

National Curriculum for the Education of Psychological Wellbeing Practitioners

(Third edition¹, updated and revised, March 2015)

Introduction

The Improving Access to Psychological Therapies (IAPT) programme was established across England in 2008 with the aim of establishing psychological therapy services to enable 900,000 extra people to receive evidence based, NICE approved psychological therapies and interventions for common mental health problems. A key part of the programme has been to develop a competent workforce to deliver the stepped care model in IAPT services.

Psychological Wellbeing Practitioners (PWPs) assess and support patients with common mental health problems – principally anxiety and depression – in the self-management of their recovery. Interventions are designed to aid clinical improvement and social inclusion, including return to work, meaningful activity or other occupational activities. PWPs do this through the provision of information and support for evidence-based low-intensity psychological treatments, mainly informed by cognitive-behavioural principles, but also including physical exercise and supporting medication adherence. Behaviour change theory and models provide the framework which support an integrated approach to the choice and delivery of the interventions that PWPs provide.

NICE guidance for common mental health disorders and for each of the anxiety disorders and depression sets out the range of different types of low-intensity evidence-based interventions appropriate for delivery by PWPs. Principal among these are support for low-intensity self-help interventions informed by cognitive-behavioural principles such as behavioural activation, exposure, cognitive restructuring, panic management, problem solving and the management of insomnia. Typically these are supported by the use of self-help materials which can be provided in written or digital form (e.g. computerised cognitive behavioural therapy (cCBT)). Treatment is provided to groups of people (psychoeducational groups) as well as one-to-one to individual patients, and is provided by telephone and increasingly through electronic media as well as face-to-face. Low-intensity psychological treatments place a greater emphasis on patient self-management

¹ Third edition revisions were completed by a working group convened by University College London (UCL) with earlier editions by Dave Richards, Paul Farrand and Marie Chellingsworth (University of Exeter). All editions are under the aegis of the national IAPT team/NHS England/Department of Health. Originally included as appendix 4 as part of the PWP Training Review.

and are less burdensome than traditional psychological treatments. Support is specifically designed to enable patients to optimise their use of self-management recovery information and may be delivered through face-to-face, telephone, email or other contact methods. PWPs also provide information on common pharmacological treatments and support patients in decisions that optimise their use of such treatments. They also provide information on and support for physical exercise.

PWPs operate within the Improving Access to Psychological Therapies (IAPT) service delivery model². This delivery model requires the collection of routine, sessional clinical, social and employment outcomes as part of a national outcome monitoring system. The performance of PWPs will, therefore, be measured through their clinical, social and employment outcomes. Knowledge of IAPT services including the stepped care model of service delivery, regular and routine clinical outcomes measurement, case management and supervision are generic competencies that PWPs need for the satisfactory performance of their duties and the updated competency framework for the anxiety disorders and depression should be consulted http://www.ucl.ac.uk/clinical-psychology/CORE/CBT_Framework.htm

The IAPT service delivery model is predicated on a stepped care model with PWPs supporting low-intensity interventions and high-intensity workers delivering CBT or one of the other IAPT approved modalities: Brief Dynamic Interpersonal Therapy for Depression (DIT), Counselling for Depression, Interpersonal Psychotherapy for Depression (IPT) and Couples Therapy for Depression. It is important that PWPs have an understanding of the other modalities and how their work differs from high-intensity interventions. More information about the other modalities can be found at <http://www.iapt.nhs.uk/workforce/high-intensity/>.

PWPs should operate at all times within the stepped care model of service delivery in which the IAPT minimum levels of PWP supervision are provided. This should be both weekly individual case management and fortnightly individual or group-based clinical skills supervision. The success of training crucially depends on the availability of fully trained practitioners in IAPT services who are able to supervise trainees to develop competence in low-intensity assessment and intervention skills. Training courses should accordingly have systems in place for monitoring the supervision that trainees receive and the training and experience of their supervisors in the IAPT services where they are placed. Supervisors of trainee PWPs should all have undertaken appropriate training on PWP supervision. Guidance on the commissioning of supervision training and IAPT supervision is available at (<http://www.iapt.nhs.uk/workforce/supervisors/>).

