

## NATIONAL CURRICULUM FOR THE EDUCATION OF PSYCHOLOGICAL WELLBEING PRACTITIONERS (PWPS)

(Second edition, updated and revised, March 2011<sup>1</sup>)

### Introduction

The Improving Access to Psychological Therapies (IAPT) programme was established across England in 2008 with the aim of establishing psychological therapy services to enable 900,000 extra people to receive evidence based, NICE approved psychological therapies and interventions for common mental health problems (namely depression and anxiety disorders). A key part of the programme has been to develop a competent workforce to deliver the stepped care model in IAPT services.

PWPs assess and support patients with common mental health problems – principally anxiety and depression – in the self-management of their recovery (further details about the PWP role can be found at <http://www.iapt.nhs.uk/silo/files/psychological-wellbeing-practitioners--best-practice-guide.pdf>). Treatment programmes are designed to aid clinical improvement and social inclusion, including return to work, meaningful activity or other occupational activities. PWPs do this through the provision of information and support for evidence-based low-intensity psychological treatments, mainly based upon Cognitive Behavioural Therapy (CBT). Examples include providing support for a range of low intensity CBT self-help interventions such as behavioural activation, exposure, cognitive restructuring, panic management, problem solving, sleep hygiene as well as supporting CBT written self-help materials and computerised cognitive behavioural therapy (cCBT) packages. Low-intensity psychological treatments place a greater emphasis on patient self-management and are less burdensome than traditional psychological treatments. Support is specifically designed to enable patients to optimise their use of self-management recovery information and may be delivered through face-to-face, telephone, email or other contact methods. PWPs are expected to operate in a stepped care, high volume environment carrying as many as 45 active cases at any one time, with workers completing treatment for between 175-250 patients per year.

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PWPs also provide information on common pharmacological treatments and support patients in decisions which optimise their use of such treatments.

PWPs operate within the Improving Access to Psychological Therapies (IAPT) service delivery model defined in the IAPT business plan agreed by the UK Treasury Comprehensive Spending Review settlement in 2007. Subsequently in the document Realising the Benefits: IAPT at Full Roll-Out (2010) <http://www.iapt.nhs.uk/silo/files/realising-the-benefits-iapt-at-full-roll-out.pdf> the vision of completing the roll-out of IAPT in 2011/12 and beyond has been outlined with further investment for Psychological Therapies education and services announced. This delivery model requires the collection of routine, sessional clinical, social and employment outcomes as part of a national outcome system. The performance of PWPs will, therefore, be measured through their clinical, social and employment outcomes. Knowledge of IAPT services including the stepped care model of service delivery, regular and routine clinical outcomes measurement, case management and supervision are generic competencies that PWPs are required to hold and the updated competency framework for anxiety and depression should be consulted [http://www.ucl.ac.uk/clinical-psychology/CORE/CBT\\_Framework.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/CBT_Framework.htm)

The IAPT service delivery model is predicated on stepped care with PWPs supporting low-intensity CBT interventions and high intensity workers delivering CBT or one of the other IAPT approved modalities: Brief Dynamic Interpersonal Therapy for Depression (DIT), Counselling for Depression, Interpersonal Psychotherapy for Depression (IPT) and Couple Therapy for Depression. It is important that PWPs have an understanding of the other modalities and how their work differs from high intensity interventions. More information about the other modalities can be found at <http://www.iapt.nhs.uk/workforce/high-intensity/>

PWPs should operate at all times within the stepped care model of service delivery in which the IAPT minimum levels of PWP supervision is provided. This should be both weekly individual case management and fortnightly clinical skills supervision in groups of no more than 12. The success of the programme crucially depends on the availability of fully trained practitioners who are able to supervise trainees to deliver the expected performance benchmarks for recovery. Guidance on the commissioning of supervision training and IAPT supervision is available at (<http://www.iapt.nhs.uk/workforce/supervisors/>)

Course accreditation standards for PWP Education have been developed based upon the national PWP curricula [http://www.bps.org.uk/careers/accredited-courses/iapt-accreditation/psychological-wellbeing-practitioner-training\\_home.cfm](http://www.bps.org.uk/careers/accredited-courses/iapt-accreditation/psychological-wellbeing-practitioner-training_home.cfm)

