E-Portfolio – Competency Criteria

In order to support trainees in logging their competency development throughout all aspects of training, they are required to complete the e-portfolio. This provides a record of their clinical activity across teaching, project work and placements.

In order to ensure accurate recording of activity in relation to the e-porfolio competencies, we require all teaching sessions to specify the competencies they cover. This is often achieved through the inclusion of a powerpoint slide, following the learning objectives.

The e-portfolio competencies are detailed below. These are grouped into specific competency areas, namely:

|  |  |
| --- | --- |
| Unit 1: CBT | Page 2 |
| Unit 2: Systemic | Page 4 |
| Unit 3: Neuropsychological | Page 6 |
| Unit 4: Cognitive Analytic Therapy | Page 10 |
| Unit 5: Leadership | Page 14 |
| Unit 6: Knowledge Outcomes | Page 19 |

Your session does not have to be focussed specifically on one of these areas to provide opportunities for trainees to develop a specific competency, so we welcome you checking through all of the noted competencies to consider what your session may address.

If you have any questions, or would like help in identifying the competencies addressed by your teaching, please contact the relevant strand lead:

# Unit 1 CBT - Cognitive Behavioural Therapy

1. Generic Therapeutic Competency

1.1 Knowledge and understanding of mental health problems

1.2 Knowledge of, and ability to operate within, professional and ethical guidelines

1.3 Knowledge of a model of therapy, and the ability to understand and employ the model in practice

1.4 Ability to engage client

1.5 Ability to foster and maintain a good therapeutic alliance, and to grasp the client’s perspective and ‘world view’

1.6 Ability to deal with emotional content of sessions

1.7 Ability to manage endings

1.8 Ability to undertake generic assessment (relevant history and identifying suitability for intervention)

1.9 Ability to make use of supervision

2. Basic CBT competences

2.1 Knowledge of basic principles of CBT and rationale for treatment

2.2 Knowledge of common cognitive biases relevant to CBT

2.3 Knowledge of the role of safety-seeking behaviours

2.4 Ability to explain and demonstrate rationale for CBT to client

2.5 Ability to agree goals for the intervention

2.6 Ability to adhere to an agreed agenda

2.7 Ability to plan and to review practice assignments (‘homework’)

2.8 Using summaries and feedback to structure the session

2.9 Ability to use measures and self-monitoring to guide therapy and to monitor outcome

2.10 Ability to devise a maintenance cycle and use this to set targets

2.11 Problem solving

2.12 Ability to end therapy in a planned manner, and to plan for long-term maintenance of gains after treatment

3. Specific CBT techniques

3.1 Exposure techniques

3.2 Applied relaxation and applied tension

3.3 Activity monitoring and scheduling

3.4 Using thought records

3.5 Identifying and working with safety behaviours

3.6 Ability to detect, examine and help client reality test automatic thoughts/images

3.7 Ability to elicit key cognitions/images

3.8 Ability to identify and help client modify assumptions, attitudes and rules

3.9 Ability to identify and help client modify core beliefs

3.10 Ability to employ imagery techniques

3.11 Ability to plan and conduct behavioural experiments

3.12 Ability to develop formulation and use this to develop treatment plan/case conceptualisation

3.13 Ability to understand client’s inner world and response to therapy

4.Problem-specific competences

4.1 Specific phobias

4.2 Social phobia – Heimberg

4.3 Social phobia – Clark

4.4 Panic disorder (with or without agoraphobia) – Clark

4.5 Panic disorder (with or without agoraphobia) – Barlow

4.6 OCD – Steketee/Kozac/Foa

4.7 GAD – Borkovec

4.8 GAD – Dugas/Ladouceur

4.9 GAD – Zinbarg/Craske/Barlow

4.10 PTSD – Foa and Rothbaum

4.11 PTSD – Resick

4.12 PTSD – Ehlers

4.13 Cognitive therapy – Beck

4.14 Behavioural activation – Jacobson

4.15 Behavioural activation

4.16 Guided CBT self-help

5. Metacompetences

5.1 Capacity to use clinical judgement when implementing treatment models

5.2 Capacity to adapt interventions in response to client feedback

5.3 Capacity to use and respond to humour

5.4 Capacity to implement CBT in a manner consonant with its underlying philosophy

5.5 Capacity to formulate and to apply CBT models to the individual client

5.6 Capacity to select and apply most appropriate BT & CBT method

5.7 Capacity to structure sessions and maintain appropriate pacing

5.8 Capacity to manage obstacles to CBT therapy

# Unit 2 FTSP - Systemic

## PART 1A Foundation Level Placement Based Family Therapy and Systemic Practice Competencies

1.1 A basic understanding of the systemic approach to family and other relationships

1.2 An ability to describe a range of systemic models and approaches and give examples of their application to practice

1.3 An ability to take a critical stance to ideas and their value

1.4 An ability to demonstrate a range of practice skills (e.g. through role play)

1.5 An ability to describe and critique the concept of the family life cycle perspective and its application to different family forms

