

# Improving Access to Psychological Therapies

*Implementation Plan: Curriculum for  
low-intensity therapies workers*

Care Services Improvement Partnership 

National Institute for  
**Mental Health in England**

## DH INFORMATION READER BOX

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| <b>Policy</b>                                    |  |
| HR/Workforce Management<br>Planning/<br>Clinical | Estates<br>Commissioning<br>IM & T<br>Finance<br>Social Care/Partnership Working |

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| <b>Description</b>         | This document provides SHAs, PCTs, training providers and service providers with an overview of what is needed to deliver the implementation of IAPT. The additional funding from the Comprehensive Spending Review 2007 will pay for the major training programme that provides the necessary number of suitably trained therapists and enables progressive expansion of NICE-compliant local Psychological Therapies services. |
| <b>Cross Ref</b>           | N/A  |
| <b>Superseded Docs</b>     | Commissioning a Brighter Future: Specification for Commissioner-led Pathfinder Sites   |
| <b>Action Required</b>     | SHAs will need to engage with potential local training providers and develop plans for tender completion April 2008, to begin training in September 2008.<br>SHAs will need to select PCTs to become IAPT sites by April 2008, to introduce IAPT services in tandem with the commencement of training places in September 2008.  |
| <b>Timing</b>              |  |
| <b>Contact Details</b>     | IAPT<br>Mental Health Programme<br>216 Wellington House<br>135–155 Waterloo Road<br>London SE1 8UG<br><a href="http://www.mhchoice.csip.org.uk">www.mhchoice.csip.org.uk</a>   |
| <b>For Recipient's Use</b> |  |

# Improving Access to Psychological Therapies

*Implementation Plan: Curriculum for  
low-intensity therapies workers*

*This curriculum is recommended for adoption at a local level, but commissioners and providers should build on best practice locally; if the curriculum is not to be adopted as published, the equivalence to it of any alternative will need to be demonstrated.*

# Introduction

Low-intensity workers assess and support patients with common mental health problems (principally anxiety and depression) in the self-management of their recovery. Treatment programmes are designed to aid clinical improvement and social inclusion – including return to work or other meaningful activity. Low-intensity workers do this through the provision of information and support for evidence-based low-intensity psychological treatments, mainly involving cognitive behavioural therapy (CBT). Low-intensity psychological treatments place a greater emphasis on patient self-management and are less burdensome than traditional psychological treatments. Examples include guided self-help and computerised CBT. Support is specifically designed to enable patients to optimise their use of self-management recovery information and may be delivered through face-to-face, telephone, email or other contact methods. Low-intensity workers are expected to operate in a stepped-care, high-volume environment carrying as many as 45 active cases at any one time, with workers completing treatment of between 175 and 250 patients per year. Low-intensity workers also provide information on common pharmacological treatments and support patients in decisions which optimise their use of such treatments.

Low-intensity workers will operate within the Improving Access to Psychological Therapies (IAPT) service delivery model defined in the IAPT business plan agreed by the UK Treasury Comprehensive Spending Review settlement in 2007. This delivery model requires workers to collect, as a matter of routine, clinical, social and employment outcomes at each treatment session, as part of a national outcome system. The performance of workers will, therefore, be measured through their clinical, social and employment outcomes. Likewise, the performance of courses implementing this curriculum will be judged on the ability of their graduates to achieve these outcomes in practice.

The curriculum is based on a modular structure of four modules delivered over 45 days in total. Although each module has a specific set of foci and learning outcomes, the clinical competencies build module upon module and courses will be expected to focus the majority of their classroom activity on clinical competency development through clinical simulation/role play. All modules will be assessed on participants' practical demonstration of competencies, according to pass/fail criteria. Participants will not necessarily possess previous clinical or professional expertise in mental health, and will be able to undertake academic assessments at either undergraduate or postgraduate level, depending on their prior academic attainment. Skills-based competency assessments will be independent of academic level and must be achieved according to a pass/fail criterion.

