

## Working with clinical services in medical settings

An ability to draw on knowledge that the receptiveness of healthcare settings to a psychological approach will vary, and cannot be assumed

An ability to draw on knowledge that in some healthcare settings:

the potential contribution of a psychological approach may be not be recognised, or may be seen as relating exclusively to mental health

basic psychological concepts and relationships may not be understood (e.g. the importance of psychosocial factors as predictors of a patient's response to illness and illness outcomes)

psychological approaches could be seen as lacking an evidence base, and therefore lacking credibility

psychological approaches could be seen as potentially stigmatising for patients

### Engaging with the healthcare team

An ability to start the engagement process by observing clinics in order to learn:

about the health conditions with which the team works the ways in which the team approaches its management

about the concerns of the healthcare team and any ideas they may have for change, or for a different way of working

### Understanding the system

An ability to draw on knowledge of the roles of staff groups involved in the healthcare setting and of the managerial and decision-making structures within and across professions

### Ability to communicate the potential benefits of a psychological perspective

An ability to establish the credibility and utility of psychological concepts or strategies by identifying recurrent themes or concerns where this perspective may have traction

An ability to introduce and explain psychological concepts to non-specialists in a way that is likely to engage their interest – for example, ensuring that:

ideas are introduced tentatively (i.e. as potentially representing an additional perspective)

the concepts being discussed have obvious relevance to their field of practice (for example by showing how they will impact on patient's response to treatment)

discussion takes account of (and is adapted to) their prior understanding and likely assumptions (i.e. working to find points of integration with their current knowledge)

the account avoids jargon or technical terms likely to be unfamiliar to healthcare practitioners

An ability to judge when drawing on evidence-based examples relevant (or clearly applicable to) the specific medical setting would be useful ways of illustrating the successful application of psychological ideas and/or strategies

**Collaboratively identifying the potential contribution of psychological approaches**

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| An ability to work with healthcare practitioners and health service managers to identify relevant areas of their practice which they regard as problematic  |   |
| An ability to explore ways in which psychological strategies might provide solutions to areas of concern, e.g.:   |   |
|   | gathering 'data' by attending clinics and relevant professional meetings, initially as an observer  |
|   | identifying areas where a psychological perspective and/or intervention might be applicable   |
|   | developing a psychological formulation that informs and addresses areas of concern, and which indicates possible intervention strategies  |
|   | communicating information about possible intervention strategies in a manner that conveys a rationale for any intervention, the likely outcomes, and the ways in which this might benefit the work of the team and their patients                       |
| An ability to help staff to discuss their own experiences of successfully implementing psychological approaches to managing a condition in order to support the dissemination of this approach among their colleagues |   |
|   | an ability to encourage the promotion of areas where staff are already implementing interventions that are congruent with psychologically-informed approaches (e.g. engaging with a patient's anxiety by explaining a procedure rather than reassuring) |

**Working with multidisciplinary meetings and contributing to treatment plans**

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| An ability to draw on knowledge of team working and decision making to facilitate discussion of psychological factors in assessment and treatment planning |   |
| An ability to facilitate contributions from those in the team less confident in their role   |   |
| An ability to draw on knowledge that teams are more likely to implement decisions where:   |   |
|  | plans are documented, disseminated and discussed with the patient |
|  | the team is cohesive and functioning well                         |
|  | there is a clear implementation plan that identifies:             |
|  | what is to be done  |
|  | who is responsible  |
|  | when it will happen   |
|  | how it will be audited  |
|  | where and to whom any problems or changes should be reported      |

**Working with the team to integrate psychological thinking and approaches**

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| An ability to encourage and support other professionals to use psychological approaches within their own practice, for example:   |  |
|   | through modelling (e.g. managing post-operative distress with the professional present, or by working with them to introduce behavioural techniques such as pacing in the management of over/underactivity cycles in pain and other long-term conditions)- |
|   | by offering training and enabling skill acquisition through ongoing support  |
| An ability to support and encourage other professionals to use/develop appropriate measures of outcome and patient experience (e.g.: through discussion of ways in which outcomes relevant to clinicians and patients can be monitored and audited) |  |
| An ability to lead by example and support others in disseminating outcomes relevant to psychological approaches via regular audit and/or by supporting them in designing and conducting research  |  |