² See www.iapt.nhs.uk for further details

Course accreditation standards for PWP Education have been developed and are linked to the national PWP curriculum <http://www.bps.org.uk/careers-education-training/accredited-courses-training-programmes/psychological-wellbeing-practitioner-accreditation/psychologic>. Having the PWP course accredited by the British Psychological Society supports fidelity to the curriculum and ensures that national minimum levels of competency in the provision of low-intensity interventions are maintained.

The curriculum is designed so that it can be available at both undergraduate (level 6) and postgraduate certificate level (level 7), based on three modules (see below) delivered over 45 days in total. This number of days is essential to meet the learning objectives specified within the curriculum. Although each module has a specific set of foci and learning outcomes, the clinical competencies build on each other and courses are expected to focus the majority of their teaching activity on clinical competence development through clinical simulation/role play. Assessment focuses primarily on trainees' practical demonstration of competencies. Skills based competency assessments are independent of academic level and must be passed. Participants may not necessarily possess previous clinical or professional expertise in mental health and can undertake academic assessments at either undergraduate or postgraduate level, depending on their prior academic attainment.

The curriculum includes both theoretical learning and skills practice within the Higher Education Institute and practice-based learning directed by the education provider that extends learning into practice. Over the 3 modules of 45 days, 25-30 days are delivered as theoretical learning and skills practice and 15-20 days as directed practice-based learning. Directed practice-based learning tasks include shadowing/observation, role play/practice with peers/colleagues of assessment and interventions, self-practice of interventions with reflection (i.e. applying techniques to issues from own life), and directed problem-based learning.

The training programme requires trainees to learn from observation and skills practice under supervision while working in fully functioning IAPT services, as well as through the theoretical teaching, skills practice and practice-based learning directed by the Higher Education Institute. Trainees should complete a minimum of 80 clinical contact hours with patients (face-to-face or on the telephone) within an IAPT service as a requirement of their training and should undertake a minimum of 40 hours of supervision of which at least 20 hours should be case management supervision and at least 20 hours should be clinical skills supervision. These 80 clinical contact hours and 40 supervision hours are in addition to the 15-20 practice-based learning days directed by education providers.

Equality and cultural competence

Course objectives to acquire cultural competence align with statutory duties under the Equality Act 2010, requiring public authorities who exercise public functions, and organisations carrying out public functions on behalf of a public authority, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations between people of shared protected characteristics and those who do not. Achieving cultural competence is a lifelong learning process. Cultural competence for Psychological Wellbeing Practitioners will aim to develop trainees' ability to recognise their own reaction to people who are perceived to be different and values and beliefs about the issue of difference, so as to be able to work effectively with them. Courses should include diversity issues within all teaching, not only within the module where values and diversity are the specific focus. In developing course assessment criteria, consideration should be given to the inclusion of:

- 1) Developing an ability to recognise one's own reaction to people who are perceived to be different and values and belief about the issue of difference.
- 2) Understanding a definition of culture, related values and factors effecting culture e.g. age, disability, marital status, ethnicity, parental status, sexual orientation, gender, education, language, socio-economic status, and religion or belief.
- 3) Capable of taking responsibility for responses and actions taken with people who are different or are perceived to be different, whether through age, ethnicity, sexuality, disability or other difference
- 4) Developing ability to accept ambiguity of not knowing what to expect or what to do initially during an inter-cultural situation.
- 5) Risk taking in order to communicate effectively with people from diverse cultures.
- 6) Working effectively with interpreters, establishing ways of working together and considering clinical implications.
- 7) Raised awareness of one's reaction to people who are different and the implications of these reactions during sessions.

