National curriculum for structured clinical management

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Introduction

Structured clinical management (SCM) was first developed as a non-specialist control condition in a randomized controlled trial (RCT) of MBT (Bateman and Fonagy 2009). SCM is a pragmatic and atheoretical psychological approach to emotionally unstable personality disorder (EUPD) / borderline personality disorder (BPD) (Bateman and Krawitz 2013). SCM follows the principles of consistency, coherence, and continuity of interventions to target the specific symptoms of an individual's personality disorder (PD) and meets all the recommendations for structured clinical care outlined in the NICE Guidance for BPD (NICE 2009).

SCM is not so much a specialist psychosocial treatment for a specific category of PD but more a psychological approach targeting the acute symptoms of PD and is allied to similar approaches described elsewhere (Choi-Kain and Gunderson 2019) (Livesley 2003). Although it is an approach that meets the needs of people with a range of personality problems, it is organized primarily for the more emotionally expressive personality disorders such as borderline and antisocial, and histrionic disorders rather than those with avoidant personality functioning. SCM has been developed further for a range of other conditions and implemented in a variety of contexts. It has proven to be an effective psychological approach that can be implemented by generalist mental health professionals working in community mental health services when integrated with other services available to the patient such as those delivered by crisis and in-patient teams.

Course Aims and Objectives

Courses will aim to provide an understanding of BPD and the clinical processes underpinning structured clinical management as a psychological approach for EUPD/BPD, and how this is translated into a coherent intervention strategy for treatment in community mental health services. The clinical skills required in a team for effective implementation of SCM include ability to assess people diagnosed with PD, to develop a formulation, to use group intervention skills, to skilfully teach and engage patients in using problem solving strategies, to make effective crisis plans, and to deliver interventions to improve affective dysregulation, impulsivity, and interpersonal problems. Participants will be able to work within a team implementing SCM and to work independently as an SCM clinician delivering a coherent and consistent psychological approach to help patients diagnosed with BPD.

At the end of the course students will be able to:

1. Demonstrate a detailed understanding of EUPD/BPD
2. Demonstrate a critical understanding of the research evidence for structured clinical management/general psychiatric management as an intervention for BPD
3. Recognise the contexts in which SCM can be implemented (e.g. CMHT's, inpatient wards, crisis teams, A&E departments)
4. Integrate SCM delivery with other health services available to the patient
5. Conceptualise clinical phenomena of BPD within the framework of SCM
6. Understand the importance of attachment strategies as part of interpersonal interactions in BPD

7. Recognise the way coherence, consistency, and continuity of intervention is applied clinically in SCM
8. Develop a detailed personalised conceptualisation of a client's presenting problems using a problem orientated (5P's) framework
9. Collaborate with other members of the SCM team to decide on diagnostic information given to clients
10. Generate safety plans developed with people with BPD that balance the client's responsibilities for safety with those of the clinician
11. Develop specific treatment plans, including initial aims, arising from the SCM formulation
12. Help people who present with high-risk behaviours to better self-manage and support constructive use of the system of care around them.
13. Demonstrate ability to use the clinical relationship to generate a therapeutic alliance
14. Engage patients using flexibility in the requirements placed on the patient, actively following non-attendance, and being a patient advocate when appropriate
15. Select and agree appropriate session monitoring measures and instruments to assess outcome and guide treatment process toward greater effectiveness.
16. Be an evidence-based practitioner recognising strengths and limitations of own clinical practice through self-monitoring, clinical openness, and monitoring therapy process and outcomes
17. Be reflective and use interpersonal skills to help manage interpersonal issues arising as part of clinical work and as a result of other stressors in a professional manner

General learning outcomes

At the end of this training participants will be able to demonstrate knowledge and skills relating to the following areas:

- Knowledge of the descriptive symptoms of BPD and other PD and their various manifestations
- Knowledge of the aims and focus of the SCM intervention
- Knowledge of the intervention strategy
- Therapeutic stance
- Model-specific areas of assessment including understanding diagnostic criteria and dimensional aspects of PD
- Engagement
- Formulation and planning of treatment focus
- Generic skills in group formation and management
- General content of interventions for SCM group in all modules – emotions and moods, impulses, interpersonal
- Usual process of intervention
- Working with crises with people with personality disorder
- Ending the treatment intervention

Competencies

The general competencies outlined in this document are aligned to the Roth and Pilling (2013) competency framework, specifically the section Generic Structured Clinical Care. Courses should ensure that all competencies in this section are covered in the training. For more information on the competencies please refer to:

Psychological Interventions with People with Personality Disorder Competence Framework: https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-12

Each component contains general and specific learning outcomes. It is anticipated that the learning outcomes and competencies will accumulate as students' progress through the components. Competences in this framework should be read in conjunction with published guidance on the delivery of SCM (Bateman and Krawitz 2013).

