the client's capacity to maintain or restore their sense of emotional equilibrium, their identity and quality of life, and that this will be determined by:

predisposing factors:

personal background factors (e.g. early life experiences, personality (optimism, neuroticism), beliefs about themselves and the world, cultural and religious beliefs, values and life goals)

illness-specific factors (e.g. nature of symptoms, degree of uncertainty, prognosis, impact of treatment regimen)

background social and environmental factors (e.g. social support and relationships, availability of health and social care)

beliefs about the meaning of symptoms and their implications

beliefs about treatment

precipitating factors:

possible critical events (e.g. reactions to initial symptoms, or to the diagnosis of a chronic condition; effects of, and response to, treatment; disease progression; threat to mortality; loss of sexual function and/or fertility, changes to identity or life roles)

possible ongoing stressors (e.g. threats to autonomy, management of stressful treatments, experience of relationships with healthcare professionals and systems, difficulties acknowledging their own limits)

### **Factors promoting emotional equilibrium and quality of life**

An ability to draw on knowledge of factors thought to maintain or help clients regain emotional equilibrium and quality of life, including:

#### biological factors e.g.:

- shorter duration and course of illness
- circumscribed physical symptoms
- good general health and physical fitness

#### cognitive factors e.g.:

- their sense of control regarding illness management
- their sense of self-efficacy in relation to the illness itself as well as their general life situation
- their tendency to positively connote their experiences
- their acceptance of the illness
- their perception that the social support they receive is appropriate

#### behavioural factors e.g.:

- setting and working towards goals
- making use of social support
- engaging in positive health behaviours (maintaining a healthy lifestyle)
- adhering to medical and self-management regimes
- maintaining activity levels in the face of illness
- appropriate expression of emotion

#### social factors e.g.:

- receiving and accepting appropriate support from family and significant others

### **Factors inhibiting emotional equilibrium and quality of life**

An ability to draw on knowledge of factors thought to maintain emotional disequilibrium and poor quality of life, including:

#### biological factors e.g.:

- chronic duration and course of illness
- co-morbid physical symptoms whose interaction exacerbates difficulties (e.g. arthritis restricting options for exercise in individuals with diabetes)

#### cognitive factors e.g.:

- high perceived stress
- consistently coping through 'wishful thinking'
- negative and/or shameful beliefs about the illness/symptoms
- unhelpful cognitions and cognitive biases (e.g. catastrophising)
- rumination
- helplessness and hopelessness
- consistent suppression of negative affect

#### behavioural factors e.g.:

- consistent avoidance
- excessive information seeking (e.g. via online media)
- changing medical regimen inappropriately on the basis of incorrect information
- maintaining unsustainably high levels of activity
- unhelpful responses to symptoms (e.g. reducing activity in response to symptoms, stopping work inappropriately, attentional focus on symptoms)
- excessive ventilation or denial of emotions
- excessive reassurance-seeking

#### social factors e.g.:

- social disadvantage (e.g. financial difficulties, poor housing)
- poor social support and social isolation
- consistently rejecting support from others

An ability to draw on knowledge that poor adjustment to a long-term health condition could be signalled by:

changes in mental health or psychological well-being (such as decreased mood or increased anxiety)

indicators that the person is finding it difficult manage their condition (such as unhelpful health behaviours or adverse impacts on life roles or close relationships)

An ability to draw on knowledge that formulating the relationship between psychological issues and physical health problems is critical when planning an intervention, given that:

mental health issues may be a precursor or a consequence of a physical disorder, or may be independent of (and unrelated to) the client's health difficulties

An ability to draw on knowledge that intervention strategies should focus on the factors that are most likely to help the client manage their health condition more effectively:

a focus on mental health issues may not always be relevant, and hence may not be acceptable to clients

helping clients to adopt more effective strategies for better condition management may be more relevant than a direct focus on mental health issues

## Knowledge of the range of presenting issues and diagnostic criteria in people with physical health problems

An ability to draw on knowledge of the presenting issues characteristic of physical health problems with which the practitioner is working, and the concerns commonly experienced by clients presenting with these problems

where health concerns arise in the context of a progressive illness, an ability to draw on knowledge of ways in which issues and concerns will change over time

An ability to draw on knowledge of problems which can co-occur with physical health problems (e.g. depression, anxiety, substance abuse, personality disorder, trauma)

An ability to draw on knowledge of diagnostic criteria for physical health problems with which the practitioner is working (as specified in the main classification systems (i.e. the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD))

