# Royal Holloway Doctorate in Clinical Psychology

# Clinical Competencies

# Overview, Map and Specific Competence Standards

Trainees are expected to demonstrate clinical competence with a range of client groups and across a range of clinical settings. However, it is impossible for trainees to complete placements with all clinical client groups, and the Course follows a 'core competence' model to ensure that trainees meet at least minimum clinical competence in core areas across their 3 years of clinical placements. For example, trainees may not complete specific placements in older adult, adult learning disability or psychosis contexts, but will be expected to meet minimum competencies in these areas. For this reason, the course reviews trainees' clinical competence gained across all areas, but pays particular attention to how competence will be demonstrated in particular areas, including across the lifespan and with clients that possess developmental or acquired disabilities.

Responsibility for monitoring the achievement of clinical competence and experience is shared between trainees, supervisors, and the course staff. Several monitoring mechanisms within and across placements are used to determine experience gained and the progress and achievement of clinical competence. These include the ACE clinical log system, the Placement Contract, the MPR Placement Evaluation Form, the EPR Placement Evaluation Form and the trainees' Mid Training Competency Review and Placement Planning forms.

Course guidance for the development of specific clinical competencies have been developed in the following areas, in conjunction with members of the Course Clinical Sub-Committee and in consultation with guidance from the CORE frameworks and BPS DCP faculty guidance. Details of basic and advanced competencies have been developed in each of these specific areas: 1. Cognitive Behavioural Therapies 2. Systemic 3. Psychodynamic 4. Children/Adolescents 5. Neuropsychology 6. Older Adults 7. Learning/Intellectual Disabilities 8. Physical Health Conditions 9. Forensic 10. Leadership 11. Psychosis and Bipolar Disorder 12. Cultural

For the purposes of bringing this together in one place, we have developed this Clinical Competencies document, to provide a map to help trainees, staff and supervisors to visualise how clinical competencies can be developed over the course of training, together with guidance on the minimum core clinical competencies and specific competence areas.

**Summary of Essential (minimum) Core Clinical Competencies**

As trainees will not complete placements with all clinical client groups, we pay particular attention to ensure that trainees meet at least minimum clinical competence in the following core areas, summarised below.

**Older Adults**

- If trainees have NOT completed a full older adults placement, in order to have met minimum clinical competencies to work with older adults, trainees MUST have a minimum of 2 cases (during training) that would meet the below criteria:
    - Across the older adult cases trainees MUST have conducted at least one assessment and at least one intervention.
    - Trainees MUST have had experience of working with adjustment difficulties as well as organic difficulties

**Learning Disabilities**

- If trainees have NOT completed a full learning disabilities placement, they MUST have a minimum of 2 cases of work with people across the lifespan (i.e. both adult and child) who have significant impairments in their cognitive and adaptive functioning, that would meet the below criteria. In reality, most trainees require work with more than 2 cases to meet the below criteria:
    - A detailed psychological/cognitive assessment aiming to establish if a person has learning difficulties or disabilities, or impaired cognition
    - Experience of adapting therapy and communication for individuals with impaired communication and / or their carers
    - Work relating to someone whose behaviour challenges services, usually including a functional analysis and implementation of positive behaviour support or similar approach
    - Work with someone with an autism spectrum condition where adaptations to the work are required.

**Working with clients with psychosis**

- It is a requirement that all trainees have some exposure to work with this client group during training. To clarify, at a minimum, trainees' contact with clients with psychosis should enable them to gain a sense of the clinical presentation of someone with psychosis, how services are structured to meet these clients' needs, how communication may need to be adapted to work effectively and sensitively.

**Work with clients with severe & enduring mental health problems**

- By this we mean chronic / recurring / complex presentations such as chronic trauma, depression, anxiety, personality difficulties etc., and the difficulties having an impact on a number of areas of functioning.

**Work with clients in an inpatient setting** (health / forensic / paediatric / psychiatric / residential service)

- All trainees should have some exposure to working in an inpatient setting during training. At a minimum, this contact should enable trainees to gain a sense of the environment (practicalities, roles of different professions, role of clinical psychology within the setting etc.). In many cases, this will not involve a full placement but a combination of experiences that provide sufficient exposure to the work is necessary.

**Conducting cognitive assessments**

- Specifically, we require that trainees have completed as a minimum at least 2 cognitive assessments, with 1 of these being in adults AND 1 in a child setting

**Work with carers, families, and wider systems**

**Cognitive Behaviour Therapy + One Other Model of Therapy**

# Clinical Competencies Map

| ITERATIVE COMPETENCIES — Demonstrated across | CONTEXTS | | | | Experienced on — PLACEMENTS |
|---|---|---|---|---|---|
| A broad knowledge base.<br><br>Applied to professional ethical practice.<br><br>A demonstration of the following transferrable skills: | Variation in Client | Variation in Problem | Therapeutic Modality | Service Context | |
| Generalisable meta-competences<br><br>Engagement/ forming a working alliance.<br><br>Assessment<br><br>Formulation<br><br>Intervention<br><br>Evaluation<br><br>Communication and teaching<br><br>Personal/ Professional skills<br><br>Research<br><br>Organisational And Systemic Influence and<br><br>Which are demonstrated across contexts | Lifespan<br>Child,<br>Adolescent<br>Adult<br>Older adult<br><br>Intellectual Functioning/ Communication<br><br>Diversity across<br>1. Ability<br>2. Age<br>3. Class<br>4. Culture<br>5. Ethnicity<br>6. Gender<br>7. Sexuality<br>8. Race | **Acute/mild** problems<br><br>**Severe/Enduring** Problems<br><br>Problems with mainly **Biological Cause**<br><br>Problems with mainly **Psychosocial cause**<br><br>Problems that are obvious **adaptations to adverse circumstances**<br><br>Problems that are **not** obvious **adaptations to adverse circumstances**<br><br>Challenging behaviour None/Med/High | Cognitive Behavioural Therapy<br><br>Psychodynamic<br><br>Systemic<br><br>Other<br>E.g., CAT, EMDR | Inpatient/ Residential<br><br>Primary care<br><br>Outpatient psychology<br><br>Community/ MDT | Adult Mental Health<br><br>Older Adults<br><br>Child and Adolescent<br><br>Health<br><br>Neuropsychology<br><br>Long Term Needs<br><br>Learning disabilities<br><br>Forensic<br><br>Leadership |

