NHS Talking Therapies: National Curriculum For Psychological Wellbeing Practitioners To Deliver Low Intensity Interventions In The Context Of Long Term Persistent And Distressing Health Conditions

Version 2.1

December 2023[1]

[1] This curriculum was developed on behalf of NHS England and Health Education England by members of the NHS Talking Therapies for Anxiety and Depression (formally IAPT) Education & Training Group and has been reviewed periodically.

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for anxiety and depression

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Key changes to version 2.1 following review of curriculum in October 2022

1. Inclusion of neurological conditions and long-Covid in long-term physical conditions (throughout document)
2. Neurological conditions scope is described as follows within the revised curricula: "Including neurological conditions with sudden onset (e.g. stroke), intermittent conditions (e.g. epilepsy), progressive conditions (e.g. parkinsons), and stable conditions with changing needs (e.g. cerebral palsy)". This way of describing the range of conditions is consistent with the Neurological Alliance website.
3. Link to e-lfh Long Term Conditions Top-Up Training modules incorporated (pg 3)
4. Revision of entry requirements. Removal of requirement to have at least one year post qualification experience. Replaced with the requirement that the training should be undertaken as soon as practical after qualification for PWPs who the service lead signs off as ready. (pg 3)
5. Amendments to day 1 assessable learning outcomes:
    - Inclusion of neurophysiological conditions in the following day 1 assessable learning outcome: Understanding of service models to provide integrated physical and psychological healthcare within existing medical and neuropsychological pathways and services in primary and secondary care (pg 4)
    - Inclusion of the emotional impact in the following day 1 assessable learning outcome: factors that promote adjustment, behaviour change and self-management including of the emotional impact. (pg 5)
    - Addition of:
        - Involvement of family members and carers where relevant to add additional information during assessment and to support impact of interventions.
        - Extending the length of sessions where cognitive deficits require this as a reasonable adjustment. (pg 5)
6. Clinical neuropsychologist added to specialist practitioners (pg 6)
7. Expansion of practical adaptions to appointments demonstrated by students, including requirement to accommodate needs of family members/carers (pg 7)
8. Replacement of term psychoeducation with guided self-help in relation to rehabilitation programmes and integrated care of patients (pg 7)
9. Graded exercise therapy (GET) removed as no longer NICE recommended (pg 7)

REVISED CURRICULUM – October 2022

Introduction

This training aims to enable experienced PWPs to deliver NICE recommended treatments for people presenting to NHS Talking Therapies for Anxiety and Depression (previously IAPT) services with long-term physical conditions such as diabetes, cardiac disease, respiratory disease, cancer with accompanying low mood and/or anxiety, neurological conditions[2] and long-Covid. This training should have an emphasis on skills development, alongside knowledgeacquisition.

Learning and Teaching Strategy

A blended learning approach is proposed to include didactic teaching, use of online resources (in particular in respect of Day 2 content), video materials, expert patients and/or specialist practitioners (i.e. doctors, nurses, physiotherapists, dieticians etc), third sector representation for signposting, problem based learning, self practice/self reflection, role-play,group activities, and knowledge tests/reflections at the end of each day which will be used to consolidate learning. It is expected that students undertaking the PWP LTC training will haveup to two placements over a six month period in appropriate medical healthcare settings (e.g. three months working in a COPD service followed by a further three months in a co- located service such as a diabetes clinic setting or cardiac rehabilitation service). Reference is made throughout this curriculum to online resources; https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_54306&programmeId=54306. It is also anticipated that PWPs will develop local contacts and resource lists relevant to their area.

Supervision

Trainees will need access to regular (i.e. weekly) individual specialist supervision which should be informed by audio recordings of telephone work and video or audio recordings of face-to-face clinical practice within clinical skills group supervision in addition to individual case management supervision. Supervisors with a PWP background will be required to complete the five day LTC training programme. Supervisors with a HI background will be required to complete the established PWP supervisor training which should take place prior to students undertaking the clinical training to ensure that supervision is in keeping with NHS Talking Therapies supervision guidance. Supervision is likely to include an orientation to the principles of adult NHS Talking Therapies.

Entry Requirements

This training is for all qualified PWPs and should be undertaken as soon as practical after qualification, for PWPs who the service lead signs off as ready.

[2] Including neurological conditions with sudden onset (e.g. stroke), intermittent conditions (e.g. epilepsy), progressive conditions (e.g. parkinsons), and stable conditions with changing needs (e.g. cerebral palsy).

Assessment of Learning

All courses should assess learning by requiring trainees to submit evidence (via a log book) that they have:

a. Two completed cases of assessment and intervention (and a total of at least 6 hours of contact time[3]) where Low Intensity assessment and intervention[4] has been delivered in the context of a long term physical health condition.

b. from the training being applied to these cases

c. Evidence of live supervision of this practice by an appropriately qualified supervisor, and sign off of competence by this supervisor.