In relation to presentations where the physiological basis of the condition is uncertain or unknown, an ability to draw on knowledge of positive diagnostic features so as to make a diagnosis of inclusion (rather than of exclusion)

An ability to draw on knowledge of the ways in which physical and mental health problems can interact and impact on functioning and individual development (e.g. the capacity to maintain intimate, family and social relationships, or to maintain employment and study)

An ability to draw on knowledge that the systems surrounding clients can sometimes contribute to the development of unhelpful strategies for managing their presentation, and that these interpersonal patterns can escalate or compound difficulties

An ability to draw on knowledge of the incidence and prevalence of physical health problems across different cultures/ethnicities/social classes

An ability to draw on knowledge of the social, psychological, family and biological factors associated with the development and maintenance of psychological distress and difficulties.

An ability to draw on knowledge of factors that promote well-being and emotional resilience (e.g. high self-esteem, higher levels of social support)

## Knowledge of the impact of physical health conditions in the context of life-stage

### Knowledge of relationships between life-stage and adjustment to illness

An ability to draw on knowledge that in younger people the relationship between chronological age and developmental stage is not fixed, and hence there can be considerable variation in the capacity for understanding illness variation across individuals of the same age

An ability to draw on knowledge that (in normative developmental terms) positive adjustment to illness can be thought of as the maintenance of positive emotional well-being, age appropriate behaviour and developmentally appropriate self-esteem/self-worth at the same time as following (potentially complex) healthcare regimens

An ability to draw on knowledge that illness whose onset is perceived as 'age-appropriate' may be easier to adjust to than when the onset is unusual for the person's life-stage

### Adolescent and young adult's understanding of illness and its management

An ability to draw on knowledge of the ways in which their developmental stage impacts on the young person's capacity to understand and manage their illness e.g.:

older school-aged children and adolescents will be capable of understanding their illness and its treatment, but concordance with healthcare regimens may be impacted by a number of developmentally-relevant reactions, for example:

reactions to a sense that a chronic illness is forever and will adversely impact on their life plans

experiencing illness as imposing an increasing sense of difference from their peers

difficulty in relating to the longer-term consequences of poor adherence

An ability to draw on knowledge of the impact of long-term conditions on the development of functional independence (e.g. on personal care, mobility and communication)

An ability to draw on knowledge that chronic illness can:

hinder the development and maintenance of friendships

force an increasing dependence on parents or significant others

inhibit the development of independence in adolescence, as well as impact on that which has already been achieved

result in lower quality of life

lead to disruption in family structures

lead to higher levels of depression and anxiety in comparison to healthy peers

An ability to draw on knowledge of the adverse and long-term cognitive impact of some interventions or chronic illnesses (e.g. cognitive problems after bypass surgery, learning difficulties in clients with childhood-onset epilepsy)

An ability to draw on knowledge of the impact of chronic illness on education and schooling e.g.:

arising from the direct impact of symptoms

impact on attendance of regular healthcare appointments

impact of illness on motivation

adverse impact on the development and maintenance of peer relationships

adverse impact on achievement (e.g. on examination performance)

**Adults' and Older Adults' adjustment to chronic illness**

An ability to draw on knowledge that the impact of illness in adults and older adults will depend on their age at first onset and their diagnosis – for example:

onset in early adulthood may present a challenge to developmentally normative achievements (such as finding and maintaining employment, developing romantic attachments, or establishing a family), with consequences for the person's sense of self and of their sense of their place in society and their culture

with onset in older age, disability may threaten previously acquired achievements and roles and so bring with it a series of major losses

An ability to draw on knowledge that fear of impairment leading to disabling dependency is often a worry among older people

An ability to draw on knowledge of the adverse impacts on the self and on relationships with others in older people whose illness leads to disability or dependence on others

An ability to draw on knowledge of the impact of cognitive decline or impairment on the ability to comprehend, adjust to and manage illness

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## Promoting the client's capacity for adjustment

This section should be read in the context of other core competences in this framework, particularly those which set out:

'Knowledge of generic models of adjustment to long term health conditions'

'Knowledge of behaviour change and strategies to achieve it' and

'Supporting the client's capacity for self-management'

An ability to help clients recognise that adjustment is an outcome of their understanding of their condition and to make use of resources (including their own capacity for self-management) to achieve optimum psychological and physical functioning whilst living with their condition

An ability to help the client shift their focus from the condition itself to the personal and interpersonal resources they can draw on for its management (not only 'what' the condition is but 'who' has it)

### Promoting reflection on the adverse impact of illness

An ability to acknowledge and help the client discuss potentially challenging emotional reactions to their illness (including grief associated with loss of the healthy 'self', despair, anger, shame, and resentment of healthy others)