**One case can cover many sections.**

## Variation in Clients and Problems: Brief Overview

A fundamental principle is that trainees work with clients across the lifespan, such that they see a range of service users whose difficulties are representative of problems across all stages of development. These include:

- a wide breadth of presentations – from acute to enduring and from mild to severe;
- problems ranging from those with mainly biological and/or neuropsychological causation to those emanating mainly from psychosocial factors;
- problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic, physical and mental health conditions;
- service users with significant levels of challenging behaviour;
- service users across a range of levels of intellectual functioning over a range of ages, specifically to include experience with individuals with developmental intellectual disability and acquired cognitive impairment;
- service users whose disability makes it difficult for them to communicate;
- where service users include carers and families;
- service users from a range of backgrounds reflecting the demographic characteristics of the population.

**Specific Competence Standards in each area are provided in the following pages**

## Child and Adolescent Competences

Trainees should have a broad based understanding of the theoretical basis and clinical skills for work with children and adolescents and their wider systems. These will include, but not be limited, to:

**BASIC/ESSENTIAL**

In order to demonstrate the competences below trainees are expected to undertake at least 8 pieces of clinical work.

| |
|---|
| Knowledge of child development theories, attachment theory, developmental milestones, mental health problems in children/young people, impact of wider systems and parenting practices on development, and family development and transitions. |
| Knowledge of, and ability to work within, legal frameworks, professional and ethical guidelines (e.g. child protection policies), and issues of confidentiality, informed consent and mental capacity relevant to working with children/young people. |
| An awareness of issues of risk and child protection and an ability to gather information to make a risk assessment, appropriate decisions regarding risk, and risk management. |
| An ability to engage with children and young people of different developmental stages, ages and backgrounds using age-appropriate language, play and other media (e.g. artwork), and an ability to engage and work with families, parents and carers. |
| An ability to undertake a comprehensive assessment, including information from the wider system, and to develop a formulation which includes an understanding of the child's difficulties and functioning in the context of family, school, community, culture, and social network. |
| An ability to develop and implement a psychological intervention in collaboration with parents, carers and children and to set achievable and realistic goals. |
| An ability to systematically evaluate interventions with children, parents/carers, and to modify the formulation/intervention in response to feedback. |

**ADVANCED/DESIRABLE**

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|---|
| An ability to undertake a range of specialist assessments for children/young people including mental state, psychometric, diagnostic assessments, structured behavioural observations, and/or structured cognitive, functional and developmental assessments. |
| An ability to work within and across different agencies (e.g. schools, police, social care). |
| Knowledge of, and an ability to carry out, specific interventions designed for use with families and/or children/young people (e.g. problem-solving, social skills training, functional family therapy, multi-systemic therapy, systemic therapy and adapted CBT therapy, positive parenting programmes, and interventions for challenging behaviour). |
| An ability to deliver prevention programmes designed for use with families and or children/young people including self-help, health promotion and emotional health promotion in schools. |
| An ability to plan, execute and evaluate clinical research, which addresses childhood and adolescent difficulties, and show an understanding of the specific ethical issues in research with children. |

*These excerpts are based on the Competences Framework for Children and Adolescents with Mental Health Problems and the BPS/DCP Faculty for Children and Young People (2006). Good Practice Guidelines for UK Clinical Psychology Training Providers.*

## Competences for working with people with Intellectual (Learning) Disabilities

The following skills may be developed across a range of settings, which may include work in specific services for children and/or adults with intellectual (learning) disabilities.

**BASIC/ESSENTIAL**

Undertake at least two pieces of clinical work with one adult and one child with intellectual disabilities (NOTE: in order to develop skills in the areas below, often trainees will work with more than two clients).

| Undertake psychometric assessment with a client with intellectual disabilities. |
|---|
| Undertake psychological assessment and intervention work with a client whose behaviour is constructed as 'challenging' to services, to include a comprehensive functional analysis assessment leading to development of positive behaviour support guidelines. |
| Undertake at least one direct assessment and intervention with a client with intellectual disabilities where adaptations are needed to ensure work is accessible to the client. |
| An ability to work with individuals whose disability makes communication difficult. |
| An ability to work across a range of impairments, to include experience of/exposure to the role of clinical psychology for individuals with severe/profound intellectual disability. |
| Knowledge of capacity and consent issues where intellectual functioning is impaired, and an ability to obtain informed consent. |
| An ability to carry out indirect work with families/carers/staff/professional network. |
| Knowledge of the organisational contexts in which clinical psychologists work with people with intellectual disabilities, to develop a practical understanding of the role of clinical psychology in working with this population. |

**ADVANCED/DESIRABLE**

It is likely that the following competences would be developed through a placement within a service specifically for children/adults with intellectual disabilities.