Having the PWP course accredited by the British Psychological Society ensures there is fidelity to the curriculum and that national minimum levels of competency in the low intensity CBT clinical method are maintained. The curriculum should be available at both undergraduate and post graduate certificate level and based on a modular structure of four modules delivered over 45 days in total. This number of days is essential to meet the learning objectives specified within the curriculum. Although each module has a specific set of foci and learning outcomes, the clinical competencies build module upon module and courses will be expected to focus the majority of their classroom activity on clinical competence development through clinical simulation/role play. All modules are assessed on participants' practical demonstration of competencies. Skills based competency assessments are independent of academic level and must be achieved using a pass/fail criteria. Participants will not necessarily possess previous clinical or professional expertise in

mental health and can undertake academic assessments at either undergraduate or postgraduate level, depending on their prior academic attainment.

The training programme requires trainees to learn from observation while working in fully functioning IAPT services, as well as through skills practice and theoretical teaching within the Higher Education Institute. Recommended 'Quality assurance criteria for the learning experience that IAPT trainees receive in an IAPT service' can be found on the IAPT website (<http://www.iapt.nhs.uk/?=quality+assurance+criteria+for+the+learning+experience>).

### **Equality and cultural competence**

Course objectives to acquire cultural competence align with statutory duties under the Equality Act 2010, requiring public authorities who exercise public functions and organisations carrying out public functions on behalf of a public authority, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations between people of shared protected characteristics and those who do not. Achieving cultural competence is a lifelong learning process. Cultural competence for Psychological Wellbeing Practitioners will aim to develop the student's ability to recognise their own reaction to people who are perceived to be different and values and belief about the issue of difference (cultural competence module). The assessment criteria will include

- 1) Developing an ability to recognise one's own reaction to people who are perceived to be different and values and belief about the issue of difference.
- 2) Understanding a definition of culture, related values and factors effecting culture e.g. age, disability, marital status, ethnicity, parental status, sexual orientation, gender, education, language, socio-economic status, and religion or belief.
- 3) Capable of taking responsibility for responses and actions taken with people who are different or are perceived to be different
- 4) Developing ability to accept ambiguity of not knowing what to expect or what to do initially during an inter-cultural situation.
- 5) Risk taking in order to communicate effectively with people from diverse cultures.
- 6) Working effectively with interpreters, establishing ways of working together and considering clinical implications.
- 7) Raised awareness of one's reaction to people who are different and the implications of these reactions during sessions.

## **Curriculum for the Education of Psychological Wellbeing Practitioners**

The following curriculum for the education of Psychological Wellbeing Practitioners (PWPs) should be read in conjunction with the 'Reach Out' Educator Materials which provides specific advice on the implementation of the curriculum and the associated learning materials <http://www.iapt.nhs.uk/silo/files/reach-out-educator-manual.pdf>

It provides the standards for the accreditation process for Psychological Wellbeing Practitioner courses led by the British Psychological Society. Further information about this process can be found at [http://www.bps.org.uk/careers/accredited-courses/iapt-accreditation/psychological-wellbeing-practitioner-training\\_home.cfm](http://www.bps.org.uk/careers/accredited-courses/iapt-accreditation/psychological-wellbeing-practitioner-training_home.cfm)

### **Module 1: Engagement and Assessment of Patients with Common Mental Health Problems**

#### **Aims of Module**

PWPs assess and support people with common mental health problems in the self-management of their recovery. To do so they must be able to undertake a patient-centred interview which identifies the person's main difficulties and identifies areas where the person wishes to see change and/or recovery and makes an accurate assessment of risk to self or others. They need to be able to engage patients and establish a therapeutic alliance whilst gathering information to begin assisting the patient to choose and plan a collaborative treatment programme. They must have knowledge of mental health disorders and the evidence-based therapeutic options available and be able to communicate this knowledge in a clear and unambiguous way so that people can make informed treatment choices. This module will, therefore, equip PWPs with a good understanding of the incidence, prevalence and presentation of common mental health problems and evidenced-based treatment choices. Skills teaching will develop PWPs core 'common factors' competencies of active listening, engagement, alliance building, patient-centred information gathering, information giving and shared decision making.