1.6 An ability to explore the implications of adherence to afts code of ethics and practice for both individuals and organisations

1.7 An awareness of the impact of the wider social context especially in respect of race, class, religion, culture, gender, sexual orientation, age and disability

1.8 A commitment to anti-Discriminatory practice

1.9 A familiarity with a range of key literature relating to systemic practice

1.10 A basic familiarity with some aspects of research in the field, which should include an appreciation of the need for client feedback and service evaluation

1.11 An ability to begin to consider their own personal family and cultural experiences from a systemic perspective

1.12 An ability to place the development of systemic therapy into a historical context

1.13 An ability to explore and give an account of their personal learning process over time

## PART 1B Foundation Level Placement Based Family Therapy and Systemic Practice Competencies

1. Applied Systematic Therapy to Specific Problems

1.14 Anxiety presentations

1.15 Depression

1.16 Relationship difficulties

1.17 Presentations of childhood

1.18 Developmental transitions

1.19 Family functioning

1.20 Health related presentations

1.21 Addictive behaviors

1.22 Eating disorders

1.23 Other (please specify in the title of the competency evidence)

1.24 Other (please specify in the title of the competency evidence)

2. Demonstrated Basic Systematic Competencies of:

1.25 Demonstrated knowledge of systematic influences drawn from psychological and social theories (e.g group processes, decision making in groups, minority influence, crowd culture)

3. Conducted Systematic Assessment

1.26 Understood problem from a systematic perspective

1.27 Gathered information from multiple perspective

1.28 Explained rationale and engaged client(s) in a developmentally appropriate

way

1.29 Developed and shared with client(s) systematic hypotheses and/or systematic formulation

4. Provided interventions from a systematic perspective

1.30 Helped client(s) identify and change problematic patterns

1.31 Promoted change through tasks between sessions

1.32 Monitored and reviews progress in therapy

1.33 Managed endings appropriately

1.34 Other (please specify in the title of the competency evidence)

1.35 Other (please specify in the title of the competency evidence)

5. Specific systemic competencies

1.36 Demonstrated knowledge of systemic principles and theories (e.g. circularity: multiple perspectives; repetitive patterns of interaction; trans-Generational patterns)

1.37 Employed circular interviewing/ questioning

1.38 Used re-Framing techniques to enable client(s) to understand the

development and maintenance of the problem

1.39 Enabled client(s) to identify individual and family strength

1.40 Used mapping techniques to identify current, historical and trans-

Generational patterns (e.g ecomaps; lifelines; family; circles)

1.41 Demonstrated ability to work with systemic team (e.g. reflecting team; reflection on process in supervision)

1.42 Demonstrated self-Reflected practice/personal awareness (e.g in supervision)

1.43 Demonstrated awareness of cultural diversity (e.g in supervision; with

reflected team)

1.44 Other (please specify in the title of the competency evidence)

1.45 Other (please specify in the title of the competency evidence)

## PART 1C University Based Competency Completed

1.46 University-Based competencies completed (form 2)

• Systemic ccri

• Year 2 systemic assignment

• Completed record of 60 hours spent in direct contact with course or clinical staff

• Completed record of 120 hours of independent study

# Unit 3 NCF Neuropsychological

## 1A General Clinical Skills

Ability to: -

1.1 Critically review & clinically apply research evidence

1.2 Design & carry out research, service evaluations & audit

1.3 Listen, & demonstrate self-awareness & sensitivity

1.4 Think scientifically critically, reflectively & evaluatively

1.5 Work effectively whilst holding in mind alternative, competing explanations

from the bio-psycho social spectrum

1.6 Make judgements on complex issues, often in the absence of complete information

1.7 Exercise personal responsibility & autonomous initiative in complex & unpredictable situations

1.8 Generalise & synthesise prior knowledge/experience & apply critically & creatively in different settings

1.9 Understanding of: -

The supervision process for supervisee & supervisor roles & provide supervision at an appropriate level within one’s own sphere of competence