| To work with a number of clients with intellectual disabilities across the lifespan, including young children, school age children, adolescents and those in transition from child to adult services, adults and older adults with intellectual disabilities. |
|---|
| To work with at least one individual with autism spectrum disorder. |
| To work with clients with a range of communication needs, including non-verbal clients. |
| To conduct a variety of psychological assessments (including assessments of psychological well-being, psychometric assessments and assessments of adaptive functioning) demonstrating ability to adapt these to a range of cognitive, communication, sensory, social and physical needs of individuals with intellectual disabilities. |
| An ability to develop multi-faceted formulations and interventions which take into account individual, systemic and organisational factors. |
| Completion of/involvement in a Mental Capacity Act (2005) assessment. |
| Knowledge of the wider systems/contexts which people with intellectual disabilities may be part. |
| Ability to reflect upon and manage the effects of disability/differences between themselves and the clients they are working with, and the personal impact of this work. |

*Adapted from the BPS DCP Faculty for People with Learning Disabilities (2012). Good Practice Guidance for UK Clinical Psychology Training Providers for the training and consolidation of clinical practice in relation to adults with learning disabilities.*

# Work with Older Adults Competences

Trainees should be able to demonstrate a broad based understanding of the theoretical basis and clinical skills for work with older adults. These will include, but not be limited, to:

**BASIC/ESSENTIAL**

Undertake at least two pieces of clinical work to include development of skills in the following:

| |
|---|
| Assessment, formulation and intervention with at least one client whose age is 65+ presenting with functional/mental health problems related to issues/events typical of later life (e.g. bereavement, terminal illness, retirement). |
| Assessment and intervention with at least one client presenting with an organic problem related to issues typically experienced in later life (e.g. dementia, stroke). |
| At least one of these pieces of work should include some neuropsychological / other psychometric assessment. |
| An ability to carry out indirect work with families/carers/staff/wider professional network of older adults. |
| An ability to work across a range of settings, including with clients being seen at home / in a long term care setting e.g. nursing or residential home, ward / day hospital. |
| Knowledge of the organisational contexts in which clinical psychologists work with older people, to develop a practical understanding of the role of clinical psychology in working with this population. |

**ADVANCED/DESIRABLE**

It is likely that the following competences would be developed through a placement with a mental health or other health service specifically for older adults.

| |
|---|
| To work with a number of adults presenting with issues related to later life (including a wide variety of functional/mental health problems, and organic presentations) across the age range including those who are in their 6$^{th}$, 7$^{th}$, 8$^{th}$, 9$^{th}$ decades of life. |
| Assessment and interventions with older adults with complex problems (e.g. coexistence of at least 3 presenting difficulties such as stroke, dementia, depression, a late life event, poor physical health, substance abuse or drug dependency). |
| Conducting a variety of psychological assessments demonstrating ability to adapt these to a range of cognitive, communication, sensory, social, physical/health needs of older people. |
| Ability to develop multi-faceted formulations and interventions which take into account individual, systemic and organisational factors. |
| Experience of interventions especially developed for older adults and/or their carers. |
| Experience of/exposure to wider systems and contexts which older people may be part, including a variety of health and social care services, and the voluntary sector. |
| Ability to reflect upon and manage the effects of differences in age between themselves and their older clients, and the personal impact of working with older adults. |

*These excerpts are based on the BPS DCP PSIGE (2006). Good Practice Guidelines for UK Clinical Psychology Training Providers for the Training and Consolidation of Clinical Practice in Relation to Older People. BPS: Leicester*

# Therapeutic Modality

## Cognitive and/or Behavioural Therapies Competences

Trainees should be able to demonstrate a broad based understanding of the theoretical basis of Cognitive and/or Behavioural Therapies and their application across a range of problem areas. These will include, but not be limited, to:

**BASIC/ESSENTIAL**

In order to demonstrate the following competencies trainees are required to undertake at least eight pieces of direct clinical work.

| Knowledge of the basic principles of CBT. |
|---|
| An ability to demonstrate and provide a rationale for CBT to the client including their active role, the collaborative nature of therapy, and the use of homework. |
| An ability to structure sessions including adhering to an agreed agenda, planning and reviewing practice assignments, and using summaries and feedback. |
| An ability to use guided discovery and Socratic questioning. |
| A clear understanding of the cognitive and behavioural maintaining factors to guide assessment and treatment including common cognitive biases relevant to CBT and the role of safety-seeking behaviours. |
| An ability to collaboratively develop a theory-based formulation that specifically relates to the client, is well integrated, and can be used to identify agreed targets/goals for the intervention and consider potential obstacles. |
| An ability to promote therapeutic change through the use of: activity monitoring and scheduling; problem-solving; thought records; exposure techniques; planning and conducting behavioural experiments; relaxation and applied tension; modifying safetyseeking behaviour (including avoidance and escape); reappraising automatic thoughts, assumptions and images; and identifying and modifying core beliefs. |

**ADVANCED/DESIRABLE**

All trainees are expected to meet the following advanced competencies by the end of training.

| An ability to apply cognitive behavioural principles to the treatment of a range of presentations including anxiety disorders (e.g. social phobia, panic disorder, OCD, GAD, PTSD) and high and low intensity interventions for depression. |
|---|
| An ability to adapt cognitive behavioural principles to different client groups including children, older adults, people with long-term health conditions, cognitive impairments and longer-term needs. |
| A capacity to use clinical judgement when implementing therapy and to adapt interventions in response to the client. |
| An ability to consult other professionals and teams on CBT understanding of people's difficulties. |

*NB. Those on the BABCP pathway will be required to have conducted a minimum of 200 hours of supervised assessment and therapy during training.*

*These excerpts are based on the Basic CBT Competences, the Specific Behavioural Competence and the Problem Specific Competence Frameworks, the BPS Standards of Education and the BABCP accreditation criteria of CBT therapist.*

## Psychodynamic Competences

Throughout the course of the training, trainees should be able to demonstrate a broad based understanding of the theoretical basis of psychodynamic approaches to therapy and their application across a range of problem areas. These will include, but not be limited to:

