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GOVERNED PSYCHOLOGICAL THERAPIES: (Psychological Therapies, Low Intensity Interventions and Psychological Well-Being Interventions)

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Contents

1 Introduction

This document has been created to provide a governance framework for psychological therapies within Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV). It outlines the psychological therapies that we have agreed for use within the Trust and the process by which this agreement has been made. The psychological therapies which come within this assurance framework are therefore termed 'Governed Psychological Therapies' (GPT). This document outlines the training, qualifications, supervision and CPD requirements of staff who use the GPTs to achieve, develop and maintain their skills.

High standards of psychological therapy provision need to be maintained as increasing numbers of staff practice an increasing number of psychological therapies. Governed Psychological Therapies should only be provided by clinicians who have received appropriate training, achieved the necessary standards of competence, and who adhere to on-going supervision and continuing professional development (CPD) to maintain skills.

Ensuring that staff providing GPTs meet the training and supervision requirements provides assurance for the Trust of the quality and safety of psychological therapies delivery.

Low Intensity Interventions are also described in this document to provide the assurance regarding delivery of these specialised interventions.

The document also includes 'Psychological Well-Being Interventions' (PWBIs) for staff who are using approved materials and under appropriate guidance for our service users, patients and their carers. Guidance is given in this section to ensure that these are offered appropriately and in accordance with the evidence for safe and effective practice.

Where it is possible for other staff to provide principles and techniques under the guidance or supervision of qualified staff, then this is also described in this document.

Information within this document regarding the use of psychological therapies, low intensity interventions and psychological wellbeing interventions within TEWV has been supported and endorsed by both national and local strategies to improve access to psychological therapies.

This procedure is critical to the delivery of Our Journey To Change and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, learning disability and/or autism.

This procedure supports The Psychological Professions element of Our Clinical Journey.

2 Purpose

Following this procedure will help the Trust to:

- Define the main approaches to Governed Psychological Therapy, (the GPTs).
- Define the Low Intensity Interventions that are delivered within the trust.
- Define the Psychological Well-Being Interventions (PWBIs) that are delivered within the trust.
- Outline the process for agreeing that a psychological therapy will be included in the trust provision of psychological intervention, either as a GPT, a PWBI or a Low Intensity Intervention.
- Define the training, supervision and CPD requirements of the above
- Define the requirements to be able to provide supervision within the above
- Provide requirements for the audit of provision of the above
- Outline the responsibilities for staff within TEWV to adhere to these guidelines and how to raise concerns appropriately where the guidance is not being met.

3 Who this procedure applies to

This procedure applies to staff members who are delivering governed psychological therapies and must be adhered to when they are using the relevant activity codes on care records.

4 Related documents

Please also note the related document:

- Clinical Supervision Policy

5 Core governance requirements for therapy practice

- The principles of clinical governance require that psychological interventions are provided to a standard consistent with current professional perspectives on good standards and competent practice. This is a core ethical requirement and the responsibility of all relevant managers and all individual professionals.

- It requires that basic and subsequent training provides individuals with sufficient skills to practice, and that clinical supervision and CPD maintain and enhance those skills and knowledge and monitor basic levels of safe practice. In addition, it requires that those staff offering clinical supervision also do so within these guidelines.
- In all contexts, professionals are required to make their best judgements about the nature and quality of clinical practice.
- For people whose first language is not English, they may need specialist interpretation services.
- People who are experiencing gender dysphoria may benefit from support using the interventions described in this document to help with increased levels of stress and distress associated with their situation, however the interventions must not be used to change an individual's sexual orientation, gender orientation or gender expression.

5.1 Training and Supervision

Staff providing Psychological Interventions must have appropriate:

- **Training:** As defined in this document for each of the interventions.
- **Supervision:** Be receiving clinical supervision that fulfils the requirements of the Trust Supervision Policy, and, in addition, what is described for the psychological intervention in this document. Staff that are required by the Trust to be accredited/registered with a professional psychotherapy body in order to fulfil the requirements of their role must adhere to the clinical supervision requirements of those organisations.

Where a therapist is qualified in more than one therapy, the expectation is that supervision and CPD will be pro-rata based on the actual work being carried out. So, someone practising CAT and DBT would not access supervision for both therapies at the same rate as someone practising just CAT full time. There must always been an appropriate balance between the amount of supervision and CPD accessed, and the time spent on that therapy with clients. Therefore, consideration must be given within discussion when staff trained in one specialist area would like to train in additional models to ensure that this is for the benefit of developing the service.

5.2 Oversight of the GPTs and raising concerns

Oversight of the GPTs is held by the Psychological Professions leads within the trust, and therefore, the first point of contact is the Psychological Professions lead within the service area. If any staff member has any concerns regarding adherence to the guideline in this document or has any other area of concern regarding the provision of psychological interventions, this should be raised with the Psychological Professions lead in the service area, or a more senior psychological professional, or the Chief Psychological Professions Officer.

5.3 Use of codes by staff while undergoing training

While staff are in training for a psychological therapy or as an Applied Psychologist or other professional training, and where this is in line with the guidelines in this document, i.e., that the training will lead to qualification in the intervention, and that they are receiving the appropriate clinical supervision, then they are able to use the code while in training.

5.4 Governance requirements in relation to audit:

- All staff providing psychological therapies are required to record their therapeutic work in adherence to the guidance noted in this document for direct activities. This enables audit processes whereby assurance can be given regarding the safe provision of the psychological therapies.
- An audit programme regarding psychological therapy provision addresses the following areas and is overseen by the GPT steering group, and PPGG (Psychological Professions Governance Group):
    - Clinical activity in relation to the Governed Psychological Therapies, Psychological Well-Being Interventions and Low Intensity interventions.
    - The services and professions involved in therapy provision.
    - The training received by those staff.
    - The clinical supervision received by those staff.
    - The training received by those staff offering supervision.

6 Consideration regarding provision of Psychological Interventions within TEWV

6.1 The Governed Psychological Therapy (GPT) Steering Group

The GPT steering group is a formal part of the Psychological Professions Governance within TEWV, reporting directly to the PPGG (Psychological Professions Governance Group) to provide assurance regarding the psychological therapies we offer to people who use our service and parents/ carers.

We recognise the benefits of having a broad range of psychological therapies on offer for people who use our services and to encourage a culture of development and innovation within our practice. With new therapeutic approaches becoming available it is therefore essential that appropriate scrutiny is in place.

The GPT steering group provides:

- Scrutiny of the GPTs we offer in terms of evidence base and training requirements to acquire skills to meet the needs of the client groups we work with.
- An alignment of psychological therapy provision to pathways of care.
- Consideration of whether training meets standards/ requirement to meet the psychological therapies job description.
- Upkeep of the GPT document
- Audit, evaluation and effectiveness

Membership of the GPT Steering group is:

Chief Psychological Professions Officer (Chair), Associate Directors of Therapies (if a Psychological Profession), Speciality Psychological Professional Leads, GPT leads, service user/ carers, Clinical Lead for Community Transformation.

6.2 Acquiring GPT status

To be included in the GPT assurance framework, the considerations outlined in the table below, are brought to the steering group for collective scrutiny and approval. If the steering group agrees, then approval is granted, and this document is updated with the required information. A lead is allocated and invited onto the steering group.

Name of GPT.
Recommended intervention for whom (e.g., NICE guidance, expert consensus, emerging practice)
Statement regarding how the qualifications aligns with the requirements for a Psychological Therapy position in TEWV
Entry requirement to training (prior qualifications)
Hours of taught practice. • **Clinical** • **Theory**
Case formulation skills included
Knowledge assessment. **State requirements for assessment against set competencies**
Clinical Practice Requirement
Supervision Requirement
Model Adherence Assessment
Other

7 The Governed Psychological Therapies

7.1 Art Psychotherapy [GPT8]

Description

The terms Art Psychotherapy and Art Therapy are interchangeable – both are protected terms.

Art psychotherapy is a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as a medium to address emotional issues which may be confusing and distressing.

Art therapists work with children, young people, adults and older people. Clients may have a wide range of needs. These include emotional, behavioural or mental health problems, learning or physical disabilities, life-limiting conditions, neurological conditions and physical illnesses.

Art therapy is provided in groups or individually, depending on clients' needs. It is not a recreational activity or an art lesson, although the sessions can be enjoyable. Clients do not need to have any previous experience or expertise in art.

Although influenced by psychoanalysis, art therapists have been inspired by theories such as attachment-based psychotherapy and have developed a broad range of client-centred approaches such as psycho-educational, mindfulness and mentalisation-based treatments, compassion-focussed and cognitive analytic therapies, and socially engaged practice. Exploring the links between neuroscience and art therapy has also been at the forefront of some of the BAAT's conferences. Importantly, art therapy practice has evolved to reflect the cultural and social diversity of the people who engage in it.

Associated NICE guidance.

- Art Psychotherapy, or the use of art, is cited within the psychological and psychosocial interventions in the following clinical guidelines:
- Psychosis and Schizophrenia for Young People – CG155
- Child Abuse and Neglect – NG76
- Overview | End of life care for infants, children and young people with life-limiting conditions: planning and management | Guidance | NICE (NG61)

- Overview | Psychosis and schizophrenia in adults: prevention and management | Guidance | NICE
- Myalgic Encephalomyelitis / Chronic Fatigue Syndrome – NG206
- Overview | Older people: independence and mental wellbeing | Guidance | NICE

Training requirements

An undergraduate degree in Arts then Postgraduate Art Psychotherapies training through an accredited art psychotherapies training institute leading to a Masters Qualification and HCPC registration. Art Psychotherapists are registered with HCPC and- their professional association is the British Association of Art Therapists (www.BAAT.org).

For further information regarding Art Psychotherapy, please visit www.BAAT.org

Supervision Requirements

As required by Trust and BAAT association protocols. 1 hour weekly, fortnightly or at a minimum monthly, depending on experience and the amount of patient/client weekly contact. If working with children, weekly to fortnightly supervision is required, and when working with adults the number of patients/clients seen each week and the patient/client group should be taken into consideration. Supervisors are required to have psychodynamic or compatible training and will have undergone personal therapy as part of their training.

Qualifying as a Supervisor

A short training is provided by the British Association of Art Therapists- 2 day - which helps a practitioner begin to understand the skills needed for supervision. Further and more extensive level 6 qualification are available through BAAT. Providing supervision is something that can be done with two years of full- time practice- gaining qualifications and specific support to provide clinical supervision is preferred.

On-going CPD requirements

In order to remain registered, Art Psychotherapists need to maintain their CPD portfolio and engage in and attend opportunities for the continuation of their development. This portfolio can be audited by HCPC when the professional group comes to that part of the auditing cycle. It is considered that 40 hours of CPD a year for a full-time post is required.

Eligibility for a Psychological therapy Job Description

Yes

7.2 Attachment-Based Therapy for Children and Young People [GPT13]

Therapy with children and young people based on attachment theory and delivered either individually, in groups or with parents/carers.

Dyadic Developmental Psychotherapy (DDP) is a treatment approach to trauma, neglect, loss and/or other dysregulating experiences that is based on principles derived from attachment theory and research, and also incorporates aspects of treatment principles for Post-Traumatic Stress Disorder (PTSD).

Section to be updated.

7.3 Behaviour Therapy [GPT11]

The term 'Behaviour Therapy' refers to:

Behavioural interventions based on the principles of a scientific approach for discovering environmental variables that reliably influence socially significant behaviour and for developing a technology of behaviour change that takes practical advantage of those discoveries. All other forms of behavioural interventions should be coded under cognitive behaviour therapy.

Behavioural therapy approaches utilise behavioural learning theory and social learning theory to inform the management of behavioural disturbance and functional mental health problems. These

theories seek to understand how the environment can influences how we learn and therefore learning and behavioural patterns can be modified by altering the environment around us. Behavioural therapy is the 'B' in CBT. For many functional mental health difficulties, the combination of cognitive and behavioural approaches are used but the optimum mix of these is unclear. The uses of behavioural approaches such as exposure therapy have a strong evidence base in their own right in the treatment of many anxiety disorders. Behavioural therapy principles can also be applied in their own right in a number of situations where it is not possible to apply cognitive techniques. For example, in situations where cognitive impairment is present, behavioural techniques may be one of the few therapy options available for depression and anxiety.

Behavioural therapy can also be extremely effective in the management/therapy of behaviours that challenge and may be the therapy of choice in forensic, learning disability, dementia, and neuropsychiatric settings.

Applied Behavioural Analysis is a scientific approach for discovering environmental variables that reliably influence socially significant behaviour and for developing a technology of behaviour change that takes practical advantage of those discoveries. It is a key component of positive behavioural support, which is an evidence-based approach used with people with learning disabilities who display distress in ways that services perceive as challenging. Behaviour Practitioners* conducting functional behaviour assessments and designing function-based interventions must therefore have a qualification in behaviour analysis or PBS appropriate to their role and receive regular supervision.

Supervision

Supervision should be consistent with the Trust Supervision Policy. Behaviour Practitioners specialising in behaviours that challenge must receive supervision from a more experienced practitioner specialising in ABA/PBS. For Adult Learning Disability (ALD) services supervision arrangements are detailed in the TEWV ALD Behaviour Practitioner framework.

Training

Clinical or Counselling Psychology Doctorate; or Forensic Psychology Stage 2 training leading to HCPC registration.