Course Structure

Courses will run over a period of a minimum of 1 year. This will enable adequate clinical practice to be undertaken following the initial training.

Training providers may adjust the training format for example delivering blocks of training days or weekly training days, to meet the requirements of training. Training will comprise:

1. A minimum equivalent to 2 days basic knowledge and clinical skills training for clinicians to start practising SCM in their workplace
2. Supervision of clinical work in the workplace from an SCM supervisor either within the clinical team if available or with an external supervisor (supervision can be delivered remotely by telephone or videoconferencing)
3. Weekly peer supervision with other clinicians developing SCM skills
4. Satisfactory demonstration of competencies of a) assessment, b) crisis planning, c) 'discussing the diagnosis' or symptom profile development within SCM framework, d) formulation; all through working with minimum of 4 cases in the first phase of SCM
5. Assessment of skill in the psychological approach of SCM in group and individual intervention through treatment of patients in group and individual context
6. Co-clinician in a SCM group delivering all modules of SCM over a period of 1 year
7. Supervision of clinical work in fortnightly supervision (60 minutes) with an experienced supervisor in SCM. This will be done jointly with team colleagues also implementing SCM
8. Observation and discussion and review of video or audio tapes of the trainee's SCM work where possible
9. A minimum attendance at 2-day higher SCM skills workshop. This will allow clinical presentation of own clinical work with video/audio when possible, and development of more complex interventions to increase clinical competences in SCM in delivering all modules.

Trainees will:

1. Attend the 2-day SCM Training course or equivalent with commitment to attendance within 1 year at the follow-up courses
2. Implement with others an SCM programme in their clinical services
3. Assess and prepare a minimum of 4 patients for SCM – to include crisis planning, diagnosis giving/problem agreement, formulation
4. Co-facilitate an SCM group for a minimum of 9 months that covers all modules of intervention
5. Engage in regular peer supervision with the SCM team attending and showing evidence for minimum 40 peer supervision meetings over the training year
6. Regularly review video or audio sessions from SCM with a recognised supervisor
7. Participate in a minimum of 22 hours supervision with SCM expert supervisor
8. Maintain a record of clinical practice and supervision
9. Provide a written summary of an SCM assessment and SCM group treatment to be discussed with supervisor

Trainers' Qualifications

The trainers will
a. demonstrate competence in SCM,
b. have proven clinical expertise in delivering and implementing SCM services for people with personality disorder
c. show ability to use a range of training methods to deliver acquisition of clinical skills
d. have previous experience in training clinicians in SCM

Entry Requirements

Recruitment for the courses will be aimed at clinicians drawn from qualified mental health professionals such as psychiatrists, psychological professionals, mental health nurses, allied health professionals and social workers.

Training providers must assess suitability of trainees against the following requirements:

- Demonstrate the core competences, the generic therapeutic competences, and assessment competences outlined in the Roth and Pilling framework are all covered.

- Ability to reach a level of competence that would enable them to work within a team delivering SCM

- Work in a team which includes a senior clinician providing supervision in psychological interventions.

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Practitioners attending the course are expected to:

1. Work in an adult mental health services where individuals diagnosed with EUPD/BPD commonly present for treatment including Community Mental Health Teams or within specialist Personality Disorder services.
2. Be working as part of a team delivering mental health treatments.
3. Be able to work collaboratively in a team comprising different mental health professional groups.
4. Join with other mental health professionals in their organisation to form an SCM team.
5. Be given the required amount of time built into their job plan to undertake the training, required casework and associated supervision to become proficient in the approach.
6. Be highly motivated to treat people with personality disorder and to undertake what can be demanding programmes of study.
7. Have the required experience and competences for the training through having experience of working with people with personality disorder and managing risk.
8. Have the required job roles with identified capacity and at the required grade to implement SCM.
9. Have time for the required specialist supervision during and beyond the training period.
10. Will spend a minimum of two days per week implementing the interventions they are being trained in. Any less would be considered a poor return on public investment in the training and is likely to lead to rapid skills decay post-training.