**BASIC/ESSENTIAL**

| An ability to make use of the therapeutic relationship as a vehicle for change. |
|---|
| Knowledge of the basic principles of, and rationale for, analytic/dynamic approaches, including core principles of developmental theory, attachment theory and the psychodynamic model of the mind, as well as an understanding of the role of transference and counter-transference in relationships. |
| An ability to assess the suitability of an analytic/dynamic approach for particular clients. |
| An ability to maintain an analytic approach, to derive an analytic/dynamic formulation and to engage the client in analytic/dynamic therapy. |
| An ability to maintain an analytic/dynamic focus, to identify and respond to difficulties in the therapeutic relationship, and to work with the client's internal and external reality. |
| An ability to establish and manage the therapeutic frame and boundaries, and an understanding of unconscious meanings for clients when deviations/changes occur (e.g. a room change). |
| An ability to apply the psychodynamic model in response to the client's individual needs and context. |
| An ability to take a critical, self-reflective stance in supervision and reflective practice groups. |

**ADVANCED/DESIRABLE**
It is likely that the following g competences would be developed through a psychodynamic placement.

| An ability to make dynamic interpretations. |
|---|
| An ability to work with transference and counter-transference. |
| An ability to identify and work with defences. |
| An ability to work through the termination phase of therapy in a planned manner. |
| An ability to adapt psychodynamic therapy for work with children and young people. |
| An ability to work with unconscious communication (e.g. dreams, narratives, free associations, and with children, play) including facilitating exploration of unconscious dynamics influencing relationships and helping clients become aware of unexpressed or unconscious feelings. |
| An ability to adapt psychodynamic therapy for the treatment of borderline personality disorder including mentalisation based treatments, transference focused treatments and interpersonal group psychotherapy. |
| Knowledge of, and an ability to deliver, problem-specific psychodynamic therapy including panic focused, interpersonal therapy, supportive-expressive, and time-limited, interpretive group therapy for pathological bereavement. |
| An ability to identify and skilfully apply the most appropriate analytic/dynamic technique. |
| An ability to establish an appropriate balance between interpretive and supportive work. |

*These excerpts are based on the Basic Analytic/Dynamic, the Specific Analytic/Dynamic Techniques, and the Problem Specific and Specific Metacompetencies Frameworks.*

## Systemic Competences

Trainees should be able to demonstrate a broad based understanding of the theoretical basis of systemic therapies and their application with individuals, families and organisations across a range of developmental stages. These will include, but not be limited, to:

**BASIC/ESSENTIAL**

To demonstrate the competencies below trainees are expected to undertake at least two pieces of systemic clinical work one of which is direct.

| |
|---|
| Knowledge of systemic principles, theories and approaches that enable therapeutic change. |
| An ability to hold a relational, non-pathologising view of the system and use language that is non-pathologising and relational in work with systems. |
| An ability to develop and maintain engagement with multiple members of the system. |
| An ability to develop systemic formulations which are interpersonal in nature. |
| An ability to help clients identify appropriate relational goals. |
| An ability to establish the context for a systemic intervention, e.g. setting up a network meeting. |
| An ability to work in a reflective manner and offer sensitive reflections to clients. |
| An ability to work within a systemic team and participate in reflecting team interventions. |
| An Ability to manage endings with multiple members of the system. |
| An ability to facilitate communication across the system. |
| An ability to develop and adapt systemic hypotheses. |
| An ability to use circular interviewing. |
| An ability to map systems using genograms and timelines. |

**ADVANCED/DESIRABLE**

It is likely that the following competences would be developed through a systemic placement.

| |
|---|
| An ability to undertake a systemic assessment. |
| An ability to use systemic ideas to understand organisational change. |
| An ability to use specific systemic techniques, e.g. externalising, enactments. |
| An ability to use systemic outcome monitoring to promote change. |
| An ability to facilitate systemic consultations which help other professionals to take a systemic understanding of their clients. |
| An ability to use systemic ideas to address difficulties in couple relationships. |

*These excerpts are based on the Basic Systemic Competences, the Specific Systemic Techniques and the Problem-Specific Competence Frameworks, the BPS Standards of Education, and BABCP accreditation criteria.*

## Neuropsychological Competences

Trainees should demonstrate a broad based understanding of neuropsychological assessment, formulation and intervention techniques. These will include, but not limited, to:

**BASIC/ESSENTIAL**

To demonstrate the competencies below trainees are expected to undertake at least two pieces of neuropsychological work (one adult and one child).

| |
|---|
| Knowledge of neuroscience, normal ageing, brain pathology/injury and neurological recovery; methods and conceptual approaches used in clinical neuropsychology; advances in neuroscience research/practice and implications for neuropsychological theory/practice; contemporary models of health, disability and participation; and common neuropsychological, neurological and neuropsychiatric conditions. |
| An ability to identify cognitive impairments, behavioural changes and emotional difficulties and provide an integrated psychological/neuropsychological approach to manage these. |
| An ability to use behavioural observations and to map these to possible neurological, cognitive or emotional underpinnings. |
| An ability to administer and interpret the results of a range of neuropsychometric tests including Wechsler based materials (i.e. WAIS, WISC). |
| A clear understanding and ability to discuss the implications of neuropsychometric test results and to determine access to services. |
| A clear understanding of the basic statistical principles on which neuropsychometric tests are founded and the need for uniform presentation of assessment materials. |
| An ability to give appropriate feedback on neuropsychometric assessment results to clients/carers, including the formulation and appropriate recommendations. |
| An ability to adapt style of communication to people with neuropsychological disorders. |
| An ability to construct a formulation to understand the client's neuropsychological status, facilitate their understanding and adjustment, and devise and deliver evidence-based psychological/neuropsychological interventions, which are adapted for psychological difficulty in the context of impaired cognitive functioning. |

