Appendix 4

Improving Access to Psychological Therapies

Guidance Document and Advice for employers in recruiting high intensity IAPT practitioners

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Developing competences and job descriptions for High Intensity workers in the IAPT programme is complex as this workforce is likely to come from a range of professions and psychological therapists who are already trained in their own specialty or modality (i.e. CBT, Rogerian counselling, family therapy etc.). Some of these maybe accredited via relevant associations or bodies associated with psychotherapy and counselling (e.g. BAC, BACP, BABCP, UKCP) whereas others will be registered with their relevant professional body (BPS, RCPsych, NMC, COT etc.). It should be recognised that psychotherapists and psychological therapists (including applied psychologists) are not, as yet, subject to statutory regulation although plans are underway to achieve this in the next two years.

Specific competencies in psychological therapies are subject to development by Skills for Health in the form of a major project to establish National Occupational Standards (NOS) for Psychological Therapy. Two projects have already been completed: a scoping and consultation exercise generally about NOS and psychological therapies (www.skillsforhealth.org.uk) and a more specific project commissioned in association with IAPT programme looking at competencies that underpin CBT interventions as identified in the NICE guidance. This has been conducted by Roth and Piling at UCL and will be published on the Mental Health Choice website (www.xxx….).

At the level of high intensity practitioners or psychological therapists, it will be important that there is a range of training, skills and experience which will likely cover the range of KSF bands from 6 (trainee) through to 9 (large service(s) manager). A preliminary attempt to scope the range of KSF bands for staff involved in the delivery of psychological therapy services (including both low and high intensity staff) is provided below.

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A possible career structure for psychologists and other practitioners working into IAPT

KSF band	IAPT Career Structure	Psychology Career Structure	COMMENTS
9	**HEAD OF SERVICE** Tension between increased specialisation with more complex cases *vs* more general responsibilities: leadership/management/ governance	**HEAD OF SERVICE** Tension between increased specialisation with more complex cases *vs* more general responsibilities: leadership/management/ governance	
8c/8d	**CONSULTANT THERAPIST** Leadership key at this level Specialist/trainer/supervisor	**CONSULTANT PSYCHOLOGIST** Leadership key at this level Specialist/trainer/supervisor	Further specialised psychotherapy/ leadership training may be required
8b/8a	**EXPERIENCED THERAPIST/ SUPERVISON** Supervisor	**EXPERIENCED PSYCHOLOGIST/ SUPERVISOR** Supervisor	Supervisor training required
7	**QUALIFIED THERAPIST/ PSYCHOTHERAPIST** Therapist/ Practitioner	**NEWLY QUALIFIED PSYCHOLOGIST** Therapist/ Practitioner	Accreditation/ regulation required at this level
6	**TRAINEE THERAPIST** (Probably existing professional) P/g diploma/masters	**TRAINEE PSYCHOLOGIST** Working towards doctorate	Some form of regulation required for all workers supporting psychological therapists
	SENIOR Low Intensity WORKER KSF/ P/g diploma	**SENIOR ASSOCIATE/ ASSISTANT** KSF/ P/g diploma	Sustains career progression
5	**QUALIFIED Low Intensity WORKER** P/G certificate or EQUIVALENT	**PSYCHOLOGY ASSOCIATES/ ASSISTANT** P/G certificate	Relate therapist or similar person from voluntary sector Nongraduates?
4	**Low Intensity TRAINEE** Degree/ PG CERT	**TRAINEE ASSISTANT** Degree	Nongraduates?
1 - 3	**STR Recovery worker and other staff** NVQs	Undergraduate volunteers (unpaid)	Nongraduates Training in psychological awareness

A range of different specialisms will be an advantage so that plurality can be achieved and thus ensuring that there are "experts" available for specific advice and service development. This range of staff must however address the local needs and the particular service.

To provide some guidance in developing this workforce the list below offers some suggestions of the types of competence which may be required and some of the existing workforce who may take up elements of it. It would not be expected that one member of staff would have the complete range of skills.

Therapy – experienced and trained practitioner in at least one of a range of evidence based psychological therapy skills e.g. CBT, systemic family therapy, etc . For some services it will be important that practitioners with advanced therapeutic skills for specialised and complex problems (e.g. bipolar disorders, eating disorders, personality disorders and psychoses) will either be working within the service or that there is clear sign posting to these therapies within secondary care.

Clinical Supervision and case management – trained and experienced therapists who have had specific development in implementing clinical supervision and case management

Clinical Governance including clinical leadership and management – More senior and experienced therapists will provide leadership and service development, audit and governance and R&D activities. In addition, management, HR and budget management functions may also have to be covered.

Education and Training – Senior staff will be required to develop training programmes in collaboration with local educational providers and ensure delivery within the service

Social inclusion, recovery models, and cultural sensitivity and equality – it will be important that champions are identified from within the team to support such approaches.

All of the above skills could be drawn from clinical psychology, psychotherapists in a specific field, counsellors, nurse therapists, occupational therapists and other trained staff.

Return and Retain Work or Employment - experienced / trained in this specific area of work and employment.