An agreement should be in place with participants on the course that performance on any assessments will be fed back to the clinical lead in the employing/host service. This is so that any action to address concerns regarding competence gaps can be addressed in the service.
Courses should offer the option of a "Continuing Professional Development" pathway that includes only this assessment element.

Academic Credit

Courses should offer the option of a programme without academic credit, with assessment of learning as above. They may also offer an optional academic credit bearing pathway through the training. Where academic credit is awarded, additional assessments (e.g. written case studies, essays, formal competence assessments) are likely to be required, and these can add to the learning.

Where academic credit is awarded, there would be 20 academic credits attached to this curriculum at level 6 or level 7 (i.e. graduate or postgraduate level), in keeping with the PWP core curriculum. Coursework would include a knowledge test, an audio/video recording of a clinical session, and a 2000 word related case report.

Learning Outcomes

Day 1 - Chronic Disease Management/Context

Online resources will be used to augment the first day and will be completed prior to attending the first session.

Assessable learning outcomes:

Students will demonstrate knowledge and understanding of:

- the principles of chronic disease management and coordinated healthcare interventions and communications (this may include management of illness related disability and symptoms such as fatigue, pain and breathlessness alongside

[3] (Which could require more than two cases)
[4] The contact time should w here possible be achieved through a range of methods including individual face to face, telephone, and by running groups or courses.

distress)
- the principles of chronic disease management and coordinated healthcare interventions and communications (this may include management of fatiguealongside distress)
- the incidence and prevalence of physical health problems across different cultures,ethnicities, and social classes
- diversity in health and illness presentations, beliefs and behaviours
- the person's individual experience of chronic physical illness
- chronic physical diseases and their impact on mental health, wellbeing, and self-care, in particular for the self-management of diabetes, cardiac disease, respiratorydisease, cancer, neurological conditions and long-Covid.
- common mental health problems in the context of long term physical health conditions (e.g. anxiety and depression co-occurring with diabetes, cardiac disease,respiratory disease, cancer, neurological conditions and long-Covid where there is an evidence-base for the effectiveness of low intensity interventions)
- Understanding of service models to provide integrated physical and psychological healthcare within existing medical and neuropsychological pathways and services in primary and secondary care
- the principles underpinning a coordinated care pathway that includes: physical and mental healthcare provision in the same setting; continuity of care; multidisciplinary team working and sharing; removal of stigma; improving access
- liaison within a multidisciplinary team with an in-depth understanding of how complexsystems of community, acute sector, statutory and voluntary sector provision of services work together
- factors that promote adjustment, behaviour change and self-management including of the emotional impact.
- lifestyle behaviours and conditions (e.g. smoking, drug, alcohol issues, exercise, weight management), and the need to provide interventions where appropriate andsignposting to appropriate local and national resources as needed
- NICE-recommended low-intensity interventions for specified conditions including: awareness of the NICE compliant treatment; knowledge and understanding of self-management interventions; awareness of how to operate within a chronic care stepped care model; knowledge and understanding of basic behaviour change principles.
- Involvement of family members and carers where relevant to add additional information during assessment and to support impact of interventions.
- Extending the length of sessions where cognitive deficits require this as a reasonable adjustment.

Day 2 - Understanding Long Term Conditions

The proposed focus will be on: diabetes (type 1 and type 2), respiratory conditions (COPD) and cardiac conditions (coronary heart disease and heart failure), chronic fatigue, cancer with a positive prognosis. Neurological conditions where there is scope to treat associated anxiety and depression within NHS Talking Therapies through application of reasonable adjustments, and long-Covid. It is anticipated that this teaching could be delivered/augmented by using an online/electronic educational resource which would include engaging in exercises and reflecting on learning, with scheduled contact with course

tutors throughout the three sessions. These three sessions on long term physical health conditions would not necessarily all take place on the same day. Teaching on each long-term condition would build on previous learning, with recognition of similarities as well as recognition of the key features of each of the conditions.

Assessable learning outcomes:

Students will demonstrate knowledge and understanding of:

- an overview of each long-term physical health condition (to include: type I and type II diabetes; respiratory conditions; cardiac conditions, cancer, neurological conditions and long-Covid)
- the key features and course of each long-term condition and their medical and psychological management
- the adverse impact of living with a long-term condition, adaptation and adjustment, work and family life
- the impact of/interaction with mood and anxiety on the management of each long-term physical health condition
- key risk symptoms that indicate the need for medical assessment/intervention
- psychological problems which commonly co-occur with the long-term physical health condition (e.g. depression, anxiety)
- the interplay between physical / neurological and psychological symptoms

Day 3 - Assessment and Shared Understanding

Assessable learning outcomes:

Students will demonstrate knowledge and understanding of:

- how to draw on information about the patient's psychological presenting problems in the context of an established diagnosis of a long term physical condition when assessing specifically for a low intensity intervention

the ways in which physical and mental health problems can interact and impact on

- functioning and individual development (e.g. the capacity to maintain intimate, family and social relationships, or to maintain employment and study)
- the importance of an accurate risk assessment in the context of a longer term physical health condition
- how patients' beliefs about their illness and treatment influence their coping behaviours and in response to illness symptoms, associated distress, and disability
- patient-centered information gathering and funneling to arrive at a problem statement (summary) based on a five areas approach, in the context of the patient's physical health condition and impact on daily living and significant relationships
- core therapeutic skills to engage patients, gather information, build a therapeutic alliance, and manage the emotional content of sessions whilst grasping the patient's perspective of their presenting difficulties and 'world view'
- how to liaise and communicate effectively with medical/allied professionals and specialist practitioners (i.e. doctors, nurses, physiotherapists, clinical neuropsychologists, dieticians etc.) as part of a joint treatment plan
- the patient being the expert in their experience of their health condition and the

PWPfacilitating learning of skills to overcome depression and anxiety
- how to administer, collect, and interpret the NHS Talking Therapies minimum data set, and relevant disease-specific routine outcome measures to aid problem recognition and definition, shared decision making and review of progress
- additional information that is important to collect (e.g. medications and adherence totreatment, lifestyle factors), other key clinicians involved in treatment, who to include in correspondence, to ask for further information from, and to discuss/report risk concerns with

Day 4 - Adapting Low Intensity Interventions

Assessable learning outcomes:

Students will demonstrate knowledge and understanding of:
- planning and delivering a collaborative low-intensity psychological treatment programme for common mental health problems using a recognised low intensityapproach (e.g. five areas model) within the context of a long term physical healthcondition, including managing the ending of contact
- collaborative and realistic goal setting in the context of a long term condition and medical treatment, including consideration of when it may be appropriate to do thisjointly with a physical health specialist practitioner
- the use of low-intensity CBT-informed competences such as behavioural activation,graded exposure, CBT-based guided self-help, cCBT, sleep management, problem solving, worry management, and individualisation of CBT-informed approaches andhow these may need to be adapted in the context of a long term physical health condition
- helping patients understand obstacles to change and how to promote lifestyle change,which will include signposting to other agencies for support (e.g. smoking cessation services, weight management services etc.)
- the need for ongoing awareness of all areas of risk including the potential for readyaccess to means of self-harm/suicide/harm to others (e.g. insulin)
- the role of case management and stepped care approaches to managing common mental health problems in the chronic disease management context including ongoing risk management appropriate to physical health as well as mental health andservice protocols
- supporting people with medication for their mental health difficulties and long term condition, to help them optimise their use of pharmacological treatment and minimiseany adverse effects
- when it may be appropriate to involve the GP or physical health specialist practitioneraround problems of side-effects or non-adherence
- the delivery of low-intensity interventions using a range of methods including face - to-face, telephone and electronic communication as appropriate for the individual patient
- practical adaptations to illness and disability such as offering flexible (longer or shorter) appointments, local and accessible settings for disabled patients, working in collaboration with physical health practitioners, co-location and integrated working, face-to-face working for patients unable to use the phone, spacing of appointments, pauses in treatment rather than discharge as a means of encouraging patients to stay in treatment whilst unwell. To adapt appointments and

offer these flexibly as a reasonable adjustment to disability (including cognitive impairment), and to accommodate the needs of family members/carers).

- Emergency and urgent care pathways for patients who become acutely very unwell(e.g. hypoglycemia, cyanosis, chest pain etc.) in line with local protocols
- how to work with patients who become palliative, or die during treatment and theimpact this may have on the PWP
- working with families of the patient with the long term condition at all stages of theillness, which may include signposting to other agencies for support
- low intensity interventions in the context of a complex/combined intervention (e.g. rehabilitation programmes for LTC) with physical health staff (e.g. a physiotherapist)including communication with other healthcare professionals to agree, and deliver, atreatment plan

Day 5 - Low Intensity Interventions delivered using a group approach

Assessable learning outcomes:

Students will demonstrate knowledge and understanding of:

- the theory underpinning the low intensity group intervention being delivered.
- how to plan, set up and recruit to low intensity psychoeducational/guided self-helpgroups adapted for people with long term physical conditions
- delivering low-intensity interventions using a group approach
- how to manage group processes including endings
- how to engage participants and deal with challenges with engagement
- using supervision to reflect on group processes and the PWP's own impact on groupprocesses
- the use of groups to deliver guided self-help for anxiety and depression as part of rehabilitation programmes and integrated care of patients with long term medical conditions (e.g. as part of cardiac and pulmonary rehabilitation programmes, diabetes management groups etc.)
- the use of groups to deliver low intensity treatment for anxiety and depression for patients with a long-term medical condition to include mediation adherence issues,sleep problems and lifestyle change issues.
- delivering evidence-based CBT informed low intensity interventions such as behavioural activation, sleep management, problem solving etc. in a group setting.
- what constitutes high intensity interventions that should be delivered at step 3 ratherthan step 2, including cognitive behavioural therapy (CBT)