**ADVANCED/DESIRABLE**

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|---|
| An ability to demonstrate familiarity with and select, administer and interpret a tailored neuropsychological assessment, using a range of instruments, to identify cognitive impairment, behavioural changes and emotional difficulties, and to demonstrate a holistic understanding of the impact of acquired brain injury/neurological conditions for individuals and systems. |
| An applied understanding of the management and rehabilitation of neuropsychological and/or neurological disorders. |
| Knowledge of the political and organisational context of neurorehabilitation services, as well as NHS and Social Services procedures, including arrangements for community care, support for neurological disability, and care for people who lack capacity. |
| Knowledge of formal documents in relation to ethical practice, legal and statutory obligations and professional standards as applied clinical neuropsychology. |

*Above is from The BPS Standards for the accreditation of programmes in adult neuropsychology.*

## Forensic Competences

Trainees should be able to demonstrate an understanding of the theoretical basis and clinical skills for work relating to forensic issues including:

**BASIC/ESSENTIAL**

To demonstrate the competencies below trainees should undertake two pieces of clinical work.

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|---|
| An ability to generalise prior knowledge and experience to apply them to work with clients in a forensic setting who may have atypical and complex presentations relating to mental health, social functioning and/or offending behaviour. |
| An ability to develop and maintain effective working alliances with service users, carers and professionals within a forensic setting, including service users who have a history of offending behaviour and/or who may be detained in hospital or receiving treatment about which they may feel ambivalent. |
| An ability to undertake a clinical risk assessment of harm towards others and follow risk management procedures within a forensic setting. |
| An ability to work safely with clients in a forensic setting, and to act within the limits of professional competence. |
| An ability to conduct assessments which vary in focus (e.g. mental health needs, offending behaviour), purpose (e.g. informing legal process, identifying treatment need), method (e.g. psychometric, structured interviews), approach (e.g. individual assessment, collaborative, MDT. indirect methods), and recipient (e.g. individual, service or court). |
| An ability to develop collaborative formulations to facilitate clients' understanding of their difficulties, to plan appropriate interventions, and to assist multi-professional communication within a forensic context. |
| An ability to select appropriate interventions to contribute to treatment directly (e.g. individual/group formats) and indirectly (e.g. consultation), and to evaluate the effectiveness of interventions delivered within a forensic setting. |
| An understanding of ethical issues, legal framework and legislation/guidance relating to clinical work within a forensic context, and an ability to reflect on the personal challenges and emotional impact of clinical work in a forensic setting. |

**ADVANCED/DESIRABLE**

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|---|
| An ability to choose, use and interpret a broad range of assessment procedures and third party information to conduct a comprehensive assessment in the context of people where their offending behaviour is important. |
| An ability to develop collaborative formulations within a forensic context which are multimodal (e.g. draw on a range of models), multi-level (e.g. for use by individuals and other professionals), multi-domain (e.g. neuropsychological, behavioural, interpersonal, medical), and multi-purpose (e.g. for individual and multi-agency management plans). |
| Awareness of specialist interventions relating to offending behaviour (e.g. sexual offender treatment, violent offender treatment, arson interventions), risk behaviours, specific issues (e.g. substance abuse, anger management), and complex clinical needs. |
| An ability to adapt style of written and verbal communication for different audiences, and to demonstrate skills in relation to report writing within a medico-legal context. |

*These excerpts are based on the BPS DCP Good Practice Guidelines for Training in Forensic Clinical Psychology (2007).*

## Physical Health Conditions Competences

Throughout the course of the training, trainees should be able to demonstrate a broad based understanding of the theoretical basis and clinical skills for work with people with persistent physical health conditions. These will include, but not be limited, to:

**BASIC/ESSENTIAL**

Work with at least two clients and to include development of skills in the following areas:

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|---|
| Knowledge of presenting issues and diagnostic criteria in physical health conditions, the impact of physical health conditions in the context of a person's life stage, models of behaviour change, a generic model of medically unexplained symptoms and generic models of adjustment to physical health conditions. |
| An ability to apply psychological principles in different service contexts including medical settings and primary care. |
| An ability to undertake a comprehensive biopsychosocial assessment including assessment of social, biological, psychological and cultural factors, issues of risk, and the person's functioning within multiple systems. |
| An ability to develop a collaborative formulation which explains the development and maintenance of the client's difficulties in relation to their physical health condition, and to plan an intervention based on the formulation. |
| An ability to promote the client's capacity for adjustment including reflection on adverse impact and adaptation to illness, identifying aims/personal resources for adjustment and adopting strategies to facilitate adaptation. |
| An ability to promote behavioural change through engaging the client in a collaborative process, setting goals and identifying target behaviours, developing action plans, using behavioural experiments, encouraging habituation of new behaviours, and monitoring, reviewing and maintaining change related to health condition. |
| An ability to apply psychological principles to support clients' capacity for selfmanagement of their physical health problem. |
| An ability to contribute to multidisciplinary meetings and treatment plans, and working with the MDT to integrate psychological thinking/approaches and develop the service. |

**ADVANCED**

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|---|
| An ability to deliver group-based interventions for people with physical health conditions. |
| An ability to develop and implement self-help/self-management programmes. |
| Knowledge of and an ability to assess mental capacity and decision-making. |
| Knowledge of and an ability to operate within the professional, ethical and legal guidelines relevant to working with people with physical health conditions. |
| An ability to operate within and across organisations relevant to those with a physical health problem, including communicating with different agencies, knowledge of interagency policies and procedures and their roles and responsibilities. |
| An ability to deliver specific interventions to clients presenting with a range of physical health problems (e.g. diabetes, chronic fatigue, chronic pain, IBS, non-dissociative seizure, neurological presentations). |