An ability to acknowledge and help the client discuss mood changes associated with the illness, including depression and anxiety about the future

An ability to identify and help the client to challenge 'write-off' thinking in response to an unwelcome diagnosis (i.e. catastrophic thinking such as "my life is over", or "nothing will be the same again")

An ability to help the client to reflect on any ways in which their condition impacts on relationships with significant others, and the extent to which they wish to involve them in discussion of their condition and its management

### Promoting reflection on adaptation to illness

An ability to help clients to review and reflect on the nature of their condition and its possible causes (including any contribution from their 'lifestyle') with the aim of containing emotional responses and allowing a gradual shift of focus to managing in the present

An ability to help clients (and their relatives) to recognise when their condition will not be improved by further medical intervention and to work with them to consider other approaches (such as self-management, psychological interventions or adjunctive approaches such as exercising)

An ability to help the client identify realistic expectations of outcome, particularly where these are initially either over-optimistic or overly pessimistic with regard to treatment options

### **Identifying the client's aims for adjustment, and their resources for achieving this**

An ability to help the client specify their own sense of what positive adjustment would look like for them
an ability to hold in mind that what constitutes adjustment will differ from person to person (e.g. returning to employment may be important for one person, but not for another)
An ability to help the client to 'weigh up' the pros and cons of treatment options in relation to their alignment with their values and beliefs and their aims for adjustment
an ability to help clients consider how they can represent their choices to health professionals, especially where these relate to lifestyle choices and choices between treatment options
An ability to help the client identify the personal resources on which they habitually draw when confronting new challenges
an ability to promote optimistic thinking by identifying successful outcomes

### **Adopting strategies to facilitate adaptation**

An ability to introduce and facilitate the client's skills in self-management*
An ability to help the client build optimistic beliefs about their capacity to self-manage by:
working in a systematic and gradual way to achieve steps towards their definition of positive adjustment
identifying priorities and setting realistic targets so as to help achieve an experience of early successes
An ability to help clients to make effective and appropriate use of information resources (for example, identifying internet sites with good quality , accurate content), and by helping them to strike a balance between avoidance and excessive consumption of information
Where clients (and their relatives) are finding it difficult to engage with their medical team, an ability to help them identify areas of disagreement or misunderstanding so as to promote better utilisation of resources (including adherence to treatment plans, medication use and sources of emotional support )
Where clients find it difficult to discuss their needs openly with family/ friends/carers, an ability to help them identify and accept sources of help and support (e.g. help with shopping, transport or physical care)

\* (fully described in the section of this framework describing competences for 'Supporting the client's capacity for self-management)

## Knowledge of models of behaviour change and strategies to achieve it

An ability to draw on knowledge that models of health behaviour suggest that achieving behaviour change is a process driven by a number of factors, all of which may be relevant when planning an intervention, including:

the person's sense of the seriousness of a potential illness and their susceptibility to it

the person's 'common-sense understanding' of their illness (or the threat of an illness), influenced by:

their experience of physical symptoms and emotions

social influences

their interactions with (and beliefs about) healthcare providers

the person's capability to perform the behaviour (for example, their physical and emotional capacity)

the person's sense of self-efficacy (their confidence that they can carry out and maintain the behaviour)

the person's motivation to perform the behaviour

the person's intention to perform the behaviour, shaped by:

their attitude toward the behaviour (e.g. their expectations regarding its likely benefit)

their perception of their ability to perform the behaviour

the person's opportunities to carry out the behaviour

the influence of the person's social context (which shapes their sense of what is (or is not) normative, and within which behaviour is learned and enacted)

the external (environmental) support that an individual receives, such as support from family or friends

An ability to draw on knowledge of principles that help to explain how behaviours develop, are maintained and may be changed (particularly the principles associated with theories of learning such as operant and classical conditioning, and social learning theory)

An ability to draw on knowledge that behaviour change can be conceptualised as a process, and that:

it can be characterised as a series of steps (achieving the motivation and intention to change, 'actioning' change and maintaining change)

each step can be revisited as the process of change takes place

each step requires planning and the identification of potential barriers to change

## Promoting behavioural change

### Engaging the client in a collaborative process

An ability to draw on knowledge that any proposed behavioural changes should take account of the client's beliefs and values about their health condition

An ability to engage the client in an open discussion of the ways that they think about and account for their health condition, so as to detect the relevance and acceptability of any proposed behavioural changes