#### **Learning Outcomes:**

- 1) Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.
- 2) Demonstrate knowledge of, and competence in using 'common factors' to engage patients, gather information, build a therapeutic alliance with people with common mental health problems, manage the emotional content of sessions and grasp the client's perspective or "world view".
- 3) Demonstrate knowledge of, and competence in 'patient-centred' information gathering to arrive at a succinct and collaborative definition of the person's main mental health difficulties and the impact this has on their daily living.
- 4) Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a patient-centred interview and is able to assess and recognise any risks to self and others posed by patients.
- 5) Demonstrate knowledge of, and competence in accurate risk assessment to patient or others

- 6) Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.
- 7) Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with patients.
- 8) Demonstrate competence in understanding the patient's attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.
- 9) Demonstrate competence in accurate recording of interviews and questionnaire assessments using paper and electronic record keeping systems.

### **Competencies**

These learning outcomes subsume a much larger list of competencies in the 'Job Description for Workers Providing Low-Intensity Interventions'. In particular, this module will address competencies A1-8, CB1, CB3, IT1-3, M1-M3, M6, G1, W1, RKC1-2, RKC4, RKC5-6, RKC8, GWB1, SI1-2, O1, RA1, RA3 and RA4.

### **Learning and Teaching Strategy**

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

### **Assessment Strategy**

- A standardised role-play scenario where trainees are required to demonstrate skills in engagement, information gathering, information giving and shared decision making. This will be videotaped and assessed by teaching staff using a standardised assessment measure. Trainees must also provide a 1000 word reflective commentary on their performance. Both parts must be passed.
- An exam to assess module knowledge against the learning outcomes
- Successful completion of the following practice outcomes:
  - 1) Formulating and recording mental health care assessments appropriate to the identified needs of patients.
  - 2) Demonstrating the common factors competencies necessary to develop individualised therapeutic alliances that enable patients (and where appropriate their carers) to be purposefully involved in a partnership of care.

Knowledge assessments are at undergraduate and/or postgraduate level and assessed using percentage criteria. Skills based competency assessments are independent of academic level and must be achieved using a pass/fail criteria.

### **Duration**

11 weeks, 15 days in total, running parallel with module 2:

- five days intensive skills practice undertaken in a one week intensive workshop;
- one day per week for 10 weeks, half the time to be spent in class in theoretical teaching and clinical simulation, the other half in the workplace undertaking supervised practice.

## **Module 2: Evidence-based low-intensity treatment for common mental health disorders**

### **Aims of Module**

PWPs aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments and regularly used pharmacological treatments of common mental health problems. Low-intensity psychological treatments place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. Examples include providing support for a range of low intensity CBT self-help interventions including behavioural activation, exposure, cognitive restructuring, panic management, problem solving, sleep hygiene as well as supporting written and computerised cognitive behavioural therapy (cCBT) packages. Support is specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and may be delivered through face-to-face, telephone, email or other contact methods. PWPs must also be able to manage any change in risk status. This module will, therefore, equip PWPs with a good understanding of the process of therapeutic support and the management of individuals and groups of patients including families, friends and carers. Skills teaching will develop PWPs general and disorder-defined 'specific factors' competencies in the delivery of CBT-based low-intensity treatment and in the support of medication concordance.

### **Learning Outcomes:**

- 1) Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance.
- 2) Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.
- 3) Demonstrate competence in planning a collaborative low-intensity psychological and/or pharmacological treatment programme for common mental health problems, including managing the ending of contact
- 4) Demonstrate in-depth understanding of, and competence in the use of, a range of low intensity, evidence-based psychological interventions for common mental health problems.
- 5) Demonstrate knowledge of, and competence in low-intensity basic, intervention-specific, problem-specific and meta CBT competencies such as behavioural activation, exposure, CBT based guided self-help, problem solving and individualisation of CBT approaches.
- 6) Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols.
- 7) Demonstrate knowledge of, and competence in supporting people with medication, in particular antidepressant medication, to help them optimise their use of pharmacological treatment and minimise any adverse effects.
- 8) Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.

## **Competencies**

These learning outcomes subsume a much larger list of competencies in the 'Job Description for Workers Providing Low-Intensity Interventions'. In particular, this module will address competencies C18, CB2, CB4-11, G2-7, M4-5, M7-M9, GWB2-3, CM1, RA2.

## **Learning and Teaching Strategy**

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

## **Assessment Strategy**

- A standardised role-play scenario where trainees are required to demonstrate skills in planning and implementing a low-intensity treatment programme. This will be videotaped and assessed by teaching staff using a standardised assessment measure. Trainees must also provide a 1000 word reflective commentary on their performance. Both parts must be passed.
- An exam to assess module knowledge against the learning outcomes
- Successful completion of the following practice outcomes:
  - 1) The identification and management of patients' emotional distress and disturbance through the use of interpersonal skills and evidence-based interventions.
  - 2) Demonstrating the techniques necessary to develop and maintain individualised therapeutic alliances that enable patients (and where appropriate their carers) to be purposefully involved in a partnership of care.
  - 3) High quality case recording and systematic evaluation of the process and outcomes of mental health interventions, adapting care on the basis of these evaluations.