For Behaviour Practitioners specialising in behaviours that challenge, training requirements are dependent on role and required knowledge, skills, and competencies. Minimum academic level 5 qualification in PBS for Behaviour Practitioners; PG Diploma in PBS or ABA leading to MSc for

Advanced Behaviour Practitioners. Behaviour Analyst Certification Board (BACB) certification; UK Society for Behaviour Analysis certification; Practitioners currently in training leading to UK Society for Behaviour Analysis certification. For Adult Learning Disability (ALD) services training/ qualification requirements are detailed in the TEWV ALD Behaviour Practitioner framework.

7.4 Cognitive Analytic Therapy (CAT) [GPT6]

The term 'CAT' refers to:

A time-limited contract of work usually 16 to 24 sessions of formal CAT plus follow-up sessions – completed by an experienced professional and judged to be providing CAT therapy by an experienced supervisor who meets the criteria for membership of ACAT as a CAT Practitioner.

Cognitive Analytic Therapy (CAT) is a brief, focussed, integrated psychotherapy and provides a structured, approach to a range of mental health problems in the NHS. CAT integrates cognitive, cognitive behavioural and psychoanalytic approaches, at the level of theory and practice. Its practice emphasises developing a powerful early therapeutic alliance, and the capacity for self-reflection, fostered through the use of collaborative formulatory tools, such as written formulations, and diagrams. Like psychoanalytic psychotherapy, CAT is appropriate for people with primary disturbances and in inter- personal relationships and intra-personal relationships. Like cognitive behaviour therapy, it can be used with people who lack the interest and capacity for self- exploration and self-reflection that may be particularly important for success in psychoanalytic and psychodynamic therapies. CAT has been particularly applied with people where there is some level of 'dissociation' of different states of mind, such as people diagnosed with severe personality disorder.

Supervision

Whilst on Practitioner training (min 2 years), group supervision with an ACAT Accredited Supervisor, 1.5 hours per week (group of three), half hour per trainee. Once accredited as a CAT Practitioner, ACAT recommends a minimum of 1.5 hours per month planned CAT supervision in group or individual supervision. Either an ACAT Accredited Supervisor or an ACAT trainee supervisor is preferable for those who have recently completed Practitioner training and those who are building-up their cases to train as a CAT Supervisor. The minimum supervision arrangement for

CAT Practitioners is peer supervision with other CAT Practitioners eligible for ACAT Practitioner membership.

These arrangements should be overseen by an ACAT Accredited Supervisor.

Training

2-year CAT Practitioner course (ACAT). Course graduates are eligible to apply to do a further two years Psychotherapy Training in CAT (IRRAPT), leading to UKCP registration.

CPD requirements

Once qualified as a CAT Practitioner, ongoing membership of ACAT is recommended in order to practice CAT. The minimum requirement is for CPD standards to be maintained which meet the criteria for ACAT membership.

For further information regarding CAT, please visit http://www.acat.me.uk/page/about+cat

7.5 CAT care planning (5 session CAT) [GPT24]

The term CAT care planning (5 session CAT) refers to:

- CAT care planning with client and staff member (usually care co-ordinator) provided by a CAT practitioner or 2nd year Trainee CAT Practitioner

Frequently referred to as “5 session CAT”, this is an approach that involves a CAT practitioner meeting with a client and their care co-ordinator, usually for 5 sessions, to map the formulation of the client’s difficulties (with particular focus on relationships with staff/services) and then this is used to inform/develop the treatment plan. Time is planned before and after the hour with the client (usually half an hour, depending on service setting) for the CAT practitioner and care co-ordinator to meet to reflect upon the session and elicited responses, develop the formulation, support the staff member and inform the treatment plan (ref Carradice, 2013).

Supervision

Supervision requirements for CAT care planning are same as noted above for CAT therapy.

Training

The minimum training required for the therapy to deliver this approach is either an accredited CAT practitioner or a 2nd year trainee CAT practitioner.

CPD requirements

CPD requirements for CAT care planning are same as noted above for CAT therapy.

7.6 Cognitive Behaviour Therapy (CBT) [GPT2]

Description

The term ‘Cognitive Behaviour Therapy’ refers to:

- Cognitive therapy.
- Group CBT or cognitive therapy.
- Compassion focussed therapy.
- Solution focussed therapy.
- Trauma focussed CBT.
- CBT modified for children.
- CBT modified for Learning Disability.
- CBT modified for older adults.
- CBT provided on a group basis.
- CBT for Psychosis.
- CBT for Eating Disorders.

The cognitive model is based on the theoretical assertion of Beck and others that cognitive processes are central to the psychosocial and emotional functioning of human beings. The way that individuals structure their experiences cognitively is seen as the prime influence on their affect, behaviour and physical reactions. Cognitive theory suggests that psychological disorders are influenced by the meanings that individuals give to events, which are filtered through the framework of core beliefs and assumptions developed through life experience. CBT therapists are interested in the origin of core beliefs, and the individual's appraisal of situations. These can be accessed through their thoughts, images and memories and may become a target for therapeutic change. In addition to the content of cognition, the process of cognition also influences our experience of the world. CBT, or cognitive therapy, is typically offered as an individual psychological intervention on a 1:1 basis. However, it can also be offered using a group format in which more than one client receives the intervention.

Associated Guidance

CBT is cited within the psychological and psychosocial interventions in the following clinical guidelines.

- Eating Disorder recognition and treatment (NG69)
- Generalised anxiety disorder and panic disorder in adults management (CG113)
- Depression in Adults: treatment and management (NG222)
- Obsessive Compulsive Disorder and Body Dysmorphic Disorder Treatment (CG31)
- Psychosis and Schizophrenia in adults: prevention and management (CG178 QS80)
- Post-Traumatic Stress Disorder (NG116)

Training Requirements

PG Diploma in CBT; accredited BABCP course; Clinical or Counselling Psychology Doctorate; or Forensic Psychology Stage 2 training leading to HCPC registration. TF-CBT additional training.

To be reviewed in July 2023 as it anticipated that the national guidance may have implications that impact on current training requirements.

For further information regarding CBT and BABCP Minimum training standards, please

Visit:

- http://www.babcp.com/Public/What- is-CBT.aspx
- Minimum Training Standards (babcp.com)

Qualifying as a Supervisor

Three years post qualification experience and have attended an appropriate psychological therapies supervisor course. (HEE Supervisors Course, BPS approved DClinPsy Supervisors Course. PG Cert in Clinical Supervision, BABCP registered supervisor optional but not required)

Supervision Requirements

To maintain accreditation Full time accredited practitioners' access 90 minutes per month (a proportion of this may be delivered in group format) from a BABCP accreditable CBT practitioner. Those with less clinical hours would access supervision proportionate to their clinical work.

On-going CPD Requirements

For those accredited with the BABCP there is a minimum CPD standard to maintain accreditation which is reviewed on an annual basis.

- Five CPD events
- Minimum of six hours skill practice.
- Fifty percent of clinical work should be using CBT model.

Eligibility for Psychological Therapist Job Description

Yes

7.7 Cognitive Behavioural Therapy for Psychosis and Bipolar Disorder (CBTpb)

Description

Cognitive Behavioural Therapy for Psychosis (CBTpb) is a specialist form of CBT focussing on psychotic experiences. It is an individualised formulation driven approach. The underlying premise of CBTpb when working with hallucination is that the distress associated with hallucinatory type experiences is a result of the appraisal of the experience rather than the experience itself. The aim of CBTpb is to reduce distress not necessarily reduce or remove symptoms. CBTpb in relation to delusions assumes these beliefs are understandable and a result of making sense of anomalous experience, the focus is on reduction of distress by exploring beliefs. A CBTpb formulation would incorporate early experience and associated core beliefs which predispose an individual to distressing psychosis and maintenance factors. Normalising psychotic experience is a key component of CBTpb. It should be noted that although a therapist trained in CBTpb is competent to work with psychotic experiences, the focus of CBTpb will not always be on psychosis, as this should be guided by the needs and goals of the individual.

CBTpb should be offered on one-to-one basis for minimum of 16 sessions by a therapist with appropriate competences, these can be found at: Psychological Interventions with People with Psychosis and Bipolar Disorder | UCL Psychology and Language Sciences - UCL – University College London

Associated Guidance

- Psychosis and Schizophrenia in adults: prevention and management (CG178)
- Psychosis and schizophrenia in adults NICE Quality Standard (QS80)
- Bipolar disorder, psychosis and schizophrenia in you people (QS102)
- Psychosis and Schizophrenia in children and young people recognition and management (CG155)

Training Requirements

Training and supervision sufficient to lead to accreditation as a CBT practitioner with the BABCP plus additional specialist CBTpb training, regular CPD and supervision in CBTpb. Therapist new to CBTpb would be required to complete newly developed National Accredited CBTpb training.

Early cohorts of practitioners involved in developing CBTpb may have undertaken a different route to competence. This might have involved:

- Being a therapist in a CBTpb research trial with supervision from an expert in the field.
- Evidence of attending CBTpb conferences (after receiving generic CBT training), with regular supervision from an expert in the field.

Qualifying as a supervisor

Three years post qualification experience and have attended an appropriate psychological therapies supervisor course. (HEE Supervisors Course, BPS approved DClinPsy Supervisors Course. PG Cert in Clinical Supervision, BABCP registered supervisor optional but not required) CBT practitioner who has additional training, regular CPD and supervision in CBTpb and 2 years + experience working as a CBTpb therapist.

Competencies required to deliver CBTpb supervision can be found Psychological Interventions with People with Psychosis and Bipolar Disorder | UCL Psychology and Language Sciences - UCL – University College London

Supervision Requirements

A full-time clinician needs ninety minutes per month (a proportion of this may be delivered in group format) from a BABCP accreditable CBT practitioner who has Competencies required to deliver CBTpb supervision as above.

CPD

For those accredited with the BABCP there is a minimum CPD standard to maintain accreditation which is reviewed on an annual basis.

- Five CPD events
- Minimum of six hours skill practice

- 50 percent of clinical work should be using CBT model.

Eligibility for Psychological Therapist Job Description

Yes

7.8 Cognitive Behavioural Therapy for Personality Disorders (CBTpd)

Description

Cognitive Behavioural Therapy for Personality Disorder (CBTpd) is a specialist form of CBT focussing on personality and relational difficulties. It is an individualised formulation driven approach. This approach considers the impact of psychological trauma and neglect on brain function, memory, sense of self, personality and psycho-social development. The approach acknowledges how personality development can be impacted on by of a broad range of adverse experiences in childhood and adulthood, going beyond PTSD. The approach considers techniques and adaptations for working effectively with the consequences of psychological trauma and with personality issues. The focus of interventions may be on increasing those underdeveloped ways of coping, while also reducing those over developed unhelpful ways of coping. CBTpd also has a greater emphasis on working with the core beliefs that drive the way they think, feel and respond to others.

CBTpd should be offered on one-to-one basis for minimum of 30 sessions by a therapist with appropriate competences, these can be found at: Psychological Interventions with People with Personality Disorder | UCL Psychology and Language Sciences - UCL – University College London.

Associated Guidance

- Borderline personality disorder; recognition and management (CG78)
- Personality disorders: borderline and antisocial (QS88)

Qualifying as a Supervisor

Three years post qualification experience and have attended an appropriate psychological therapies supervisor course. (HEE Supervisors Course, BPS approved DClinPsy Supervisors Course. PG Cert in Clinical Supervision, BABCP registered supervisor optional but not required)

Additional Training,

- Regular CPD and supervision in CBTpd and 2 years + experience working as a CBTpd therapist.
- Competencies required to deliver CBTpd supervision can be found at CBTpd competencies.

Supervision Requirements

Ninety minutes per month (a proportion of this may be delivered in group format) from a BABCP accreditable CBT practitioner who has Competencies required to deliver CBTpd supervision as above.

Training

Training and supervision sufficient to lead to accreditation as a CBT practitioner with the BABCP plus additional specialist CBTpd training, regular CPD and supervision in CBTpd. Therapist new to CBTpd would be required to complete a Nationally Accredited CBTpd training.

Early cohorts of practitioners involved in developing CBTpd may have undertaken a different route to competence. This might have involved:

- Being a therapist in a CBTpd research trial with supervision from an expert in the field.
- Evidence of attending CBTpd conferences (after receiving generic CBT training), with regular supervision from an expert in the field.

CPD

For those accredited with the BABCP there is a minimum CPD standard to maintain accreditation which is reviewed on an annual basis.

- Five CPD events
- Minimum of six hours
- Fifty percent of this time to be skilled base
- 50 percent of clinical work should be using CBT model.

7.9 Cognitive Behavioural Therapy-Enhanced for Eating Disorders (CBT-Ed) [GPT30]

The CBT-Ed treatment of eating disorders emphasizes the minimization of negative thoughts about body image and the act of eating and attempts to alter negative and harmful behaviours that are involved in and perpetuate eating disorders. It also encourages the ability to tolerate negative thoughts and feelings as well as the ability to think about food and body perception in a multi-dimensional way. The emphasis is not only placed on altering cognition, but also on tangible practices like making goals and being rewarded for meeting those goals. CBT is a “time-limited and focused approach” which means that it is important for the patients of this type of therapy to have particular issues that they want to address when they begin treatment. CBT has also proven to be one of the most effective treatments for eating disorders. With people who are not significantly underweight, CBT-E generally involves an initial assessment appointment followed by twenty 50-minute treatment sessions over 20 weeks. With people who are underweight treatment needs to be longer, often involving about 40 sessions over 40 weeks. CBT-E is a highly individualised treatment. It is designed to fit the person's needs like a glove and be modified in light of their progress.