Mental Health Service Providers/Employers

Mental Health organisations sending staff on SCM training will send a minimum of 3 clinicians, one of whom will have a supervisory role in their current job plan and recognised expertise in general psychological interventions.

In some Trusts clinicians may work exclusively in a specialist PD service in which case their work will be primarily in learning and practising SCM in parallel to the other treatments currently being delivered. In other Trusts clinicians will be working in community mental health services treating a wide range of mental health conditions. In this case SCM trainees will develop a service model supporting implementation of SCM for people with BPD referred to the service and subsequently deliver the intervention.

Learning and Teaching Strategy

The specific learning and Teaching Strategy can be decided by the training provider and will use a range of appropriate methods to deliver knowledge about personality disorder and instil specific SCM skills for personalised treatment of people with personality disorder. The strategy will incorporate didactic, supervisory and experiential methods including training in the workplace and considering the following:

1. Training will establish a programme of learning that translates coherently the knowledge base of SCM into a clinical programme covering all components of training.
2. Training will include didactic learning, personal study and a range of methods to generate skills acquisition, integrating learning and practice in the training course as an experiential space with clinical practice in the workplace. Didactic learning, academic study and skills acquisition will be used creatively in all components.

3. Knowledge and up-to-date research acquisition will be acquired partly through recommended reading prior to the course and before each component, personal academic study and didactic teaching.
4. Web-based materials will be made available to participants for study, including lectures and clinical examples of techniques.
5. Practice based learning will be used to generate understanding and skill in delivering problem solving as the bedrock of SCM.
6. Skill acquisition in all components will be at the programmatic level through experiential learning during the training course and at the point of clinical practice. The range of methods may include observation of expert intervention, role play of common clinical situations followed by review with experts and a clinical team, clinical practice in the workplace using video observation and/or active feedback in a session, and other methods as appropriate.
7. Trainings will provide continual opportunity for skills acquisition over time giving a robust foundation for the implementation of SCM as a co-ordinated and structured programme of treatment.
8. Self-reflective practice will be engendered through modelling from trainers, supervision of teamwork, clinical case discussion and personal supervision of personal clinical practice which will include video/audio observation. Supervision will be provided by course staff and also within the clinical team.
9. Training will stimulate an ability to personalise patient level outcomes, facilitate case management, and support care co-ordination when delivering SCM.

An initial 2-day course or equivalent will offer a programme that meets the following requirements:

1. Training Days 1 and 2
   a. cover all aspects of the 5 components of the SCM curriculum
   b. ensure that trainees receive the knowledge base to recognise personality disorder as a clinical presentation in their daily work
   c. identify how participants will implement SCM in their clinical services
   d. generate SCM clinical skills to a competence level which allows trainees to start implementation of SCM in the workplace safely with supervision

2. Provide expert supervision to trainees in the workplace after trainees have completed the initial course. Supervision will:
   a. Support implementation of SCM in trainees' clinical services
   b. Support further development of basic level clinical skills from all components of SCM using appropriate methods to include clinical presentation and discussion, video/audio, role play
   c. Initially focus on generating skills of components 2 and 3 of the curriculum:
      i. Service organisation and SCM delivery in clinical services
      ii. Referral criteria, assessment and formulation
      iii. Risk management
      iv. Team working
      v. Basic clinical skills for SCM Group intervention

Once these are achieved, supervision will support learning of SCM skills from component 4 and prepare trainees for follow up training days 3 and 4.

3.   Training Days 3 and 4

These training days will follow acquisition of the basic skills of all components. Training will focus on improving delivery of basic skills but primarily aim to develop higher skills particularly those of component 4 and provide additional skills to support implementation of SCM from component 5.

Higher level skills will include further interventions to support group and individual work in:
   a. Problem solving
   b. Emotion management and mood stability
   c. Impulsivity
   d. Interpersonal strategies

Additional skills from component 5 will include:
   a. Involvement of family members and support systems
   b. Team strategies for treatment and integration of care pathways
   c. Involvement of experts by experience in SCM

4.   Establish an integrated programme of Days1 and 2 and Days 3 and 4 to deliver all components of SCM training as a coherent evidence-based intervention.