# Summary of modules

## **Module 1: Engagement and Assessment of Patients with Common Mental Health Problems**

Low-intensity workers assess and support people with common mental health problems in the self-management of their recovery. To do so they must be able to undertake a patient-centred interview which identifies both the person's main difficulties and areas where the person wishes to see change and/or recovery, and which makes an accurate assessment of the risk the person poses to self or others. They need to be able to engage patients and establish a therapeutic alliance while gathering information to begin assisting the patient to choose and plan a collaborative treatment programme. They must have knowledge of mental health disorders and the evidence-based therapeutic options available, and be able to communicate this knowledge in a clear and unambiguous way so that people can make informed treatment choices. This module will, therefore, equip workers with a good understanding of the incidence, prevalence and presentation of common mental health problems, and of evidenced-based treatment choices. Skills teaching will develop workers' core 'common factors' competencies of active listening, engagement, alliance building, patient-centred information gathering, information giving and shared decision making.

## **Module 2: Evidence-based Low-intensity Treatment for Common Mental Health Disorders**

Low-intensity workers aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments and regularly used pharmacological treatments of common mental health problems. Low-intensity psychological treatments place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. Examples include guided self-help and computerised CBT. Support is specifically designed to enable clients to optimise their use of self-management recovery information and pharmacological treatments and may be delivered through face-to-face, telephone, email or other contact methods. Workers must also be able to manage any change in risk status. This module will, therefore, equip workers with a good understanding of the process of therapeutic support and the management of clients individually or in groups, and also support families, friends and carers. Skills teaching will develop workers' general and disorder-defined 'specific factors' competencies in the delivery of CBT-based low-intensity treatment and in the support of medication concordance.

### **Module 3: Values, Policy, Culture and Diversity**

Low-intensity workers must operate at all times from an inclusive values base which promotes recovery and recognises and respects diversity. Diversity encompasses the range of cultural norms, including personal, family, social and spiritual values, held by the diverse communities served by the service within which the worker is operating. Workers must respect and value individual differences in age, sexuality, disability, gender, spirituality, race and culture. Workers must also take into account any physical and sensory difficulties people may experience in accessing services and make provision in their work to mitigate these. They must be able to respond to people's needs sensitively with regard to all aspects of diversity. They must demonstrate a commitment to equal opportunities for all and encourage people's active participation in every aspect of care and treatment. They must also demonstrate an understanding and awareness of the power issues in professional/patient relationships and take steps in their clinical practice to reduce any potential for negative impact these may have. This module will, therefore, expose workers to the concepts of diversity, inclusion and multiculturalism and equip them with the necessary knowledge, attitudes and competencies to operate in an inclusive values-driven service.

### **Module 4: Working within an Employment, Social, and Healthcare Context**

Low-intensity workers are expected to operate in a stepped-care, high-volume environment carrying as many as 45 active cases at any one time, with workers completing treatment of between 175 and 250 patients per year. Workers must be able to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision making. Low-intensity workers need to recognise their own limitations and direct people to resources appropriate to their needs, including step-up therapy; and they must focus on social inclusion – including return to work or other meaningful activity – as well as clinical improvement. To do so they must have knowledge of a wide range of social and health resources available through statutory and community agencies. They must have a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work. This module will, therefore, equip workers with an understanding of the complexity of people's health, social and occupational needs and the services which can support people to recovery. It will develop workers' decision-making abilities and enable them to use supervision and to recognise when and where it is appropriate to seek further advice or for the client to access a signposted or step-up service. Skills teaching will develop workers' clinical management, liaison and decision-making competencies in the delivery of support to patients, particularly where they require intervention or advice outside the core low-intensity evidence-based individual or group interventions taught in module 2.