Associated Guidance

- NICE Eating Disorder Quality Standards (QS175)
- NICE Guideline Eating Disorders: recognition and treatment (NG69)

Qualifying as a Supervisor

Three years post qualification experience and have attended an appropriate psychological therapies supervisor course. (HEE Supervisors Course, BPS approved DClinPsy Supervisors Course. PG

Cert in Clinical Supervision, BABCP registered supervisor optional but not required), additional training, regular CPD and supervision in CBTed and 2 years + experience working as a CBTed therapist.

Competencies required to deliver CBTed supervision can be found at CBTed competencies.

Supervision Requirements

Ninety minutes per month (a proportion of this may be delivered in group format) from a BABCP accreditable CBT practitioner who has Competencies required to deliver CBTed supervision as above.

Training

Training and supervision sufficient to lead to accreditation as a CBT practitioner with the BABCP plus additional specialist CBTed training, regular CPD and supervision in CBTed Therapist new to CBTed would be required to complete a Nationally Accredited CBTed training.

Early cohorts of practitioners involved in developing CBTed may have undertaken a different route to competence. This might have involved:

- Being a therapist in a CBTed research trial with supervision from an expert in the field.
- Evidence of attending CBTed conferences (after receiving generic CBT training), with regular supervision from an expert in the field.

CPD

For those accredited with the BABCP there is a minimum CPD standard to maintain accreditation which is reviewed on an annual basis.

- Five CPD events
- Minimum of six hours skill practice
- 50 percent of clinical work should be using CBT model.

7.10 Child Psychotherapy [GPT14]

Child and Adolescent Psychotherapy is a treatment approach that uses a range of psychoanalytic and developmental therapies to understand the complex emotional lives of children and young people and families. It is based on a psychoanalytic approach, which seeks to look below the surface of human relationships. Child and Adolescent Psychotherapists assess and treat infants, children and young people and work with their parents, families and the networks surrounding them. Therapists are trained to carefully observe a child or young person and respond to what they might be communicating through their behaviour and play. Child and Adolescent Psychotherapists may see children and young people individually, in groups or with other family members. They also apply their framework of thinking to work with parents, families and carers and to training and supporting other professionals who work with children, young people and families to encourage a deeper understanding of the child's perspective.

Supervision

As required by the Trust protocol. British Psychoanalytic Council (BPC) requirement is a minimum of 15 hours a year. BACP require an absolute minimum of one and a half hours a month.

Training

Training courses leading to accreditation by UKCP Psychoanalytic Section; BPC; Institute of Group Analysis; Clinical or Counselling Psychology Doctorate or Forensic Psychology Stage 2 leading to HCPC registration; training courses leading to BACP accreditation; HCPC registered psychotherapists.

7.11 Counselling [GPT3]

The term **'Counselling'** refers:

- Transactional Analysis
- Gestalt psychotherapy
- Humanistic integrative psychotherapies
- Rogerian/person centred counselling and psychotherapy

- All non-directive-based counselling

Transactional Analysis has elements of psychoanalytic, humanist and cognitive approaches. Transactional analysis was developed by Canadian-born US psychiatrist Eric Berne, during the late 1950s. TA is a theory of personality and psychotherapy for personal growth and personal change.

Gestalt therapy is an existential/experiential form of psychotherapy that emphasizes personal responsibility and focuses upon the individual's experience in the present moment, the therapist-client relationship, the environmental and social contexts of a person's life, and the self-regulating adjustments people make as a result of their overall situation.

Supervision

According to trust protocol and as required by UKCP, based on recommendations related to hours of practice.

Training

Training is a minimum of four years through an accredited psychotherapy training institute leading to a Masters qualification; leading to UKCP registration in humanistic/integrative psychotherapists.

Rogerian/person centre counselling and psychotherapy

This form of counselling is based upon the theory that trusts the innate tendency of human beings to find fulfilment of their personal potentials. An important part of this theory is that in a particular psychological environment, the fulfilment of personal potentials includes sociability, the need to be with other human beings and a desire to know and be known by other people. It also includes being open to experience, being trusting and trustworthy, being curious about the world, being creative and compassionate. The psychological environment described by Rogers was one where a person felt free from threat, both physically and psychologically. This environment could be achieved when being in a relationship with a person who was deeply understanding (empathic), accepting (having unconditional positive regard) and genuine (congruent).

Supervision

As required by the Trust protocol. BACP require an absolute minimum of one and a half hours a month.

Training

Training leading to BACP accreditation; Clinical or Counselling Psychology Doctorate, or Forensic Psychology Stage 2 leading to HCPC registration.

7.12 Dialectical Behaviour Therapy (DBT) [GPT7]

The term 'Dialectical Behaviour Therapy' refers to a comprehensive programme incorporating all of the following four modes of the therapy:

- DBT individual therapy
- DBT skills training group
- DBT telephone skills coaching.
- DBT Consultation Team ('Consult')

Dialectical Behaviour Therapy takes an approach that is optimistic, and which helps to preserve the morale of the therapist while working with a client group that can be particularly challenging. Dialectical Behaviour Therapy is based on a bio-social theory of borderline personality disorder which sees it as a consequence of an emotionally vulnerable individual growing up within a particular set of environmental circumstances referred to as an 'invalidating environment'. Whilst keeping within the overall model other modes of treatment may be added at the discretion of the therapist, providing the targets for that mode are clear and prioritised.

Within the Trust, services also offer Radically Open-Dialectical Behaviour Therapy (RO-DBT). This type of DBT is a trans diagnostic approach that helps clients with difficulties related to an over control of emotions, such as anorexia nervosa, chronic depression, and obsessive-compulsive disorder (OCD).

Training

Eligibility for DBT Therapist Training is a current registration with a core professional body (e.g., NMC) or HCPC Psychologist Registration. Previous training in another governed and accredited psychological therapy is desirable though not considered essential.

There are two routes to DBT Therapist Training:

- Post Graduate Diploma in DBT (PG Dip-DBT)– Currently available through Bangor University. The PG Dip in DBT is accredited by the Society for DBT in the UK and Ireland (SfDBT) as a Level 3 training course. PG Dip graduates who are members of the SfDBT and who complete the first stage of the SfDBT accreditation application will be immediately accredited.

- The Trust recognises the British Isles DBT Training (BIDBT) as the sole licensed provider of DBT training in Great Britain and Republic of Ireland. They offer a range of levels of training for DBT clinicians as follows:

  DBT Intensive Comprehensive Team based training aimed at those establishing a DBT programme. This training is divided into two parts. Part 1 (5 days) teaches the theory and the clinical skills necessary to provide DBT. At the end of Part I clinicians are expected to consolidate their learning evidenced through an exam as well as develop a DBT programme in preparation for Part II (5Days) where they will return to present their work and receive expert consultation.

DBT Foundation

A comprehensive 5-day training which teaches the theory and clinical skills for individual therapists and skills trainers joining an existing DBT programme with an active consultation team. Completion of this level of training is also dependent on evidence of consolidation of the learning through an exam and submission of assigned work to demonstrate achievement of required competencies.

On completion of either of these two levels of training clinicians can offer all modes of a DBT ‘Full’ programme.

DBT Programme

Individual Dialectical Behaviour Therapy will only be offered by a trained clinician who must be identified with/ part of a DBT consult group with recognised qualifications as above.

DBT Skills Training Group

The primary facilitator will be a qualified DBT Therapist who meets the comprehensive training requirements and qualifications as described above. The DBT Skills training group can be co-facilitated by clinicians with or without a core professional registration who as a minimum, have completed the 2-day DBT skills Essentials training provided by BIDBT and/or the Trust's 3 Day Introduction to DBT theory and Skills Training. However, the requirement will be for them to be part of and attend the weekly DBT consult group for clinical supervision (2 hours weekly).

Telephone Skills Coaching

This is available to all clients involved in the DBT programme. It is available between sessions to coach a client through a challenging situation, guiding them in their use of skills effectively to regulate or tolerate emotions in their natural environment. Clients are asked to make it clear that they are calling for skills coaching, Calls are no longer than 10 minutes in duration and as such need to be specific to the situation in that moment.

DBT Consultation Team

This is a weekly meeting of 2 hours duration that Therapists involved in the delivery of DBT are required to attend. In contrast to traditional models of supervision the focus of DBT Consult is on the clinician behaviours, emotions, thoughts, skills and motivation in relation to their work with complex clients in DBT – 'Therapy for the Therapist'.

Supervision

As a minimum, weekly attendance at a DBT 'Consult' (clinical supervision) group (2 hours each week) with at least one other qualified DBT therapist. Additional weekly supervision on individual basis (one hour weekly) with a qualified and experienced DBT therapist for those with less than 3 years' experience. Individual supervision monthly (1- 1.5 hours each month) for those with 3 years plus experience.

Associated Guidance

- Borderline Personality Disorder; recognition and management (CG78)
- Personality Disorders: Borderline and Antisocial (QS88)

Accreditation

PG Dip graduates who are members of the SfDBT and who complete the first stage of the SfDBT accreditation application will be immediately accredited.

- For those that have not completed the PG Dip – DBT, DBT Therapists who have completed training with BIDBT at Intensive level and who have been working in DBT for a minimum of 1 year can apply for accreditation through the SfDBT. Applicants must be working in a DBT Programme that delivers all functions and modes of DBT for a minimum of 1 day per week. They must attend a DBT consultation team meeting once a week.
- Before applying, applicants must be an ordinary member of the Society for DBT: UK & Ireland

Provided that an accredited therapist maintains their yearly CPD requirements (15-hour CPD per year) and remains in good standing with their core profession, accreditation is valid for 10 years.

CPD Requirements: Yearly CPD requirements for all DBT Therapists are to complete 15 hours CPD through attendance at the annual SfDBT Conference and/ or equivalent DBT related workshops and training events.

For further information regarding DBT, please see DBT framework.

And the DBT-Linehan certification website https://dbt-lbc.org/index.php?page=101119

7.13 Evidence-based Parent Intervention for Conduct Problems

Description

BABCP identifies Evidence-based Parent Training Practitioners (EBPT) as holding core clinical skills and specialist theoretical knowledge for behavioural difficulties including conduct disorder in children aged 3 to 10 years. They work with both children and their parents to implement NICE recommended individual and group interventions that are based on cognitive social learning theory and draw on attachment theories within a patient child relationship.

Practitioners are trained within a CYP IAPT Parenting programme to assess and understand behavioural difficulties in children who are identified as borderline or within clinical ranges on standardised measures of behaviour: Oppositional defiance disorder, Conduct Disorder or Attention Deficit Hyperactivity Disorder. (NICE 2014).

NICE, recommended evidence-based Parent Training Interventions:

Group Parent Training Programme consisting of:

- Minimum 10 to 16 weeks of 90 - 120-minute sessions with 10 to 12 parents per group and no less than six.
- Delivered by appropriately trained and skilled facilitators who are supervised and access ongoing professional development.
- Based on a social learning model, modelling, rehearsal, and feedback, including relationship enhancement strategies.
- Adhere to developer's model employing all necessary materials to ensure consistent implementation.
- Data of proven effectiveness i.e., RCT or outcome evaluations undertaken independently of programme provider.

Individual Parent Training Programme considered if families are unable to access group programme due to complexities and consist of:

- 8-10 meetings of 60 to 90 minutes duration.
- Delivered by appropriately trained and skilled facilitator who is supervised and access ongoing professional development.
- Based on social learning model, modelling, rehearsal, and feedback, including relationship enhancement strategies
- Adhere to developer's model employing all necessary materials to ensure consistent implementation.

TEWV offer The Incredible Years Programs utilising protocols of minimum 14-week prevention programme or 20–24-week treatment programme for children identified with conduct problems and ADHD.

Associated Guidance:

- NICE-treatment-and-indicated-prevention Conduct/ADHD/behaviour
- Parent Training Programmes management conduct
- BABCP: Apply for EBPT Registration (babcp.com)

Training Requirements (please note these are specified as pre or post 2022)

- Accredited BABCP Postgraduate Certificate /Diploma in Children and Young People's Parent Training for Conduct Problems.
- Approved registered professional qualification and regulatory body or demonstrate completion of EBPT KSA portfolio.
- Minimum training standards for role: Parent Programme Training delivered by BABCP accredited practitioner, Incredible Years Accredited Practitioners, or recognised equivalent for Parent Programme.
- TEWV Recognise: CYP IAPT Postgraduate Certificate/ Diploma in Evidence-Based Psychological Approaches Parent Training Conduct Disorders. (Prior to 2022).
- Approved registered professional qualification and regulatory body or demonstrate completion of EBPT KSA portfolio.
- Additional minimum training standards for role: Parent Programme Training delivered by BABCP Accredited practitioner, Incredible Years Accredited Practitioners.

Accreditation with BABCP

Accredited courses for EBPT practitioner are offered by 3 universities in the UK. Currently BABCP have no current plans to APEL prior uncredited 2023 training. (March 2023)

EBPT practitioners who meet minimum training standards can apply for accreditation with BABCP if:

- Practitioners hold two years' experience in Core Profession (NMC, HCPC, SW-E) meet EBPT Minimum Training Standards, maintain agreed level CPD in Evidence-Based Parent Training, receiving regular EBPT clinical supervision.
- Maintain annual reaccreditation requirements.

