## 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 people with psychosis and bipolar disorder, and particularly those applied in the setting within which the practitioner is working e.g.:
  - behavioural therapies
  - cognitive behavioural therapy
  - family interventions
- An ability for practitioners to draw on detailed knowledge of any therapeutic models that they are applying
- 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:
  - update this knowledge regularly (e.g. as new guidelines are published through research digests, or through reading original research reports)
  - apply this knowledge to inform decision-making about the range of interventions employed

- An ability to draw on knowledge of factors common to all therapeutic approaches*:
  - supportive factors:
    - a positive working relationship between therapist and client characterised by warmth, respect, acceptance and empathy, and trust
    - the active participation of the client
    - therapist expertise
    - opportunities for the client to discuss matters of concern and to express their feelings
  - learning factors:
    - advice
    - correctional emotional experience
    - feedback
    - exploration of internal frame of reference
    - changing expectations of personal and interpersonal effectiveness
    - assimilation of problematic experiences
  - action factors:
    - behavioural regulation
    - cognitive mastery
    - encouragement to face fears and to take risks
    - reality testing
    - experience of successful coping
- 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

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| 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 (5th Edition) New York: Wiley

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

Because working with people with psychosis and bipolar disorder usually involves working both with individuals who are experiencing difficulties and their families and carers, sessions can involve working with one person, or with a number of people. The principles of building an alliance apply to both contexts, and in this section the word 'client' can be read as both singular and plural.

Specific competences relevant to the engagement of families and carers can be found in the relevant section of this framework (Ability to engage and work with families and carers)

**Understanding the concept of the therapeutic alliance**

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|---|---|
| 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 |

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| An ability to draw on knowledge that clients with psychosis are likely to be especially sensitive and/or reactive to therapists who appear distant, cool or 'hard to read', and that: |
| appropriate levels of self-disclosure can be helpful in order to convey a sense of the therapist as a 'real' individual |
| the level of self-disclosure needs to be appropriate to the professional context, and adapted to the expectations of the individual client |
| the extent of self-disclosure expected by clients from different cultural and ethnic backgrounds may vary (some expecting a lot, others very little) |

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

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|---|
| An ability to draw on knowledge of client factors which affect the probability of forming a positive alliance e.g.: |
| symptomatic issues (e.g. paranoia) |
| involuntary presentation (e.g. sectioned under Mental Health Act, or attending because of external pressures) |
| issues related to substance misuse |
| service issues (e.g. previous bad experiences) |
| client's first episode and hence first experience of services |
| cultural factors (e.g. cultural beliefs about illness, or 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**

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| 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 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 |
| An ability to normalise and validate the client's concerns and experiences |
| an ability to help the client construe experiences associated with psychosis and bipolar disorder as understandable and on a continuum with other human experiences |

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

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| 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 |

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| 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")

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| 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 deal with the emotional content of the session

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

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| An ability to help service users 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. hostility, anxiety, excessive anger, avoidance of strong affect) |
| an ability to distinguish expression of strong affect from possible indicators of relapse |
| An ability to help service users express their feelings while also being alert to the risk that strong affects may exacerbate both positive and negative symptoms: |
| an ability to monitor service users' tolerance of emotional expression and to deploy in-session strategies that help to manage any difficulties that emerge for example by: |
| ensuring that discussion always moves at the service users' pace (i.e their readiness to discuss an issue) |
| 'pulling back' if areas appear to be too difficult and returning to them at a later stage |
| switching to neutral (everyday) topics of conversation |
| An ability to introduce techniques designed to manage strong emotions (such as aggressive behaviour), e.g.: |
| naming emotions exhibited by the service user |
| indicating what behaviour is appropriate/inappropriate in social situations. |
| When carers 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). |

### Eliciting emotions that facilitate change

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

### Ability to reflect on the expression of emotions

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| An ability to understand that the service users' 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 service users' interpretation of its meaning |
| an ability to discuss any such interpretations with service users . |
| An ability for the clinician to reflect on their own reaction to the emotional/behavioural expression and their influence on the service users' 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**

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

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| An ability to prepare service users for endings by explicitly referring to the time limited nature 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 service users client that may arise during or after termination with the service |
| An ability to help the service users 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 service users make connections between their feelings about ending and other losses/separations. |
| An ability to help service users carer explore any feelings of anxiety about managing without the clinician. |
| An ability to help service users 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 service users 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**

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|---|---|
| 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**

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| Where possible, an ability to explore with service users 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 service users 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 service users verbally or through a discharge letter. |

## Ability to select and use measures and diaries when working with people with psychosis and bipolar disorder

**Knowledge of commonly used measures**

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| 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 that help to identify specific symptoms of psychosis and bipolar disorder |
| measures that help to identify symptoms of coexisting mental disorders |
| measures of risk (including self-harm and harm to others) |
| measures of functioning and adaptation (including interpersonal, work and social functioning) |
| measures that tap the client's experience of services |
| measures that reflect the client's use of services(e.g. duration of inpatient stays) |

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

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| 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 psychosis). |
| 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**

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| 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**

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

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| An ability to draw on knowledge that a single measure of outcome will fail to capture<br>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) |

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| An ability to select measurement instruments that are designed to detect changes in<br>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. |

## Ability to use diaries

**Knowledge**

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

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

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| An ability to explain and demonstrate the use of self-completed frequency charts<br>(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: |

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| 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 make use of supervision and training

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| 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**

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| 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**

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| 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**

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| 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**

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| 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: |
| there is concern that supervision is below an acceptable standard |
| where the supervisor's recommendations deviate from acceptable practice |
| where the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships) |

## Ability to deliver group-based interventions

**Knowledge**

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| An ability to draw on knowledge of the theory or model of therapy underpinning the group intervention |

**Ability to plan the group**

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|---|---|
| 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

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|---|
| 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

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| 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

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| 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**

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| 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**

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