1.10 Relevant psychological theory

1.11 Theories/models of leadership & change processes, & their application to service development and delivery

## 1B Neuropsychological Competencies

Knowledge of: -

1.12 Fundamental principles underpinning neuroscience and brain development

1.13 Normal brain development/aging, brain pathology/injury & neurological recovery across the lifespan

1.14 Conceptual approaches adopted in clinical neuropsychology & their historical foundations

1.15 Contemporary theories of brain/behaviour relationships & their implications for clinical practice

1.16 Psychometric and statistical principles

1.17 Methods, terminology & conceptual approaches of clinical medical disciplines allied to clinical neuropsychology

1.18 Advances in neuroscience research/practice & its implications for neuropsychological theory/practice

1.19 Contemporary models/frameworks of health, disability & participation

1.20 All aspects of common neuropsychological, neurological & neuropsychiatric conditions

1.21 Specialist assessment for infants & children at risk of developmental delay

## 2A General Clinical Skills

2.1 Develop & sustain professional relationships as an independent practitioner

2.2 Work effectively in multi-disciplinary teams

2.3 Work effectively with formal service systems & procedures

2.4 Adapt practice to specific organisational context; engage clients in decision making processes

2.5 Choose, use & interpret a broad range of assessment methods appropriate to the client & service delivery system in which the assessment takes place & to the intervention which is likely to be required

2.6 Use evidence to assess, formulate psychologically with clients, carers & service systems

2.7 Develop formulations to integrate assessments findings and psychological & neuropsychological theory

2.8 Direct, co-ordinate, support or facilitate teams together with an understanding of the principles of operation within a multidisciplinary or management team

2.9 Recognise when intervention is inappropriate, or unhelpful, & communicating this sensitively

2.10 Select & implement methods to evaluate the effectiveness of interventions & use this information to shape practice and inform service development

2.11 Knowledge of: -

Factors which must be considered when selecting an intervention, & monitoring the expected outcome

2.12 Procedures by which the progress of & outcomes of an intervention may be assessed

## 2B Neuropsychological Competencies

Ability to: -

2.13 Demonstrate a holistic understanding of the social, psychological, cognitive & educational/vocational impact of acquired brain injury and neurological conditions both for individuals & systems

2.14 Identify cognitive impairment, behavioural changes & emotional difficulties & provide integrated psychological/neuropsychological approaches to manage these – tailoring assessment approaches to the individual

2.15 Understand structural organisation of neurorehabilitation services & the role of clinical neuropsychology within such a service

2.16 Use behavioural observations & to map them to possible neurological, cognitive or emotional underpinnings

2.17 Perform clinical assessment including history taking, bedside cognitive assessment & mental status examinations & carrying this through to management

2.18 Tailor neuropsychological assessment to clients & to address appropriate questions

2.19 Demonstrate familiarity with & select, administer & interpret a wide range of assessment instruments

2.20 Understand psychometric principles underpinning cognitive testing

2.21 Describe the range of factors that could affect performance on neuropsychological tests

2.22 Construct formulations about the client’s neuropsychological status by the deductive application of appropriate test instruments in the course of a broader investigation

2.23 Demonstrate knowledge regarding the neuropsychological profiles associated with a range of common neuropsychological disorders

2.24 Use neuropsychological formulations dynamically to facilitate a clients understanding & adjustment, & to plan interventions if required, coupled with the ability to revise formulations

2.25 Use formulation, devise & deliver evidence based & tailored neuropsychological interventions

2.26 Adapt models of therapeutic intervention for psychological difficulty in the context of impaired cognitive functioning

2.27 Adapt models of therapeutic intervention for psychological difficulty in the context of impaired cognitive functioning adapt models of therapeutic intervention for psychological difficulty in the context of impaired cognitive functioning

2.28 Apply principles of management & rehabilitation of neuropsychological/neurological disorders, linking in with other professionals as required

2.29 Use up to date knowledge & understand the treatment approaches & management of a range of common of neuropsychological, neurological & neuropsychiatric conditions

2.30 Understand the role of clinical neuropsychology across settings (e.g. in mental health services, physical health settings, children’s services)

