



## UNIVERSITY OF EDINBURGH / NHS SCOTLAND CLINICAL PSYCHOLOGY TRAINING PROGRAMME

18<sup>th</sup> December 2014

MEMO

Criteria for Other Psychological Therapies to be Taught / Supervised on the University of Edinburgh / NHS Scotland Clinical Psychology Training Programme

To: *All Stakeholders*

### *Introduction*

The recent revision of the BPS Accreditation Criteria state that by the end of their training graduates will have:

"The ability to implement therapeutic interventions based on knowledge and practice in at least two evidence-based models of formal psychological interventions, of which one must be cognitive-behaviour therapy. Model specific therapeutic skills must be evidenced against a competence framework...though these may be adapted to account for specific ages and presentations etc."

*BPS Standards for Doctoral Programmes in Clinical Psychology, May 2014, p. 12*

There is further specification that programmes must 'operationalize this requirement in a robust and credible way' (p. 24), for example by benchmarking against recognised criteria such as frameworks formulated by the BPS Centre for Outcomes Research and Effectiveness (CORE):

[http://www.ucl.ac.uk/clinical-psychology/CORE/competence\\_frameworks.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm)

This document sets out our programme's response to this requirement, for discussion at Joint Training Committee. Please circulate widely and provide responses to your JTC representative in time for them to bring your views to the JTC meeting on Tuesday 27<sup>th</sup> January 2015.

### *The Programme's Response*

The programme welcome the BPS's continuing move to fully evidencing the therapy competencies that trainees develop on placement. In particular the intention to base this evidence on direct observation of behaviourally operationalised criteria will help benchmark

our training against nationally and internationally agreed criteria and will add to the therapeutic confidence that trainees develop during training. We also welcome the breadth of options of therapies that are available to trainees, and we agree that choice of therapies should be based on principles. We also feel that the same principles should apply to all the therapies that we aim to teach and support on the programme.

We propose that the training programme will teach and support psychological therapies that

- A) Have an adequate scientific evidence base
- B) The delivery of the therapy can be assessed with reference to agreed competency statements / checklists

### *Scientific evidence*

We propose to define 'adequate evidence base' as suggesting that

The balance of evidence from well-conducted non-randomised clinical studies or RCTs on the topic of recommendation, directly applicable to the target population, indicates effectiveness.

This definition is consistent with therapies that have been rated as 'level B' evidence or higher in 'The Matrix: Mental Health in Scotland – A Guide to Delivering evidence-based Psychological Therapies in Scotland' (NHS Education for Scotland, 2011) and the evidence statements it is built from (i.e. SIGN and NICE guidelines).

### *Measurement of competency*

We propose that competency measurement must consist of operationalised descriptions of observable behaviours that are required to implement the therapy (therapists' strategies, ways of speaking, what they actually do). Such statements should be agreed within a community of practitioners of that therapy (nationally or internationally).

Using these two definitions we propose to develop a list of therapeutic approaches that the Programme and the training community in Scotland will support and develop by providing training, clinical supervision, competency assessment and feedback. Trainees will be required to show competency in CBT plus one other, across the course of their training. They are not required to demonstrate both aspects of this in every placement.

Finally, trainees that have already shown the basic requirement of competence in CBT, plus one other *could* undertake a placement that offers experience in a therapeutic approach that does not meet these criteria, if that is offered by a particular supervisor. Such choices should be made explicit with local tutors (and other relevant Programme staff as needed) and be based upon the trainee's own developmental needs.

### *Next steps*

The list below details the therapeutic approaches that we believe currently meet the criteria set out above. These are broadly defined, according to the BPS Centre for Outcomes Research and Effectiveness, as outlined above.

We now ask that supervisors, managers, and trainees let us know of therapies that are being used, that are not on this list and that fit the above criteria. Please email these suggestions to [david.gillanders@ed.ac.uk](mailto:david.gillanders@ed.ac.uk), including the name of the therapy approach, a reference to the evidence base and the competency statement or framework that satisfies the second criterion. An example template is given in the table below, based on the therapies that are currently taught on the Programme.

We also ask that stakeholders discuss the approach we are proposing and pass your responses to your JTC representative in time for them to bring your views to the JTC meeting on Tuesday 27<sup>th</sup> January 2015.



David Gillanders  
Academic Director

List of supported therapies:

The competency frameworks provided by CORE relate to the therapies described below and further detail of the specific competency framework, their development and the data they are based upon are available via the link.

*[Competency Frameworks outlined by CORE](#)*

[Cognitive Behavioural Therapy](#)

[Systemic & Family Therapy](#)

[Psychoanalytic / Psychodynamic Psychotherapy](#)

[Humanistic Therapy](#)

[Interpersonal Therapy](#)

*[Specific applications and populations](#)*

The CORE website above also has competency frameworks for:

[Mental Health work in Child and Adolescent Mental Health Services](#)

[Psychological interventions for people experiencing psychosis and bipolar disorder](#)

[Psychological interventions for people diagnosed with personality disorder](#)

Whilst these have a broader remit than therapy competency (e.g. covering assessment, formulation, intervention, team working) they are nonetheless relevant to how we may assess therapy competence across different placements. Specific adaptations to therapy competency measurement for other placements (e.g. Intellectual Disability, Older Adult) will be developed over the next academic year.