*These excerpts are based on the Core Knowledge and Clinical Competences Framework for Psychological Interventions with People with Physical Health Conditions.*

## Cultural Competences

- Knowledge of key evidence and an understanding of the importance of paying careful attention to issues of difference and diversity in relation to theory, clinical work and research.
- The skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives
- Knowledge of different cultures and awareness of the potential significance for practice of social and cultural difference, across a range of domains, including: ethnicity, culture, class, religion, gender, age, disability and sexual orientation.
- Being sensitive to own personal values, beliefs and biases and how these may influence perceptions of the client, the client's problem, and the therapeutic relationship.
- Being culturally aware and sensitive to own cultural heritage and to valuing and respecting differences.
- Being aware of differences which exist between oneself and one's clients in terms of race, gender, sexual orientation, disability and other socio-demographic characteristics.
- An understanding of the impact of power imbalances, prejudices and oppression on the experiences of those from minority backgrounds.
- An understanding of the intersection of oppression due to marginalised experiences and how this shapes an individual's unique lived experience of prejudice.
- An understanding of the world view of culturally diverse clients and how this may shape expectations for the therapeutic relationship and acceptability and/or effectiveness of intervention.
- Knowledgeable about potential barriers that may impact on the accessibility and perceived usefulness of mental health services for diverse clients.
- To have knowledge of professional guidance and policies relevant to working with difference and diversity.
- An ability to conduct assessments, develop formulations and carry out interventions in a manner that is not prejudiced.
- Where social and cultural difference impacts on accessibility of interventions, an ability to make appropriate adjustments to the therapy, with the aim of maximising its potential benefit to the client.
- Ability to follow best practice when working with interpreters, to identify potential difficulties, and to review the work undertaken.
- Ability to develop formulations which incorporate the person's cultural identity and values, and understanding of the way in which the intersections of the client's, supervisor's and trainee's cultural values shape the development of the formulation.
- An ability to reflect on the ways in which one's own and client's contexts may influence what goes on in clinical practice and the wider service and professional context, and vice versa.
- An ability to consider issues of difference (e.g. race, culture, religion, gender, sexuality, disability, age etc) as a routine part of discussion in supervision.
- A willingness to take an anti-racists stance in professional and client relationships and at an organisational level.

## Leadership Competences

Throughout the course of the training, trainees should develop knowledge and skills on placement which contributes to their development as effective leaders. These will include, but not be limited, to:

**BASIC/ESSENTIAL**

| Formulation skills from more than one psychological model to inform interventions, and an ability to take the lead in presenting formulations to clients, colleagues and teams. |
|---|
| Awareness, building, and maintenance of interpersonal relationships. |
| An understanding of the emotional impact of change (including resistance). |
| An ability to be self-reflective and to help others to self-reflect. |
| Across at least two placements, to demonstrate ability to identify opportunities for involvement of/collaboration with/co-construction with service users and carers, outside of the therapeutic relationship, and to take a lead on developing/implementing such coconstruction activities within teams/services. |
| An ability to lead on complex psychometric testing and to undertake a comprehensive psychological assessment including risk. |
| Take a lead on a service-related research project that explicitly includes feedback to the service on any recommendations/ implications. |
| Identify any opportunities for supervision, mentoring, consultation, teaching and training others that are appropriate to the trainee role. |
| Gain experience of actively identifying training needs and discussing these with supervisor, using this discussion to help prioritise the agenda for supervision. |
| Take a lead on supervision or consultation to a professional from a discipline other than psychology on a single case. |
| Gain experience of self-managing workload to fulfil course and clinical (placement) requirements. |
| Seek out opportunities to present at team/trust away days/meetings. |

**ADVANCED/DESIRABLE**

| Take a lead on psychological care-planning for a client. |
|---|
| Skills in coordinating research teams (supervisors, governance officers and collaborators). |
| Use discussion of strategy to develop and maintain effective working relationships with other team members. |
| Ability to use evidence (e.g. from the literature/guidelines), data collection, outcomes and audit to constructively critique current service practice. |
| Identify and discuss issues in supervision that relate to leadership (e.g. team dynamics/ team management and the role of psychologists in their management) with a specific focus on the strategies that a clinical leader needs to adopt. |
| Assist with "public relations" and "marketing" activities (e.g. presentations to interested parties about training). |
| Develop reflective practice in relation to self-evaluation of progress in training (both development and training needs) on the basis of systematic monitoring of the impact of interventions. |

## Competences for Working with People with Psychosis and Bipolar Disorder

The following skills may be developed across a range of settings over the course of training, which may include work in a specific service for people with complex psychological needs such as psychosis or bipolar disorder.

**CORE/ESSENTIAL**

Work with at least two clients with either psychosis or bipolar disorder and to include development of skills in the following areas (NOTE: in order to develop skills in these areas, often trainees will work with more than two clients):

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|---|
| Knowledge of presenting issues, diagnostic criteria, basic knowledge of psychopharmacology and common physical health problems among people with psychosis or bipolar disorder. |
| Knowledge of, and ability to operate within, ethical, professional and legal guidelines relating to working with people with psychosis and/or bipolar disorder. |
| Awareness of the values, knowledge and skills involved in promoting equality of opportunity and respect for cultural diversity among people with psychosis and/or bipolar disorder and their families, and challenging inequalities and discrimination. |
| Ability to develop a good therapeutic alliance and carry out a psychological assessment including risk management, and assessment of the person's functioning in multiple systems, with a client with psychosis or bipolar disorder. |
| Ability to develop a shared formulation, with reference to theoretical models of psychosis/bipolar disorder and empirical evidence, and to co-ordinate casework or plan an intervention across different agencies/individuals. |
| Demonstrate an understanding of confidentiality, capacity and consent issues in relation to working with individuals with psychosis or bipolar disorder. |
| An ability to use appropriate outcome measures for use with people with psychosis or bipolar disorder. |
| To carry out AT LEAST ONE observed clinical practice (in vivo or via recording) with rating of formal competence assessment tool with a client with psychosis or bipolar disorder. |
| An ability to carry out indirect work engaging and working with families/carers/staff/wider professional network of individuals involved with the person with psychosis or bipolar disorder. |
| Experience/exposure to organisational contexts in which clinical psychologists work with people with psychosis and/or bipolar disorder, and to develop a practical understanding of the role of clinical psychology in working with this population. |

**ADVANCED/DESIRABLE**

It is likely that the following competences would be developed through a placement within a service specifically for people with complex mental health needs.