### **Developing a referral system**

An ability to draw on direct knowledge of the clinical system and the range of patients it sees as well as information from service users and carers to identify the range of potentially appropriate referrals (through direct observation of clinics and discussion with healthcare staff)

An ability to help healthcare professionals to understand the psychological approaches and services that are available and to refer appropriately

An ability to identify the input that may be needed to help non-specialists to make appropriate and targeted referrals e.g.:

modelling appropriate referral questions as a part of team discussions (e.g. reframing discussion to identify relevant psychological issues and examples of the questions that a referrer might ask)

### **Developing a service**

An ability to convey a clear sense of the contribution of psychological service to the work of the team, for example by:

presenting illustrative case examples in team meetings

providing clear and concise summary reports that set out specific treatment options and plans

providing information about outcomes for all referrals

providing a service report at agreed intervals for senior clinical staff and managers (including data on outcomes, reports of patient experience, cost impact, teaching and research output)

An ability to integrate a psychological approach with current ways of working e.g.:

with the ways in which clinical services are currently delivered

with the procedures for communication and reporting already used by the team (e.g. liaising with ward staff, making concise, timely and informative records in shared clinical notes)

An ability to draw on the team's knowledge to modify psychological interventions (e.g. when instituting behavioural activation in the context of cardiac rehabilitation)

**Applying psychological principles to help people with long-term physical health problems in the context of primary care**  
**(Implementing shared care planning and decision-making)**

The competences set out in this section are intended for healthcare workers in primary care usually (but not exclusively) general practitioners or practice nurses.

They need to be read in conjunction with other sections of this competence framework, in particular those included in the domain of “core knowledge and competences for work with people with physical health conditions”

**Basic stance for implementing shared care planning and decision making**

An ability to draw on knowledge of the importance of moving from the position of an ‘expert’ to one of a collaborator

An ability to place a priority on identifying and working with a ‘shared understanding’ of the patient’s illness and its management, and hence to encourage the patient to convey:

their understanding of their illness

their understanding of the treatment and management options open to them

the knowledge, values and assumptions that influence their perceptions of their illness

the goals that are important to the patient (the outcomes that they would like to achieve)

An ability to draw on knowledge of the role of the healthcare worker in coordinating the patient’s care across health and social care contexts and acting to advocate for their interests where this is indicated

**Knowledge of principles of shared decision-making and supported self-management**

An ability to draw on knowledge that shared care aims to help patients:

feel confident about managing the challenges of living with their condition

develop the skills of self-management

An ability to draw on knowledge that shared decision-making means that patients:

need to be the primary decision makers regarding the actions they take to managing their condition

need the knowledge, skills and confidence to manage their own health and healthcare

need to be appropriately empowered so as to have a sense of themselves as taking an active role in their own healthcare

An ability to draw on knowledge that (with the support of the health practitioner) in shared decision-making the patient should be able to:

identify their ‘agenda’ for change

identify what they wish to change

identify how they would like changes to be achieved

identify how they would like progress to be reviewed

An ability to draw on knowledge of the components of care planning, and its role in supporting self-management:

helping patients to understand the condition itself

supporting patients identify and manage the consequences of living with their health condition (including its impact on their roles and responsibilities and the way they think and feel about themselves and their relationships)

### **Working as part of a system**

An ability to draw on knowledge that, because care planning and implementation of a care plan requires a consistency of approach across the whole team, it is important that the healthcare 'system' (including both clinical and administrative teams) is appropriately co-ordinated and informed, and works as one

An ability to draw on knowledge that repeated referrals for investigations that are not clinically indicated has the potential to cause:

psychological harm (e.g. by increasing anxiety about the likelihood of an underlying medical cause, and hence promoting an unhelpful relationship to illness)

physical harm (e.g. through polypharmacology or increased risk consequent on repeated radiological investigations)

## **Background knowledge**

### **Understanding factors that promote adjustment\***

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

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

\*As detailed in the domain of "core knowledge and competences for work with people with physical health conditions"

### **Understanding factors that promote behavioural change\***

An ability to draw on knowledge of generic models of behaviour change and strategies that promote this

\*As detailed in the domain of "core knowledge and competences for work with people with physical health conditions"

### **Understanding self-management\***

An ability to draw on knowledge of strategies that promote the patient's capacity for self-management of their physical health condition

\*As detailed in the domain of "core knowledge and competences for work with people with physical health conditions"