Assessment

Formal assessment must be incorporated into training and will include the following:

- Observation of role plays of clinician managing clinical session problem
- Review of notes to assess crisis planning and formulation
- Clinical case report outlining SCM focus and treatment problems and solutions.
- Logbook of competences achieved and assessed.
- Trainees must attend all 4 days training.
- Direct observation of SCM individual or group session
- Formative video/audio recording of SCM and review

Equality and Cultural competence

Course objectives to acquire cultural competence align with statutory duties under the Equality Act 2010, requiring public authorities who exercise public functions and organisations carrying out public functions on behalf of a public authority, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations between people of shared protected characteristics and those who do not. Achieving cultural competence is a lifelong learning process and students will be expected to participate in mandatory training on this issue within their NHS organisation.

Experts by Experience (EbE) and Families

Courses will recognise the value of experts by experience in training and in SCM service development and provision. Courses will discuss the involvement of families in treatment of personality disorder and the ways in which SCM has described participation of families in treatment (Bateman and Krawitz 2013).

Family involvement in treatment of people with BPD is essential. Courses will take this into account in training.

Training providers will:

1. Integrate the formal training with the clinical services to ensure clinicians have an appropriate context, clinical team, and job plan for clinical implementation.
2. Assess regularly if the SCM service is developing and trainees are working towards meeting the requirements for implementation of SCM within their team working
3. Support course participants in obtaining their clinical experience
4. Ensure routine outcome monitoring of treatment is in place
5. Use of experts by experience in delivering the training programme where possible.

SCM Components

Component 1: Theories and Principles of SCM

SCM is atheoretical. It is a practical psychological approach to the descriptive symptoms of people with BPD using the generic skills of generalist mental health professionals. Training will outline the general understanding and definitions of personality disorder and how this is understood in terms of organising a psychological approach to treatment using interventions that are co-ordinated and consistently delivered.

Learning Outcomes

- Knowledge of the definitions of personality disorder (categorical and dimensional) and criteria for mild, moderate, severe personality disorder
- Understanding of constitutional and developmental aspects of personality disorder
- Knowledge of descriptive symptom clusters and dimensional components of BPD and other personality disorders (and related areas, such as substance misuse, mood disorders, complex PTSD and Dissociative Disorders)
- Knowledge of the aims and focus of the SCM intervention
- Knowledge of the intervention strategies delivered in SCM

General learning outcomes

This component of training will allow students to critically appraise the knowledge base of personality disorder, particularly BPD, and generate understanding of how to translate this into clinical skills.

Knowledge of the different models underpinning an understanding of BPD including the following:
   a. Neurobiological processes
   b. Emotional regulation
   c. Impulsivity
   d. Attachment and Interpersonal processing

Knowledge of the intervention strategy:
   a. Knowledge of the two main stages of treatment and their aims – initial assessment/agreement phase followed by intervention phase
   b. Knowledge of the importance of generating understanding of the personality disorder and discussing this with the client
   c. Knowledge of crisis planning and formulations using the SCM approach
   d. Forming and managing a group for people with PD
   e. Problem solving techniques
   f. Knowledge of group and individual intervention strategies for emotional regulation, mood, impulsivity, interpersonal problems

Component 2: Clinical implementation of SCM

This component enables participants to translate knowledge learned in Component 1 into an organised SCM service. SCM is implemented within community mental health teams or other teams in general mental health services. It requires some of the practitioners to work together as a sub-team within the team to implement the model within their range of therapeutic interventions. Implementation requires:

- Agreement about referral criteria
- Ability to assess people for personality disorder
- Skills to set up the framework of treatment
- Ability to organise a group as the main modality of intervention
- Co-ordination of treatment
- Measures to monitor progress in treatment and how to assess overall outcomes of treatment

The curriculum will comprise the following:

- Development of skills in conceptualising clinical presentations within an SCM framework
- Working jointly with clients to agree this framework
- Establishing a diagnosis and/or agreement on problem areas
- Working on safety planning and developing effective crisis planning
- Agreement of formulation for focus of treatment and setting up initial aims
- Understanding and skills in problem solving techniques
- Identifying modules of SCM most relevant to the client's problems
- Agreement on measures to monitor the initial aims of treatment