Where the client's beliefs and values are linked to unhelpful behaviours, working with them to explore whether they can consider different perspectives (while taking care not to suggest that their account is incorrect or invalid), for example, by:

helping them to assess the short and long-term consequences of their behaviours for their health

enhancing their belief in their ability to change (promoting their sense of self-efficacy, e.g. by discussing past successes in changing other behaviours)

enhancing a sense that behavioural change is normative by:

promoting the client's perception of positive health behaviours (for example, where these are valued in their 'reference groups' (the groups to which they compare themselves, or to which they aspire))

promoting approval for positive health behaviours in significant others

### Setting goals and identifying target behaviours

An ability to work with the client to identify both short and long-term goals that are relevant to the client's presentation concerns and values

An ability to work with the client to agree SMART goals for behaviour change (Specific; Measurable; Attainable and realistic; Results-oriented; Timely (with an agreed time frame for their achievement)) and the outcomes that these aim to achieve

An ability to work with the client to identify target behaviours that relate to the goals that have been identified and agreed, and:

that are amenable to change

that are relevant to the client

that the client is in a position to effect change, with regard to:

their physical and psychological capacity to make the changes

the physical, economic and social environment in which they live and work

their motivation to change the specific behaviours

An ability to work with the client to establish their motivation for changing specific behaviours:

helping them to think about the pros and cons of these changes (from their own perspective)

helping them develop an intention to make these changes

### Developing action plans

An ability to work with the client to develop 'action plans that:

identify when each aspect of the plan should be instituted (i.e. identifying any potential constraints or concerns that may make timing pertinent)

specify implementation intentions regarding when, where, and how often the new behaviour(s) should be enacted

identify coping plans that anticipate potential problems or barriers to enacting the behaviour, focusing on identifying strategies to overcome these

Identify whether there are significant others who can support the new behaviour(s), and the roles they might play

identify the criteria which will be used to indicate that outcomes have been achieved

### Using behavioural experiments

An ability to work with clients in order to negotiate and plan 'behavioural experiments' which aim to help them test-out their beliefs about the consequences of their behaviours\*

\* Behavioural experiments are described fully in the CBT competence framework, at: [www.ucl.ac.uk/clinical-psychology/CORE/GBT\\_Competences/Specific\\_Competences/Behavioural\\_Experiments.pdf](http://www.ucl.ac.uk/clinical-psychology/CORE/GBT_Competences/Specific_Competences/Behavioural_Experiments.pdf)

### **Habit formation**

An ability to help clients understand the rationale for focusing on habit formation in sustaining behavioural change (using strategies to make new behaviours 'automatic' rather than being dependent on 'willed' action)

An ability to help the client implement strategies that will help them to make new behaviours more habitual, and that they find acceptable and applicable, e.g.:

identifying appropriate rewards (reinforcers)

recruiting social support

identifying environmental cues that support or inhibit the new behaviour

ensuring regular opportunities for repetition

engaging in self-monitoring and using this feedback to identify ways challenges to , and ways of supporting, practising the new behaviour

### **Monitoring and supporting change**

#### **Monitoring change**

An ability to help the client to monitor the behaviour(s) that they are aiming to change by:

explaining the rationale for keeping a record or diary that details what they did, where they did it, who they did it with, and what happened before and after the behaviour

reviewing the diary with the client to identify progress, and to identify factors that facilitate or hinder change

discussing any concerns about completing the record or diary when they have not made progress

working with the client to review strategies to overcome barriers to change, and to maximise the influence of factors that promote change

helping them to reflect on any implications of feedback from the monitoring process, and to act as an active participant in a collaborative process

An ability to help clients develop a realistic expectation regarding the pace of change (e.g. reinforcing the value of making small changes even if these do not meet agreed targets)

#### **Reviewing progress - supporting and maintaining change**

An ability to discuss with the client the impact of any changes to behaviour (both on the client and on those with whom they are in contact)

an ability to work with the client to identify ways in which any adverse consequences of behavioural change can be mitigated

An ability to review goals with the client (e.g. identifying new goals, reviewing whether current goals are too easy or too challenging)

identifying environmental changes that may facilitate change

identifying factors that may prompt (and therefore support) the behaviour, e.g.:

social support from friends or family

identifying rewards for behavioural change

An ability to maintain change by planning for, and guarding against flare-ups or recurrence by helping clients identify:

the skills they can use to cope with difficult situations and conflicting goals

environmental cues that may adversely impact on the changes they have made

copied plans that:

distinguish between a 'lapse' and a 'relapse'

anticipate indicators of relapse and indicate how these will be managed

take account of the ways they anticipate thinking about flare-ups, and how this will influence their motivation to continue sustaining behaviour change