Supervision Requirements

Supervision monitors implementation as per model fidelity to achieve expected evidence-based outcomes.

Minimum standards of supervision can be offered by:

- Approved Parent Training clinical supervisor: either Cognitive and/or Behavioural Therapist who meets BABCP criteria for supervision accreditation.
- Accredited Incredible Years supervisor or other evidence-based parenting accredited practitioner. (BABCP 2023)

As a minimum qualified practitioners should receive:

- Weekly peer support recommended for group leaders.
- Group leaders 2 hours per month videotape supervision and feedback with mentor for discussion of patient videos

Qualifying as a Supervisor

- Accredited supervisor within an Evidence-based parent programme, maintaining supervisor requirements.
- Registered EBPT trained therapist, with 3 years post qualification experience and post graduate qualification in supervision.

On-going CPD requirements

Accredited group leaders and supervisors must deliver a group programme minimum every 18 months, attend supervision and partake in video fidelity check with an accredited supervisor. (Incredible Years Program)

- Video supervision of supervision is a requirement of all Accredited supervisors. (Incredible Years Program)
- 5 CPD activities per year (e.g., workshops, lectures and self-directed study, including inhouse CPD).
- Minimum 6 hours skills practice with reflective statement documentation

Alignment with the Psychological Therapist Job Description

Accredited courses for EBPT practitioner are offered by 3 universities in the UK and not available locally to TEWV employees. BABCP have no current plans to APEL training (2023). Therefore, TEWV recognise Psychological Therapist Job description for professionals who:

Prior to 2022 achieved:

- CYP-IAYPT Postgraduate Certificate/Diploma in Evidence-Based Psychological Therapy Parenting Group Interventions.
- Completed additional minimum training standards for role: Parent Programme Training delivered by BABCP accredited practitioner, Incredible Years Accredited Practitioners, or recognised equivalent for Parent Programme.
- Receive regular Evidence Based Parenting clinical supervision by accredited supervisor as per guidelines above.
- Hold two years' experience in Core Profession, KSA portfolio **or** Incredible Years Group Leader Accreditation maintaining agreed:
    - 1 group every 18 months with 50% of parents successfully finishing group with minimum of 6 parents.
    - Access 3 supervision sessions per group with certified supervisor in parent programme i.e.: Incredible Years Peer Mentor/ Trainer

Qualified Parenting therapists who meet the training requirements detailed above will meet Trust essential criterion within Psychological Therapist job description.

Job Descriptions

EBPT/ CYP-IAYPT Parenting Practitioners

7.14 Eye Movement Desensitisation Reprocessing (EMDR) Therapy [GPT5]

Description

EMDR was first developed by Dr Francine Shapiro in the 1980's and became widely known through her first Book "EMDR protocols and procedures, 1989". It is an eight-stage therapy that can be used

as a stand-alone therapy, or it can be integrated into other models of psychological therapy. Based upon the Adaptive Information Processing Model, with emphasis upon underlying neurological mechanisms, its basic tenant is that bilateral stimulation created usually (though not necessarily) through lateral eye movement, activates the thalamus and amygdala and accelerates information processing of unprocessed trauma-based memories and facilitates their integration with other memory structures. The bilateral stimulation comprises only three of the eight phases (desensitisation, installation, body scan) which involve firstly the paring of negatively held meaning with the desensitisation phase, and positively held meaning with the subsequent reprocessing phase, and then processing any somatically held memory in the body scan phase. History taking, preparation emotional regulation and safety factors are integral to the first three stages prior to the desensitisation and reprocessing stages.

Associated NICE Guidance

EMDR is in NICE guidance for PTSD for adults and for children and young people:

Recommendations | Post-traumatic stress disorder | Guidance | NICE

Training requirements eligibility

Below is a list of staff who are eligible to train in EMDR:

- Clinical Psychologists & Counselling Psychologists (Registered with HCPC), Educational Psychologists (Registered with HCPC), Forensic Psychologists (Registered with HCPC). Clinical & Counselling Psychologists in their final year of training, are acceptable with a letter of recommendation from their supervisor.
- Psychiatrists MRCPsych or equivalent (including Certificate of Completion of Specialist Training in any psychiatric speciality).
- Registered Mental Health Nurses (NMC) - who have training and a minimum of two years' experience of providing one-to-one psychotherapy, either as part of their professional training or in addition to it.
- Registered Mental Health Social Workers or social workers with experience of working clinically in a mental health setting Have training and a minimum of two years' experience of providing one-to-one psychotherapy, either as part of their professional training or in addition to it....
- BABCP, BACP, UKCP registered practitioners.
- British Psychoanalytic Council (BPC) registered practitioners.
- Association of Child Psychotherapists (ACP) registered practitioners.
- Art Psychotherapists & Occupational therapists that are registered with HCPC and have mental health training, can recognise and assess common mental health problems and have experience of working in a mental health setting. Have training and a minimum of

two years' experience of providing one-to-one psychotherapy, either as part of their professional training or in addition to it.

Training

Training consists of four spaced parts over a total of seven days, that lays new skills and knowledge over existing skills and knowledge, and which is supported through ongoing supervision. Following training, which normally takes a year or more to complete, the individual may then work towards Practitioner Accreditation. The accreditation standards require a minimum number of cases and clinical and supervisory hours and direct observation under the supervision of an EMDR accredited Consultant. Accreditation is renewable every five years. EMDR Europe is the accrediting body for EMDR that sets rigorous standards of training for EMDR Practitioners, Consultants and Trainers. In the UK, membership to EMDR (UK & Ireland) is required. There are a small number of training organisations across UK that are approved to train under EMDR Europe standards.

There are also training requirements for EMDR with children and adolescents. Those working with children and adolescents using EMDR must have completed an EMDR Europe accredited child training, Level 1. Prior to this training, they must also have as a minimum, completed a generic EMDR Europe Accredited Level I or Parts I & II.

There is a new NHS-E EMDR training which provides 10 training days over 18 months. The first cohort is due to start in May 2023.

Supervision requirements

It is recommended that the supervision of those undergoing training through parts 1 – 4 should be supervised by an accredited practitioner. Those who have completed training and who are working towards Practitioner accreditation must be supervised by an EMDR Consultant. Those who are accredited practitioners may be supervised by their peer EMDR accredited Practitioners. However, it is noted that due to limited access to EMDR Consultants due to small numbers, there may also be limited access to accredited Practitioners coming through. Therefore, there may need to be a transition period whereby supervision may be provided by experienced EMDR practitioners who have not yet completed but are working towards accreditation.

EMDR practitioners working with children and young people should be receiving regular supervision from an EMDR Europe accredited Consultant with experience in using EMDR with Children and Adolescents. EMDR Consultants should receive supervision from another EMDR consultant with relevant expertise for their area of speciality.

Accreditation as an EMDR practitioner takes a minimum of one year post EMDR basic training, a minimum of 25 cases, a minimum of 50 EMDR sessions and at least 20 hours of Consultant supervision along with observed practice and completion of competency criteria.

Qualifying as a supervisor

The criteria for accreditation as a Consultant and Supervisor are set out by EMDR UK and includes attendance at a 4 day consultant training, a minimum number of years (3) as an accredited practitioner before being able to apply for Consultant accreditation along with a minimum number of EMDR sessions (400), minimum number of patients (75) in addition to observation of supervision and practice and completion of competency criteria and a number of CPD points.

Whilst accredited practitioners can supervise, the supervision they provide does not count towards their supervisee's own accreditation requirements.

Ongoing CPD requirements

EMDR UK specify a minimum number of CPD points that Practitioners and Consultants must attain during the 5-year registration period along with attendance at the EMDR UK national conference during the registration period.

Alignment to Psychological Therapist job description

Only EMDR Consultant level experience would currently equate with the Psychological Therapist job description.

7.15 Family, Systemic and Couple Therapies

Therapy Overview and Evidence Base

The development of family therapy was based on the idea that the behaviour of individuals and their families was influenced and maintained by the way other individuals and systems interact with, and around them. This way of working now relates to a wide range of models, approaches and family interventions based on systemic theory and is used within child, adult and older peoples' mental health services across clinical pathways. Specific family therapies also integrate other psychological theories and therapies within the treatment. Therapeutic work is undertaken with individuals,

couples or families and may also include consultation to wider networks such as other professionals working with the individual or the family.

Systemic family therapy has been an influential psychological approach for over 50 years and is offered to a range of client groups within mental healthcare including children and adolescents, working age adults, older people and learning disabilities. There is a clear evidence base for both its efficacy and effectiveness in the treatment of many mental health problems (e.g., Stratton, 2016) and systemic family therapy is recommended within many NICE clinical guidelines and is embedded within a range of clinical pathways within the Trust.

7.16 Systemic Family Therapy (GPT 20)

Systemic Family Therapy is a way of working with people with problems that embraces work with smaller systems (including individual and family work) and bigger systems than the family. Systemic and family therapists understand individual problems by considering the relevance of family relationships and the impact of the wider social and economic context on people's lives, their wellbeing and their mental health. Therapy aims to identify and explore patterns of beliefs and behaviour in roles and relationships and therapists actively intervene to enable people to decide where change would be desirable and to facilitate the process of establishing new, more fulfilling and useful patterns. In Systemic Family Therapy the therapist clarifies the concerns that brought the family into treatment and provides a series of reframing statements designed to optimise engagement in therapy and identification of dysfunctional behaviour patterns.

Systemic Family Therapists have a range of interventions open to them in working with the family to co-create change in family behaviours or beliefs. Systemic Family Therapy grew from the recognition that the symptoms of an individual family member are likely to be an essential component of a complex interacting system and the meanings that the family create. Systemic Family therapists often work with reflecting teams using live consultation or as sole practitioners using retrospective consultation. The therapist, assisted by ideas from the team, helps the family to re-story the difficulties in ways that no longer push people into entrenched positions but leave them better able to choose a more acceptable life.

Supervision Requirements

The clinical supervision of systemic family psychotherapists should be provided by an AFT Approved Supervisor. Where this is not possible supervision should be provided by an experienced Systemic Family Therapist who has been registered with UKCP for at least 3 years. The AFT requirement for the first 3 years post-qualification is a minimum 18 hours per year of clinical supervision and at least 12 of these hours should be individual supervision. The remaining 6 hours

can include live team supervision or group supervision. After 3 years of post-qualified practice the requirement is a minimum of 12 hours per year.

Training Requirements

Training leading to UKCP accreditation as a Systemic Family Therapist – Masters in Systemic Family Therapy.

Ongoing CPD requirements

Once qualified as a systemic family therapist, ongoing membership of the Association for Family Therapy and Systemic Practice (AFT) is recommended in order to practice systemic family therapy. Therapists should ensure level of competence through continuing professional development to meet required standards for AFT membership and accreditation with the UKCP as a systemic family therapist.

Qualifying as a Supervisor

To qualify as a systemic supervisor requites completion of an AFT accredited training course in systemic supervision, teaching and training.

Further Information

For further information regarding family therapy and systemic practice:
https://www.aft.org.uk/page/whatisfamilytherapy

Alignment with the Psychological Therapist Job Description

Qualified systemic family therapists who meet the training requirements detailed above will meet the Trust essential criterion within the Psychological Therapist job description.

7.17 CYP-IAPT Systemic Family Practice (GPT 26)

CYP-IAPT Systemic family practice is based on the same theoretical and evidence base as systemic family psychotherapy but denotes an intermediate level of systemic.

training. Systemic family practitioners support family members to explore difficult thoughts and feelings safely and help them to understand each other's experiences and views. Systemic family practice has been developed specifically for treating children and young people with conduct disorder, depression, self-harm and eating disorders.

Systemic family practitioners have been trained through CYP-IAPT.

Supervision Requirements

The AFT requirement for CYP-IAPT Systemic Family Practitioners is a minimum of 1.5 hours of clinical supervision per month (18 per year) from an approved systemic supervisor or experienced UKCP registered systemic family psychotherapist. A minimum of 12 of these hours should be individual supervision and the remainder can be group supervision.

Training Requirements

AFT accredited CYP-IAPT Systemic Family Practice training course (Postgraduate Diploma).

Family and Couples Therapy (GPT 9)

Family therapy is also delivered at an intermediate level by systemic practitioners that have completed either an AFT accredited intermediate level training course or specialist systemic training within their core clinical training such as doctoral training in clinical psychology.

Supervision Requirements

Intermediate level systemic practitioners require 1.5 hours of supervision per month (18 per year) from an approved systemic supervisor or experienced UKCP registered systemic family psychotherapist. A minimum of 12 of these hours should be individual supervision and the remainder can be group supervision.

Training Requirements

Intermediate level training course in Family Therapy and Systemic Practice (Postgraduate Certificate); Doctorate in Clinical Psychology that has included specialist systemic training.

7.18 Behavioural Family Therapy (GPT 12)

Behavioural Family Therapy (BFT) is a form of family therapy. It is a practical, skills based, intervention with the aim of increasing shared understanding and improving communication and problem solving within a family. It was developed for families where a family member experiences psychosis. NICE recommends that family intervention, of a BFT form, is offered to 100% of people experiencing psychosis and bipolar disorder as it is effective in reducing family stress and reducing relapse rates in those experiencing psychosis. It also can have applicability for other presentations e.g., long term physical conditions. The approach includes psychoeducational, relapse planning and communication and problem-solving skills. Treatment plans are devised collaboratively with the family and service user who should be present if at all practical. It is delivered by either one or two trained therapists and includes any person who the service user identifies as part of their family unit. BFT is and usually delivered within the family home. It should be offered for a minimum of 10 sessions. BFT is not the same as “Carer-focused education and support”, another NICE

recommended intervention which, as its name suggests, is focused particularly on the needs of carers.