Curriculum for the Education of Psychological Wellbeing Practitioners

The curriculum for the education of Psychological Wellbeing Practitioners (PWPs) is organised into three modules (see below). Modules and credit ratings can be adapted by Institutions and training providers to comply with their academic

timetable and tailored to suit local needs.

The assessment of academic and clinical skills is detailed below. All clinical skills should be assessed by practical tests of clinical competence. Because of the critical nature of clinical competence, there can be no compensation/condonement for a failed clinical competence assessment. While the assessment strategies for assessing practical clinical skills are set out for each module, the assessment of academic skills and knowledge may be in the form of a written exam(s), course work (including seminars and presentations), case report or essay and will be expected to cover the academic content of all three modules.

The curriculum informs the accreditation process for Psychological Wellbeing Practitioner courses led by the British Psychological Society. Further information about this process can be found at <http://www.bps.org.uk/careers-education-training/accredited-courses-training-programmes/accredited-courses-training-progra>.

Module 1: Engagement and assessment of patients with common mental health problems

Aims for the module

PWPs assess and support people with common mental health problems in the self-management of their recovery. To do so they must be able to undertake a range of patient-centred assessments and be able to identify the main areas of concern relevant to the assessment undertaken. They need to have knowledge and competence to be able to apply these in a range of different assessment formats and settings. These different elements or types of assessment include screening/triage assessment within an IAPT service; risk assessment; provisional diagnostic assessment; mental health clustering assessment; psychometric assessment (using the IAPT standardised symptoms measures); problem focused assessment; and intervention planning assessment. In all these assessments they need to be able to engage patients and establish an appropriate relationship whilst gathering information in a collaborative manner.

They must have knowledge of mental health disorders and the evidence-based therapeutic options available and be able to communicate this knowledge in a clear and unambiguous way so that people can make informed treatment choices. In addition, they must have knowledge of behaviour change models and how these can inform choice of goals and interventions. This module will, therefore, equip PWPs with a good understanding of the incidence, prevalence and presentation of common mental health problems and evidenced-based treatment choices. Skills

teaching will develop PWPs' core 'common factors' competencies of active listening, engagement, alliance building, patient-centred information gathering, information giving and shared decision making.

Learning outcomes:

- 1) Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.
- 2) Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with people with common mental health disorders
- 3) Demonstrate knowledge of, and competence in using 'common factors' to engage patients, gather information, build a therapeutic alliance with people with common mental health problems, manage the emotional content of sessions and grasp the client's perspective or "world view".
- 4) Demonstrate knowledge of, and competence in 'patient-centred' information gathering to arrive at a succinct and collaborative definition of the person's main mental health difficulties and the impact this has on their daily living.
- 5) Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a patient-centred interview.
- 6) Demonstrate knowledge of, and competence in accurate risk assessment to patient or others.
- 7) Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.
- 8) Demonstrate knowledge, understanding and competence in using behaviour change models in identifying intervention goals and choice of appropriate interventions.
- 9) Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with patients.
- 10) Demonstrate competence in understanding the patients attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.
- 11) Demonstrate competence in accurate recording of interviews and questionnaire assessments using paper and electronic record keeping systems.

Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module assessment strategy

- 1) Standardised role-play scenario(s) where trainees are required to demonstrate skills in undertaking both triage within an IAPT service and problem focused assessments. This may be a single scenario, combining both triage within an IAPT service and problem focused assessments, or two shorter assessment scenarios. This (these) will be video-recorded and assessed by teaching staff using standardised assessment measures.
- 2) Academic assignment: trainees should also provide a reflective commentary on their performance on the above, or an alternative academic assignment could be set e.g. an exam, case report or essay.
- 3) Successful completion of the following practice outcomes, to be assessed by means of a practice outcomes portfolio:
 - Demonstrates competency in undertaking and recording a range of assessment formats. This should include both triage within an IAPT service and problem focused assessments.
 - Demonstrates experience and competence in the assessment of presenting problems across a range of problem descriptor including depression and two or more anxiety disorders.
 - Demonstrates the common factor competencies necessary to engage patients across the range of assessment formats

Duration

The following structure is suggested for this module

15 days in total:

- Ten days of theoretical teaching, skills practice in intensive workshops and

clinical simulations;

- Five days undertaking directed practice-based learning.