## **Engaging patients and developing a shared agenda**

### **Discussing the patient's 'account' of their presenting condition(s)**

An ability to use active listening skills to help the patient convey their "global" experience of their presenting problem(s) and their history

An ability to develop a clear sense of the patient's perceptions of their condition(s) by helping them to discuss the ways in which they account for:

the onset and development of their health problems

the ways in which the condition and symptoms are maintained

### **Discussing the impact of living with the condition**

An ability to help the patient discuss the impact of the condition on daily life (e.g. on their social life, ability to work, family issues, or its impact on physical activity)

An ability to help the patient discuss the impact of medical interventions for their condition

An ability to help the patient discuss the emotional and physical burden of living with their condition

### **Assessing psychological functioning**

An ability to gain an overview of the impact of physical health problems on the patient's psychological functioning (e.g. their mood, or their level of worry and anxiety)

An ability to gain an overview of any past history of mental health difficulties (including any help the patient has received to manage these, and their experience of this help)

where relevant, an ability to reassure the patient that the purpose of asking about psychological difficulties is not to 'explain away' physical symptoms

An ability to identify and (where there are indications of its relevance to the intervention) discuss any significant issues in the patient's history (e.g. childhood sexual or physical abuse or neglect, significant losses or separations, exposure to trauma)

### **Discussing other health and social issues**

An ability to help the patient discuss any other health and social issues that may impact on the overall care (e.g. other long-term conditions or health conditions that the patient sees as salient)

### **Helping patients to learn about their condition**

An ability to provide information to the patient about their condition, for example by:

giving information about the reasons for, and expected outcomes from, tests and special investigations prior to their implementation

giving test results in a form and format that can be easily understood (e.g. using a visual scale to explain the meaning and implications of laboratory results)

answering their questions and checking their understanding of the issues raised (e.g. by inviting them to summarise the points being covered)

helping them identify and access relevant and appropriate sources of information

An ability to adapt information content so that this is cognisant of, and builds on, the patients current level of knowledge

An ability to adapt the way information is conveyed in relation to the patient's cognitive and educational capacity

### **Providing a 'rational' explanation for negative test results/ investigations**

An ability to draw on knowledge that in discussing negative test results or investigations it is usually unhelpful:

to offer simple reassurance (and so fail to offer a coherent explanation that accounts for a null result)

to reattribute symptoms to 'stress' or to psychological issues (implying direct causality between psychological issues and physical symptoms)

An ability to work collaboratively with patients in order to provide an explanation that accounts for (and spells out the implications of) negative test results/ investigations, ensuring that explanations:

are coherent, and congruent with the patient's ways of understanding their condition (and so plausible both to them and to the health professional)

are phrased in a way that links bodily function and normal psychology (and does not imply weakness or fault on the part of the patient)

help to initiate movement towards a new perspective and to alternative ways of approaching the problem

### Helping patients develop a 'shared agenda'

An ability to begin working with the patient to arrive at a joint framework that integrates their understanding of their condition and their concerns with that of the health care professional by helping them:

discuss their experience and understanding of their condition (including their ideas, concerns, expectations, feelings and thoughts about the condition)

identify and discuss their concerns

prioritise their concerns

explore the options available to them

make mutually agreed informed decisions about ongoing care

An ability to take a flexible and responsive approach to discussion in order to accommodate the different approaches to care planning that patients choose (e.g. recognising that patients will vary in the degree to which they wish to take control over their care)

For patients with multi-morbidities, an ability to use the care planning model to provide a single, comprehensive and patient-centred review (rather than multiple reviews for each individual condition)

An ability to accept patient autonomy in decision making, for example:

making an informed choice to continue engaging in potentially risky or harmful behaviours (such as smoking or an unhealthy diet)

deciding not to self-manage their condition

An ability to accept that (after discussion) not all patients will wish to engage in shared decision making, and that this can be an informed choice

An ability to identify when patients do not have the capacity to engage in shared decision making

### Summarising discussions

An ability to summarise discussion with the patient in a manner which:

demonstrates an understanding of the subjective distress experienced by the patient and the patient's perspective on the issues

brings a coherence to their symptoms and disparate experiences (e.g. by linking any account to examples from their own experience and history)

helps the patient to reflect on the relevance of, and their reactions to, the account that emerges from the assessment

engenders hope (through indicating the possibility that an intervention can bring about change)