## 3A Communication: General Clinical Skills

Ability to: -

3.1 Prepare & deliver teaching & training which takes into account the needs of the participants

3.2 Demonstrate sound knowledge of the principles of report writing & other aspects of professional communication

3.3 Communicate psychologically-informed ideas & conclusions clearly & effectively to specialist & non-specialist audiences

3.4 Demonstrate understanding of consultancy models & the contribution of consultancy to practice

## 3B Communication: Neuropsychological Competencies

Ability to: -

3.5 Communicate neuropsychological hypotheses & conclusions clearly & effectively to specialist & non-specialist audiences

3.6 Adapt style of communication to people of different ages, with a wide range of neuropsychological disorders with differing levels of cognitive ability, sensory acuity & modes of communication

3.7 Adapt communication & level of detail used in communication depending on the audience

3.8 Provide feedbacks to clients/systems clearly &sensitively

3.9 Understand the process of providing expert neuropsychological opinion & advice, including the preparation & presentation of evidence in formal settings

3.10 Supporting others’ learning in the application of neuropsychological skills, knowledge, practices & procedures

3.11 Engage & communicate with assistant psychologists in supervising the effective use of psychometric assessment tools & techniques, behavioural observation & elementary rehabilitation

3.12 Use neuropsychological formulations to assist multi-professional communication

3.13 Accommodate additional medical information from various sources

## 4A Practice: General Clinical Skills

Ability to: -

4.1 Understand ethical issues & apply this knowledge in complex clinical contexts

4.2 Manage own personal learning needs & develop strategies for meeting these needs

4.3 Appreciate the power imbalance between practitioners and clients and how abuse of this can be minimised

4.4 Understand the impact & implications of differences, diversity & social inequalities on people’s lives

4.5 Understand the impact of one’s own value base, attitude & behaviour on clinical practice & service users

4.6 Use supervision to reflect on practice, & make appropriate use of feedback received

4.7 Develop strategies to handle the emotional & physical impact of own practice

4.8 Work collaboratively & constructively with fellow psychologists, other colleagues & users of services

4.9 Monitor & maintain health, safety, & security

4.10 Work effectively at an appropriate level of autonomy, with awareness of the limits of one’s own competence

4.11 Exercise duty of care with regard to safeguarding vulnerable groups

4.12 Understand legislative & national planning context of service delivery & practice

4.13 Demonstrate effective professional management & organisation skills

4.14 Demonstrate professional and ethical practice

## 4B Practice: Neuropsychological Competencies

Knowledge of: -

4.13 Formal documents in relation to ethical principles of practice, legal & statutory obligations & general professional standards as applied to clinical neuropsychology practice (including health and educational policies that are relevant to children and young people who have developmental learning difficulties or acquired brain injuries)

4.14 The political & organisational context of health care delivery as it relates to neuropsychological clients, as well as relevant aspects of NHS & Social Services procedures

4.15 The differing requirements for neuropsychology in a range of contexts including private practice

4.16 General professional issues, & developments in professional arrangements & practice within a national & international context

# Unit 4 CAT: Cognitive Analytic Therapy

## 1 General Psychotherapeutic Competencies

1.1 Ability to conduct an assessment interview

1.2 Ability to form and maintain a therapeutic alliance with a client

1.3 Ability to negotiate and agree a contract with the client

1.4 Sensitivity to the context of the therapy (for example, awareness of cultural differences or impact of therapy on outside relationships)

1.5 Ability to form and maintain a therapeutic relationship with the client

1.6 Ability to assess and review when necessary the appropriateness of intervening ( to include whether to offer psychotherapy and when to prematurely terminate a therapy contract)

1.7 Ability to understand the implications of and work with clients presenting with diverse pathology and a range of difficulties

1.8 Ability to relate psychotherapy theory to practice (to include cat if on a cat placement) and a range of relevant psychotherapy theories

## 2 Ability to use supervision appropriately

2.1 Ability to contribute to the supervision process/group

2.2 Ability to present case material clearly and succinctly

2.3 Ability to establish a working relationship with supervisor (to include ability to reflect on difficulties in relationship)