Other Competency Frameworks

Therapy approach	Evidence for Criterion A	Evidence for Criterion B
Acceptance & Commitment Therapy	<p>At least level B evidence available for treatment of chronic pain, depression, mixed anxiety, OCD, psychosis.</p> <p>APA, Division 12 website:  <a href="http://www.psychologicaltreatments.org">http://www.psychologicaltreatments.org</a></p> <p>And: Over 100 RCT citations across a broad array of mental and physical health conditions can be referenced here:  <a href="http://contextualscience.org/ACT_Randomized_Controlled_Trials">http://contextualscience.org/ACT_Randomized_Controlled_Trials</a></p>	<p>Strosahl, K. D., Hayes, S. C., Wilson, K. G., &amp; Gifford, E. V. (2004). An Acceptance and Commitment Therapy primer: core therapy processes, intervention strategies, and therapist competencies. In S. C. Hayes, &amp; K. Strosahl (Eds.), A practical guide to Acceptance and Commitment Therapy. New York: Springer.</p> <p>Luoma, J., Hayes, S. C., &amp; Walser, R. D. (2007). Learning ACT. Oakland, CA: New Harbinger.  <a href="http://contextualscience.org/complete_the_act_core_competency_self_assessment">http://contextualscience.org/complete_the_act_core_competency_self_assessment</a></p>
Cognitive Analytic Therapy	<p>At least level B evidence available for a range of personality disorders, eating disorders, and others.</p> <p>Calvert, R., and Kellet, S. (2014). Cognitive analytic therapy: a review of the outcome evidence base for treatment. <i>Psychology and Psychotherapy: Theory, Research and Practice</i>, 87, 253 – 277.</p> <p>The Association for Cognitive Analytic Therapy Research Pages  <a href="http://www.acat.me.uk/page/key+references">http://www.acat.me.uk/page/key+references</a></p>	<p>Bennett, D and Parry, G. (2004) A measure of psychotherapeutic competence derived from Cognitive Analytic Therapy. <i>Psychotherapy Research</i>, 14, 176-192.</p> <p><a href="http://cedar.exeter.ac.uk/media/universityofexeter/schoolofpsychology/cedar/documents/dclinpsy2014/CCAT_Measure_document_1-1.pdf">http://cedar.exeter.ac.uk/media/universityofexeter/schoolofpsychology/cedar/documents/dclinpsy2014/CCAT_Measure_document_1-1.pdf</a></p>
Dialectical Behaviour	<p>At least level B evidence for effectiveness in Borderline Personality Disorder.</p>	<p>BPS CORE Competency Framework:</p>

Therapy	<p>Kliem, S., Kroger, C., Kosfelder, J. (2010). Dialectical Behavior Therapy for Borderline Personality Disorder: A meta-analysis using mixed effects modelling. <i>Journal of Consulting and Clinical Psychology</i>, 78, 936-951.</p> <p>also The Psychological Therapies Matrix (NHS Education, 2013, p. 86)</p>	<p><a href="http://www.ucl.ac.uk/clinical-psychology/CORE/Docs/Personality_Disorder_map_and_docs/Specific_psychological_interventions/DBT_Competencies_web_version.pdf">http://www.ucl.ac.uk/clinical-psychology/CORE/Docs/Personality Disorder map and docs/Specific psychological interventions/DBT Competencies web version.pdf</a></p>
Schema Therapy	<p>At least level B evidence for borderline personality disorder, PTSD, agoraphobia / cluster C personality disorders.</p> <p>Masley, S. A., Gillanders, D. T., Simpson, S. G., Taylor, M. A. (2012). A systematic review of the evidence base for schema therapy. <i>Cognitive Behaviour Therapy</i>, 41, 185-202</p> <p>also The Psychological Therapies Matrix (NHS Education, 2013, p. 86)</p>	<p>Young, J. and Fosse, G. (2008). Schema Therapist Competency Rating Scale</p> <p>Unpublished but available at:</p> <p><a href="http://www.isstonline.com/sites/default/files/SchemaTherapistCompetencyScaleSTCSFeb282008_1.pdf">http://www.isstonline.com/sites/default/files/SchemaTherapistCompetencyScaleSTCSFeb282008_1.pdf</a></p>
Motivational Interviewing	<p>At least level B evidence for alcohol and substance misuse and a wide range of health behaviour changes / self management.</p> <p>Hettema, J., Steele, J., and Miller, W. R. (2005). Motivational Interviewing. <i>Annual Review of Clinical Psychology</i>, 1, 91 – 111.</p> <p>The Psychological Therapies Matrix (NHS Education, 2013, p. 87, p. 90)</p>	<p>Miller, W. R., Moyers, T. B., Ernst, D. and Amrhein, P. (2008) Manual for the Motivational Interviewing Skill Code (MISC) (V 2.1). <i>Centre on Alcoholism, Substance Abuse and Addictions</i>, University of New Mexico.</p> <p><a href="http://casaa.unm.edu/download/misc.pdf">http://casaa.unm.edu/download/misc.pdf</a></p>
Behavioural Family Therapy	<p>At east level B evidence for psychosis</p> <p>Barbato, A. &amp; D'Avanzo, B. (2000) Family Interventions in Schizophrenia and Related Disorders: A Critical Review of Clinical Trials. <i>Acta Psychiatrica Scandanavica</i>, 102, 81-97.</p> <p>The Psychological Therapies Matrix (NHS Education, 2013, p. 81)</p>	<p>Gamble, C., Sin, J., Kelly, M., O'Loughlin, D., &amp; Moone, N. (2013). The development of a family intervention competency assessment and reflection scale (FICARS) for psychosis. <i>Journal of Psychiatric and Mental Health Nursing</i>, 20(8), 744–51. doi:10.1111/jpm.12013</p>
Narrative Therapy	<p>At least level B evidence in a wide variety of trauma populations.</p> <p>Robjant, K. and Fazel, M. (2010). The emerging evidence for narrative Exposure Therapy: A review. <i>Clinical Psychology Review</i>, 30, 1030 – 1039.</p>	<p>Not found through literature review</p>