# Description of individual modules

## Module 1: Engagement and Assessment of Patients with Common Mental Health Problems

### Aims of module

Low-intensity workers assess and support people with common mental health problems in the self-management of their recovery. To do so they must be able to undertake a patient-centred interview which identifies both the person's main difficulties and areas where the person wishes to see change and/or recovery, and which makes an accurate assessment of the risk the person poses to self or others. They need to be able to engage patients and establish a therapeutic alliance while gathering information to begin assisting the patient to choose and plan a collaborative treatment programme. They must have knowledge of mental health disorders and the evidence-based therapeutic options available, and be able to communicate this knowledge in a clear and unambiguous way so that people can make informed treatment choices. This module will, therefore, equip workers with a good understanding of the incidence, prevalence and presentation of common mental health problems, and of evidenced-based treatment choices. Skills teaching will develop workers' core 'common factors' competencies of active listening, engagement, alliance building, patient-centred information gathering, information giving and shared decision making.

### Learning outcomes

1. Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.
2. Demonstrate knowledge of and competence in using 'common factors' to engage patients, gather information, build therapeutic alliances with people with common mental health problems, manage the emotional content of sessions and grasp the client's perspective or world view.
3. Demonstrate knowledge of and competence in patient-centred information gathering to arrive at a succinct and collaborative definition of the client's main mental health difficulties and the impact these have on their daily living.

4. Demonstrate knowledge of and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a patient-centred interview.
5. Demonstrate knowledge of and competence in recognition and accurate assessment of the risk posed by clients to themselves or others.
6. Demonstrate knowledge of and competence in the use of standardised symptom assessment tools and other psychometric instruments to aid problem recognition and definition and subsequent decision making.
7. Demonstrate knowledge of and competence in giving evidence-based information about treatment choices and in making shared decisions with patients.
8. Demonstrate competence in understanding the patient's attitude to a range of mental health treatments, including prescribed medication and evidence-based psychological treatments.
9. Demonstrate competence in accurate recording of interviews and questionnaire assessments using paper and electronic record-keeping systems.

### Competencies

These learning outcomes subsume a much larger list of competencies in the *Job Description for Workers Providing Low-intensity Interventions*. In particular, this module will address competencies A1–8, CB1, CB3, IT1–3, M1–M3, M6, G1, W1, RKC1–2, RKC4, RKC5–6, RKC8, GWB1, SI1–2, O1, RA1, RA3 and RA4.

### Learning and teaching strategy

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

### Assessment strategy

- A standardised role-play scenario where workers are required to demonstrate skills in engagement, information gathering, information giving and shared decision making. This will be videotaped and assessed by teaching staff using a standardised assessment measure. Workers must also provide a 1,000-word reflective commentary on their performance. Both parts must be passed.

- An exam to assess module knowledge against the learning outcomes.
- Successful completion of the following practice outcomes:
  1. formulating and recording mental health care assessments appropriate to the identified needs of patients
  2. demonstrating the common factors competencies necessary to develop individualised therapeutic alliances that enable patients (and where appropriate their carers) to be purposefully involved in a partnership of care.

Knowledge assessments are at undergraduate and/or postgraduate level and assessed using percentage criteria. Skills-based competency assessments are independent of academic level and must be achieved according to a pass/fail criterion.

### **Duration**

15 days in total over 11 weeks, running parallel with module 2:

- five days' intensive skills practice undertaken in a one-week intensive workshop
- one day per week for 10 weeks, half the time to be spent in class in theoretical teaching and clinical simulation, the other half in the workplace undertaking supervised practice.

## **Module 2: Evidence-based Low-intensity Treatment for Common Mental Health Disorders**

### **Aims of module**

Low-intensity workers aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments and regularly used pharmacological treatments of common mental health problems. Low-intensity psychological treatments place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. Examples include guided self-help and computerised CBT. Support is specifically designed to enable clients to optimise their use of self-management recovery information and pharmacological treatments and may be delivered through face-to-face, telephone, email or other contact methods. Workers must also be able to manage any change in risk status. This module will, therefore, equip workers with a good understanding of the process of therapeutic support and the management of clients individually or in groups, and also support families, friends and carers. Skills teaching will develop workers' general and disorder-defined 'specific factors' competencies in the delivery of CBT-based low-intensity treatment and in the support of medication concordance.