2.4 Ability to reflect on own contribution to therapeutic process

2.5 Ability to be open to, and recognise, own contribution to therapeutic process

2.6 Ability to openly address own contribution to therapeutic process

## 3 General professional abilities and competencies

3.1 Ability to recognise, and maintain, appropriate professional relationships with clients, peers, teams and colleagues

3.2 Sensitivity to the confidential nature of client information

3.3 Ability to recognise limits of professional competence and willingness to seek help

3.4 Written and verbal ability to communicate appropriately with other professionals

## 4 CAT Specific abilities and competencies

4.1 Ability to formulate (prose and diagrammatic reformulations)

4.2 Able to engage the client in the process of reformulation in early sessions

4.3 Identification of TPs & TPPs

4.4 Identification of RRPs

4.5 Prose reformulation e.g. accuracy, style, presentation, collaboration

4.6 SDR/SSSD – e.g. accuracy, style, presentation, collaboration

4.7 Ability to balance the range CAT tasks while also establishing, and maintaining, a therapeutic alliance/relationship

4.8 Ability to use CAT reformulatory tools to work with TPPs/RRPs emerging in client's life

4.9 Recognition of TPPs/RRPs in 'outside' events (identified in narratives)

4.10 Work with client to revise TPPs/RRPs in 'outside' events

4.11 Recognition of re-enactment of TPPs/RRPs within therapeutic relationship (transference, countertransference)

4.12 Ability to resolve threats to therapeutic alliance due to above (e.g. how this is acknowledged, explored and negotiated; use of CAT tools to aid client’s understanding; non-reciprocation)

4.13 Ability to work collaboratively within the client’s zone of proximal development

4.14 Facilitating recognition and revision and between-Sessions therapeutic work

4.15 Ability to consider, or develop, complementary techniques as appropriate e.g. creative therapies, use of pictorial representation, metaphor etc

4.16 Ability to design, explain/demonstrate tasks/capacity to recognition and revision

4.17 Ability to evaluate and relate engagement in recognition and revision to reformulation

4.18 Ability to terminate involvement appropriately

4.19 Ability to identify termination issues for particular clients

4.20 Ability to raise and discuss issue of termination at appropriate stage

4.21 Ability to produce and invite goodbye letters

4.22 Ability to name and contain feelings related to termination

4.23 Ability to explain and agree arrangements for follow up

4.24 Ability to monitor change

4.25 Use of cat specific ratings (tpps etc)

4.26 Use of outcome measures and/or service evaluation/audit issues

## 5 Clinical Component: Completed CAT therapy cases on placement. Please state whether the CAT case is CITP or Foundation level

1 CAT case one. Number of sessions:

2 CAT case two. Number of sessions:

3 CAT case three. Number of sessions:

4 CAT case four. Number of sessions:

## 6 Academic Component

1 Independent essay: “what are the theories underpinning cat’s understanding of reformulation?” to be marked independently by acat (see ACAT Handbook)

2 Independent CAT clinical case study: To be marked by ACAT (see ACAT Handbook)

3 CAT teaching during DClinPsy Training (to meet ACAT requirements for the Foundation award)

3a Day 1: CAT model overview. Foundation requirements. Target problems, focussing the work

3b Day 2: Early sessions, Reciprocal Roles (RRs), Target Problem Procedures (TPPS) – traps, dilemmas and snags, Introduction to mapping and Sequential Diagrammatic Reformulation (SDR)

3c Day 3: Building and linking narrative writing and simple diagrammatic reformulations and links to the therapeutic relationship

3d Day 3: Building and linking narrative writing and simple diagrammatic reformulations and links to the therapeutic relationship

3e Day 5: RRs, RR Re-enactments in the therapy relationship and use of self Further exploration of clinical material in relation to core CAT competencies

3f Day 6: Developing the ‘observing eye’ and facilitating recognition and revision. Recap of procedures and procedural change: 3Rs, Recognition & Revision; aims and exits; reflection and diary use, rating Sheets, other tools and creative techniques

3g Day 7: CAT understanding of the Multiple Self States Model (MSSM)

3h Day 8: Consultation, working in teams and CAT Contextual Reformulation

A day’s introduction to the application and usefulness of CAT concepts beyond the therapy room itself

3i Day 9: Intensive core skills development and seminar time where needed for cohorts who have had extra CAT teaching outside ACAT requirements

3j Day 10: Endings in therapy and CAT Time limited therapy, Working with time, endings, saying goodbye and goodbye letters. Links to the process of ending of therapy. For trainees: Next steps, after graduation, towards the Foundation Award

4 Seminar time: 8 hours in total. Some of this time to include a facilitator of at least CAT Practitioner level

## 7 Personal Reformulation

1 Three hours of a personal CAT reformulation (mini therapy) provided by an external ACAT Practitioner

8 CAT appraisals

1 At least two and to be performed by an ACAT accredited Supervisor of clinical cases. Each supervisor to complete at least one appraisal