Learning Outcomes

This component covers all the skills required to implement and structure treatment and collaboratively agree a pathway for effective engagement through introduction of the framework, formulation, and planning. Students will develop skills and understanding of the following:

- Components of developing a therapeutic alliance with the client
- Clinical assessment of personality functioning
- Engaging the client in problem orientated approach and providing education about personality disorder
- Formulation
- Safety assessment and planning
- Goal setting and agreement phase
- Case management and advocacy

Component 3: Core components of SCM interventions

This component introduces the therapeutic stance and the common factors necessary to implement the psychological interventions of SCM effectively. SCM focuses on the emotional dysregulation, impulsivity, and interpersonal problems that are at the centre of BPD, all of which require a foundation of generic therapeutic processes. This component builds on the processes learned in Component 2 to generate an understanding of the client's problems, develop a working alliance between client and clinician, facilitating supportive interactions between members of a group.

Learning Outcomes

This component will allow participants an opportunity to develop and practise skills in the common factors required to facilitate basic psychological interventions of SCM including a working alliance, co-ordinated care and consistency of intervention and recognition of the importance of the therapy relationship.

General Learning Outcomes

Ability to:
- Integrate care pathways to co-ordinate service provision and treatment plans
- Establish and maintain a supportive, reassuring and empathically validating relationship and therapeutic stance with the clients in a group
- Adopt an active non-advisory interest in the clients' experiences
- Develop and sustain a non-judgmental exploratory process with clients about their problems
- Sustain a positive supportive and advocacy stance while maintaining boundaries and without undermining the client's autonomy
- Balance client and clinician responsibilities for client safety and effecting clinical progress

Component 4: SCM modules

This component focuses on problem solving techniques as the basis for SCM approach and a range of more specific psychological techniques used in SCM to help clients manage their symptoms and develop a more stable life.

The curriculum will comprise skills in the following:

- Using the four steps of problem solving – defining the problem, generating solutions, selecting a solution(s), implementing and monitoring outcome
- Ability to organise the four focal modules of SCM in group format – emotional management, mood stability, impulse control, interpersonal skill.
- Generate interventions for each SCM module based on clinician's current skills and decide on implementation methods
- Link interventions within and across modules to provide a co-ordinated, consistent and logical long term learning strategy
- Completion (ending) of treatment and therapeutic discharge

Learning Outcomes

Ability and skills to:

- Identify problems, break them down into parts, and define them meaningfully in terms of immediate and long terms goals
- Jointly generate solutions to problems collaboratively whilst maintaining client autonomy and responsibility for defining a solution
- Personalise solutions for implementation in an individual's daily life
- Agree on strategy for implementation of solutions and monitoring their effects
- Recognise and deliver appropriate intervention for clients to build an evolving strategy to manage their emotional dysregulation and mood instability
- Recognise and deliver appropriate intervention for clients to build an evolving strategy to manage their impulsivity
- Recognise and deliver appropriate intervention for clients to build an evolving strategy to manage their interpersonal problems
- Monitor treatment and if necessary, consider therapeutic discharge of a client based on assessment of treatment effectiveness
- Negotiate completion (ending) of treatment respecting the client's vulnerabilities and strengths.

Component 5: SCM Extras

This component will consider the helpful 'extras' that can be added to the basic SCM model. Training programmes will cover the use of medication in personality disorder, the involvement of families, the functioning of the SCM team, and integration across service teams. SCM requires clinicians to work together respectfully and with co-ordination of the intervention programme.

The curriculum will comprise skills in the following:

- Advising about the use of medication using an evidence-based rationale
- Working with families and carers involved with the person with personality disorder
- Team working within the team and across services including the interface between in-patient and community teams and specialist teams to ensure a co-ordinated approach to crisis and treatment planning

Learning Outcomes

Ability and skills to:

- Review the use of medication and its effects on symptoms
- Identify and agree monitoring of medication and its appropriate use
- Agree with clients the involvement of family members and carers bearing in mind confidentiality and ethical issues
- Work with families and carers to support them and empower them to help treatment
- Engage team strategies to ensure optimal team functioning and consistency of interaction with people with BPD
- Work across services provided for the client to co-ordinate the SCM psychological approach with co-occurring specialist intervention, for example to reduce drug and alcohol misuse

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