Module 2: Evidence-based low-intensity treatment for common mental health disorders

Aims of module

PWPs aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments and regularly used pharmacological treatments of common mental health problems. Low-intensity psychological treatments place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by behaviour change models and strategies. Examples of interventions include providing support for a range of low-intensity self-help interventions (often with the use of written self-help materials) informed by cognitive-behavioural principles, such as behavioural activation, exposure, cognitive restructuring, panic management, problem solving, CBT-informed sleep management, and computerised cognitive behavioural therapy (cCBT) packages as well as supporting physical exercise and medication adherence. Support is specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and may be delivered individually or to groups of patients (psychoeducational groups) and through face-to-face, telephone, email or other contact methods. PWPs must also be able to manage any change in risk status. This module will, therefore, equip PWPs with a good understanding of the process of therapeutic support and the management of individuals and groups of patients including families, friends and carers. Skills teaching will develop PWPs general and disorder-defined 'specific factor' competencies in the delivery of low-intensity treatments informed by cognitive-behavioural principles and in the support of medication concordance.

Learning outcomes:

- 1) Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance.
- 2) Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.

- 3) Demonstrate competence in planning a collaborative low-intensity psychological or pharmacological treatment programme for common mental health problems, including managing the ending of contact.
- 4) Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems.
- 5) Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low-intensity interventions.
- 6) Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols.
- 7) Demonstrate knowledge of, and competence in supporting people with medication for common mental disorders to help them optimise their use of pharmacological treatment and minimise any adverse effects.
- 8) Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.

Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation and role plays in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module assessment strategy

- 1) A video-recorded standardised role-play scenario OR an audio or video-recording of a real low-intensity treatment session with a patient treated by the trainee, in either of which the trainee is required to demonstrate skills in planning and implementing a low-intensity treatment programme. This recording will be assessed by teaching staff using a standardised assessment measure. NB Either this or the module 3 clinical assessment (or both) need(s) to be a recorded session of a real patient seen by the trainee.
- 2) Academic assignment: trainees should also provide a reflective commentary on their performance on the above, or an alternative academic assignment could be set e.g. an exam, case report or essay.

- 3) Successful completion of the following practice outcomes, to be assessed by means of a practice outcomes portfolio:
- Demonstrates experience and competence in the selection and delivery of treatment of a range of presenting problems using evidence based low-intensity interventions across a range of problem descriptor including depression and two or more anxiety disorders
 - Demonstrates the ability to use common factor competencies to manage emotional distress and maintain therapeutic alliances to support patients using low-intensity interventions
 - Demonstrates high quality case recording and systematic evaluation of the process and outcomes of mental health interventions, adapting care on the basis of these evaluations

Duration

The following structure is suggested for this module

15 days in total:

- Ten days of theoretical teaching, skills practice and clinical simulations
- Five days undertaking directed practice-based learning

Module 3: Values, diversity and context

Aims of module

PWPs operate at all times from an inclusive values base which promotes recovery and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the diverse communities served by the service within which the worker is operating. Workers must respect and value individual differences in age, sexuality, disability, gender, spirituality, race and culture. PWPs must also take into account any physical and sensory difficulties people may experience in accessing services and make provision in their work to ameliorate these. They must be able to respond to people's needs sensitively with regard to all aspects of diversity. They must demonstrate a commitment to equal opportunities for all and encourage people's active participation in every aspect of care and treatment. They must also

demonstrate an understanding and awareness of the power issues in professional / patient relationships and take steps in their clinical practice to reduce any potential for negative impact this may have. This module will, therefore, expose PWPs to the concept of diversity, inclusion and multi-culturalism and equip workers with the necessary knowledge, attitudes and competencies to operate in an inclusive values driven service.