Appraisal 1

2 Appraisal 2

3 Appraisal 3

4 Appraisal 4

# Unit 5 Leadership

## Outcome 1: Demonstrating Personal Qualities

1.1 Developing self-awareness

being aware of their own values, principles and assumptions, and being able to learn from experiences

1.) Recognise and articulate their own value and principles, understanding how these may differ from those of other individuals and groups

2.) Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour

3.) Identify their own emotions and prejudices and understand how these can affect their judgement and behaviour

4.) Obtain, analyse and act on feedback from a variety of sources

1.2 Managing yourself

Organising and managing themselves while taking account of the needs and priorities of others

1.) Manage the impact of their emotions on their behaviour with consideration of the impact on others

2.) Are reliable in meeting their responsibilities and commitments to consistently high standards

3.) Ensure that their plans and actions are flexible, and take account of the needs and work patterns of others

4.) Plan their workload and activities to fulfil work requirements and commitments, without compromising their own health

1.3 Continuing Personal Development

Learning through participating in continuing professional development and from experience and feedback

1.) Actively seek opportunities and challenges for personal learning and development

2.) Acknowledge mistakes and treat them as learning opportunities

3.) Participate in continuing professional development activities

4.) Change their behaviour in the light of feedback and reflection

1.4 Acting with Integrity

Behaving in an open, honest and ethical manner

1.) Uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals

2.) Communicate effectively with individuals, appreciating their social, cultural, religious and ethnic backgrounds and their age, gender and abilities

3.) Value, respect and promote equality and diversity

4.) Take appropriate action if ethics and values are compromised

## Outcome 2: Working with others

2.1 Developing networks

Working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services.

1.) Identify opportunities where working with patients and colleagues in the clinical setting can bring added benefits

2.) Create opportunities to bring individuals and groups together to achieve goals

3.) Promote the sharing of information and resources

4.) Actively seek the views of others

2.2 Building and maintaining relationships

Listening, supporting others, gaining trust and showing understanding

1.) Listen to others and recognise different perspectives

2.) Empathise and take into account the needs and feelings of others

3.) Communicate effectively with individuals and groups, and act as a positive role mode

4.) Gain and maintain the trust and support of colleagues

2.3 Encouraging contribution

Creating an environment where others have the opportunity to contribute

1.) Provide encouragement, and the opportunity for people to engage in decision-Making and to challenge constructively

2.) Respect, value and acknowledge the roles, contributions and expertise of others

3.) Employ strategies to manage conflict of interests and differences of opinion

4.) Keep the focus of contribution on delivering and improving services to patients

2.4 Working within teams

To deliver and improve services

1.) Have a clear sense of their role, responsibilities and purpose within the team

2.) Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises

3.) Recognise the common purpose of the team and respect team decisions

4.) Are willing to lead a team, involving the right people at the right time

## Outcome 3: Managing services

3.1 Planning

Actively contributing to plans to achieve service goals

1.) Support plans for clinical services that are part of the strategy for the wider healthcare system

2.) Gather feedback from patients, service users and colleagues to help develop plans

3.) Contribute their expertise to planning processes

4.) Appraise options in terms of benefits and risks

3.2 Managing resources

Knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs

1.) Accurately identify the appropriate type and level of resources required to deliver safe and effective services

2.) Ensure services are delivered within allocated resources

3.) Minimise waste

4.) Take action when resources are not being used efficiently and effectively

3.3 Managing people

Providing direction, reviewing performance, motivating others and promoting equality and diversity

1.) Provide guidance and direction for others using the skills of team members effectively

2.) Review the performance of the team members to ensure that planned services outcomes are met

3.) Support team members to develop their roles and responsibilities

4.) Support others to provide good patient care and better services

3.4 Managing performance

Holding themselves and others accountable for service outcomes

1.) Analyse information from a range of sources about performance

2.) Take action to improve performance

3.) Take responsibility for tackling difficult issues

4.) Build learning from experience into future plans

## Outcome 4: Improving services

4.1 Ensuring patient safety

Assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety

1.) Identify and quantify the risk to patients using information from a range of sources

2.) Use evidence, both positive and negative, to identify options

3.) Use systematic ways of assessing and minimising risk

4.) Monitor the effects and outcomes of change

4.2 Critically evaluating

Being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team

1.) Obtain and act on patient, carer and user feedback and experiences

2.) Assess and analyse processes using up-To-Date improvement methodologies

3) Identify healthcare improvements and create solutions through collaborative working