Supervision

2 hours group supervision per month delivered by a supervisor who has completed recognised BFT supervisors training.

Training

Completion of 5-day Behavioural Family Therapy Training Course

7.19 Family Based Therapy for Eating Disorders (GPT 28)

This form of family therapy is practical skills-based intervention with the aim of increasing the shared understanding and improving communication and management of a young person with an eating disorder within a family. It has been developed for families where a young family member experiences a significant eating disorder (Anorexia Nervosa or Bulimia Nervosa). NICE recommends this family-based intervention, of a BFT form (BFT; FT-AN; FT-BN), is offered to 100% of families as a first line approach for the treatment and support of children and young people experiencing a significant eating disorder. This family-based treatment approach for anorexia nervosa is an outpatient intervention and consists of three distinct phases: (1) weight restoration (2) transitioning the control of eating back to the young person from the parent/carers (3) wider adolescent issues.

The approach includes psychoeducational information, communication styles, and problem solving and relapse prevention skills. Treatment plans are devised collaboratively with the family, initially particularly with parents/carers, with the young person present. Parents/carers are supported to provide the care and communication approaches required for weight restoration for their child with the eating disorder.

Supervision Requirements

Group or individual supervision delivered by a supervisor who is a systemic practitioner or family therapist (and who has FBT training) once per month.

Training Requirements

Completion of 1–5-day Family-Based Treatment (FBT) Training Course.

7.20 Family interventions for psychosis and Bipolar (GPT 31)

This form of family intervention includes delivery from someone trained from any of the four HEE approved courses in family intervention for psychosis and Bipolar which follow the 2020 curriculum. This form of family therapy has general competencies aligned to the Roth and Pilling psychosis and bipolar competency framework. It is practical skills-based intervention with the aim of sharing understanding, improving communication and problem solving. The approach also has a focus on carer support (but is not the same as carer- focused education and support). The NICE guidelines recommend that anyone with psychosis and bipolar disorder who are living or in close contact with their family should be offered family interventions. It is delivered by one or two trained therapists and includes any person who the service user identifies as part of their family unit.

Supervision Requirements

Supervision is given individually or to groups by a supervisor who has completed one of the recognised HEE courses (each course can only be supervised by their own course) or in some cases a practitioner trained to at least intermediate level systemic family therapy (a systemic practitioner) and supervisory experience. Supervision is required to be undertaken for a minimum of one hour per month when actively providing family intervention therapy sessions.

Training Requirements

The training is currently offered by four separate providers offering slightly different approaches, but all follow the same HEE family intervention curriculum (2020). The qualifying course is undertaken over a year with 10 sessions and marked assignments. During training the trainers must work with at least two families.

7.21 Group Psychotherapy [GPT 18]

Group Analytic Psychotherapy/ Larger Psychotherapeutic Groups is a specific form of psychotherapy ‘of the individual in the group, by the group, including its conductor’. The same small group (six to eight people) meet weekly over a period of time with a Group Conductor/Psychotherapist. Group Analysis utilises psychoanalytic principles and an understanding of unconscious group processes and social psychology to provide the individual with an opportunity to share the experience of psychotherapy with fellow members as well as the psychotherapist. Through the interactions which occur in the group, members are able to explore and understand difficulties in relationships and the conscious and unconscious origins in the past and the present of symptoms and psychological disturbance.

Groups for children and adolescents generally need more structure than is the case in adult groups. In child settings, and groups for parents have been used to change problematic personality and relationship difficulties in relation to other group members, other adults and the children and families of group members using the group as a medium to identify and work on these engrained personality characteristics. Multi-family groups have also been used to work on whole family difficulties.

Supervision

As required by the Trust protocol. British Psychoanalytic Council (BPC) requirement is a minimum of 15 hours a year. BACP require an absolute minimum of one and a half hours a month.

Training

Training courses leading to accreditation by UKCP Psychoanalytic Section; BPC; Institute of Group Analysis; Clinical or Counselling Psychology Doctorate or Forensic Psychology Stage 2 leading to HCPC registration; training courses leading to BACP accreditation; HCPC registered psychotherapists. Those practicing group psychotherapy should be accredited Psychodynamic and Psychoanalytic Psychotherapists, Group Analytic Psychotherapists, Child & Adolescent Psychotherapists; HCPC registered Clinical, Counselling or Forensic Psychologists; BACP accredited counsellors and psychotherapists. Psychodynamic psychotherapy will only be offered by a psychodynamic or psychoanalytically trained clinician, with a recognised qualification as above.

7.22 Humanistic Psychotherapy [GPT17]

Humanistic/Rogerian counselling relies on the nature of the therapeutic relationship and the capacity of empathic listening to provide those human experiences that are necessary for people to grow and develop, and for their sense of a valued self to become stronger. As such change takes place defences may be reduced, self-esteem and confidence may increase, and people may be able to discover and develop their own capacity to live with their life contexts in different ways. The principles of humanistic counselling and therapy are recognised as an essential part of all therapeutic approaches and thus make a contribution to all therapies.

Humanistic psychotherapies such as Transactional Analysis (TA) and Gestalt have developed, breaking away from their psychoanalytic routes and influenced by humanistic philosophies. Many have developed into an integrative framework in practice.

Supervision

According to trust protocol and as required by UKCP, based on recommendations related to hours of practice.

Training

Minimum of four years training through an accredited psychotherapy training institute leading to a Masters qualification; leading to UKCP registration.

7.23 Integrated Psychological Therapy [GPT15]

The term **'Integrated Psychological Therapy'** refers to:

- The form of therapy in which evidence based psychological knowledge is used to build a shared understanding (with the patient) of psychological phenomena.

The term "integrated" implies that at least one evidence based psychological theory or model will be used in the formulation and in any intervention plan. The theories or models used might be taken directly from psychology (e.g., attachment theory, social learning theory, or attribution theory), or from the applied psychology of psychological therapies (e.g., negative automatic thoughts from CBT, snags and traps from CAT, transference from psychodynamic psychotherapy, or systematic desensitisation and from behavioural therapy).

The choice of which theories or models are used to formulate phenomena is based on their explanatory power. Explanatory power can be regarded as a factor of theories' or models' ability to explain the observed phenomena, and the extent to which these theories or models can be integrated with a person's models of their experience.

Supervision

For qualified practitioners' supervision required at least monthly from an HCPC registered practitioner psychologist.

Training

Either HCPC registered practitioner psychologist, or meeting training standards for at least two governed psychological therapies together with a core training in mental health that includes personality and relational development theory.

7.24 Interpersonal Psychotherapy (IPT) [GPT1]

Interpersonal Psychotherapy (IPT) and Interpersonal Counselling (IPC) [GPT required]

Interpersonal psychotherapy (IPT) is a time-limited therapy which focuses on current relationships and life events, not past ones, and on interpersonal processes rather than intra-psychic ones. It focusses on difficulties arising in the daily experience of maintaining relationships and resolving difficulties whilst suffering an episode of psychological distress. It is being developed on an ongoing basis and there are now protocols for its use with PTSD, bipolar disorder, eating disorders and also across the lifespans. IPT is a therapy which can be used by registered healthcare professionals who have completed an IPTUK recognised IPT Practitioner qualification.

IPC is also time limited and focussed on current interpersonal situations linked with distress but is a shorter model and for use by non-professionally registered staff such as support workers, assistant psychologist and mental health wellbeing practitioners and information is available by request from IPT lead.

The main tasks within therapy are to help patients to learn to link their mood with their relationships/life events and to recognise that, by appropriately addressing these they may improve both their relationships and reduce symptoms of psychological distress. Patient and therapist agree to work on a particular relationship/life event based focal area which precipitated and maintains the current episode of psychological distress. This is chosen out of role transitions/adjustments (e.g., retirement, adjustment to health problem, new role as parent, redundancy), relationship disputes or conflicts (e.g., marital difficulties, dealing with work relationships), grief/bereavement or interpersonal sensitivity (lack of people skills or repeating unhelpful patterns in relationships often originating from childhood difficulties).

The focus of the therapy sessions is, largely to aid understanding of recent events in interpersonal/relationship terms, and to explore alternative ways of handling these situations. It is important that patients apply the content of therapy sessions, and this may be achieved through tasks.

There are two main models of IPT – IPT (for those older than 16-18 years old) and IPT-A (for those aged 13-18 years old). IPT takes place over sixteen sessions (IPT-A = 12 sessions), running up to four to six months. These sessions are split into four sessions of a detailed assessment, eight sessions of working on the chosen focal area (IPT-A =5 sessions), and four sessions (IPT-A 3 sessions) of consolidation and ending. IPC is a 6-7 session protocol with one assessment and ending sessions and 4-5 middle sessions.

IPT accreditation standards/training & eligibility for training

Current standards & eligibility for training can be found here:
https://www.iptuk.net
(NB IPC training is open to non-registered clinical staff)

Supervision Requirements

The clinical supervision of IPT therapists should be provided by an IPTUK Approved Supervisor initially, or where this is not possible supervision should be provided by an experienced IPT practitioner through peer supervision. This should take place as a minimum of monthly and could be individual or group supervision.

Training Requirements

Training leading to IPTUK accreditation as IPC or IPT practitioner.

Ongoing CPD requirements

Once qualified as a systemic family therapist, ongoing membership of IPT UK is recommended, a minimum of two IPT cases per year and attendance at one IPT CPD event (practitioners) or two events (supervisors).

Qualifying as a Supervisor

Training leading to IPTUK accreditation as IPC or IPT supervisor.

7.25 Mentalisation based therapy [GPT21]

Description

Mentalisation Based Therapy (MBT) is an evidence based psychological therapy for borderline personality disorder (BPD) and for other presentations relating to relational issues.

Mentalizing refers to our ability to attend to mental states in ourselves and in others, as we attempt to understand our own actions and those of others on the basis of intentional mental states. If we are mentalizing successfully, we are able to understand what is going on in our own minds and in the minds of other people, and realise how this is affecting the emotions, thoughts and actions of ourselves and others. A focus on this very human activity as a therapeutic intervention forms the core of mentalisation based treatment. However, some people find it more difficult to mentalize in certain contexts, than others. MBT is particularly useful for people experiencing long – term difficulties in relationships and for people who experience intense emotional distress that can be overwhelming.

MBT can be delivered as a stand-alone intervention or combination of:

- A Psycho-Educational Introductory Group (MBT – I) of 90-minute sessions for 12 weeks
- 1:1 therapy format for 60-minute sessions as a longer-term therapy
- Mentalisation based Group Therapy (MBT-G) of 90-minute group sessions for 9 months or longer.

Associated Guidance

Borderline Personality Disorder; recognition and management (GC78)

Personality Disorders: Borderline and Antisocial (QS88)

Training requirements

There are 3 components to MBT practitioner training:

MBT Basic Training (3 live instructor led training days, and 12 hours of self-guided online training).

Supervision of clinical practice with an MBT Supervisor.

MBT Practitioner Training (two live instructor led training days and 4 hours of online learning).

Accreditation requirements

To become an MBT Accredited Practitioner you need to be able to evidence the following:

- An existing qualification in mental health, good knowledge of personality disorder and experience of delivering psychological therapy and/or groups.
- Attendance at the MBT Basic and Practitioner Training courses.
- Four individual patients or two groups, or two individual groups and 1 MBT – G group. Patients (minimum of two or one group).
- Participation in or working knowledge of an MBT Introduction group (MBT-I).
- Supervision of the cases with an Anna Freud Accredited Supervisor.

A minimum of three 15-minute video recording of sections from different sessions of treatment will be submitted to the Supervisor for formal review with reference to the MBT adherence scale Microsoft Word - Adherence Scale August 2020.docx (d1uw1dikibnh8j.cloudfront.net) and MBT competencies https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html

- A reflective written statement must be produced for each case.
- A satisfactory Supervisors report.
- Evidence of CPD in MBT e.g., case discussion and presentation, conferences, workshops, e-learning.

MBT Practitioners are accredited by the Anna Freud Centre and eligible for entry onto the British Psychoanalytical Council (BPC) roster.

Supervision Requirements

As a guideline it is recommended that a minimum of 22 hours of group supervision take place across a 12-month period for those working towards accreditation. This supervision should be with an Anna Freud recognised MBT Supervisor. Supervision sessions should be twice monthly for 1 hour. At least 4 hours of supervision for each case.

Once accredited it is recommended for MBT Practitioners to have monthly supervision from an MBT accredited Supervisor.

Qualifying as a Supervisor

The timescale from MBT accreditation to MBT supervisor is a minimum of 3 years combined with MBT Supervisor training provided by The Anna Freud Centre.

CPD

CPD can include case discussion and presentations, conferences, workshops, e-learning. MBT Supervisors must attend one CPD event a year e.g., conference, workshop or course.

