ADAPTED EVIDENCED-BASED PSYCHOLOGICAL INTERVENTIONS

Delivering evidenced-based psychological interventions requires specialist training. The competences outlined in this section are for professionally registered practitioners who are trained to deliver psychological interventions, such as, a clinical psychologist, counselling psychologist or psychological therapist.

Knowledge

An ability to draw on knowledge that national guidance recommends that a number of evidenced-based psychological interventions (individual, family, and group) should be initiated in the acute phase of the patient's mental health difficulties
An ability to draw on knowledge that psychological therapies should focus on crisis management and reduce behaviours that threaten the patient's safety, while also identifying and incorporating the patient's priorities for therapy and promoting their strengths, values, and resources
An ability to draw on knowledge that psychological therapies delivered to patients in crisis assume that the patient may be struggling to implement their usual means of coping and may need additional support to manage the crisis
An ability to draw on knowledge of research evidence that suggests that it is feasible, acceptable, and efficacious to deliver brief and targeted psychological interventions for those in crisis

Establishing the therapeutic framework for patients in acute mental health crisis

An ability to draw on knowledge that any intervention rests upon a good therapeutic alliance, in which the therapist's stance is warm, empathetic, collaborative, non-judgemental and honest	
An ability to draw on knowledge that the therapist will need to maintain a consistent and constructive stance even when the patient finds it difficult to engage	
An ability to manage discussions about the limitations of confidentiality sensitively and directly, holding in mind the particular issues facing this population and the information-sharing issues that may arise	
An ability to convey hope for therapy by:	
	conveying a sense of hope about the potential benefits of therapy (based upon the evidence base and previous successes)
	engaging in 'Socratic dialogue' around negative and hopeless thoughts about their situation (for example, how have you managed to keep going? What has helped? How have you been getting through?)
	examining the costs and benefits of trying out a more hopeful approach (for example, the potential benefit of more active problem-solving versus apathy and inaction)
An ability to offer sessions in flexible locations, particularly outdoors or off the ward, as this may help facilitate engagement	

Ability to manage barriers to engagement in patients in acute mental health crisis

An ability to draw on knowledge that having multidisciplinary colleagues actively assist the patient in therapy sessions (for example, getting to sessions, practising skills) can support engagement
An ability to draw on knowledge of common barriers to engagement (for example negative attitudes towards treatment, negative beliefs about mental health services, receiving forced treatment under the Mental Health Act, experiences of restrictive practices)
An ability to address the patient's concerns about adverse consequences of disclosing their difficulties in therapy (for example, that it could delay their discharge)

An ability to make use of a range of clinical strategies to address barriers to engagement, such as:
working with the patient to identify, and so plan for, obstacles to engagement
identifying and addressing negative beliefs that may interfere with engagement
problem-solving practical issues, such as being too tired in the mornings to attend

Adapting the therapeutic offer

An ability to adapt session structure to reflect the constraints of a brief admission, such as:
flexibility in the way sessions are delivered and scheduled, for example:
being able to offer sessions on the same day the patient was referred/identified
offering more frequent sessions (i.e., more than one session a week)
offering sessions off the ward or outdoors if possible
adjusting the session duration to a length that the patient can tolerate
ensuring that agenda-setting prioritises the issues that both therapist and patient agree are the most pertinent to the presenting crisis
adjusting the priorities of the session dependent on:
the patient's presenting risk/needs relating to the crisis
the imminence of discharge (as latter sessions may need to focus on discharge planning)
concerns from the wider staff team
new information about risk

Offering crisis-focused psychological interventions

An ability to prioritise addressing the patient's basic needs (for example, financial problems and homelessness) either directly or by signposting them to appropriate services as without addressing these the benefit of therapy may be compromised
An ability to prioritise the patient's immediate safety on the ward, for example, by:
removing or minimising any ward-based potential triggers that may cause distress or (re)traumatise (i.e., by considering principles of trauma informed care)
putting in place safety plans to manage ongoing risk behaviours
supporting the development of positive therapeutic relationships with the wider staff team
building a routine/schedule of therapeutic activities
An ability to prioritise stabilising distressing emotions and risk behaviours that patients may be experiencing during their crisis by using strategies such as emotional regulation, psychoeducation, problem solving and coping strategies*
An ability to help patients manage the cognitive, behavioural, emotional, interpersonal factors which trigger and maintain the crisis, using evidenced based psychological therapies outlined in the relevant NICE guideline or competency framework**
An ability to work with the patient to develop a relapse prevention plan which incorporates early warning signs, crisis management, and prevention strategies*
An ability to work with the patient to identify any sleeping difficulties and utilise strategies such as sleep hygiene, sleep diaries, and developing a sleep routine (by identifying sleep restriction or extension targets)

*detailed in other relevant sections of the framework
** all NICE guidance can be found here https://www.nice.org.uk/guidance and competency frameworks can be found here https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks