

**MANUAL FOR THE SELECTION, TRAINING
AND SUPERVISION OF COUNSELLORS IN THE
IAPT PROGRAMME**

**Developed by the British Association for Counselling and
Psychotherapy**

Acknowledgements

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1. How to use this manual

- 1.1 This manual should be read in conjunction with other documentation relating to the delivery of counselling for depression within the IAPT programme, particularly:
- The practitioner manual (*The competences required to deliver effective Counselling for Depression*) which guides counsellors how to deliver the therapy.
 - The self-assessment tool which helps counsellors evaluate how far they are competent in this therapeutic model.
- 1.2 This manual describes criteria to be used in the recruitment of counsellors into the IAPT programme. It also describes a five-day top-up training programme for counsellors following recruitment, detailing how their abilities are to be assessed. The recruitment and selection of supervisors is also described, along with their role in supporting the work of counsellors in the IAPT programme.

2. Recruitment and selection of counsellors

- 2.1.1 The intention is to select well-qualified and experienced counsellors who have the ability, following appropriate in-service training, to provide clinical supervision to other counsellors and to support their training and development. Below is an exemplar job description outlining the key tasks of the role of counsellor.

JOB DESCRIPTION

Post Title: IAPT High Intensity Therapist

Band 7: Agenda for Change

Responsible to:

Accountable to:

Key Relationships:

Job Purpose

The post holder will be part of an Improving Access to Psychological Therapies (IAPT) Service and will provide:

- high-intensity NICE-approved counselling to clients with persistent sub-threshold, mild or moderate depression, in accordance with the National Institute for Health and Clinical Evidence (NICE) guidelines for depression (NICE, 2009).
- therapy contracts of normally 6-10 sessions, but more exceptionally, up to 20 where additional sessions are required to achieve a good outcome.

- clinical supervision for high-intensity counsellors.
- support for the training and development of high-intensity counsellors.

The post holder will work with people from different cultural backgrounds and of various ages, using interpreters when necessary.

Main Duties and Responsibilities

CLINICAL

- Accept referrals via agreed protocols within the service.
- Assess the suitability of clients for psychological interventions.
- Make decisions on the suitability of new referrals, adhering to the department's referral protocols, and refer unsuitable clients on to the relevant service or back to the referral agent as necessary.
- Implement and evaluate NICE-approved counselling for clients with depression.
- Use highly developed communication skills in working with people to understand their personal and often very sensitive difficulties.
- Exercise autonomous professional responsibility for the assessment and treatment of clients in line with service protocols.
- Adhere to an agreed activity contract relating to the number of client contacts offered and clinical sessions carried out per week, in order to minimise waiting times and ensure treatment delivery remains accessible and convenient.
- Adhere to an agreed activity contract relating to the number of clinical supervision sessions offered to counsellors on a weekly basis.
- Attend multi-disciplinary meetings relating to referrals of clients in treatment, where appropriate.
- Complete all requirements relating to data collection within the service.
- Keep coherent records of all clinical activity in line with service protocols.
- Work closely with other members of the team ensuring appropriate step-up and step-down arrangements are in place to maintain a stepped care approach.
- Assess and integrate issues surrounding work and employment into the overall therapy process where appropriate.
- Carry out clinical audits of service performance, including service user surveys and evaluation, and help to collate and feedback the results.
- Liaise with other health and social care staff from a range of agencies with regard to the care provided for clients.

- Provide specialist advice and consultation to other professionals / individuals / groups / committees across Mental Health Trusts, Primary Care Trusts and other voluntary agencies regarding service matters related to the practice and delivery of specific agreed therapeutic modalities and service provision.

TRAINING AND SUPERVISION

- If required, attend and fulfil all the requirements of the IAPT-approved counsellor and supervisor trainings.
- Contribute to the teaching and training of mental health professionals and other staff working in the IAPT programme.
- After completion of supervision training, supervise qualified and trainee counsellors in the IAPT programme.

PROFESSIONAL

- Ensure the maintenance of standards of ethical practice according to the employer and any regulating, professional and accrediting bodies (*eg BACP, BABCP, BPS, UKCP) and keep up to date on new recommendations/guidelines set by the Department of Health (eg NHS plan, National Service Framework, NICE).
- Ensure that client confidentiality is protected at all times.
- Be aware of, and keep up to date with advances in the field of counselling and other psychological therapies.
- Ensure clear professional objectives are identified, discussed and reviewed with senior therapists on a regular basis as part of continuing professional development (CPD).
- Attend clinical/managerial supervision on a regular basis as agreed with the manager.
- Participate in individual performance review and respond to agreed objectives.
- Keep all records up to date in relation to CPD and ensure the personal development plan maintains up to date specialist knowledge of latest theoretical and service delivery models/developments.
- Attend relevant conferences / workshops in line with identified professional objectives.
- Participate in service improvement by highlighting issues and implementing changes to practice.

ADVISORY / LIAISON

- Provide an advisory service on matters related to the practice and delivery of NICE-approved counselling for depression to individuals/groups/committees across the Mental Health Trust, Primary Care Trust and other voluntary agencies.

* British Association for Counselling and Psychotherapy (BACP), British Association for Behavioural and Cognitive Psychotherapies (BABCP), British Psychological Society (BPS), United Kingdom Council for Psychotherapy (UKCP)

- Promote and maintain links with Primary and Secondary Care Staff to help co-ordinate the provision of an effective Psychological Therapies Service.

GENERAL

- To contribute to the development of best practice within the service.
- To maintain up to date knowledge of legislation, national and local policies and procedures in relation to Mental Health and Primary Care Services.
- All employees have a duty and responsibility for their own health and safety and the health of safety of colleagues, patients and the general public.
- All employees have a responsibility and a legal obligation to ensure that information processed for both patients and staff is accurate, confidential, secure and in line with the Data Protection Act (1998) and Security and Confidentiality Policies.
- It is the responsibility of all staff not to abuse their official position for personal gain, to seek advantage of further private business and/or other interests in the course of their official duties.
- This job description does not provide an exhaustive list of duties and may be reviewed in conjunction with the post holder in light of service development.

2.2 Below is a person specification outlining the qualifications, experience, knowledge and skills necessary to carry out the role of counsellor.

PERSON SPECIFICATION

	Essential	Desirable
Qualifications	<p>Band 7 Therapist:-</p> <p>A diploma in humanistic or person-centred counselling or psychotherapy, and evidence of working towards BACP individual practitioner accreditation or equivalent</p>	<p>Successful completion of a BACP accredited training course</p> <p>Certificate or Diploma in the supervision of psychological therapists</p> <p>A postgraduate qualification in humanistic or person-centred counselling or psychotherapy</p>
Experience	<p>A minimum of two years' post-qualifying experience of providing brief counselling for clients with common mental health problems, particularly depression</p> <p>Experience of providing time-limited counselling including agreeing and adhering</p>	<p>Experience of working in NHS primary care mental health services</p> <p>Experience of working to agreed targets and administering standardised outcome measures</p>

	<p>to therapy contracts</p> <p>Experience of providing individual counselling on a face-to-face basis</p> <p>Experience of managing own caseload</p> <p>Experience of delivering counselling in a multidisciplinary setting</p> <p>A minimum of two years' post-qualifying experience of providing clinical supervision to psychological therapists working with common mental health problems, particularly depression</p> <p>Experience of supervising time-limited psychological therapy</p> <p>Experience of working with clients from a variety of social and cultural backgrounds and a commitment to equality and diversity</p>	<p>Experience of working with diverse communities and within multi-cultural settings</p>
<p>Skills & Competences</p>	<p>Ability to use the range of skills and competences as laid out in the counselling for depression practitioner manual and the NOS for humanistic psychological therapists (this can be evidenced by use of the self-assessment tool)</p> <p>Ability to use a PC and Office software</p> <p>Ability to undertake assessments of risk and to work with patients who may present with risk issues</p> <p>Ability to undertake generic assessments</p> <p>Ability to make appropriate referrals when clients are not suitable for counselling</p> <p>Ability to make use of supervision to further professional development and ensure competent practice</p> <p>Ability to use a range of supervision skills as laid out in Roth and Pilling (2009) <i>A competence framework for the supervision of psychological therapies</i></p> <p>Ability to operate within professional and ethical guidelines</p> <p>Ability to provide clinical supervision to counsellors and to support their professional development</p>	<p>Ability to use the ICD codes to make a working diagnosis of disorders</p> <p>Ability to adhere to and work with specific manualised protocols for therapy and supervision</p>

Knowledge	<p>An understanding of the theoretical assumptions and philosophical principles which underpin counselling</p> <p>An understanding of anxiety and depression and how they may present in primary care settings</p> <p>An understanding of NICE guidelines for anxiety and depression and the demands of evidence-based practice</p> <p>An understanding of the roles of other practitioners within a multi-disciplinary primary care mental health team</p> <p>Knowledge of the safeguarding agenda in respect of both adults and children</p> <p>Knowledge of the issues surrounding employment and the impact it can have on mental health and vice versa</p> <p>Knowledge of the principles and theories of supervision</p>	<p>Knowledge of the symptoms and presentations of a wide range of mental health disorders and the roles of mental health services in treating these, in accordance with clinical guidelines</p> <p>Knowledge of medication used in the treatment of anxiety and depression</p>
Training	<p>Capacity to undertake further training as necessary</p> <p>Good record of continuing professional development</p>	<p>Capacity to train as a supervisor if not already qualified</p> <p>Ability to offer training to counsellors</p>
Other Requirements	<p>High level of enthusiasm and motivation</p> <p>Highly-developed communication skills</p> <p>Ability to work within a team and foster good working relationships</p> <p>Commitment to personal and professional development</p> <p>Ability to work under pressure</p> <p>Respect for the individual rights of others</p> <p>Ability to manage confidentiality</p> <p>Ability to practice in a reflective manner</p> <p>Ability to support and promote new psychological therapy services</p>	<p>Car driver/willingness to travel</p> <p>Fluent in languages other than English</p>

- 2.3** Qualifications, knowledge, skills and experience will be evidenced by application form and at interview. Interviewers may find the practitioner manual a useful resource in formulating questions to test candidates' knowledge of NICE-approved counselling for depression. The more detailed ability to adhere to the therapeutic model described in the practitioner manual will be tested during the five-day training course and subsequently as part of a period of work-based assessment.

3. Training and assessment of counsellors

This section describes a National Curriculum for NICE-approved High Intensity Counselling for Depression within the IAPT Programme

3.1 What does the training entail?

- 3.1.1** The course aims to train counsellors to provide a time-limited, manualised therapy for clients with depression (normally 6-10 sessions, but more exceptionally, up to 20 where additional sessions are required to achieve a good outcome).
- 3.1.2** Manualised counselling for depression was developed from the competences required to deliver effective Humanistic Psychological Therapies (Roth, Hill and Pilling, 2009) which provided the basis for the National Occupational Standards (NOS) in humanistic psychological therapies. Manualised counselling is consequently drawn from those humanistic approaches with the strongest evidence for efficacy, based on the outcome of controlled trials. It is specifically designed to address presenting symptoms of depression and for delivery within the context of the IAPT programme. The specific area of humanistic practice on which the counselling for depression competences are based is *Person-centred/experiential therapy* (Mearns and Thorne, 2007; Elliott et al, 2004).
- 3.1.3** The training to deliver this therapy within the IAPT programme consists of a five-day training course, followed by an additional period of supervised clinical work, during which a minimum of 80 hours of practice must be completed, including at least two cases of a minimum of ten sessions' duration.

3.2 What are the entry requirements?

3.2.1 Qualifications

Essential:

- a diploma in humanistic or person-centred counselling or psychotherapy and evidence of working towards BACP Counsellor/Psychotherapy accreditation or equivalent.

Desirable:

- a post-graduate qualification in humanistic or person-centred counselling or psychotherapy
- qualification to provide clinical supervision to counsellors and psychotherapists (e.g. Certificate or Diploma in Supervision)

(Evidence of certification would need to be produced before acceptance onto the training).

3.2.2 Experience

Applicants must also be able to demonstrate that they have at least two years' post qualification experience of providing brief counselling to clients with common mental health problems, particularly depression. This experience will need to be evidenced through references prior to being accepted onto the training.

3.2.3 Because the 5-day course is at an advanced level and assumes prior competence in counselling, the training will only accept applicants who are able to demonstrate core professional skills. These include general therapeutic competences such as an ability to form therapeutic relationships with clients, effective listening and communication skills, and the basic and specific competences as mapped out in the practitioner manual.

3.2.4 Applicants will be invited to complete the self-assessment tool prior to coming on the course. This self-report system enables practitioners to reflect on the extent to which they feel that they have attained the breadth and level of the competences on key elements of the competence framework (see practitioner manual). This can then be used to identify training and development needs.

3.3 Supervision requirements

3.3.1 Supervision is a central component of the training. The five-day training includes opportunities to practice counselling and to practice relevant skills in role-play sessions within the training group. However, full competence can only be evidenced by implementing the therapy with actual clients.

3.3.2 Following the five-day training counsellors are expected to undertake 80 hours of practice with clients in the IAPT programme. All clients within this period of practice should be presented for supervision and at least two clients should be counselled for a minimum of 10 sessions. Each session will be audio-taped. Counsellors should receive a minimum of one hour's individual supervision per fortnight (or the equivalent group supervision). It is envisaged that the period of supervised practice could be completed in approximately 12 weeks.

3.3.3 Supervision may be provided individually or in small groups of 3-4 trainees. In the case of the latter, ideally, the groups should remain 'closed' for the period of supervised practice to enable the development of supportive working relationships.

3.4 How is competence assessed?

3.4.1 Participants joining the training course will bring established skills and experience of counselling clients with a range of mental health problems.

3.4.2 The assessment of competence reflects the professional aims of the training and includes the following:

- i) At the end of the five-day training course competence will be assessed by means of a 20 minute demonstration of skills with another member of the training group taking the role of client. These role-plays will be videotaped

and rated by one of the trainers using the therapy adherence scale (see Appendix B).

- ii) Following the five-day training course, and during the supervised practice component of the training, competence will be assessed through:
 - a) regular attendance and participation in the supervision of all cases which make up the 80 hours of practice.
 - b) the submission of four audio-recordings of counselling sessions each with a different client and two from clients who have completed at least 10 sessions of counselling. Each recorded session will be rated by a member of the training team for adherence to the practitioner manual using the therapy adherence scale (see Appendix B).
- iii) Appointment as an IAPT counsellor is dependent upon successful completion of the training and assessment. In cases where audio-recordings fail to adhere to the therapy manual, trainees can resubmit a maximum of a further two audio-recorded sessions (i.e.six in total). In such cases opportunities for further training and development may be considered appropriate. At least four of this maximum of six audio-recordings need to meet the threshold for therapy adherence for the candidate to have passed the training.

3.5 Structure of the training

3.5.1 The five-day training is divided into ten half-day teaching modules. These introduce candidates to the IAPT programme and address key areas that need to be covered to ensure that participants are familiarised with core features of the manualised therapy.

3.5.2 The modules combine theoretical knowledge with practical work:

- **Module 1:** Induction to the IAPT programme and understanding depression (A)
- **Module 2:** Induction to the IAPT programme and understanding depression (B)
- **Module 3:** Orientation to the Competence Framework
- **Module 4:** Theoretical principles and values
- **Module 5:** Working with depression
- **Module 6:** Working briefly
- **Module 7:** Using the “core conditions”
- **Module 8:** Working with emotional processes
- **Module 9:** Assessment of trainee competence
- **Module 10:** Supervision and clinical practice

3.6 Module descriptions

Modules 1+2 cover the generic induction to the IAPT programme for therapists of all modalities. Modules 3-10 contain the training curriculum for counsellors in IAPT.

Module 1: Induction to the IAPT programme and understanding depression (A)

Aims of the module

1. To introduce the rationale behind the IAPT programme
2. To describe a methodology for linking research with practice

Intended learning outcomes

Trainees will:

1. Understand the rationale for the IAPT programme
2. Understand the principles of stepped care
3. Appreciate how IAPT seeks to address the needs of those with common mental health problems
4. Appraise how their own practice fits within this service model
5. Describe the range of symptoms commonly used in the diagnosis of depression
6. Describe the treatments recommended by NICE for the various levels and types of anxiety and depression

Indicative content

- The rationale behind IAPT
- NICE guidelines for depression
- Development of competence frameworks
- Alignment of research and practice

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 2: Induction to the IAPT programme and understanding depression (B)

Aims of the module

1. To introduce knowledge of depression
2. To describe routine practice in IAPT with regard to risk assessment and outcome monitoring

Intended learning outcomes

Trainees will:

1. Understand the prevalence, types and levels of depression
2. Understand how to assess severity of depression
3. Demonstrate the ability to undertake a generic assessment
4. Appreciate levels of risk within depressed populations
5. Identify risk indicators for suicide and self-harm
6. Use the IAPT minimum data set to monitor outcomes and discuss therapeutic progress with clients

Indicative content

- Prevalence, types and levels of depression
- Criteria used when making a generic assessment
- Factors predicting suicide and self harm in depressed clients
- Use of the IAPT minimum dataset
- Reviewing progress with clients
- Assessing levels of severity and planning the appropriate number of sessions

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 3: Orientation to the Competence Framework

Aims of the module

1. To introduce the principles of evidence-based practice: clinical guidelines, the manualisation of therapy, therapy adherence.
2. To introduce the counselling practitioner manual; its development, structure and use.

Intended learning outcomes

Trainees will:

1. Demonstrate a critical understanding of evidence-based practice in the context of psychological therapy.
2. Understand the relationship between therapy adherence and positive outcomes for clients.
3. Appreciate the relationship between the counselling for depression competence framework and therapeutic practice.
4. Critically appraise the role of supervision in the delivery of evidence-based psychological therapy.

Indicative content

- Evidence-based practice.
- The NICE guideline for depression: types of therapy recommended for various levels of depression.
- The process of competence development.
- The structure of the practitioner manual.
- The role of supervision.
- The therapy adherence scale.

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 4: Theoretical principles and values

Aims of the module

1. To introduce the principles and values underpinning the person-centred approach to counselling.
2. To develop a rationale for counselling which can be communicated to clients.

Intended learning outcomes

Trainees will:

1. Critically analyse the philosophy and the principles which underpin person-centred practice.
2. Critically appraise person-centred theories of human growth and development and the origins of psychological distress.
3. Critically evaluate the person-centred conditions for therapeutic change in the client/counsellor relationship.
4. Articulate the rationale for counselling, in clear and accessible language.

Indicative content

- The philosophy and principles underpinning the person-centred model.
- Person-centred theories of human growth and development and the origins of psychological distress.
- The person-centred conditions for, and goals of, therapeutic change.
- Communicating the rationale for therapy to clients.

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 5: Working with depression

Aims of the module

1. To introduce conceptualisations of depression from a person-centred/experiential (PCE) perspective.
2. To introduce ways of formulating individual cases of depression from a PCE perspective.

Intended learning outcomes

Trainees will:

1. Demonstrate an ability to develop formulations for depression based on particular cases.
2. Understand emotion theory and different types of emotional processes
3. Appreciate the need for emotional regulation in healthy psychological functioning
4. Appraise the relationship between conflict splits and depression
5. Appraise the relationship between depression and self-discrepancies
6. Identify therapeutic approaches to working with different presentations of depression.

Indicative content

- The ways in which depression can impact on functioning and sense of wellbeing (e.g. maintaining intimate, family and social relationships or the capacity to maintain employment and study).
- Factors associated with the development and maintenance of depression.
- Process-experiential formulations of depression eg:
 1. "The inner critic" where the relationship between different aspects of the client's personality is hostile or oppressive.
 2. "Unfinished business" where the client is feeling lingering, unresolved hurt or resentment toward a significant other.
- Helping clients explore the nature and effects of their self-critical processes.
- Helping clients reduce levels of self-criticism.
- Helping clients explore unresolved losses by accessing the strong emotions associated with those losses.

- Working with low self-esteem and “self-discrepancy”.
- Helping clients re-experience and reflect on events which have contributed to low self-esteem.

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 6: Working briefly

Aims of the module

1. To introduce the rationale for brief psychological therapy.
2. To develop effective time-limited therapeutic practice.

Intended learning outcomes

Trainees will:

1. Understand the rationale for time-limited psychological therapy in a public healthcare service.
2. Appraise the main characteristics of brief therapy.
3. Demonstrate an ability to collaborate with the client to establish a therapeutic aim or focus.
4. Critically appraise strategies which help the client reinforce their therapeutic progress in the time between sessions.
5. Conclude therapeutic relationships in ways which support the client's therapeutic progress.

Indicative content

- Contracting with the client to work briefly.
- Establishing a therapeutic aim or focus.
- Facilitating autonomy and client agency.
- Encouraging the client to reflect and work on their problems outside of therapy sessions.
- Reviewing therapeutic progress with the client.
- Concluding the relationship.

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 7: Using the “core conditions”

Aims of the module

1. To introduce the significance of the “core conditions” in brief therapy and their impact on therapeutic process.
2. To provide a definition of empathy.
3. To introduce the rationale for an accepting and non-judgmental in the therapeutic relationship.
4. To introduce the concept of authenticity

Intended learning outcomes

Trainees will:

1. Understand empathy as a subtle interpersonal process.
2. Appraise the significance of empathy with regard to therapeutic outcomes.
3. Work empathically with both explicit and implicit feelings and experiences.
4. Understand the theoretical importance of maintaining an accepting and non-judgmental therapeutic attitude with clients.
5. Critically appraise the significance of authenticity in the therapeutic relationship.
6. Reflect on their own ability to maintain contact with their emotional experience.
7. Articulate their own emotional reactions to the client in ways that are therapeutically constructive.

Indicative content

- Sensitisation to paralanguage and non-verbal communication.
- Understanding the client’s frame of reference.
- Checking the therapists’ perceptions against those of the client.
- The role of empathy in increasing the client’s contact with their experience.
- Working with feelings and perceptions of which the client is not yet aware.
- The importance of empathising equally with all aspects of the client’s experience, even where these aspects are contradictory.
- Definitions of an accepting and non-judgmental therapeutic attitude eg: warmth, respect, unconditional positive regard, being receptive.
- Communicating warmth while at the same time avoiding collusion with the client.
- The effects on the client of the counsellor’s accepting and non-judgmental attitude.

- Definitions of authenticity eg: congruence, genuineness.
- Counsellor self-awareness.
- Counsellor transparency
- The relationship between authenticity and other therapeutic conditions.

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 8: Working with emotional processes

Aims of the module

1. To develop the trainee's ability to help clients process their emotions in ways which are constructive and adaptive to their needs.
2. To evaluate emotional processes which may impede therapeutic work.

Intended learning outcomes

Trainees will:

1. Appraise a range of emotional processes and their effects on the client's therapeutic progress.
2. Implement strategies which help the client access and express their emotions.
3. Facilitate the client's process of articulating emotions (eg by the use of imagery and metaphor to capture subtle meaning).
4. Facilitate the client's process of developing new meaning and a revised sense of self, arising from the emergence of newly-experienced feelings.

Indicative content

- The adaptive nature of emotion in human functioning.
- Types of emotion: primary/secondary, adaptive/maladaptive, instrumental.
- Containing the client who is emotionally overwhelmed.
- Helping the client contact feelings which are remote.
- Working with difficult emotional processes eg: conflict between different aspects of the self; learned, maladaptive emotional responses (eg feeling angry instead of hurt or vice-versa).
- Working with unresolved emotional processes.
- Strategies to help the client make sense of their feelings and reactions.

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 9: Assessment of trainee competence

Aims of the module

1. To assess trainees ability to implement the CfD competence framework.

Intended learning outcomes

Trainees will:

1. Implement key aspects of the CfD framework.

Indicative content

Trainees will work together in groups of 5 or 6 adopting the roles of counsellor and client in order to undertake 20 minute “counselling” session which will be video-recorded and assessed by trainers using the therapy adherence scale. Group members will make use of the therapy adherence scale in order to reflect on each others’ work.

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

Module 10: Supervision and clinical practice

Aims of the module

1. To introduce the requirements for supervised clinical practice
2. To review and evaluate the training programme

Intended learning outcomes

Trainees will:

1. Understand the requirements for supervision and the assessment of clinical practice
2. Reflect on their learning
3. Critically appraise the training programme

Indicative content

- Requirements for supervised practice
- Recording and assessment of sessions
- Evaluation of training programme by group discussion and questionnaire
- Endings

Teaching and learning hours

Direct tuition: 2.5

Independent study: 14 (including clinical work, supervision and self-directed study)

3.7 Teaching and Learning

As candidates are already qualified in humanistic or person-centred counselling/psychotherapy they will be familiar with a good proportion of the curriculum. However, adhering to a specific therapy manual and offering time-limited therapy to clients with particular levels of depression within an IAPT context are likely to be new areas of practice. The training should emphasise these less familiar areas. Wherever appropriate, didactic tutor input should be supplemented with widespread opportunities for experiential and interactive learning. Groupwork and role play should be used to support skills development and the practitioner manual and therapy adherence scale used as reference points for good practice.

4. Supervision of counsellors

4.1 As the training programme for counsellors in IAPT contains an element of supervised clinical practice, a pre-requisite for the training of counsellors is the availability of suitably-qualified supervisors. In the first instance supervision will be provided by the team delivering the initial 5-day training programmes. After the first cohorts have completed their training and have qualified as counsellors in the IAPT programme, supervisors will be recruited from this trained workforce. Selection of supervisors should be based on the following criteria:-

Qualifications

Essential:

- Diploma in humanistic or person-centred counselling or psychotherapy and evidence of working towards BACP Counsellor/Psychotherapy accreditation or equivalent.
- Qualification as a counsellor in IAPT

Desirable:

- Post-graduate qualification in humanistic or person-centred counselling or psychotherapy.
- Qualification to provide clinical supervision to counsellors and psychotherapists (e.g. Certificate or Diploma in Supervision)

Experience

- A minimum of two years' post-qualifying experience of providing brief counselling for clients with common mental health problems, particularly depression.
- Experience of providing counselling in organisational settings (e.g. primary care services).

Following recruitment supervisors will attend a 2-day top-up training programme comprising the following elements:-

- *Introduction to the IAPT programme*

- *Introduction to the Counselling for Depression manual*
- *Monitoring therapy adherence*
- *Introduction to the Skills for Health Supervision framework including the Humanistic Supervision Competences*

Following the 2-day training programme, in order to qualify as IAPT counselling supervisors, candidates will complete a minimum of 6 supervision sessions with IAPT counsellors. Sessions should be audio-recorded and 2 of these submitted for assessment. These will be assessed by the trainers delivering the 2-day programme, using the *Skills for Health Supervision Framework*. Where necessary, one opportunity to resubmit will be available. Supervisors would then provide supervision to qualified counsellors and those undertaking the clinical practice element of the counsellor top-up training programme, either on an individual basis or in groups of 3-4 supervisees. They should have responsibility for monitoring counsellor adherence to the *Counselling for Depression* manual and providing written reports on their supervisees where appropriate. As supervisors may be offering supervision to counsellors working outside of their own services and PCTs, written approval from supervisors' line managers should be provided for them to carry out this role.

- 4.2** Supervision within the IAPT programme supports ethical and effective practice. A key priority is to ensure that counsellors adhere to the therapeutic model described in the practitioner manual as this model is closely aligned to the evidence base and so is likely to deliver the best outcomes. The self-assessment tool provides a means by which counsellors can reflect on their level and breadth of competence as a basis for reflective discussion in supervision. The purpose of such discussions is to identify gaps in skill and knowledge and plan for further training and opportunities for development. It is also self-evident that supervisors should be familiar with the model described in the practitioner manual and the implications for therapeutic practice.
- 4.3** The activity of supervisors will be informed by the competence framework for the supervision of psychological therapies (Roth and Pilling, 2009) which describes generic competences relevant to all supervisors. Additionally, the modality-specific supervision competences (Roth and Pilling, 2009), located in Appendix A, should be used to orient supervisors to working more specifically with counsellors as this suite of competences is most closely aligned to the theory and practice of counselling for depression as described in the practitioner manual.

5. BACP Accreditation

Successful completion of an appropriately commissioned course, including the practice hours, can be counted towards the training and practice criteria for an application for accreditation as a counsellor/psychotherapist with BACP. For counsellors who are already accredited members of BACP, successful completion of a commissioned course would be accepted as evidence of CPD requirements towards their annual renewal of accreditation. A new category of sector specific *Senior Accreditation in IAPT High-Intensity Counselling* is being developed by BACP, details of which should be available by September 2010.

6. Continuous Professional Development (CPD) Endorsement

BACP has developed a Quality Assurance procedure for CPD training programmes. This award is designed to reassure trainees about the quality standards and relevance of the CPD activity on offer. This award would be applicable to the training programme.

7. Concluding Comments

Effective practice in counselling and psychotherapy is underpinned by good-quality training and supervision, both of which help to ensure that therapists adhere to a model of therapy which is supported by evidence of efficacy. This manual, together with the practitioner manual and the self-assessment tool aim to ensure competent practice in counselling, which in turn should deliver good outcomes for users of IAPT services.

8. References

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Mearns, D. & Thorne, B. (2007) *Person-centred counselling in action* (3rd ed). London: Sage

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Roth, A.D., Hill, A. & Pilling, S. (2009) The competences required to deliver effective Humanistic Psychological Therapies.
http://www.ucl.ac.uk/clinical-psychology/CORE/humanistic_framework.htm

Roth, A.D. & Pilling, S. (2009) A competence framework for the supervision of psychological therapies
<http://www.ucl.ac.uk/clinical-psychology/CORE/>

APPENDICES

Appendix A

This suite of modality-specific supervision competences has been developed by Roth and Pilling to supplement their supervision competence framework (Roth and Pilling, 2009). Of the various modality-specific suites of supervision competences, the *Humanistic* is the one which is most closely aligned to the theory and practice of counselling for depression. The lists of competences are reproduced here verbatim from the original.

Humanistic Supervision Competences

Ability to supervise humanistic psychological therapies

This section describes the knowledge and skills needed for the supervision of counselling. It is not a 'stand-alone' description of competences, and should be read:

- 1) In conjunction with the supervision competence framework (Roth and Pilling, 2009).
- 2) With reference to the counselling practitioner manual which describes the generic, basic, specific and meta-competences for the delivery of effective counselling.

1. The supervisor's expertise in humanistic psychological therapies

- 1.1 An ability for the supervisor to draw on knowledge of the principles underpinning humanistic psychological therapies.
- 1.2 An ability for the supervisor to draw on personal experience of the clinical applications of humanistic psychological therapies.
- 1.3 An ability to recognise (and to remedy) any limitations in knowledge and/or experience which has implications for the supervisor's capacity to offer effective supervision.
- 1.4 An ability to ensure that supervision integrates generic therapeutic skills (such as engaging the client) while also focusing on the development and /or maintenance

of competences specifically associated with humanistic psychological therapies.

2. Supervisory stance

- 2.1 An ability to be reflective and to self-monitor the emotional and interpersonal processes associated with supervisor-supervisee interactions.
- 2.2 An ability to adapt supervision in relation to:
 - 2.2.1 The supervisee's stage of learning and development as a therapist.
 - 2.2.2 The supervisee's learning and therapy styles.
- 2.3 An ability to be flexible about the application of theory and technical principles.
- 2.4 An ability to take a respectful attitude to the supervisee, including an ability to be supportive and non-judgmental, especially in relation to the supervisee's discussion of clinical errors or mistakes.
- 2.5 An ability to maintain a relationship that is supportive but does not become 'therapy'.
- 2.6 An ability to maintain a primary focus on the educational goals of supervision.
- 2.7 An ability to appraise when it is appropriate to help the supervisee attend to personal and/or emotional reactions to their work.
- 2.8 An ability to maintain an appropriate balance between a collaborative and an authoritative stance.
- 2.9 An ability to adopt an approach to supervision which places the primary focus on the exploration of client issues and the therapist's experience of the client, rather than on developing immediate solutions to problems.

3. Adapting supervision to the supervisee's training needs and their developmental stage

- 3.1 An ability to identify the supervisee's knowledge and experience of humanistic psychological therapies.
- 3.2 An ability to monitor the supervisee's ability to make use of a humanistic perspective to understand the client's presentation and the way in which the therapeutic process develops.
- 3.3 An ability to help the supervisee reflect on their development as a humanistic practitioner in order to identify specific learning goals.

- 3.4 An ability to link material covered in supervision sessions to the supervisee's learning needs and personal development.
- 3.5 An ability to negotiate learning agreements which reflect the supervisee's learning needs and are appropriate to their stage of development.

4. Specific content areas for supervision of humanistic psychological therapies

- 4.1 An ability to help the supervisee review and apply their knowledge of humanistic psychological therapy.
- 4.2 An ability to listen actively to the supervisee to help the supervisee reflect on their work.
- 4.3 An ability to employ empathic understanding to sense the supervisee's perceptions, experience and responses to their work.
- 4.4 An ability to help the supervisee:
 - 4.4.1 In maintaining a primary focus on the client's affective experience.
 - 4.4.2 To reflect on their experience of the therapeutic relationship (including their affective, cognitive and somatic reactions to the client).
- 4.5 An ability to help the supervisee become more flexible and spontaneous in their therapeutic role by maintaining an empathic and challenging supervisory relationship which supports their capacity:
 - 4.5.1 To be honest and open about their experience of offering therapy and to communicate this in supervision.
 - 4.5.2 To adopt a position of curiosity towards their experiences in offering therapy, and to be open to exploring the meaning of these experiences.
- 4.6 An ability to help the supervisee maintain a therapeutic stance appropriate to the humanistic approach they are employing.
- 4.7 An ability to link humanistic concepts and principles to therapeutic strategies and techniques:
 - 4.7.1 With reference to the clinical material presented by the supervisee for example:
 - 4.7.2 Through discussion and exploration of the supervisee's verbal reports.
 - 4.7.3 Through direct observation (eg through the use of audio or video recordings, or through co-working in humanistic group therapies).
 - 4.7.4 Using process notes (usually made immediately after the therapy session).

- 4.7.5 Through modelling of humanistic principles in the context of supervision and the supervisory relationship (eg focusing on the supervisee's growth and development).
 - 4.7.6 Modelling 'core conditions' such as transparency and congruence in responses to the material presented by the supervisee.
 - 4.7.7. Modelling the process through which clinical ideas emerge (eg by 'thinking out loud' to illustrate the development of ideas regarding clients and their issues).
 - 4.7.8 Through observation and discussion of the supervisee's clinical work (ie through the use of audio or video recordings, or through direct observation of the supervisee at work).
- 4.8 An ability to use audio-recorded therapy material in a structured manner:
- 4.8.1 Tto plan specific training tasks.
 - 4.8.2 To deepen awareness of relational processes in the therapeutic dyad.

5. Specific supervisory techniques:- 'Parallel process'

- 5.1 An ability to draw on knowledge of the ways in which similar interpersonal dynamics may be concurrently enacted in both the supervisory and the therapeutic dyad.
- 5.2 An ability to maintain a focus on the therapy with the client, while recognising the possibility of re-enactment within supervision of significant dynamics between the supervisee and their client.
- 5.3 An ability to explore with the supervisee interpersonal processes occurring both between supervisor and supervisee and supervisee and client and how these relate to one another.
- 5.4 An ability to help the supervisee identify when they have been drawn into 'enactments' with the client and to explore their thoughts and feelings when such events occur.

6. Monitoring the supervisee's work

- 6.1 An ability to make use of recordings/direct observation to monitor the supervisee's ability to use humanistic strategies and techniques appropriate to the humanistic approach being adopted

7. Sources

Patterson, C.H. (1997) *Client centred supervision* pp 134-146 in C.E. Watkins (Ed) *Handbook of psychotherapy supervision* New York: Wiley.

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Tudor, K. and Worrall, M. (2004) *Freedom to Practice: Person-centred approaches to supervision*. Ross-on-Wye: PCCS Books

Yontef, G. (1997) *Supervision from a Gestalt Therapy perspective* pp 147-163 in C.E. Watkins (Ed) *Handbook of psychotherapy supervision* New York: Wiley.

Appendix B

Therapy Adherence Scale

Client ID _____ Session _____

Rater _____ Segment _____

COUNSELLING ADHERENCE SCALE

Use the scale below to rate the items according to the quality and frequency of each activity during the therapy segment to which you've just listened.

Shows no evidence of	Shows some evidence of	Shows moderate evidence of	Shows good evidence of	Shows very good evidence of
0	1	2	3	4

NOTE: Reversed item **1.6 only** testing ability to be non-judgmental should be scored as follows:

Shows no evidence of	Shows some evidence of	Shows moderate evidence of	Shows good evidence of	Shows very good evidence of
4	3	2	1	0

An overall minimum score of 36 is required for a therapist to be judged as adhering to the Practitioner Manual. If a therapist has low scores (0 or 1) on individual items, these should be discussed in supervision with a view to developing practice in those areas.

PART ONE

The first part of the scale addresses the following competences from the Counselling Practitioner Manual:

B3.1 Ability to experience and communicate empathy

B3.2 Ability to experience and to communicate a fundamentally accepting attitude to clients

B3.3 Ability to maintain authenticity in the therapeutic relationship

0 1 2 3 4	<p>1.1 CLIENT FRAME OF REFERENCE:</p> <p>Do the therapist's responses convey an understanding of the client's experiences as the client themselves understands or perceives them?</p>	<p>Do the therapist's responses convey an understanding of the client's inner experience or point of view, as immediately expressed by the client? Or conversely, do therapist's responses show a failure to appreciate aspects of the client's experience or point of view?</p>
0 1 2 3 4	<p>1.2 CLIENT TRACK:</p> <p>Is the therapist following the client's track?</p>	<p>Are the therapist's responses attuned to the client's flow of experience? Is the therapist "staying with" the client, responding in the "here and now"? Conversely, are the therapist's responses a diversion from the client's own train of thoughts/feelings?</p>
0 1 2 3 4	<p>1.3 CORE MEANING:</p> <p>Do the therapist's responses reflect the core, or essence, of what the client is communicating or experiencing in the moment?</p>	<p>Responses are not just a reflection of surface content but show an understanding of the client's central/core experience and its personal meaning for the client. Therapist responses are attuned to both implicit and explicit communication from the client and do not detract from the core meaning of client's communication.</p>
0 1 2 3 4	<p>1.4 WARMTH:</p> <p>Does the therapist's attitude convey warmth?</p>	<p>Does the therapist's tone of voice convey gentleness and caring? Is their attitude welcoming and receptive?</p>
0 1 2 3 4	<p>1.5 ACCEPTING PRESENCE:</p> <p>Does the therapist's attitude convey an unconditional acceptance of whatever the client brings?</p>	<p>Do the therapist's responses convey a calm, receptive and accepting presence?</p>
0 1 2 3 4	<p>1.6 JUDGMENT:</p>	<p>Do the therapist's responses convey</p>

	Do the therapist's responses convey judgments of the client's experiences/behaviour? (Reversed item)	an evaluative attitude towards the client, either positive or negative? Eg do the therapist's responses convey criticism or praise which indicates bias, collusion or manipulation?
0 1 2 3 4	1.7 AUTHENTICITY: Does the therapist's attitude demonstrate congruence between what is experienced and what is communicated?	Do the therapist's responses indicate defensiveness or the presence of a façade? Is there evidence of therapist self-incongruence or inner struggle which is not communicated to the client? Is the therapist freely her/himself in the relationship; open to experiences and feelings of all types? Does the therapist recognise and accept contradictory feelings? Do therapist verbalisations match inner experience? Is there congruence between the therapist's linguistic and paralinguistic communication?

PART TWO

The second part of the scale addresses the following competences from the Counselling Practitioner Manual:

B2.2 Ability to work with the client to establish a therapeutic aim

S1.1 Ability to help clients to access and express emotions

S1.2 Ability to help clients articulate emotions

S1.3 Ability to help clients reflect on and develop emotional meanings

Shows no evidence of	Shows some evidence of	Shows moderate evidence of	Shows good evidence of	Shows very good evidence of
0	1	2	3	4
0 1 2 3 4	2.1 COLLABORATION: Does the therapist adopt a collaborative approach with the client to clarify and work towards their		Does the therapist help the client locate and maintain a focus for the therapy, while adapting this focus as necessary? This may include: explaining the rationale for therapeutic work; clarifying what the client hopes to get from therapy; helping the client	

	therapeutic goals?	work towards the resolution of difficulties and the achievement of goals.
0 1 2 3 4	2.2 EMOTION FOCUS: Does the therapist focus on client emotional experiences, both explicit and implicit?	Does the therapist help the client contact their feelings by: helping the client focus their attention on bodily sensations; focusing on emotionally poignant experiences; helping the client contact the intensity of how they feel; helping the client find ways of describing emotions; making empathic conjectures about feelings that have not yet been expressed? Does the therapist help the client to differentiate between different aspects of emotional experience?
0 1 2 3 4	2.3 ARTICULATION OF EMOTIONS: Does the therapist actively try to help the client verbalise their emotions along with associated meanings and concerns?	Does the therapist help the client to find appropriate words to describe their feelings? Does the therapist help the client to verbalise the memories, wishes and needs associated with particular emotions? Where appropriate, does the therapist suggest imagery and metaphor to help articulate the meaning of the client's experiences?
0 1 2 3 4	2.4 DEVELOPING EMOTIONAL MEANING: Does the therapist help the client explore their explicit or implicit central experiences of self, others and the world?	By offering empathic exploration of core experiences, does the therapist support the emergence of new understanding, new emotional experience, new sense of inner strength and new ways of experiencing self, the world and others?
0 1 2 3 4	2.5 EMOTIONAL REGULATION: Does the therapist help the client achieve and maintain an optimal level of emotional arousal for exploring their feelings?	(a) If the client is overwhelmed by feelings, does the therapist help the client to manage these emotions by offering a calming and containing presence; offering containing imagery; helping the client self-soothe? (b) If the client is distant from or out of touch with their feelings, does the therapist help the client to increase emotional contact by helping them review current concerns and focus on the most important or poignant; helping them remember and explore memories of emotional experiences; using vivid imagery or language? (c) If the client is at an optimal level of emotional arousal for therapeutic work, does the therapist help them continue working at this level?

Appendix C

Agenda for Change: Band 7

Dimension	Level	Examples of application	Guidelines for evidence
<p>Core 1 Communication: Develop and maintain communication with people about difficult matters and/or in difficult situations</p> <p>The worker:</p> <p>a) identifies:</p> <ul style="list-style-type: none"> - the range of <u>people</u> involved in the communication - potential <u>communication differences</u> - relevant contextual factors - broader <u>situational factors, issues and risks</u> <p>b) communicates with people in a <u>form</u> and manner that:</p> <ul style="list-style-type: none"> - is consistent with their level of understanding, culture, background and preferred ways of communicating - is appropriate to the <u>purpose of the communication</u> and its longer term importance - is appropriate to the complexity of the context - encourages the effective participation of all involved - enables a constructive outcome to be achieved <p>c) anticipates <u>barriers</u> to communication and <u>takes action to improve communication</u></p> <p>d) is proactive in seeking out different styles and methods of communicating to assist longer term needs and aims</p> <p>e) takes a proactive role in producing accurate and complete records of communication consistent with <u>legislation, policies and procedures</u></p> <p>f) communicates in a manner that is consistent with relevant legislation, policies and procedures</p>	<p>4</p>	<p>People with whom communicating: See overview</p> <p><u>Communication differences</u> might be in relation to:</p> <ul style="list-style-type: none"> - contexts and cultures of the different parties - degree of confusion or clarity - first/preferred language - levels of familiarity with the subject of the communication/context in which the communication is taking place - level of knowledge and skills - sense of reality <p><u>Situational factors, issues and risks</u> might include:</p> <ul style="list-style-type: none"> - changes affecting the people concerned which are outside their control - history of poor communication and misunderstandings - complexity of the issues and associated political issues and risks - clashes in personal and/or organisational styles and approach that cause difficulties in ongoing communication <p><u>Forms of communication</u> may be: See overview</p> <p><u>Purpose of communication</u> might include:</p> <ul style="list-style-type: none"> - advocating on behalf of others - asserting a particular position or view and maintaining it in adversity - breaking bad news and supporting those receiving it - contributing to decision making balancing a number of different interests - delivering presentations without a script actively encouraging participation from the audience - explaining complex issues in formal situations (such as courts, expert witnesses) - explaining strategy and 	

		<p>organisational decisions to everyone in an organisation</p> <ul style="list-style-type: none"> - facilitating processes - motivating people - negotiating outcomes involving a number of different parties - presenting and explaining complex concepts, ideas and issues to others who are unfamiliar with them - providing advice on complex issues or in difficult situations - representing and articulating different viewpoints testing out others' understanding - resolving complex issues - seeking consent - sharing decision making with others including users of services - sharing information <p>Barriers to communication See overview</p> <p><u>Taking action to improve communication</u> might include:</p> <ul style="list-style-type: none"> - assessing responses and acting in response - changing the content and structure of communication - changing the environment - changing the methods of communicating - deciding what information and advice to give and what to withhold - using a range of skills to influence, inspire and champion people and issues - using communication aids - using another language <p>Legislation, policies and procedures See overview</p>	
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Dimension	Level	Examples of application	Guidelines for evidence
<p>Core 2 Personal and People Development: Develop oneself and contribute to the development of others</p> <p>The worker:</p> <p>a) reflects on and evaluates how well s/he is applying knowledge and skills to meet current and emerging work demands and the requirements of the KSF outline for his/her post</p> <p>b) identifies <u>own development needs</u> and sets own personal development objectives in discussion with his/her reviewer</p> <p>c) take responsibility for own <u>personal development</u> and maintains own personal development portfolio</p> <p>d) makes effective use of learning opportunities within and outside the workplace evaluating their effectiveness and feeding back relevant information</p> <p>e) <u>enables others to develop</u> and apply their knowledge and skills in practice</p> <p>f) contributes to the development of others in a manner that is consistent with <u>legislation, policy and procedures</u></p> <p>g) contributes to developing the workplace as a learning environment</p>	3	<p><u>Own development needs</u> might include:</p> <ul style="list-style-type: none"> - critically appraising new and changing theoretical models, policies and the law - developing new knowledge and skills in a new area - developing new knowledge and skills in own work area - developing strategies to manage emotional and physical impact of work - keeping up-to-date with evidence-based practice - keeping up-to-date with information technology - maintaining work-life balance and personal wellbeing - managing stress - updating existing knowledge and skills in own work area <p><u>Personal development</u> See overview</p> <p><u>Others</u> See overview</p> <p><u>Enabling others to develop</u> might include:</p> <ul style="list-style-type: none"> - acting as a coach to others - acting as a mentor to others - acting as a role model - acting in the role of reviewer in the development review process - demonstrating to others how to do something effectively - discussing issues with others and suggesting solutions - facilitating networks of practitioners to learn from each other (eg electronic forums, bulletin boards) - providing feedback and encouragement to others - providing feedback during assessment in the workplace (eg for NVQs/SVQs, student placements) - providing information and advice - providing professional supervision - sharing own knowledge, skills 	

		<p>and experience</p> <ul style="list-style-type: none"> - supporting individuals who are focusing on specific learning to improve their work and practice - supporting others on work placements, secondments and projects <p><u>Legislation, policy and procedures</u> may be international, national or local and may relate to:</p> <ul style="list-style-type: none"> - confidentiality - data protection (including the specific provisions relating to access to health records) - disability - diversity - employment - equality and good relations - human rights (including those of children) - information and related technology - language - learning and development 	
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Dimension	Level	Examples of application	Guidelines for evidence
<p>Core 3 <u>Health, safety and security:</u> monitor and maintain health, safety and security of self and others</p> <p>The worker:</p> <p>a) identifies and assesses the potential risks involved in work activities and processes for self and <u>others</u></p> <p>b) identifies how best to manage the risks</p> <p>c) undertakes work activities consistent with:</p> <ul style="list-style-type: none"> - <u>legislation, policies and procedures</u> - the assessment and management of <u>risk</u> <p>d) take appropriate action to manage an <u>emergency</u> summoning assistance immediately when this is necessary</p> <p>e) reports actual or potential problems that may put health, safety and security at risk and</p>	2	<p><u>Others:</u> See overview</p> <p><u>Legislation, policies and procedures</u> See overview</p> <p><u>Risks to health, safety and security:</u> See overview</p> <p><u>Emergencies</u> might be related to:</p> <p>the environment health information security</p> <p><u>Supporting others in maintaining health, safety and security</u> might include:</p> <ul style="list-style-type: none"> - acting as a role model - alerting others when there are specific risks - enabling individuals to learn healthier, safer and more secure ways of working - intervening to protect others from risk - moving and handling people and/or goods with others using 	

<p>suggests how they might be addressed</p> <p>f) <u>supports others in maintaining health, safety and security</u></p>		<p>equipment as appropriate</p> <ul style="list-style-type: none"> - offering information and advice on how to reduce risk 	
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Dimension	Level	Examples of application	Guidelines for evidence
<p>Core 4 <u>Service improvement: contribute to the improvement of services</u></p> <p>The worker:</p> <p>a) discusses and agrees with the work team</p> <ul style="list-style-type: none"> - the implications of direction, policies and strategies on their current practice - the changes that they can make as a team - the changes s/he can make as an individual - how to take the changes forward <p>b) constructively makes agreed changes to own work in the agreed timescale seeking support as and when necessary</p> <p>c) supports others in understanding the need for and making agreed changes</p> <p>d) evaluates own and others work when required to do so completing relevant documentation</p> <p>e) makes constructive suggestions as to how services can be improved for users and the public</p> <p>f) constructively identifies issues with direction, policies and strategies in the interests of users and the public</p>	2	<p>Direction, policies and strategies <i>See overview</i></p> <p><u>Evaluating own and others work might be through:</u></p> <ul style="list-style-type: none"> - audit - appraising own and team practice in the light of research findings - comparisons of own services against those of others following benchmarking exercises - satisfaction surveys <p><u>Constructive suggestions might be related to:</u></p> <ul style="list-style-type: none"> - bright ideas - feedback from users - good practice elsewhere - how to apply changes in legislation, policies and procedures - how to implement recommendations - how to respond effectively to evaluations - own reflections and observations - team discussion 	

Dimension	Level	Examples of application	Guidelines for evidence
<p>Core 5 Quality: contribute to improving quality</p> <p>The worker:</p> <p>a) acts consistently with <u>legislation, policies and procedures</u> and other quality approaches and promotes the value of quality approaches to others</p> <p>b) understands own role in the organisation and its scope and identifies how this may develop over time</p> <p>c) works as an effective and responsible <u>team member</u> and enables others to do so</p> <p>d) prioritises own workload and organises and carries out own work in a manner that maintains and promotes quality</p> <p>e) evaluates the quality of own and others' work and <u>raises quality issues and related risks</u> with the relevant people</p> <p>f) supports the introduction and maintenance of quality systems and processes in own work area</p> <p>g) <u>takes the appropriate action when there are persistent quality problems</u></p>	3	<p><u>Legislation, policies and procedures</u> See overview</p> <p>Working as an effective and responsible <u>team member</u> See overview</p> <p><u>Quality issues and related risks</u> might include:</p> <ul style="list-style-type: none"> - complaints - data and information gaps - health, safety and security - inappropriate policies - incidents - ineffective systems - lack of knowledge or evidence on which to base the work - lack of shared decision making with users of services - mistakes and errors - poor communication - poor individual or team practice - resources - risks - team working - workload <p><u>Taking the appropriate action when there are persistent quality problems</u> might include:</p> <ul style="list-style-type: none"> - alerting a trade union official - alerting one's own manager - alerting the manager of the person concerned - issuing warnings - investigating incidents - whistle blowing 	

Dimension	Level	Examples of application	Guidelines for evidence
<p>Core 6 <u>Equality and diversity: support equality and value diversity</u></p> <p>The worker:</p> <p>a) recognises the importance of people's rights and acts in accordance with <u>legislation, policies and procedures</u></p> <p>b) Acts in ways that:</p> <ul style="list-style-type: none"> - acknowledge and recognise <u>people's expressed beliefs, preferences and choices</u> - respect diversity - value people as individuals <p>c) takes account of own behaviour and its effect on others</p> <p>d) <u>identifies and takes action</u> when own or others' behaviour undermines equality and diversity</p>	2	<p><u>Legislation, policies and procedures</u> See overview</p> <p><u>People's expressed beliefs, preferences and choices</u> might relate to:</p> <ul style="list-style-type: none"> - food and drink - how they like to be addressed and spoken to - personal care – living or deceased - privacy and dignity - the information they are given - the support they would like - their faith or belief <p><u>Identifying and taking action when others' behaviour undermines equality and diversity</u> would include on a day-to-day basis being prepared to:</p> <ul style="list-style-type: none"> - recognise when equality and diversity is not being promoted and doing something about it - recognise when someone is being discriminated against and doing something about it 	

Dimension	Level	Examples of application	Guidelines for evidence
<p><u>HWB2</u> <u>Assessment and care planning to meet health and wellbeing needs: assess complex HWB needs and develop, monitor and review care plans to meet those needs</u></p> <p>The worker:</p> <p>a) explains clearly to people:</p> <ul style="list-style-type: none"> - own role, responsibilities and accountability - the information that is needed from the assessment of <u>HWB needs</u> and who might have access to it - the benefits and risks of the assessment process and alternative approaches 	4	<p><u>Health and wellbeing needs</u> See overview</p> <p><u>Assessment methods that are appropriate for complex needs</u> include the use of:</p> <ul style="list-style-type: none"> - checklists - discussions and conversations - frameworks - observations - questioning - specific tests - specific activities - specially designed methods to assess the particular needs of the people concerned <p><u>Legislation, policies and procedures</u></p>	

<ul style="list-style-type: none"> - the outcomes of assessment - options within care plans and associate benefits and risks <p>b) respects people’s dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent</p> <p>c) plans and uses <u>assessment methods that are appropriate for complex needs</u> and processes of reasoning that</p> <ul style="list-style-type: none"> - are appropriate for the complex needs of the people concerned - s/he has the knowledge, skills and experience to use effectively - are based on available evidence - obtain sufficient information for decision making including gaining assessment information from other practitioners <p>d) follows processes of reasoning which:</p> <ul style="list-style-type: none"> - balance additional information against the overall picture of the individual’s needs to confirm or deny developing hypotheses - are capable of justification given the available information at the time - are likely to result in the optimum outcome <p>e) interprets all of the information available and makes a justifiable assessment of:</p> <ul style="list-style-type: none"> - people’s health and wellbeing - their related complex needs and prognosis - <u>risks</u> to their health and wellbeing in the short and longer term <p>transferring and applying her/his skills and knowledge to address the complexity of people’s needs</p> <p>f) develops and records care plans that are appropriate to the people concerned and:</p>	<p>See overview</p> <p><u>Risks to health and wellbeing</u> might arise from:</p> <ul style="list-style-type: none"> - abuse - incidents/accidents - neglect - rapid deterioration of condition or situation - self-harm - the complexity and range of contributory factors the environment 	
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<ul style="list-style-type: none"> - are consistent with the outcomes of assessing their complex HWB needs - identify the risks that need to be managed - have clear goals - involve other practitioners and agencies to meet people's complex HWB needs and risks - are consistent with the resources available - note people's wishes and needs that it was not possible to meet <p>g) coordinates the delivery of care plans, feeding in relevant information to support wider service planning</p> <p>h) monitors the implementation of care plans and makes changes to better meet people's complex HWB needs</p>			
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Dimension	Level	Examples of application	Guidelines for evidence
<p><u>HWB4</u> <u>Enablement to address health and wellbeing needs: empower people to realise and maintain their potential in relation to HWB</u></p> <p>The worker:</p> <p>a) respects people's dignity, wishes and beliefs' involves them in shared decision making and obtains their consent</p> <p>b) identifies with the people concerned:</p> <ul style="list-style-type: none"> - goals for the specific activities to be undertaken within the context of their overall care plan and their <u>HWB</u> needs - the form different activities should take - the involvement of other people and/or agencies - relevant evidence-based guidelines - <u>risks</u> <p>c) <u>enables people to realise and maintain their potential</u> in a manner that is consistent with:</p> <ul style="list-style-type: none"> - evidence-based practice - <u>legislation, policies and</u> 	4	<p><u>Health and wellbeing needs</u> See overview</p> <p><u>Risks to health and wellbeing</u> See overview</p> <p><u>Enabling people to realise and maintain their potential</u> might include:</p> <ul style="list-style-type: none"> - counselling - developing people's mobility - empowering individuals to adjust to any manage large scale changes in their lives - empowering people to development intellectually - empowering people to develop their parenting skills - empowering people to manage their own behaviour where there are complex issues - empowering people with complex needs to develop their daily living skills - empowering people with complex needs to develop their social skills - enabling individuals to become expert in managing their 	

<p><u>procedures</u></p> <ul style="list-style-type: none"> - the management of risk applying own skills, knowledge and experience and using considered judgment to support people's different needs <p>d) takes the appropriate action to address any issues or <u>risks</u></p> <p>e) evaluates the effectiveness of work with people and makes any necessary modifications</p> <p>f) provides effective feedback to inform the overall care plan</p> <p>g) makes complete records of the work undertaken, people's HWB, needs and related risks</p>		<p>condition/illness/treatment</p> <ul style="list-style-type: none"> - giving people support to move on and away from others - providing psychological support - providing spiritual support when there are specific and complex needs <p><u>Legislation, policies and procedures</u> See overview</p>	
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Dimension	Level	Examples of application	Guidelines for evidence
<p><u>HWB6</u> <u>Assessment and Treatment planning: assess physiological and/or psychological functioning when they are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans</u></p> <p>The worker:</p> <p>a) identifies and evaluates:</p> <ul style="list-style-type: none"> - the particular factors which contribute to the complex nature of the cases - evidence from similar cases which may inform the approach to be taken - the nature and urgency of the case <p>b) determines and plans the range and sequence of <u>assessments</u> that evidence suggests are most likely to provide answers to the clinical questions, including:</p> <ul style="list-style-type: none"> - the specific activities to be undertaken - any modifications to standard procedures/protocols - methods, techniques and equipment to be used - the <u>risks</u> to be managed <p>c) respects people's dignity,</p>	4	<p><u>Assessment</u> may include</p> <ul style="list-style-type: none"> - taking case history - examinations - obtaining images - tests and measurements <p>and may be carried out</p> <ul style="list-style-type: none"> - with others - by self - by others on request <p><u>Risks</u> might arise from:</p> <ul style="list-style-type: none"> - abuse - incidents/accidents - neglect - rapid deterioration of condition or situation - self-harm - the complexity and range of contributory factors - the environment <p><u>Legislation, policies and procedures</u> See overview</p>	

<p>wishes and beliefs; involves them in shared decision making; and obtains their consent</p> <p>d) carries out assessments in line with evidence based practice, <u>legislation, policies and procedures</u> and/or established protocols/established theories and models, monitoring individuals and adjusting the approach in light of arising information and any significant changes or risks</p> <p>e) considers and interprets all of the information available using systematic processes of reasoning and reaches justifiable conclusions, including making a differential diagnosis and the listing and rank of possible alternatives if appropriate, and explains the outcomes to individuals</p> <p>f) develops and records treatment plans that are:</p> <ul style="list-style-type: none"> - appropriate to the clinical context - consistent with the outcomes of assessment and the most probably diagnosis - identify the risks that need to be managed - have clear goals - involve other practitioners and agencies as and when necessary - are consistent with the resources available - note people's wishes and needs that it was not possible to meet <p>g) coordinates the delivery of treatment plans feeding in relevant information to support wider service planning</p> <p>h) monitors the implementation of treatment plans and makes changes as a result of emerging information</p> <p>i) identifies individuals whose needs fall outside own expertise and makes referrals to the appropriate practitioners with the necessary degree of urgency</p>			
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Dimension	Level	Examples of application	Guidelines for evidence
<p><u>HWB7</u> <u>Interventions and treatments: plan, deliver and evaluate interventions and/or treatments when they are complex issues and/or serious illness</u></p> <p>The worker:</p> <p>a) respects individual's dignity, wishes and beliefs; involves them in shared decision making' and obtains their consent</p> <p>b) identifies with the individuals concerned</p> <ul style="list-style-type: none"> - goals for specific <u>interventions/treatments</u> to be undertaken within the context of the overall treatment plan and the individual's physiological and/or psychological functioning - the nature of the different aspects of the interventions/treatments given the complexity of the issues and/or the seriousness of the illness - the involvement of other people and/or agencies - relevant evidence-based practice and/or clinical guidelines/theories and models - any specific precautions or contraindications to the proposed interventions/treatments and takes the appropriate action - how to manage potential <u>risks</u> <p>c) undertakes interventions/treatments in a manner that is consistent with:</p> <ul style="list-style-type: none"> - evidence-based practice and/or clinical guidelines/established theories and models - multidisciplinary team working - his/her own knowledge, skills and experience - <u>legislation, policies and</u> 	4	<p><u>Interventions and/or treatments</u> may relate to physical and/or psychological functioning See overview</p> <p><u>Legislation, policies and procedures</u> See overview</p> <p><u>Risks</u> might be from:</p> <ul style="list-style-type: none"> - abuse - incidents/accidents - neglect - rapid deterioration of condition or situation - self-harm - the complexity and range of contributory factors the environment 	

<p><u>procedures</u></p> <p>applying own skills, knowledge and experience and using considered judgment to meet individual's complex needs</p> <p>d) takes the appropriate action to address any issues or risks</p> <p>e) evaluates the effectiveness of the interventions/treatments and makes any necessary modifications</p> <p>f) provides effective feedback to inform the overall treatment plan</p> <p>g) makes complete records of the interventions/treatments undertaken, people's HWB needs and related risks</p> <p>h) responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency</p>			
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Dimension	Level	Examples of application	Guidelines for evidence
<p>G2 Development and Innovation Contribute to developing, testing and reviewing new concepts, models, methods, practices, products and equipment</p> <p>The worker:</p> <p>a) confirms with relevant <u>information sources</u>:</p> <ul style="list-style-type: none"> - the nature of the activities required - any particular factors to take into account <p>and selects appropriate ways of <u>developing, testing and reviewing</u> concepts, models, methods, practices, products and equipment</p> <p>b) conducts activities for which s/he is responsible using the agreed methods and consistent with <u>legislation, policies and procedures</u></p> <p>c) reports the findings and outcomes of developments, tests and reviews to the people who need them supported by own recommendations on the value of the development</p>	2	<p>Information sources may be:</p> <ul style="list-style-type: none"> - plan/design/specification - person responsible for overall testing of the development <p><u>Developing, testing and reviewing</u> might include:</p> <ul style="list-style-type: none"> - building prototypes/trial models - creating new components from given designs and specifications - developing minor designs - investigation/experiments - trialling developments in the workplace <p><u>Developments</u> See overview</p> <p><u>Legislation, policies and procedures</u> See overview</p>	

Dimension	Level	Examples of application	Guidelines for evidence
<p><u>G1 Learning and Development</u> Enable people to learn and develop</p> <p>The worker:</p> <ul style="list-style-type: none"> a) agrees with the team the purpose, aims and content of the <u>learning and development</u> and own role in the process b) prepares thoroughly for own role addressing any issues in advance c) supports learning <ul style="list-style-type: none"> - recognising individuals' particular needs, interests and styles - using the agreed methods and approaches - in a manner that stimulates individuals' interest, promotes development and encourages their involvement - by developing an environment that supports learning - consistent with <u>legislation, policies and procedures</u> d) gains feedback from learners and relevant others on the effectiveness of learning and development and their ideas for how it can be improved e) reflects on and evaluates the effectiveness of learning and development using feedback from learners and others f) discusses own evaluation with the team and agrees how learning and development might be improved in the future 	2	<p><u>Learning and development</u> See overview</p> <p><u>Legislation, policies and procedures</u> See overview</p>	