Alignment to a Psychological Therapist Job Description

No

MBT was initially developed for the treatment of BPD however is now being used with a wide range of mental health presentations and clinical settings such as, MBT reflective parenting, Mentalizing with Parents and Infants, MBT for families (MBT-F) and Adaptive Mentalisation Based Integrative Treatment (AMBIT) which is an approach to support teams develop systems of help for hard-to-reach service users. For further information please see the Anna Freud website Mentalization-Based Treatments (MBT) | Anna Freud

7.26 Mindfulness Based Cognitive Therapy for depression [GPT16]

Description

Mindfulness-Based Cognitive Therapy (MBCT) combines intensive training in mindfulness meditation with elements of Cognitive Behavioural Therapy. It is delivered in a group format over a period of about two months in a course of eight 2-hour sessions and one longer session. The course includes extensive daily ‘home practice’ for participants to engage with between sessions. MBCT was designed as a relapse prevention intervention for people who experience repeated episodes of depression but is now used more broadly than this.

The British Association of Mindfulness Based Approaches (BAMBA) accredits organisations (including TEWV) that deliver training and publishes good practice guidance. All therapists delivering MBCT within TEWV should be compliant with the good practice guidelines.

The TEWV team has close links with and follows the standards set by the Oxford Mindfulness Foundation takes the lead nationally and internationally in MBCT training, research and programme development.

Competence is assessed by trained assessors using a structured assessment tool, the Mindfulness Based Interventions: Teaching Assessment Criteria MBI:TAC). The TEWV team includes trained assessors. All therapists in TEWV that are delivering MBCT should be assessed as (at least) 'competent' on the MBI:TAC.

Associated NICE guidance

Depression in adults: treatment and management (2022) www.nice.org.uk/guidance/ng222
As a relapse prevention intervention.

- As a treatment option in the first-line treatment for less severe depression.

Mental wellbeing at work (2022) www.nice.org.uk/guidance/ng212

- NICE recommends the provision of mindfulness for employees to support their wellbeing and mental health.

Training requirements

BAMBA accredits organisations (including TEWV) that deliver training. Training pathways last a minimum of 12 months. Pre-requisites for training include the following: personal experience of the course as a participant; in-depth personal experience of all the MBCT practices; an appropriate professional clinical training. TEWV is the North of England site for an ongoing national programme of HEE-funded training of IAPT HIT staff.

Supervision Requirements

BAMBA's good practice guidelines include requirements for regular supervision with a trained MBCT supervisor and includes the opportunity to reflect on MBCT courses being delivered and the therapist's own mindfulness practice.

Qualifying as a Supervisor

The Mindfulness Network describes a supervision training pathway Fulfilling the prerequisites and a 3-day supervision training is required for the first level of training. BAMBA publishes good practice guidance for mindfulness supervision.

Ongoing CPD requirements

BAMBA's good practice guidelines include the following requirements: a daily personal mindfulness practice; attendance at an annual silent retreat of at least 5 days duration; ongoing contacts with other MBCT therapists as a means to share experiences and learn collaboratively; a commitment to further training.

Eligibility for a Psychological therapy Job Description

No

7.27 Phased Trauma Therapy for complex trauma (GPT27)

Description

Phased Trauma Therapy for complex trauma forms part of the 'Trauma Informed Services: Clinical Link Pathway'. It is beyond the scope of this document to review complex trauma, its development and symptoms. Please see the Trauma Informed Services for further information regarding these issues and how best to support an individual experiencing complex trauma. ICD 11 differentiates between 'simple' PTSD and 'complex' PTSD with the latter referring to trauma that tends to have occurred in the context of relationships, over a prolonged period of time, for example: childhood sexual, physical or emotional abuse, domestic abuse, sexual abuse in adulthood, chronic life-threatening illness, experiences of war, torture or trafficking and military trauma (NHS Scotland National Trauma Training Programme). As well as the triad of symptoms consistent with simple PTSD (re-experiencing; ongoing distress; avoidance) there are additional complexities associated with CPTSD i.e., a negative self-concept; persistent problems with affect regulation; and difficulties with trust and intimacy in relationships. There is a considerable overlap in symptomatology of CPTSD with other diagnostic labels such as EUPD. Treatment choices should be based on a comprehensive, collaborative, trauma-informed assessment and formulation of need.

Phased Trauma Therapy for complex trauma involves three stages (Herman, 2022):

Phase one - Stabilisation:

This phase is a CORE task of mental health services and may be necessary at least to some degree over the whole period of care but is essential to establish at the outset. This phase involves a collaborative trauma-informed formulation, improving symptom management, self- soothing and addressing current life stressors to achieve safety and stability in the present. It includes empowering and offering choice to the client, to enable them to have more understanding and control over their day to day lives. Phase one goals are likely to include personal safety, genuine self-care and healthy emotion regulation skills.

Phase two - Trauma-focused work to process traumatic memories:

This phase may be periodic but clustered in the middle phase of the treatment when the patient is sufficiently able to address the memories without being overwhelmed. There will be collaborative discussion with the client about their goals and targets for re-processing and may draw on different governed psychological therapies with a proven evidence base to meet the client's goals (e.g., TF-CBT; EMDR; CAT etc), adapted for age and the client's specific needs. Herman describes this phase as involving "remembrance and mourning" i.e., working through the painful memories and the impact that they have had on the person's life.

Phase three - Reconnection and rehabilitation:

This phase of therapy involves re- establishing social and cultural bonds and building on treatment gains to enable the client to develop greater personal and interpersonal functioning. This phase increases towards the end of care and begins only after the impact of the trauma and the potential outcomes of therapy are understood.

The timescale for all three phases of therapy will vary considerably, depending on the age of the client, the nature of their trauma and their progress within therapy. In some cases, phase 1 may be sufficient to achieve the client's therapy goals, however, there is evidence that phase-based therapy which includes phase 2 (the trauma-focused work) is more effective than stabilisation alone (Willis, Dowling & O'Reilly, 2023).

Associated NICE Guidance/ Evidence based

Corrigan, J. P., Fitzpatrick, M., Hanna, D., & Dyer, K. F. (2020). Evaluating the effectiveness of phase-oriented treatment models for PTSD—A meta-analysis. Traumatology.

Herman, JL (2022). Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror. Little Brown: London.

Kaiser, AP et al. (2019). Posttraumatic Stress Disorder in Older Adults: A Conceptual Review. Clinical Gerontology, 42(4): 359–376.

Willis, Dowling & O'Reilly (2023) Stabilisation and Phase-Orientated Psychological Treatment for Posttraumatic Stress Disorder: A Systematic Review and Meta-analysis - ScienceDirect European Journal of Trauma and Dissociation, 7 (1) 100311.

Phase-based approaches for treating complex trauma: a critical evaluation and case for implementation in the Australian context: Australian Psychologist: Vol 56, No 6 (tandfonline.com)

Overview | Post-traumatic stress disorder | Guidance | NICE

UKPTS Guideline on Complex PTSD - UKPTS

ISTSS - New ISTSS Prevention and Treatment Guidelines

Training Requirements

Therapists need to have a core training as a HCPC registered Applied Psychologist or psychological therapist with an approved regulatory body, and also be able to demonstrate:

- That they have recognised post qualification CPD in at least one therapy relating to trauma focused therapy.
- That they have had training in adapting their core therapy models to clients with complex trauma histories.
- That they can show they have regular clinical supervision from someone with knowledge of complex trauma and experience in working with complex PTSD and Dissociation.
- Unqualified staff (such as Assistant Psychologists) may also use this code to capture clinical activity in Phase 1 if they are co-working the case, with an Applied Psychologist or Psychological Therapist as defined above, who has oversight of the work.

Supervision requirements

Regular supervision by a professional who is experienced in working with complex trauma is essential for the wellbeing of the client and therapist. Therapists should adhere to their professional and model-specific requirements in terms of supervision.

It is also important to consider the potential for vicarious traumatisation, services should encourage the following to reduce a therapist's risk of this: Recognition of the early warning signs of traumatisation, regular supervision, peer support, team support, containing management support, including self-care groups within the workplace, limits on exposure to traumatic material, balancing of caseloads, balancing days and scheduling of breaks, and good work-life balance.

Qualifying as a supervisor

This will vary depending on the qualifications of the therapist and the model(s) being used in therapy. Only those with the appropriate qualifications and required competencies will be able to supervise the phased trauma therapies. Please refer to the appropriate accrediting body.

Ongoing CPD requirements

It is expected that all therapists delivering phased therapy for complex trauma will maintain their therapeutic skills and engage in regular CPD, in line with the requirements from their regulatory and/or accrediting body and this will be supported by the Trust through the appraisal process.

Alignment with the Psychological Therapist Job Description

Therapists who meet the training requirements detailed above will meet the Trust essential criterion within the Psychological Therapist job description.

7.28 Play Therapy [GPT10]

The term 'Play Therapy' refers to:

- Formal non-directive play therapy and will exclude the use of play techniques and informal play experiences. Other frameworks such as CBT may be used alongside non-directive play therapy.

Play is the natural and primary way children communicate their feelings, learn, and make sense of their world. Play therapy utilises this process. During therapy children can explore emotions, thoughts and life experiences by being allowed freedom of expression in a safe and trusting environment.

Play Therapy is defined as:

"*Play Therapy is the dynamic process between child and play therapist in which the child explores at his or her own pace and with his or her own agenda those issues past current, conscious unconscious that are affecting the child's life in the present. The child's inner resources are enabled by the therapeutic process to bring about change. Play therapy is child centred in which play is the primary medium and speech the secondary medium*" (British Association of Play Therapists, 2005).

Supervision

As required by trust protocol. British Association of Play Therapists requirement is 12 hours per year at regular intervals and 24 hours per year for play therapists with less than 2 years' experience by a supervisor approved by the British Association of Play Therapists.

Training

Courses accredited by the British Association of Play Therapists are Post Graduate Diploma (2-year part time course) and M.A. (1 year part time course) in play therapy, Trainees hold a first qualification in either nursing, teaching, social work, occupational therapy and have extensive experience of working with children. Personal therapy and supervised practice are essential elements of the training.

7.29 Psychodynamic Psychotherapy [GPT4]

The term **'Psychodynamic Psychotherapy'** refers to:

- Psychodynamic Therapy
- Psychoanalytic Therapy
- Parent-infant psychotherapy

Psychodynamic Psychotherapy

This therapeutic approach draws on the core psychodynamic/psychoanalytic concepts of unconscious conflict, defences, hidden feelings and unhelpful repeated patterns in relationships to enable changes in the ways in which people experience themselves and others, and the ways they behave in their relationships with other people. It recognises the origins of psychological problems within early developmental experiences and links the impact and ongoing psychological consequences of those experiences with current life contexts and relationships. A safe, empathic and boundaried relationship between therapist and client enables emotional experience and its meaning to be revisited and experienced more fully and to be experienced as heard and understood by another person. At the same time the client's patterns of experience and behaviour in relation to other people can be explored and understood. These combined processes can change the functioning of defences and alter the ways in which an individual sees themselves, and the ways they are then able to behave in relation to others. Psychodynamic

therapy, including the recent DIT (Dynamic Interpersonal Therapy) adaptation, is usually relatively brief. Its principles can be helpful within very brief contexts of up to 10 sessions and can also be valuably used in therapy contexts of up to a year or more.

Psychoanalytic Psychotherapy

This therapeutic approach draws on psychodynamic/psychoanalytic concepts in more depth compared with psychodynamic psychotherapy. In comparison with psychodynamic therapy, it allows more opportunity for client defences and relationship patterns to be revealed and relived in the relationship with the therapist, which can lead to important developmental changes within the client. These processes can free up natural development, and help people to understand and resolve repeated problems, by increasing awareness of their problems, and of their inner world and its influence on behaviour and relationships. Therapy aims to reduce symptoms, promote understanding and alleviate distress by helping individuals explore their underlying, often unconscious causes of difficulties within the context of the therapeutic relationship.

The duration of psychoanalytic psychotherapy will depend upon the severity, depth (age and development stage at which trauma or disturbance occurred), and how extensive is the nature of the psychological disturbance. It can be provided on a once-weekly basis or on a more intensive basis, up to three sessions weekly.

This therapy is indicated for patients whose difficulties may have multiple problematic and traumatic origins, be particularly complex and often not amenable to other interventions. The psychic depth at which the therapy works can, over time, enable deeply entrenched psychological difficulties to be resolved. It requires, therefore, a capacity to tolerate a process which at times can be deeply emotionally painful, in the interest of long-term emotional gains. Clients can include the most disturbed patients.

Parent-infant psychotherapy

This is based on psychoanalytic and psychodynamic theory and understanding as well as developmental psychology. It is applied to parents and infants in distress. The therapy explores the link between the parents' experience of being parented and their current difficulty in the relationship between them and their infant. This is often a brief model of therapy of five sessions over a period of time.

Supervision

As required by the Trust protocol. British Psychoanalytic Council (BPC) requirement is a minimum of 15 hours a year. BACP require an absolute minimum of one and a half hours a month.

Training

Training courses leading to accreditation by UKCP Psychoanalytic Section; BPC; Institute of Group Analysis; Clinical or Counselling Psychology Doctorate or Forensic Psychology Stage 2 leading to HCPC registration; training courses leading to BACP accreditation; HCPC registered psychotherapists.