## Learning outcomes

1. Critically evaluate a range of evidence-based interventions and strategies to assist patients to manage their emotional distress and disturbance.
2. Demonstrate knowledge of and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.
3. Demonstrate competence in planning a collaborative low-intensity psychological and/or pharmacological treatment programme for common mental health problems, including managing the ending of contact.
4. Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems.
5. Demonstrate knowledge of and competence in low-intensity basic, intervention-specific, problem-specific and meta-CBT competencies such as behavioural activation, exposure, CBT-based guided self-help, problem solving and individualisation of CBT approaches.
6. Critically evaluate the role of case-management and stepped-care approaches to managing common mental health problems in primary care, including ongoing risk management appropriate to service protocols.
7. Demonstrate knowledge of and competence in supporting people with medication, in particular antidepressant medication, to help them optimise their use of pharmacological treatment and minimise any adverse effects.
8. Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.

## Competencies

These learning outcomes subsume a much larger list of competencies in the *Job Description for Workers Providing Low-intensity Interventions*. In particular, this module will address competencies C18, CB2, CB4–11, G2–7, M4–5, M7–M9, GWB2–3, CM1 and RA2.

## Learning and teaching strategy

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

## Assessment strategy

- A standardised role-play scenario where workers are required to demonstrate skills in planning and implementing a low-intensity treatment programme. This will be videotaped and assessed by teaching staff using a standardised assessment measure. Workers must also provide a 1,000-word reflective commentary on their performance. Both parts must be passed.
- An exam to assess module knowledge against the learning outcomes.
- Successful completion of the following practice outcomes:
  1. the identification and management of patients' emotional distress and disturbance through the use of interpersonal skills and evidence-based interventions
  2. demonstrating the techniques necessary to develop and maintain individualised therapeutic alliances that enable patients (and where appropriate their carers) to be purposefully involved in a partnership of care
  3. high-quality case recording and systematic evaluation of the processes and outcomes of mental health interventions, adapting care on the basis of this evaluation.

Knowledge assessments are at undergraduate and/or postgraduate level and assessed using percentage criteria. Skills-based competency assessments are independent of academic level and must be achieved according to a pass/fail criterion.

## Duration

10 days in total over 10 weeks, running parallel with module 1:

- one day per week for 10 weeks, half the time to be spent in class in theoretical teaching and clinical simulation, the other half in the workplace undertaking supervised practice.

## Module 3: Values, Policy, Culture and Diversity

### Aims of module

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

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

### Learning outcomes

1. Demonstrate knowledge of, commitment to and operationalisation of a non-discriminatory, recovery-oriented values base to mental health care.
2. Demonstrate respect for individual differences in age, sexuality, disability, gender, spirituality, race and culture, and show that these differences are valued.
3. Demonstrate knowledge of and competence in responding to people's needs sensitively with regard to all aspects of diversity, including the use of translation services.
4. Take into account any physical and sensory difficulties clients may experience in accessing services and if required refer to appropriate services.
5. Demonstrate knowledge of and a commitment to equal opportunities for all and encourage people's active participation in every aspect of care and treatment.
6. Demonstrate awareness and understanding of the power issues in professional/client relationships.

### Competencies

These learning outcomes subsume a much larger list of competencies in the *Job Description for Workers Providing Low-intensity Interventions*. In particular, this module will address competencies C7–10, C17, RKC10, RA5–7 and H&S1–4.

### Learning and teaching strategy

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

### Assessment strategy

- A practical clinical planning scenario where workers are required to demonstrate skills in preparing for the care of people with a variety of needs from a variety of diverse groups, and produce a 1,000-word write-up of the plan.

- An exam to assess module knowledge against the learning outcomes.
- Successful completion of the following practice outcomes:
  1. the effective engagement of people from a range of social and cultural groups in low-intensity treatments
  2. demonstrating the ability to engage with groups representing diverse cultural communities in order to improve the worker's knowledge and understanding of different cultural values
  3. where appropriate, displaying competence in the use of face-to-face and telephone translation services for people whose first language is not English.

Knowledge assessments are at undergraduate and/or postgraduate level and assessed using percentage criteria. Skills-based competency assessments are independent of academic level and must be achieved according to a pass/fail criterion.

### Duration

10 days in total over 10 weeks, running parallel with module 4:

- one day per week for 10 weeks, half the time to be spent in class in theoretical teaching and clinical simulation, the other half in the workplace undertaking supervised practice.

## Module 4: Working within an Employment, Social, and Healthcare Context

### Aims of Module

Low-intensity workers are expected to operate in a stepped-care, high-volume environment carrying as many as 45 active cases at any one time, with workers completing treatment of between 175 and 250 patients per year. Workers must be able to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision making. Low-intensity workers need to recognise their own limitations and direct people to resources appropriate to their needs, including step-up therapy; and they must focus on social inclusion – including return to work or other meaningful activity – as well as clinical improvement. To do so they must have knowledge of a wide range of social and health resources available through statutory and community agencies. They must have a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work. This module will, therefore, equip workers with an understanding of the complexity of people's health, social and occupational needs and the services which can support people to recovery. It will develop workers' decision-making abilities and enable them to use supervision and to recognise when and where it is appropriate to seek further advice or for the client to access a signposted or step-up service. Skills teaching will develop workers' clinical management, liaison and decision-making competencies in the delivery of support to patients, particularly where they require intervention or advice outside the core low-intensity evidence-based individual or group interventions taught in module 2.

## Learning outcomes

1. Demonstrate competence in managing a caseload of people with common mental health problems efficiently and safely.
2. Demonstrate knowledge of and competence in using supervision to assist the worker's delivery of low-intensity psychological and/or pharmacological treatment programmes for common mental health problems.
3. Appreciate and critically evaluate a range of employment, occupational and well-being strategies to help patients manage their emotional distress and disturbance.
4. Demonstrate knowledge of and competence in gathering patient-centred information on employment needs, well-being and social inclusion.
5. Demonstrate an appreciation of the worker's own level of competence and an understanding of how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the worker alone.
6. Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work.
7. Demonstrate knowledge of and competence in liaison with and signposting to other agencies delivering employment, occupational and other advice and services.
8. Critically appraise how the complex systems of community, statutory and voluntary sector provision of services work together.

## Competencies

These learning outcomes subsume a much larger list of competencies in the *Job Description for Workers Providing Low-intensity Interventions*. In particular, this module will address competencies C1–6, C11–16, W2–6, RKC3, RKC7, RKC9, PPD1–5, GWB4, SI3–7, O2–4, S1–13 and CM3–6.

## Learning and teaching strategy

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

### Assessment strategy

- A standardised role-play scenario where workers are required to demonstrate skills in preparing for and using supervision. This will be videotaped and assessed by teaching staff using a standardised assessment measure. Workers must also provide a 1,500-word reflective commentary on their performance. Both parts must be passed.
- An exam to assess module knowledge against the learning outcomes.
- Successful completion of the following practice outcomes:
  1. the effective management of a caseload to ensure prompt and efficient access to care for patients on the worker's caseload, including referral to step-up and signposted services
  2. demonstrating the ability to use regular scheduled supervision to the benefit of effective case management and personal development
  3. integration of worklessness and employment initiatives into daily clinical practice to the benefit of all patients.

Knowledge assessments are at undergraduate and/or postgraduate level and assessed using percentage criteria. Skills-based competency assessments are independent of academic level and must be achieved according to a pass/fail criterion.

### Duration

10 days in total over 10 weeks, running parallel with module 3:

- one day per week for 10 weeks, half the time to be spent in class in theoretical teaching and clinical simulation, the other half in the workplace undertaking supervised practice.



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