## Supporting the clients' capacity for self-management

### Knowledge

An ability to draw on knowledge that because self-management is a process, the challenges presented to clients, and the techniques for overcoming these, may change at different points in an intervention
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An ability to draw on knowledge of psychological theory in explaining how people respond to illness (e.g. cognitive processes (their knowledge of, and beliefs about, their illness), attitudes to risk, their perceptions of the illness)
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An ability to draw on knowledge of the relationship between illness, psychological factors and individual differences in predicting disability and positive adjustment to illness (e.g. anxiety and depression, beliefs about control, dispositional optimism, coping style)
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An ability to draw on knowledge of lifestyle factors that impact on disease outcomes (e.g.: smoking, diet, weight management, exercise/activity, alcohol and substance abuse)
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An ability to draw on knowledge of the concept of disability as a behaviour (i.e. that disability is a product of the person's response to illness, rather than the illness <i>per se</i> )
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An ability to draw on knowledge of the evidence for the benefits of self-management
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### Engaging the client in self-management

An ability to help the client discuss their understanding of their condition
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an ability to relate the client's understanding to the beliefs associated with their personal, social and cultural contexts
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An ability to help the client discuss how they manage their condition and the ways in which this is shaped by:
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their values (e.g. ways in which their condition forces them to behave at variance with their sense of how they <i>should</i> behave)
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the resources available to them
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their roles and identity
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their emotions (e.g. finding themselves frustrated or angry)
--

their motivation to self-manage (based on their positive and negative beliefs about self-management)
--

the 'systems' around them (e.g. on their family, or their work-colleagues (for example) engaging in unhelpful illness behaviours such as making illness the focus of conversations with others)
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An ability to assess the client's likely capacity to self-manage in terms of their:
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capability (e.g. the necessary physical and psychological resources)
--

opportunity (e.g. physical opportunities in terms of time, or social opportunities in terms of a socially supportive network)
---

motivation
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An ability to employ strategies such as Motivational Interviewing to help patients to identify both the costs and benefits of self-management
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An ability to ensure that self-management is a collaborative partnership between the client and the health care provider, characterised by shared responsibility and a joint agreement with regard to treatment plans
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An ability to help the client discuss any anxieties about tasks associated with self-management (e.g. worries about engaging in exercise)
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an ability to ensure that self-management is a choice exercised by clients
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### **Negotiating opportunities to engage in self-management**

An ability to help the client account for the emotional impact of the condition (e.g. loss and bereavement, anxiety about the future)
An ability to help the client recognise and manage psychological issues which impact adversely on their capacity to manage their physical health*
An ability to help the client identify factors that may help or hinder their capacity to achieve positive outcomes
An ability to help the client identify and modify unhelpful or incorrect beliefs or expectations that directly impact on their capacity for, or willingness to undertake, self-management
An ability to help the client identify and make use of appropriate resources for education, self-care and support (including family or relevant client organisations)

\* detailed in the 'competences to promote adjustment' section of this competence framework

### **Applying self-management strategies**

An ability to help the client identify goals that they find meaningful and that relate to behaviours that they wish to change
An ability to help the client institute the most appropriate change techniques, guided by principles of behavioural change and so following the sequence of
setting goals
instituting self-monitoring
' action planning'
problem solving any difficulties that emerge
planning appropriate levels of activity (e.g. matching activities to the client's capacity)
embedding change through habit formation (e.g. identifying cues to action/memory prompts)
identifying and instituting incentives/self-reward
identifying ways to adapt their environment to support self-management goals
An ability to work with the client to identify any challenges to effective self-management

### **Maintaining change**

An ability to work with the client to devise and implement strategies aimed at maintaining change (for example, recruiting help from significant others, planning ahead, 'if-then' planning)
An ability to help clients understand the rationale for focusing on habit formation in sustaining behavioural change (using strategies to make new behaviours 'automatic' rather than being dependent on 'willed' action)
an ability to help clients identify opportunities to establish new habits (for example by pairing new behaviours (such as following healthcare regimens or taking exercise) with existing routines)
An ability to help clients reflect on the self-management techniques that they have found effective (so as to foster their sense of expertise and mastery)
An ability to help clients review and revise goals over time
An ability to work with the client to design bespoke action plans (e.g., ensuring appropriate use of healthcare resources (including GP or A&E attendance), adjusting medication in response to symptom changes, managing condition-specific emergencies, recognising and responding to changes in the capacity to self-manage)

\* described fully in the 'Knowledge of models of behavioural change and strategies to achieve it' section of this framework