For further information regarding Psychodynamic Psychotherapy, please see:
What is psychotherapy? Whatis psychoanalytic psychotherapy? (bpc.org.uk)

7.30 Schema Therapy [GPT-awaiting code]

Description

The term 'Schema Therapy' refers to:

An intervention of formal schema therapy completed by an accredited schema therapist who meets the criteria for membership of the International Society of Schema Therapy (ISST) as an accredited schema therapist or an advanced accredited schema therapist. Founded in 2008, the ISST is the member organisation committed to the principles and practice of schema therapy.

Schema Therapy was initially developed by Jeffrey Young (1990) and stems from a Cognitive Behavioural Therapy (CBT) approach. It is based upon a unifying theory and a structured and systematic approach. It is an integrative treatment and therefore overlaps with other psychotherapeutic models such as cognitive, object relation theory, but there is no total overlap. The model can be summarised as the etiology of psychopathology in the form of maladaptive schema development when normal healthy developmental needs of childhood are not met. Schemas are constructs that include beliefs about ourselves, the world and others which result from an interaction between unmet core childhood needs, innate temperament and early environment. Schema activation results in intense states, described as schema modes. These modes can occur when schemas are activated and are the focus of the therapy. The key goals are to help change dysfunctional life patterns and develop ways of meeting core needs in adaptive ways by changing schemas and modes.

Associated NICE Guidance and other evidence base

- NICE guidelines (CG 78) Borderline Personality Disorder

- Samantha A. Masley, David T. Gillanders, Susan G. Simpson & Morag A. Taylor (2011): A Systematic Review of the Evidence Base for Schema Therapy, Cognitive Behaviour Therapy, A systematic review of the evidence base for Schema Therapy - PubMed (nih.gov)

Training Requirements

Both standard and advanced accreditation is available. Competence for accreditation is assessed by trained independent assessors using the Schema Therapy Competency Rating Scale (STCRS). There are minimum scores required to be able to achieve accreditation.

See Training requirements document here:

2021 ISST CERTIFICATION REQUIREMENTS (INDIV) V.2.0 (2).pdf (schematherapysociety.org)

Supervision Requirements (for accreditation)

Supervision to be provided by an ISST approved accredited supervisor: minimum of 15 hours of supervision required for role plays and 20 supervision sessions (50-60mins in duration) for standard accreditation and 40 hours of supervision for advanced accreditation. Duration of supervision must be for a minimum of a year and a maximum of 3 years to achieve accreditation.

Qualifying as a supervisor

An ISST Certified Supervisor is entitled to:

- provide supervision in schema therapy to trainees preparing to apply for ISST certification as well as to other certified schema therapists. This ISST certified supervision counts towards the supervision hours that trainees need in order to apply for certification as a schema therapist. It also counts towards ISST Continuing Education Credits.

Application requirements for ISST certification as a supervisor. Applicants for certification as a Schema Therapy Supervisor must provide documented evidence of all of the following:

- having engaged in at least 2 years of Schema Therapy clinical work after the date of achieving Advanced Certification.
- having provided schema therapy to at least four clients for six months or more duration (at least 20 sessions each); of these, two must have a diagnosis of a personality disorder (or severe personality disorder traits). Adaptation of this requirement for Schema Therapy for Children and Adolescents, Schema Therapy for Couples, and Group Schema Therapy will be determined by the respective Training and Certification Committees and published in due course.

- having completed the ISST 12-hour Supervisor Skills Development (SSD) workshop webinars. You are eligible to take the workshop once you will have two years post advanced accreditation by the END of the workshop.
- Post completing the SSD the Supervisor candidate is able to begin certification supervision for a maximum of TWO supervisees. During this time the Supervisor Candidate is required to:
    - Have regular supervision of their supervision by a certified supervisor – trainer, for every 2-3 supervision sessions provided. This needs to total a minimum of SIX HOURS of supervised practice.
    - Use the STSVRS to discuss supervision experience.
    - It is recommended that supervisors are to use this supervisor evaluation form to assist in the delivery of supervision and evaluate its effectiveness.

Ongoing CPD requirements

The ISST has a continuing education policy, this is outlined below:

- To maintain Schema Therapy Certification, Schema Therapists are required to:
    - Maintain their membership of the ISST and pay their annual dues on time.
    - Participate in 12 hours of Schema Therapy Continuing Education (CE) during any 2-year period.

- The 12 CE hours can be made up of any combination of the following:
    - Attending workshops on Schema Therapy topics presented by ISST Certified Trainers.
    - Attending individual Schema Therapy Supervision with an ISST certified trainer (50 minutes for 1 CE hour).
    - Attending Schema Therapy Group Supervision with an ISST certified trainer with the hours credited being determined by the same formula used for Standard or Advanced Certification.
    - Giving a formal presentation to a Special Interest Group (SIG) or Group Supervision. This presentation equals 1 Continuing Education hour. Not more than 3 such hours can count in any 2-year period and each presentation must be attested by a letter from the supervisor or SIG leader.
    - In the case of certified trainers, giving advanced training workshops on an aspect of the application of schema therapy (giving basic training workshops does not count for this).

- This CE requirement will apply from 1st January 2020 for those who are already Certified as schema therapists at the Standard or Advanced level.
- From January 2021, certified members will be asked to provide a summary of their CE activities during the previous year (and, from 2022, during the previous two years) when they apply for renewal of their ISST membership and make their annual dues payment.
- When a member becomes certified, the CE requirement will apply from January 1st of the year following the one in which they achieve certification.
- Honorary Life Members of the ISST are exempt from these CE requirements.

Further info about all of the above can be found at https://schematherapysociety.org/

Eligibility for a Psychological Therapist Job Description

No

7.31 Video Interactive Guidance (VIG) [GPT29]

Description

VIG is an intervention where the client is guided to reflect on video clips of their own successful interactions. The process begins by helping the family or professional to negotiate their own goals and asking them what they would like to change. Adult-child interactions are then filmed and edited, to produce a short film that focuses on what is working well.

This is followed by a shared review session of the video, where the family and professional review and micro-analysis successful moments, particularly those when the adult has responded in an attuned way to the child's action or initiative using a combination of non-verbal and verbal responses. They reflect collaboratively on what they are doing that is contributing towards the achievement of their goals, celebrate success and then make further goals for change. These reflections move very quickly from analysis of the behaviour to the exploration of feelings, thoughts, wishes and intentions.

Guiders are supervised in their own practice through the analysis of themselves in filmed interaction. Film is gathered of shared review with clients, and these are used in supervision, to focus and build on micro-moments of attuned interaction, particularly those where they activate the client to make initiatives, then receive the client fully and respond with ideas that can be understood and used to promote positive change.

Patient leaflet can be found here: T:\Patient and Carer Information\Trustwide\AMH Trustwide information

Evidence Base

The UK Association of Video Interaction Guidance (AVIGuk) was set up in 2012 to provide more direction and leadership. This body regulates standards and has the most up to date guidance on the intervention: www.videointeractionguidance.net

VIG has a growing and evolving evidence base including;

- Overview | Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care | Guidance | NICE NICE26

- Cochrane Review (2019) endorses video feedback interventions to enhance sensitivity in parents of children at risk of poor attachment (November 2019 Cochrane Review) Video feedback for parental sensitivity and attachment security in children under five years - O'Hara, L - 2019 | Cochrane Library

Training

Training consists of an Initial 2-day Training Course which provides the background to VIG and orientates participants towards the underlying value system and how this affects practice.

To be accredited, trainees are expected to work with a minimum of 6 clients and to undertake 18 cycles of VIG (a cycle consists of taking a film and doing a shared review of the clips with the client). Each trainee normally requires 15 hours individual supervision with an accredited VIG supervisor to become accredited as a VIG practitioner with AVIGuk.

There is a further midpoint training day halfway through the clinical supervisory process. The successful candidate will subsequently be registered with AVIGuk as an accredited practitioner and may practice independently. There is a requirement that you have at least 2 InterVision's whilst training as a practitioner. InterVision is peer supervision in which video is shown and reviewed.

Supervision

Whilst in training practitioners are required to have supervision from an accredited VIG supervisor. Once practitioners are accredited, they can then engage in peer supervision with other accredited VIG practitioners. All practitioners currently practising VIG are expected to engage in InterVision and AVIGuk strongly recommends practitioners having at least 6 InterVision sessions per year (showing videos of their work) and/or 6 individual supervision hours per year.

Qualifying as a Supervisor

An AVIGuk supervisor is required for clinicians to progress to be accredited as a VIG Practitioner, Advance Practitioner and Supervisor.

Ongoing CPD requirements

Once accredited there is a requirement for VIG practitioners to participate in CPD, retain a log as outlined by AVIGuk and attend InterVision supervision as outlined above.

Eligibility for Psychological Therapy Job Description

No

8 Low Intensity Interventions

8.1 Low Intensity Cognitive Behaviour Therapy (LI-CBT) [awaiting code]

Description

As with CBT, LI-CBT is based on the cognitive model but targets those presenting with mild to moderate low mood/depression and anxiety disorders where assessment indicates a more parsimonious intervention is likely to be effective. Similarly, LI-CBT shares the theoretical underpinnings described for CBT, but LI-CBT aims to deliver evidence-based intervention in the most effective and least burdensome way as recommended by national guidelines for best practice e.g., NICE. Within the stepped care model of psychological therapy LI-CBT is considered most appropriate at step 2 (or getting help within the Thrive model).

Typically, LI-CBT is aimed at treating mild to moderate presentations of common mental health disorders such as: Generalised Anxiety Disorder, Panic Disorder, Separation Anxiety Disorder, Obsessive Compulsive Disorder, Social Anxiety Disorder/Social Phobia, Low Mood/Depression, Specific Phobia and Low Self-Esteem. Treatment normally involves fewer sessions of shorter duration (e.g., 30 minutes), compared to High Intensity CBT. Delivery modes can include face to face, telephone/video therapy, computerised CBT, pure/guided self-help, psychoeducational class and therapeutic groups e.g., Parent-Led CBT.

Associated Guidance

Children and Young People Wellbeing Practitioner (CWP) National Implementation Guide (in Press).

BABCP: Apply for PWP Registration (babcp.com) CWP Registration (babcp.com)

BPS: Psychological Wellbeing Practitioner (PWP) | BPS
Also see condition specific NICE guidelines for anxiety and mood disorders.

Training

Training- for specific up to date guidance please check CWP Registration (babcp.com)

BPS Accredited BABCP Post-Graduate Diploma/Certificate in LICBT (or Health Education England (HEE) Quality Assured CWP Training Course prior to January 2023).

BPS Accredited BABCP Post-Graduate Diploma in HICBT with specialist training in the LICBT approach (Health Education England (HEE) Quality Assured CWP Training Course prior to January 2023).

Supervision

Requirements for specific up to date guidance please check CWP Registration (babcp.com)
As a minimum qualified LICBT practitioners should receive 1-hour individual Case Management Supervision every fortnight (or 2 x 30 minutes a week).

Clinical Skills Supervision should remain as 1 hour once a fortnight for the first six months post qualification. As a minimum CSS should be offered for 1 hour every month after this.

Live supervision: 4 episodes of live supervision per annum. requirements to be confirmed.

Qualifying as a Supervisor- for specific up to date guidance please check CWP Registration (babcp.com)
Clinical Skills Supervision should be provided by a practitioner who is appropriately qualified and experienced in LICBT or HICBT approaches. Supervisors must also be currently practicing and utilising CBT or LICBT (i.e., be an BABCP accredited/accreditable CBT practitioner or a BABCP/Registered CWP/SWP/EHMP). All supervisors should have attended the CWP/EMHP supervisor (PG Certificate or CPD) or Senior Wellbeing Practitioner (SWP) G/PG Diploma training programme, provided by one of the nationally commissioned training providers. If supervisors have not completed this training, they must have at least two years' experience of providing supervision to CWPs and have completed a supervisors competency assessment framework with a senior accredited practitioner/CYP-IAPT LICBT trainer on a HEE approved programme. For most recent guidance see the BABCP website CWP Registration (babcp.com)

CPD- for specific up to date guidance please check CWP Registration (babcp.com)
5 CPD activities per year (e.g., workshops, lectures and self-directed study, including inhouse CPD).

Minimum of 6 hours skills practice.

Job Descriptions

LI therapists.

8.2 Behavioural Activation (BA) [code required]

Description

BA as a stand-alone treatment evolved from activity scheduling which was originally developed by Beck (1979) as a component of Cognitive Therapy for Depression.

It should be recognised that BA is a distinct therapy in its own right with a robust evidence base across age ranges (Ekers et al., 2011; Richards et al. 2016; Tindall et al. 2017). It differs significantly from activity scheduling which is viewed as a change method/technique rather than a stand-alone therapy/treatment. Hence, BA as a therapy contains the assessment, intervention and relapse prevention stages of therapy. It also requires comprehensive training and supervision in order to be delivered to a competent level.

BA as an evidence-based therapy is based on the behavioural model of depression (Martell et al. 1996) and aims to:

- To increase contact with diverse and stable sources of positive reinforcement and create life with meaning a purpose.
- To develop a broader and more flexible repertoire of behaviours than has developed in depression.
- Encourage the individual to do more of what matters, to get more out of life which is in turn antidepressant.

BA is exclusively aimed at treating Low Mood/Depression across the age ranges. There are a number of different BA protocols ranging from 20-24 session Martell model BA (Martell et al., 2022) to more contemporary Values-based BA for adults and adolescents (Lejuez et al., 2011; Pass et al., 2018;2022). As such BA falls under umbrella of CBT and training in these approaches are part of the curriculum for LICBT and HICBT training.