### **Agreeing action points**

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| An ability to help the patient acknowledge the condition and its impact on themselves and significant others in the present, and its possible impact in the future |
| An ability to help the patient plan changes in a manner that enhances their control of the process of change   |
| An ability to help patients evaluate their current situation, contemplate change, take action and continue to adapt and change                                     |
| An ability to employ strategies such as Motivational Interviewing to help patients to identify both the costs and benefits of any changes                          |

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| An ability to work with the patient to agree a detailed and specific set of action points:   |
| that the patient is reasonably confident they have the ability to complete   |
| that will lead to outcomes that the patient values   |
| that are congruent with the patient's understanding of their condition   |
| that are congruent with the patient's personal and cultural values   |
| that are likely to be achievable given the personal/ interpersonal and practical resources available to the patient  |
| An ability to ensure that plans identify who will be responsible for achieving each of the actions (e.g. for the patient, specifying actions in relation to self-management, for the health care professional arranging further investigation) |

### **Documenting action planning**

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| An ability to document the outcomes of the care planning consultation in collaboration with the patient, clearly setting out the patient's choices, preferences and action plans |
| an ability to ensure that this documentation is made available both to the patient and to all members of the health care team  |

## Developing self-management programmes

### Developing materials

#### Structuring the material

An ability to draw on knowledge that self-management protocols and materials should:

reflect a coherent (and preferably empirical) model of the problem being addressed

draw on research and the evidence-base for efficacy (so that their content accurately reflects current thinking and their use is likely to be effective)

An ability to draw on knowledge that self-management materials and the strategies they describe need to be easy for their target readership to comprehend and to use, for example:

text should match the likely literacy skills of readers (with words and phrasing mapped to the reading levels found in the general population)

material should be structured into small (“bite-sized”) sections, each of which can be read independently

materials should follow a logical order, ensuring that any concepts needed in later sections have been conveyed in earlier sections

where the target readership has cognitive or sensory difficulties the content should be set-out in a manner that helps to reduce the impact of these deficits, or be available in an audio or visual format

#### Engaging the user of self-management materials

An ability to adapt (rather than simply translate) materials in order that they are culturally appropriate (e.g. by addressing culturally-specific factors that are likely to enhance or inhibit engagement with the self-management programme)

An ability to draw on knowledge of the importance of conveying warmth and empathy in order to engage the user, for example:

adopting a style that is informal and collegial in tone

conveying a clear sense that the authors understand the difficulties faced by individuals living with the problem being addressed

conveying an understanding of the potential challenges of following a self-management programme

An ability draw on knowledge of the value of including personal narratives (which are designed to echo the user’s experience), and that:

personal narratives should include accounts of difficulties as well as of recovery

personal narratives that describe recovery need to be realistic (and not be so unduly positive that they appear false)

### **Describing self-management strategies**

An ability to draw on knowledge that self-management materials should encourage a sense of self-efficacy and address (and redress) beliefs about passivity

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| An ability to draw on knowledge that self-management materials should:   |
| emphasise the client-led, collaborative nature of the intervention   |
| include information about the nature of the disorder so as to increase the client's understanding and support the implementation of self-management strategies |
| include a rationale for practical exercises or self-management strategies  |
| help the user to identify goals that are meaningful, achievable and relevant to their own situation  |
| help the user to identify the appropriate level of support they will need to implement the self-management strategies  |
| encourage the user to practise strategies by identifying common obstacles and challenges and ways to overcome these  |
| encourage the user systematically to monitor the impact of following these strategies  |
| include practical examples that illustrate the ways in which strategies can be implemented   |
| introduce self-management skills sequentially and in a logical order, such that later skills build on an increasing sense of mastery                           |
| encourage systematic review of progress by providing appropriate worksheets/ diaries   |

### **Reviewing materials**

An ability to draw on knowledge that materials should be subject to a process of peer-review from a range and appropriate number of stakeholders, for example:

- from service users (e.g. with a focus on legibility, utility and accessibility)
- from health professionals and researchers with expertise in the field (e.g. with a focus on the accuracy of information, and relevance of (and evidence for) self-management strategies being advocated)
- from health professional who might be involved in delivering the package (e.g. with a focus on supplemental information the training that might be required for its delivery)

An ability to review and revise self-management materials in response to feedback from relevant parties

## Implementing self-management programmes

Self-management programmes may be offered delivered individually or in groups. When group formats are used, practitioners should have the skills to deliver group-based interventions (described in the generic therapeutic competences domain of this framework).