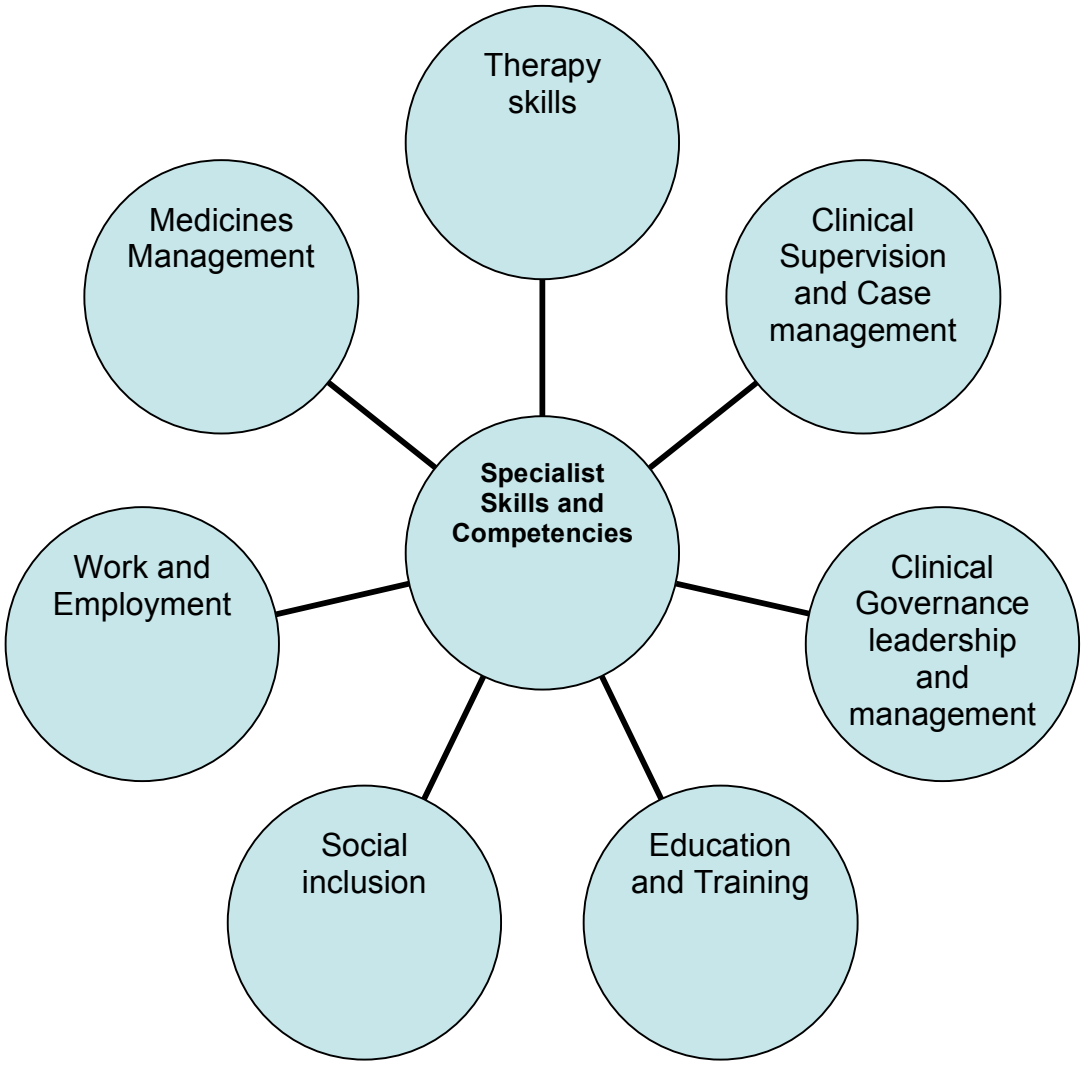
These skills could be drawn from Occupational Therapists with experience in this field or skilled workers in this area

Medicines Management – specific training in relating to pharmaceutical interventions

These skills could be drawn from GPWsI , trained nurses

These diverse skills are summarised in the figure below:

Areas of competences required for a safe and effective psychological therapies service.



Summary

Both commissioners and providers of psychological therapy services need to agree on the skill mix and diversity of psychological therapy required to deliver the service. This will depend upon local need and demand but also how local services are configured across the primary and secondary care interface. We suggest that the resources required are estimated through using the Workforce and capacity tool and the numbers of high and low intensity therapists identified are then taken as a starting point for discussion around skill mix and the types of therapists to be employed. It will be important that consideration is given to how various care pathways and packages for mental health problems are each individually resourced and the skills and competencies of specific staff to support these specific pathways are identified.

In order to achieve effective and safe services employers require guidance as to whom and with what types of training they should employ. Unfortunately, as we have already discussed the provision and duration of psychological therapy training courses is vary variable ranging from a couple of days through to several years of specialised training leading to either masters or doctoral level qualifications. In addition, in the absence of statutory regulation within this area there are no agreed minimum standards of practice common to *all* professional groups engaged in delivering or training psychological therapies. Nevertheless, there is some convergence between the main organisations (BACP, BABCP, BPS, RCPsych & UKCP) and we have attached an annex REQUIRED which provides information on how details of the accreditation requirements of these bodies may be accessed. Again this is an area where a local and experienced psychological therapist or "Psychological Therapies Champion" might advise both commissioners and providers of services of existing standards of safe practice and clinical governance of these staff. This may be even more important when services are working in partnership with the third or voluntary sector whereby therapists, although trained to a high standard may not be professionally aligned.