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|---|
| To work with a number of clients (at least 8) with psychosis and/or bipolar disorder. |

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|---|
| To conduct a variety of psychological assessments (including assessments of psychological well-being, psychometric assessments and assessments of adaptive functioning) demonstrating ability to adapt these to a range of cognitive, communication, sensory, social and physical needs of individuals with learning (intellectual) disabilities. |
| To be familiar with and gain experience of delivering a range of interventions for people with psychosis or bipolar disorder including, for example, CBT, family interventions, interpersonal psychotherapy, psychoeducation and relapse prevention, and management of co-existing issues (e.g. depression/anxiety, substance misuse, LD). |
| An ability to develop and deliver group-based interventions for people with psychosis or bipolar disorder and their families/carers. |
| Ability to draw on a range of meta-competencies relevant to working with people with psychosis or bipolar disorder. |
| Completion of a Mental Capacity Act (2005) assessment (which may be in context of multidisciplinary assessment), including demonstrating appropriate skills relating to the outcome of this assessment e.g. feeding back results/contributing to multidisciplinary assessment or discussions relating to this/contribution to 'Best Interests' decision making procedures. |
| To gain experience of/exposure to wider systems and contexts which people with psychosis or bipolar disorder may be part, including a variety of health, housing and social care services, supported living and residential care, inpatient settings, forensic settings and those within the third sector/service user and carer involvement. |
| To contribute to research/service evaluation/service development within a secondary mental health context. |
| To seek opportunities within supervision to reflect upon and manage the effects of differences between themselves and the clients they are working with, and the personal impact of this work. |

*Above is from the UCL Competence framework for psychological interventions with people with psychosis and bipolar disorder.*

# Core Clinical Competencies

**BPS (2019) Standards for the accreditation of Doctoral programmes in clinical psychology**

**NINE core competencies are defined as follows:**

## 1. Generalisable Meta-Competencies

a. Drawing on psychological knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities.
b. Deciding, using a broad evidence and knowledge base, how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention with clients, carers and service systems. Ability to work effectively whilst holding in mind alternative, competing explanations.
c. Generalising and synthesising prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations.
d. Being familiar with theoretical frameworks, the evidence base and practice guidance frameworks such as NICE and SIGN, and having the capacity to critically utilise these in complex clinical decision-making without being formulaic in application
e. Complementing evidence-based practice with an ethos of practice-based evidence where processes, outcomes, progress and needs are critically and reflectively evaluated.
f. Ability to collaborate with service users and carers, and other relevant stakeholders, in advancing psychological initiatives such as interventions and research.
g. Making informed judgments on complex issues in specialist fields, often in the absence of complete information.
h. Ability to communicate psychologically-informed ideas and conclusions to, and to work effectively with, other stakeholders, (specialist and non-specialist), in order to influence practice, facilitate problem solving and decision making.
i. Exercising personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice. Demonstrating self-awareness and sensitivity, and working as a reflective practitioner within ethical and professional practice frameworks

## 2. Psychological assessment

a. Developing and maintaining effective working alliances with service users, carers, colleagues and other relevant stakeholders.
b. Ability to choose, use and interpret a broad range of assessment methods appropriate: to the client and service delivery system in which the assessment takes place; and to the type of intervention which is likely to be required.
c. Assessment procedures in which competence is demonstrated will include: performance based psychometric measures (e.g. of cognition and development); self and other informant reported psychometrics (e.g. of symptoms, thoughts, feelings, beliefs, behaviours); systematic interviewing procedures; other structured methods of assessment (e.g. observation, or gathering information from others); and assessment of social context and organisations.

d. Understanding of key elements of psychometric theory which have relevance to psychological assessment (e.g. effect sizes, reliable change scores, sources of error and bias, base rates, limitations etc.) and utilising this knowledge to aid assessment practices and interpretations thereof.
e. Conducting appropriate risk assessment and using this to guide practice.

## 3. Psychological formulation

a. Using assessment to develop formulations which are informed by theory and evidence about relevant individual, systemic, cultural and biological factors. accreditation through partnership
b. Constructing formulations of presentations which may be informed by, but which are not premised on, formal diagnostic classification systems; developing formulation in an emergent transdiagnostic context.
c. Constructing formulations utilising theoretical frameworks with an integrative, multimodel, perspective as appropriate and adapted to circumstance and context.
d. Developing a formulation through a shared understanding of its personal meaning with the client(s) and/or team in a way which helps the client better understand their experience.
e. Capacity to develop a formulation collaboratively with service users, carers, teams and services and being respectful of the client or team's feedback about what is accurate and helpful.
f. Making justifiable choices about the format and complexity of the formulation that is presented or utilised as appropriate to a given situation.
g. Ensuring that formulations are expressed in accessible language, culturally sensitive, and non-discriminatory in terms of, for example, age, gender, disability and sexuality.
h. Using formulations to guide appropriate interventions if appropriate. Reflecting on and revising formulations in the light of ongoing feedback and intervention.
i. Leading on the implementation of formulation in services and utilising formulation to enhance teamwork, multi-professional communication and psychological mindedness in services.

