Psychological Therapies

Improving Effectiveness and Efficiency through Education and Training

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Improving Efficiency without Compromising Quality

What is the role of the training organisation in improving efficiency and safeguarding quality?

Optimum outcome for the greatest number of patients

- Staff with the right training
- delivering right intervention
- in the right way.
- Right first time-right every time

Evidence base; training; competence; supervision
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In practice this means having therapists:

• Trained to recognised standards, and having the competences necessary to deliver psychological interventions effectively to the tier of service within which they work
• Delivering a therapy which has a strong evidence base with respect to the patient’s diagnosis
• Delivering well-articulated therapy, and adhering to the appropriate model
• Operating within a well-governed system which offers regular, high quality, model-specific psychological therapies supervision, support and continuing CPD
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Content:

- What NES has been doing-strategy
- What NES has been doing-PTs training
- Challenges to be faced
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The ‘No Profession of Psychological Therapist-no Regulation of Psychological Therapists’ perspective.

If you are NHS professional, and are regulated:

- entry criteria
- training standards
- specified competences/curricula
- supervision requirement and structures
- assessment of competence / fitness to practice
- ethical framework/standards of conduct
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NES has established a ‘Psychological Therapies workstream, and has taken a strategic approach to training involving:

- Building an educational infrastructure to support PTs education and training
- Clarifying the evidence base
- Establishing competence frameworks to standardise training
- Supporting NHS Boards to establish the supervision capacity necessary to support training
- Commissioning and delivering PTs training
- Developing e-learning resources to help disseminate key ideas, and to supplement blended learning approaches
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*Building educational infrastructure:*

- Psychological Therapies Training Co-ordinators (PTTCs)
- CAMHS Learning Co-ordinators

Create additional capacity to scope current provision; learning needs analysis; support supervision structures; commission, broker and deliver training.
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*Clarifying the evidence base* – The Matrix

Comprises evidence tables which summarise SIGN and NICE guidance for a range of diagnoses, plus more general guidance on the delivery of effective interventions in an evidence-based way.

There is a focus on training, supervision and monitoring of outcomes
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Competence Frameworks
Roth and Pilling-UCL. Evidence-based methodology. Supported modalities to align training with frameworks

- Cognitive and Behavioural Therapies
- Systemic Therapies
- Psychoanalytic/Psychodynamic
- Supervision
- CAMHS
- Psychosis and Bipolar Disorder
- Personality Disorder

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**PTs Supervision**

- Designed PTs supervision training-GSC
- Trained 45 ‘Supervision Trainers’
- Who have trained more than 400 PTs supervisors
- Modality-specific bolt-ons
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**PTs Workforce Survey**

Working in partnership with ISD to scope the current workforce

- Who is delivering?
- For what proportion of their time?
- What training do they have?
- Do they have PTs supervision?
- What training do their supervisors have?
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Commissioning and delivering PTs training

- Modality-Specific

- Speciality-based: PIT
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- CBT for OP: 
  *NES commissioned 30 training places for Diploma level training 2012-14*
- IPT
- Mindfulness
- Mentalisation

**Competence Frameworks and Training Pathways**

*Train supervisors: Train Trainers: Train staff*
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IPT

2009 - 7 supervisors; 29 practitioners

2013 – 29 supervisors; 102 registered practitioners; approx 50 working towards practitioner status

Plus: Established IPT training pathway; Matched IPT training to competence framework; developed comprehensive training handbook; delivered supervision training; produced range of training materials for IPT courses; Developed IPT website and on-line register of practitioners and supervisors.

‘As a result of the collaboration between IPT Scotland and NES, Scotland has the most developed IPT workforce in the UK’
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**Mindfulness**

2008 – 3 supervisors   30 teachers

2013 - 24 supervisors   130 teachers

Good coverage in mainland health boards

Development of quality standards and training pathways

Established Scottish NHS Mindfulness network
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Mentalisation Based Therapy

NES funded first MBT ‘Training for Trainers’ in 2010 – 17 Trainers

MBT Skills Training rolled out to more than 500 staff to date

2012-funded training of 40 staff to MBT ‘Basic’ level
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Psychological Interventions Team

Funded by MHD: hosted in NES

- Trauma and PTSD
- Forensic
- Alcohol and Substance Misuse
- PTs for Older People
- Low Intensity Therapies for AMH
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PIT Team 2011 – 2013

Training Places – 2,271

Professions:
CBT Therapists -124
Applied Psychologists – 554
Nurses – 874
AHPs – 325
Psychiatrists – 70
SWs – 57
Other - 323

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Trauma 2010 – 2013

Low Intensity-128
High Intensity-279
Highly specialist-11

E-learning resource: ‘Introduction to Trauma’
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Forensic 2010 – 2013

Low Intensity – 182
High Intensity and Specialist – 79

E-learning resource: ‘See, Think, Act: Relational Security’
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**Alcohol and Substance Misuse 2010 – 2013**

Low Intensity – 419  
High Intensity – 186

E-learning resources

- ‘Introduction to Motivational Interviewing’

- ‘Working with Complex Co-occurring Mental Health and Substance Abuse Disorders’
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*PTs for Older People 2010-2013*

Psychological Awareness/Literacy - 239
Low Intensity – 74
High Intensity – 60
Highly Specialist – 21

E-leaning resource in production: ‘Depression and Anxiety in Older People: A Psychological Perspective’
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*Low Intensity Interventions-General Adult*

677 staff trained directly
*(include training in Behavioural Activation and CBT for Anxiety Disorder)*

74 trained as trainers, rolling training out to a further 396 staff

E-learning resource in production – ‘An Introduction to Cognitive Behavioural Therapy for Anxiety’
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Child and family

- Developed and rolling out training in ‘Essential CAMHS’
- Supporting training in Systemic Practice
- Scholarship for staff undertaking PG cert in CBT for Children and Young People
- Rolling out national parenting programme
- Child Psychodynamic Psychotherapy
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So-will all of this training help Boards to meet the HEAT target?

Only if staff who have been trained

• Are supported to practice effectively

• Within protected time

• Within systems which are designed to allow them to practice efficiently
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Challenges

PTs capacity

- No of staff trained. Balance between modalities and specialisms.
- Time to release staff for ‘free’ training
- No of trained staff delivering, and proportion of protected time for therapy. Some Boards are putting delivery of PTs into job descriptions for mh nurses and AHPs
- Minimising therapist contact time. Arbitrary capping of sessions vs evidence-based approach
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Challenges

Training

- Sustainability of training in the medium-longer term
- Sustainability of the ‘training for trainers’ model
- Maximising the impact of training on practice: Implementation Science. PTTCs, Supervision, Coaching
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Challenges

**Supervision Capacity**

- Some staff practising without supervision
- Training more supervisors-releasing time to supervise
- Supervision models which increase capacity
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Challenges cont

Governance

- Assessment of competence/accreditation
- Accreditation of training
- Routine collection of outcome data
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Challenges

_Evidence-based practice_

- Areas where the evidence base is sparse. Practice-based research.

- Getting the evidence into practice. Training is not enough. Implementation Science

- Economic pressures

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