### Assessing the client's main problems and their suitability for a self-management programme

An ability to use appropriate interviewing techniques\* to help the client describe:

the main issues that concern them and ways in which these impact on their life

the ways in which they understand (make sense of) their difficulties

any interventions that they have received (including relevant medical, psychological, social and pharmacological interventions)

\* as described the CBT competence framework

An ability to identify when it is appropriate for self-management materials to be employed:

as a form of 'pure' self-help (i.e. without practitioner guidance)

as a form of guided self-help (i.e. with support from a practitioner)

An ability to identify whether and when it is appropriate to integrate self-management into an on-going clinician-directed intervention

An ability to identify any potential barriers to self-management (e.g. depression, anxiety/avoidance, complexity of problems the client needs to manage)

### Choosing self-management materials

An ability to draw on knowledge of relevant up-to-date research or professional or national guidance in order to identify self-management materials with evidence of effectiveness, acceptability and utility

An ability to ensure that self-management materials are matched to the client's cognitive capacity (e.g. their intellectual level or their ability to concentrate)

### Establishing a context and a rationale for the self-management programme

An ability to help recipients of self-management programmes understand that the main purpose of the intervention is to facilitate, the development of self-management skills through the use of self-help material(s)

An ability to work collaboratively with the client to help them to identify appropriate and specific goals and desired outcomes for the self-management intervention with the client

An ability to provide a rationale for self-management that is both realistic and encouraging

An ability to establish a context for the intervention by clearly explaining the role of the practitioner

an ability to maintain a clear distinction between the roles of a facilitator of guided self-management and the more extensive role of a therapist

An ability to ensure that the client understands the purpose, structure and timing of all contacts

### **Giving specific information relevant to the presenting issues**

An ability to impart accurate information about the problems on which self-management materials are focussed (e.g. the nature and course of a presenting problem and how this is understood in the context of the self-management programme )

An ability to help the client make use of psychoeducational materials in order to further their understanding of their problems

An ability to adjust information in a manner that aligns it with the client's beliefs

An ability to give information regarding the likely benefits of self-management interventions (i.e. based on best available evidence of effectiveness)

### **Identifying the aims of the intervention**

An ability to work with the client in order to summarise information gathered from the assessment into a concise problem summary (which may include information on environmental and/or intrapersonal triggers, physiological, behavioural and cognitive components of the main problem and the broader impact of this problem on the client's functioning)

An ability to use the problem summary to help the client identify their goals for the intervention

An ability to support the client's implementation of the specific components of a self-management programme

### **Facilitating client self-monitoring**

An ability to support self-monitoring through the use of client-completed diaries (including activity schedules, sleep and thought diaries)

An ability to work with the client to review diary records and to discuss any implications of these observations with the client

### **Facilitating client-led interventions**

An ability to help the client problem-solve difficulties encountered in the use of self-help materials.

An ability to work with the client to ensure that they understand the rationale for undertaking tasks specified in self-help materials, and to identify and problem solve any anticipated difficulties in carrying them out

An ability to communicate effectively about the delivery, implementation and monitoring of self-management programmes (both through face-to-face and/or telephone/electronic contacts)

### **Ending the intervention**

An ability to work with the client to negotiate an appropriate ending to the intervention, including discussion of a plan that mitigates against the recurrence of any problems, and that identifies how to manage any difficulties that are still present, or any 'flare-ups' of their condition

## Working with other professionals offering physical healthcare to the client

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| An ability to draw on knowledge of the benefit of co-ordinating with services offering physical health care to the client and ensuring that interventions are integrated with those offered by these services, so that: |
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| the client experiences self-management as an extension of their usual healthcare (rather than a separate intervention) |
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| workers offering psychological interventions are integrated into the healthcare system, and hence are well-placed to liaise and consult with healthcare professionals |
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| healthcare professionals are aware of the aims of self-management and the procedures it employs, both generally and in relation to specific clients |
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| An ability to judge when a client's physical symptoms indicate the need for a coordinated medical response (e.g. when novel symptoms appear, or pre-existing symptoms worsen significantly) |
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| an ability to identify the appropriate pathway of care by consulting with (or referring to) health and social care professionals who are best placed to respond (e.g. services with ongoing responsibility for the client , or emergency services) |
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