Associated Guidance

NICE (2022). Depression in adults: treatment and management. NICE guideline (NG222).

www.nice.org.uk/guidance/ng222

NICE (2019). Depression in children and young people: identification and management, NICE guideline (NG134). www.nice.org/guidance/ng134

Training Requirements

Post-Graduate Diploma/Certificate in LICBT.

Post-Graduate Diploma in HICBT.

Clinical or Counselling Psychology Doctorate; or Forensic Psychology Stage 2 training leading to HCPC registration with specialist training in BA.

Certificate in Behavioural Activation training provided by an approved trainer and approved by the CBT/BA lead in TEWV.

Supervision Requirements

If intervention is being delivered by accredited or registered HICBT or LICBT therapist, then please refer to standard CBT and LICBT supervision requirements. Please note that not all supervision content highlighted above needs to be on BA, but BA should receive regular discussion as needed.

If BA is being delivered by a practitioner who has only completed specialist training in BA, the supervision should be delivered by a qualified supervisor and the amount should be determined by that supervisor and be a minimum of 1 hour per month.

Qualifying as a Supervisor

Supervision should be provided by a HCPC registered practitioner psychologist (with additional LICBT training if supervising LI approaches), BABCP accredited CBT therapist or a LI-CBT trained therapist, with 3 years post qualification experience and a post graduate qualification in supervision.

Eligibility for a Psychological Therapist Job Description

No

9 Psychological wellbeing interventions (PWBIs)

There are many ways to use psychological knowledge to help people reduce their feelings of distress, to change behaviour, or improve wellbeing.

There are some interventions have been developed and described in ways that have enabled them to be disseminated and researched and can therefore be described in detail to help us be more effective and safer when working with people who are in distress.

The Trust calls these PWBIs and has given them Paris codes so help guide staff to deliver these interventions in line with best practice guidance.

9.1 Activity scheduling (previously BA PWB16)

This change technique is about supporting a service user to recognise the relationship between avoidance and negative reinforcement and engagement in activity and positive reinforcement. Activity Scheduling supports a service user to introduce small changes where they will schedule daily activity encompassing value, pleasure and mastery. The level of activity will be built up gradually allowing the service user to work towards achieving their goals. Activity scheduling is different to Behavioural Activation which is a Governed Psychological Therapy requiring specific training and supervision.

9.2 Managing emotions PWB20

Managing emotions is about: supporting service users to help them understand the meaning and purpose of emotions, discussing helpful models that describe emotions, learning how to identify emotions in themselves and others (in the body, in thoughts, and through behaviours), and learning skills to tolerate, learn from, and manage emotions. The aim is to help the service user to notice, tolerate, and express their emotions in ways that don't get in the way of recovery, or cause harm to themselves or others. Recommended materials available within specialties which are overseen by the Psychological Professions leads.

9.3 Sleep interventions PWB27

Sleep interventions are used when the service user has difficulty in getting to sleep, difficulty staying asleep, early wakening, or non-restorative sleep despite adequate time and opportunity to sleep. Sleep interventions should be used when these patterns of sleep result in distress and/or impaired daytime functioning, such as poor concentration, low mood, daytime tiredness and reduced ability to access coping skills. Interventions can include sleep hygiene (including education), exercise, stimulus-control therapy, sleep restriction activities, relaxation training or paradoxical intention.

9.4 Hearing Voices and unusual experiences PWB21

These are interventions aimed at helping the service user to cope better with their experiences so that they are able to achieve personal recovery aspirations and meaningful goals. Validating the service user's experiences and helping them to feel okay about talking about their voices or unusual experiences is the first key step. Normalising, and coping strategies are essential activities that help the service user to make sense of their experiences and promote psychological wellbeing. Whatever someone believes about their experiences, the most important thing is to help the person find ways of dealing with their belief and finding some sense of power, control and hope within it.

9.5 Psychoeducation PWB22

Psycho-education refers to an educational approach to recovery in mental health. It complements other clinical interventions. Psychoeducation involves providing information to service users experiencing mental health problems to enable them to understand their individual difficulties and take steps to manage aspects of their difficulties themselves. Psychoeducation also involves signposting service users to other sources of support and activities that can assist them in managing their well-being.

9.6 Positive Behavioural Support PWB28

Positive Behavioural Support (PBS) provides a values-based framework that seeks to understand the context and meaning of behaviour in order to inform the development of supportive environments and skills that can enhance a person's quality of life. It is a person-centred approach, which focuses in a planned way on understanding why, when and how behaviours happen and what purposes they serve for the individual. It is offered in a therapeutic atmosphere of compassionate care and support that inevitably requires positive changes in how services work to support the person.

9.7 Reminiscence/ life history work PWB7

This is the shared gathering and discussion of personally relevant information about a service user and their life in order to communicate with and better understand the person, enable

cognitive stimulation, stimulate memories and enhance self-worth. Individual discussion about the service user's life, group reminiscence sessions, developing a memory box, creating life story books, using digital life story programmes such as 'My Life', presenting audio/visual materials, such as films/music, and discussing memories of these, developing a visual collage of meaningful images/objects. Reminiscence/Life History is used principally with service users who have difficulties with cognition in order to enable communication.

9.8 Graded Exposure Activities PWB23

Graded exposure activities involve a service user staying in a feared situation in a planned way to reduce anxiety caused by that feared situation. The service user does this in collaboration with another lead clinician who will have agreed the activities within the therapeutic sessions such as for trauma or phobias. Graded exposure work requires careful planning and regular review.

9.9 Motivational Interviewing PWB24

Motivational interviewing can be a distinct intervention or part of a conversation that involves listening and helping the service user to explore the idea of change in relation to a particular behaviour or behaviours. It is based on the understanding that people need to feel confident before trying to change, and that uncertainty is normal. A number of approaches are used to facilitate this process: For example, asking open-ended questions, listening reflectively and prompting self-motivational statements. It is usually provided formally on a 1:1 basis over several sessions.

9.10 Cognitive Stimulation Therapy PWB6

Cognitive Stimulation Therapy is a brief group treatment for people with mild to moderate dementia. It is based on ideas from of reality orientation and cognitive stimulation. A one-to-one personalised version of CST has also been developed. Sessions follow similar themes and ideas to group CST. Family, carers, or health staff can offer them. Health staff delivering this intervention will have a good understanding of dementia.

9.11 Peer Support PWB25

This is a specific code only to be used by individuals employed in the organisation as Peer Support Workers. Peer Support is at its simplest the process of individuals with lived experience of mental distress connecting with and supporting each other. To be considered Peer Support this has to be

values based, being founded on; empathy, trust, mutuality and reciprocity, equality and a non-judgemental attitude. Peer support should be trauma informed.

9.12 Relational Interventions PWB26

This intervention is about interacting with a service user in a planned (or strategic) way so that person experiences a particular aspect of human relationships. For example, during and after contact with the member of staff, the service user might experience compassion, or feel that they have been related to as a competent adult, or that their emotions have been taken seriously, or that they are being held in mind between appointments. Relational interventions are relevant to any / all contact with a service user (including by phone). Relational interventions can be used in a planned way by the whole clinical team, based on the services user's individual formulation, or just by one member of the team. These interventions often happen alongside doing other things (e.g., whilst drawing up a staying well plan or dealing with a crisis) and influence the way these other things are done. Relational interventions need to be individualised for each service user. They are based on the psychological formulation and are specific to that person. They are more specific to a particular person than our normal therapeutic compassion and collaboration skills.

9.13 Guided Self Help for Eating Disorder PWB29

Please note this is for Eating Disorders Use Only

Guided self-help for eating disorders is based on a version of cognitive behaviour therapy that has been adapted to help people experiencing eating difficulties (CBT-E). This intervention usually involves the service user working through a book or booklet between regularly planned meetings with a worker. The book or booklet used will be based on the specific eating problem identified or the closest match if the service user's difficulties overlap between different eating problems. Examples of specific eating problems include Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder.

9.14 Self Help [Code Required]

Self-help can be delivered on an independent basis or working alongside a clinician. This intervention usually involves the service user working through a book, booklet or online resources between regularly planned meetings with a practitioner. The self-help materials used will be evidence-based packages with robust research support.

9.15 Computerised Therapeutic Interventions [Code Required]

Can be delivered on an independent basis or working alongside a clinician. This intervention usually involves the service user working through a computerised therapeutic programme that does not fall under the bracket of GPT. The programme used will be an evidence-based package with robust research support and offered according to approved service procedures. Supervision for computerised therapeutic interventions should be delivered by someone already trained in the computerised package.

9.16 Trauma Stabilisation [Code Required]

Trauma stabilisation is often seen as one of the first stages in the treatment of trauma across the age ranges. Trauma stabilisation might include psychoeducation using agreed materials, building support networks and ensuring a stable and safe environment. Trauma Stabilisation should always be delivered under the supervision of a professional appropriately qualified to deliver one of the evidence-based treatments. See entries for TF-CBT, EMDR and Phased Trauma Therapy for Complex Trauma.

9.17 Mindfulness [Code Required]

Introducing service-users to the perspectives and practices of mindfulness can support them in developing important skills and attitudes which support psychological wellbeing. Clinicians using this approach with service-users should have significant personal experience of mindfulness practice that they can draw upon when working in this way. The TEWV mindfulness team runs regular courses for staff – these are a good way to develop a personal practice as well as a theoretical understanding. The mindfulness team also runs 'Using mindfulness in clinical practice' workshops for graduates of 8-week courses. These workshops focus on how best to introduce mindfulness into clinical practice in a safe and trauma-sensitive way. This code refers to the use of mindfulness as a psychological wellbeing intervention in therapeutic work with individuals (or sometime families). There is a different code for Mindfulness Based Cognitive Therapy (MBCT), which is a governed psychological therapy delivered in a group format. MBCT is described elsewhere in this document.

9.18 Parent Infant Relationship PWB31

This code is used when the focus of the work is on interventions to develop and support the parent-infant relationship. Training courses that practitioners base this work upon might include Baby Massage, Baby Yoga, Hypnobirthing, the Solihull Approach, Compassion Focused work that includes the baby, DBT informed work including the baby, Neonatal behavioural assessment scale; neonatal observation scale; Watch, Wait and Wonder or Mellow Parenting courses. Practitioners

may also provide psychoeducation about the parent – infant relationship and how to promote the development of this.

10 How this procedure will be implemented

- This procedure will be available on the trust intranet and can be accessed by any member of staff.
- Psychological Professions leads and team and service managers will disseminate this procedure to all Trust employees accompanied by a trust wide briefing.
- Any concerns raised about current practice that does not adhere to the procedure will be managed in a supportive manner.
- The approach described within this procedure has been in place in the trust for several years therefore this should not cause significant change to practice.

10.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Communication to be shared with all staff via Psychological Professions leads and team and service managers to all staff.	For all staff to ensure they are providing appropriate and safe patient care. For all staff to access the required training, supervision and CPD to sustain their practice.	By April 2024	CPPO and Psychological Professions Leadership.	Through feedback, minutes of relevant meetings and audit of activity codes.

11 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Activity codes	Frequency = every 24 months Method = via report from electronic patient record Responsible = CPPO	Ownership by the Psychological Professions Governance Group (PPGG) and shared with the Care Groups via the Psychological Professions leads.
2	Activity codes that mention GPT in some format other than those stated in this procedure document.	Frequency = initial audit required Method = via report from electronic patient record Responsible = CPPO	Ownership by the PPGG and shared with the Care Groups via the Psychological Professions leads.

12 References

See each section for relevant references

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	27 February 2024
Next review date	27 February 2027
This document replaces	n/a - new procedure
This document was approved by	PPGG Psychological Professions Governance Group
This document was approved	27 February 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	08 February 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	27 Feb 2024	New trustwide procedure to formalise the governance requirements for GPT	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Director of Therapies
Title	Governed Psychological Therapies
Type	Procedure
Geographical area covered	Trust-wide
Aims and objectives	To provide an assurance framework for the governed psychological therapies provided within TEWV
Start date of Equality Analysis Screening	November 2023
End date of Equality Analysis Screening	08 February 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Service users who are offered psychological therapies, and staff who are providing psychological therapies. Provides assurance for the trust regarding safe and effective care.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	For people whose first language is not English, they may need specialist interpretation services. People who are experiencing gender dysphoria may benefit from support using the interventions described in this document to help with increased levels of stress and distress associated with their situation, however the interventions must not be used to change an individual's sexual orientation, gender orientation or gender expression.
Describe any positive impacts / Human Rights Implications	More people will access evidence based interventions.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Best practice guidance have been referenced including peer reviewed research and NICE guidelines.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	We will include lived experience staff, service users and carers in the governance process.

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	y	procedure
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	y	GPT steering group involved
Has relevant expertise has been sought/used?	y	
Is there evidence of consultation with stakeholders and users?	y	
Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	Note some GPT activity codes are being finalised and will be added in a future version.
5. Evidence Base		

Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	y	
8. Equality analysis		
Has an equality analysis been completed for the document?	y	
Have Equality and Diversity reviewed and approved the equality analysis?	y	08 Feb 2024 SD approved
9. Approval		
Does the document identify which committee/group will approve it?	y	PPGG
10. Publication		
Has the policy been reviewed for harm?	y	No harm
Does the document identify whether it is private or public?	y	public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	y	

Do all hyperlinks have a meaningful description? (do not use something generic like ‘click here’)	y	