4.) Appraise options, and plan and take action to implement and evaluate improvements

4.3 Encouraging improvement and innovation

Creating a climate of continuous service improvement

1.) Question the status quo

2.) Act as a positive role model for innovation

3.) Encourage dialogue and debate with a wide range of people

4.) Develop creative solutions to transform services and care

4.4 Facilitating transformation

Actively contributing to change processes that lead to improving healthcare

1.) Model the change expected

2.) Articulate the need for change and its impact on people and services

3.) Promote changes leading to systems redesign

4.) Motivate and focus a group to accomplish change

## Outcome 5: Setting direction

5.1 Identifying the contexts for change

Being aware of the range of factors to be taken into account

1.) Demonstrate awareness of the political, social, technical, economic, organisational and professional environment

2.) Understand and interpret relevant legislation and accountability frameworks

3.) Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes

4.) Develop and communicate aspirations

5.2 Applying knowledge and evidence

Gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements

1.) Use appropriate methods to gather data and information

2.) Carry out analysis against an evidence-Based criteria set

3.) Use information to challenge existing practices and processes

4.) Influence others to use knowledge and evidence to achieve best practice

5.3 Making decisions

Using their values, and the evidence, to make good decisions

1.) Participate in and contribute to organisational decision-Making processes

2.) Act in a manner consistent with the values and priorities of their organisation and profession

3.) Educate and inform key people who influence and make decisions

4.) Contribute a clinical perspective to team, department, system and organisational decisions

5.4 Evaluating impact

Measuring and evaluating outcomes, taking corrective action where necessary and by being held account for their decisions

1.) Test and evaluate new service options

2.) Standardise and promote new approaches

3) Overcome barriers to implementation

4.) Formally and informally disseminate good practice

# Unit 6 Knowledge outcomes

## 1. Knowledge outcomes Assessment Criteria

1. In Children & Adolescents, psychological knowledge of:

1a Developmental processes

1b Social processes

1c Neuropsychological processes

2. In Adults, psychological knowledge across the lifespan of:

2a Developmental processes

2b Social processes

2c Neuropsychological processes

3. In Older People, psychological knowledge of:

3a Developmental processes

3b Social processes

3c Neuropsychological processes

4. Theory and evidence of how the following factors relate to psychological distress:

4a Individual factors

4b Systemic factors

4c Cultural factors

4d Biological factors

5. Know the process of constructing formulations in depth within a theoretical framework

of:

5a Cognitive Behavioural Therapy

5b Cognitive Analytic Therapy

5c Narrative therapy

5d Other systemic therapy (specify)

5e Other therapy (specify)

6. Showing an understanding of specific therapeutic techniques that can be applied when working with a range of different individuals in distress, such as:

6a Anxiety

6b Mood

6c Adjustment to adverse circumstances or life events

6d Eating difficulties

6e Psychosis

6f Misuse of substances

6g Physical health presentations

6h Somatoform presentations

6i Psychosexual issues

6j Developmental issues

6k Personality issues

6l Cognitive deficits

6m Neurological presentations

7. Knowledge of how to practice in at least two evidence-based models of formal psychological interventions, which must include

7a Cognitive-behaviour therapy, and

7b Another therapy (specify)

8. Knowledge of interventions relating to both

8a Secondary prevention, and

8b The promotion of health and well-being

9a Having an awareness of the impact and relevance of the Psychopharmacology to distress and the work of a clinical psychologist

10a Having an awareness of the impact and relevance of the multidisciplinary interventions to the work of a clinical psychologist and working with distress

11a Understanding social approaches to intervention

12a Understanding approaches to intervention informed by community psychology

13a Understanding approaches to intervention informed by social constructionist perspectives

14. Knowing how to conduct research to include:

14a Service evaluation

14b Small N research

14c Pilot studies

14d Feasibility studies

14e Other research (specify)

15a Understanding the impact of differences, diversity and social inequalities on people’s lives, and their implications for working practices

16. Knowing how to adapt practice to a range of different organisational contexts, in settings such as:

16a Community

16b Inpatient

16c Primary care

16d Secondary care

16e Tertiary care

16f Providers within the NHS

16g Providers outside the NHS

17a Understanding the impact of differences, diversity and social inequalities on people’s lives, and their implications for working practices