## 4. Psychological intervention

a. On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner with:
    - individuals
    - couples, families or groups
    - services/organisations

**b.** Understanding therapeutic techniques and processes as applied when working with a range of different individuals in distress, such as those who experience difficulties related to: anxiety, mood, adjustment to adverse circumstances or life events, eating difficulties, psychosis, misuse of substances, physical health presentations and those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations.
**c.** 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 as described below, though these may be adapted to account for specific ages and presentations etc.

**d.** In addition, however, the ability to utilise multi-model interventions, as appropriate to the complexity and/or co-morbidity of the presentation, the clinical and social context and service user opinions, values and goals.
**e.** Knowledge of, and capacity to conduct interventions related to, secondary prevention and the promotion of health and wellbeing.
**f.** Conducting interventions in a way which promotes recovery of personal and social functioning as informed by service user values and goals.
**g.** Having an awareness of the impact and relevance of psychopharmacological and other multidisciplinary interventions.
**h.** Understanding social approaches to intervention; for example, those informed by community, critical, and social constructionist perspectives.
**i.** Implementing interventions and care plans through, and with, other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements.
**j.** Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers.

## 5. Evaluation

a. Evaluating practice through the monitoring of processes and outcomes, across multiple dimensions of functioning, in relation to recovery, values and goals and as informed by service user experiences as well as clinical indicators (such as behaviour change and change on standardised psychometric instruments).
b. Devising innovate evaluative procedures where appropriate.
c. Capacity to utilise supervision effectively to reflect upon personal effectiveness, shape and change personal and organisational practice including that information offered by outcomes monitoring.
d. Appreciating outcomes frameworks in wider use within national healthcare systems, the evidence base and theories of outcomes monitoring (e.g. as related to dimensions of accessibility, acceptability, clinical effectiveness and efficacy) and creating synergy with personal evaluative strategies.
e. Critical appreciation of the strengths and limitations of different evaluative strategies, including psychometric theory and knowledge related to indices of change.
f. Capacity to evaluate processes and outcomes at the organisational and systemic levels as well as the individual level.

## 6. Research

a. Being a critical and effective consumer, interpreter and disseminator of the research evidence base relevant to clinical psychology practice and that of psychological services and interventions more widely. Utilising such research to influence and inform the practice of self and others. accreditation through partnership 19
b. Conceptualising, designing and conducting independent, original and translational research of a quality to satisfy peer review, contribute to the knowledge base of the discipline, and merit publication including: identifying research questions, demonstrating an understanding of ethical issues, choosing appropriate research methods and analysis (both quantitative and qualitative), reporting outcomes and identifying appropriate pathways for dissemination.

c. Understanding the need and value of undertaking translational (applied and applicable) clinical research post-qualification, contributing substantially to the development of theory and practice in clinical psychology.
d. The capacity to conduct service evaluation, small N, pilot and feasibility studies and other research which is consistent with the values of both evidence-based practice and practice-based evidence.
e. Conducting research in respectful collaboration with others (e.g. service users, supervisors, other disciplines and collaborators, funders, community groups etc.) and within the ethical and governance frameworks of the Society, the Division, HCPC, universities and other statutory regulators as appropriate.

## 7. Personal and professional skills and values

a. Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants.
b. Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimised.
c. Understanding the impact of differences, diversity and social inequalities on people's lives, and their implications for working practices.
d. Understanding the impact of one's own value base upon clinical practice.
e. Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence and accepting accountability to relevant professional and service managers.
f. Capacity to adapt to, and comply with, the policies and practices of a host organisation with respect to time-keeping, record keeping, meeting deadlines, managing leave, health and safety and good working relations.
g. Managing own personal learning needs and developing strategies for meeting these. Using supervision to reflect on practice, and making appropriate use of feedback received.
h. Developing strategies to handle the emotional and physical impact of practice and seeking appropriate support when necessary, with good awareness of boundary issues.
i. Developing resilience but also the capacity to recognise when own fitness to practice is compromised and take steps to manage this risk as appropriate
j. Working collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints.

## 8. Communication And Teaching

a. Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (for example, to professional colleagues, and to users and their carers).
b. Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication.
c. Preparing and delivering teaching and training which takes into account the needs and goals of the participants (for example, by appropriate adaptations to methods and content).
d. Understanding of the supervision process for both supervisee and supervisor roles.
e. Understanding the process of providing expert psychological opinion and advice, including the preparation and presentation of evidence in formal settings.
f. Understanding the process of communicating effectively through interpreters and having an awareness of the limitations thereof.

g. Supporting others' learning in the application of psychological skills, knowledge, practices and procedures.

## 9. Organisational And Systemic Influence and Leadership

a. Awareness of the legislative and national planning contexts for service delivery and clinical practice.
b. Capacity to adapt practice to different organisational contexts for service delivery. This should include a variety of settings such as inpatient and community, primary, secondary and tertiary care and may include work with providers outside of the NHS.
c. Providing supervision at an appropriate level within own sphere of competence.
d. Indirect influence of service delivery including through consultancy, training and working effectively in multidisciplinary and crossprofessional teams. Bringing psychological influence to bear in the service delivery of others.
e. Understanding of leadership theories and models, and their application to service development and delivery. Demonstrating leadership qualities such as being aware of and working with interpersonal processes, proactivity, influencing the psychological mindedness of teams and organisations, contributing to and fostering collaborative working practices within teams.
f. Working with users and carers to facilitate their involvement in service planning and delivery.
g. Understanding of change processes in service delivery systems. Understanding and working with quality assurance principles and processes including informatics systems which may determine the relevance of clinical psychology work within healthcare systems. i. Being able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this, and being familiar with 'whistleblowing' policies and issues.