	N.B.: The Matrix gives narrative reconstruction a level C evidence recommendation.	
Cognitive Behavioural Analysis System of Psychotherapy (CBASP)	<p>Level B evidence for major depression</p> <p>Keller, M. B., McCullough, J. P., Klein, D. N., Arnow, B., Dunner, D. L., et al. (2000). A comparison of nefazodone, the cognitive behavioral-analysis system of psychotherapy, and their combination for the treatment of chronic depression. <i>The New England Journal of Medicine</i>, 342, 1462–1470.</p>	<p>Competency rating forms can be found in:</p> <p>James P. McCullough Jr. "Treatment for Chronic Depression: Cognitive Behavioral Analysis System of Psychotherapy", 2000. Guilford Press</p>
Positive Behavioural Support (PBS)	<p>Level A evidence in populations of people with intellectual disabilities and challenging behaviour.</p> <p>LaVigna, G. &amp; Willis, T. (2012). The efficacy of positive behavioural support with the most challenging behaviour: The evidence and its implications, <i>Journal of Intellectual and Developmental Disability</i>, 37, 185 – 195.</p> <p>Harvey, S.T., Boer, D. &amp; Evans, I.M. (2009) Updating a meta-analysis of intervention research with challenging behaviour: treatment validity and standards of practice. <i>Journal of Intellectual &amp; Developmental Disability</i>, 34, 1, 67-80.</p> <p>The Psychological Therapies Matrix (NHS Education, p. 251).</p>	<p>Assessment Evaluation Instrument</p> <p>Ballmaier, H.I., LaVigna, G.W., Borden, K., Gelhart, R.P. &amp; Willis, T.J. (1996). Psychometric characteristics of evaluation instruments for behavioural assessment reports and intervention plans. <i>Positive Practices</i>, 2, 3- 8.</p> <p>LaVigna, G.W., Christian, L., &amp; Willis, T. (2005). Developing behavioural services to meet defined standards within a national system of specialist education services. <i>Pediatric Rehabilitation</i>, 8, 144 – 155.</p>
Mentalization based treatment	<p>The matrix defines MBT as A grade. In addition the following papers are relevant:</p> <p>Stoffers, J. M. et al. (2012) Psychological therapies for people with borderline personality disorder. Cochrane Database of Systematic Reviews 2012, Issue 8)</p> <p>Bateman, A. &amp; Fonagy, P. (2013). Impact of clinical severity on outcomes of mentalisation-based treatment for borderline personality disorder. <i>British Journal of Psychiatry</i>, 203, 221-227.</p>	<p>Competency statements can be found here:</p> <p><a href="http://www.annafreud.org/data/files/Courses/MBT_basic/A_quality_manual_for_MBT_30_07.13.pdf">http://www.annafreud.org/data/files/Courses/MBT_basic/A_quality_manual_for_MBT_30_07.13.pdf</a></p> <p>These competencies should also be evaluated alongside the CORE competencies for working with PD</p> <p><a href="http://www.ucl.ac.uk/clinicalpsychology/CORE/Docs/Personality%20disorder%20background%20document%20web%20version.pdf">http://www.ucl.ac.uk/clinicalpsychology/CORE/Docs/Personality%20disorder%20background%20document%20web%20version.pdf</a>.</p>