PWPs are expected to operate in a stepped care, high-volume environment. During training, trainee PWPs should carry a reduced caseload, with the number of cases seen depending on their stage in training, building up to a maximum of 60-80% of a qualified PWP's caseload at the end of training. PWPs must be able to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision-making. PWPs need to recognise the limitations to their competence and role and direct people to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond their competence and role. In addition, they must focus on social inclusion – including return to work and meaningful activity or other occupational activities – as well as clinical improvement. To do so they must have knowledge of a wide range of social and health resources available through statutory and community agencies. They must have a clear understanding of what constitutes the range of high-intensity psychological treatments which includes CBT and the other IAPT approved high-intensity therapies and how high-intensity treatments differ from low-intensity working. This module will, therefore, also equip PWPs with an understanding of the complexity of people's health, social and occupational needs and the services which can support people to recovery. It will develop PWPs decision making abilities and enable them use supervision and to recognise when and where it is appropriate to seek further advice, a step up or a signposted service. Skills teaching will develop PWPs clinical management, liaison and decision making competencies in the delivery of support to patients, particularly where people require intervention or advice outside the core low-intensity evidence-based interventions taught in module 2.

Learning outcomes:

- 1) Demonstrate knowledge of, and commitment to a non-discriminatory, recovery orientated values base to mental health care and to equal opportunities for all and encourage people's active participation in every aspect of care and treatment
- 2) Demonstrate respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture.
- 3) Demonstrate knowledge of, and competence in responding to peoples' needs sensitively with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any physical and

sensory difficulties service users may experience in accessing services.

- 4) Demonstrate awareness and understanding of the power issues in professional / service user relationships.
- 5) Demonstrate competence in managing a caseload of people with common mental health problems efficiently and safely.
- 6) Demonstrate knowledge of, and competence in using supervision to assist the worker's delivery of low-intensity psychological and/or pharmacological treatment programmes for common mental health problems.
- 7) Demonstrate knowledge of, and competence in gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services.
- 8) Demonstrate an appreciation of the worker's own level of competence and boundaries of competence and role, and an understanding of how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the worker alone.
- 9) Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work.

Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module assessment strategy

- 1) A clinical planning scenario, real assessment or treatment case, or other clinical task in which trainees are required to demonstrate knowledge and skills in working with a person or people with a variety of needs from one or more of a range of diverse groups. This could be assessed by a case report, an oral presentation, a rated tape, or other method as appropriate to the task. NB Either this or the module 2 clinical assessment (or both) need(s) to be a recorded session of a real patient seen by the trainee.

- 2) A case report, reflective commentary, essay or exam in which trainees are required to demonstrate knowledge and competence in using case management and clinical skills supervision. If a real treatment case has been used for the clinical assessment above, this task could be an accompanying reflective commentary detailing how supervision was used to support working with this patient.
- 3) Successful completion of the following practice outcomes, to be assessed by means of a practice outcomes portfolio:
 - Demonstrates the ability to engage with people from diverse demographic, social and cultural backgrounds in assessment and low-intensity interventions. This could include adaptations to practice working with older adults, using interpretation services/self-help materials for people whose first language is not English, and/or adapting self-help materials for people with learning or literacy difficulties.
 - Demonstrates the ability to effectively manage a caseload including referral to step up, employment and signposted services
 - Demonstrates the ability to use supervision to the benefit of effective (a) case management and (b) clinical skills development. This should include: a) a report on a case management supervision session demonstrating ability to review caseload, bring patients at agreed pre-determined thresholds and provide comprehensive and succinct case material; b) a report on use of clinical skills supervision including details of clinical skills questions brought, learning and implementation.

Duration

The following structure is suggested for this module

15 days in total:

- 5-10 days to be spent in class in theoretical teaching and clinical simulation,
- 5-10 days undertaking directed practice-based learning.