Knowledge assessments are at undergraduate and/or postgraduate level and assessed using percentage criteria. Skills based competency assessments are independent of academic level and must be achieved using a pass/fail criteria.

## **Duration**

10 weeks, 10 days in total, running parallel with module 1:

- one day per week for 10 weeks, half the time to be spent in class in theoretical teaching and clinical simulation, the other half in the workplace undertaking supervised practice.

## **Module 3: Values, Policy, Culture and Diversity**

### **Aims of Module**

PWPs must operate at all times from an inclusive values base which promotes recovery and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the

diverse communities served by the service within which the worker is operating. Workers must respect and value individual differences in age, sexuality, disability, gender, spirituality, race and culture. PWPs must also take into account any physical and sensory difficulties people may experience in accessing services and make provision in their work to ameliorate these. They must be able to respond to people's needs sensitively with regard to all aspects of diversity. They must demonstrate a commitment to equal opportunities for all and encourage people's active participation in every aspect of care and treatment. They must also demonstrate an understanding and awareness of the power issues in professional / patient relationships and take steps in their clinical practice to reduce any potential for negative impact this may have. This module will, therefore, expose PWPs to the concept of diversity, inclusion and multi-culturalism and equip workers with the necessary knowledge, attitudes and competencies to operate in an inclusive values driven service.

### **Learning Outcomes:**

- 1) Demonstrate knowledge of, commitment to and operationalisation of a non-discriminatory, recovery orientated values base to mental health care.
- 2) Demonstrate respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture.
- 3) Demonstrate knowledge of, and competence in responding to people's needs sensitively with regard to all aspects of diversity, including the use of translation services.
- 4) Takes into account any physical and sensory difficulties service users may experience in accessing services and if required refer to appropriate services.
- 5) Demonstrate knowledge of, and a commitment to equal opportunities for all and encourage people's active participation in every aspect of care and treatment.
- 6) Demonstrate awareness & understanding of the power issues in professional / service user relationships.

### **Competencies**

These learning outcomes subsume a much larger list of competencies in the 'Job Description for Workers Providing Low-Intensity Interventions'. In particular, this module will address competencies C7, C8, C9, C10, C17, RKC10, RA5-RA7, H&S1-H&S4.

### **Learning and Teaching Strategy**

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

### **Assessment Strategy**

- A practical clinical planning scenario where trainees are required to demonstrate skills in preparing for the care of people with a variety of needs from a variety of diverse groups accompanied by a 1000 word write up of the plan.
- An exam to assess module knowledge against the learning outcomes



- Successful completion of the following practice outcomes:
  - 1) The effective engagement of people from a range of social and cultural groups in low-intensity treatments
  - 2) Demonstrating the ability to engage with groups representing diverse cultural communities to improve the knowledge and understanding of different cultural values.
  - 3) Where appropriate, displays competence in the use of face-to-face and telephone translation services for people whose first language is not English.

Knowledge assessments are at undergraduate level and/or postgraduate and assessed using percentage criteria. Skills based competency assessments are independent of academic level and must be achieved using a pass/fail criteria.

### **Duration**

10 weeks, 10 days in total, running parallel with module 4:

- one day per week for 10 weeks, half the time to be spent in class in theoretical teaching and clinical simulation, the other half in the workplace undertaking supervised practice.

## **Module 4: Working within an Employment, Social, and Healthcare Context**

### **Aims of Module**

PWPs are expected to operate in a stepped care, high-volume environment carrying as many as 45 active cases at any one time, with workers completing treatment for between 175-250 patients per year. PWPs must be able to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision making. PWPs need to recognise their own limitations and direct people to resources appropriate to their needs, including step-up therapy and must focus on social inclusion – including return to work and meaningful activity or other occupational activities – as well as clinical improvement. To do so they must have knowledge of a wide range of social and health resources available through statutory and community agencies. They must have a clear understanding of what constitutes the range of high-intensity psychological treatments which includes CBT and the other IAPT approved high intensity therapies and how high intensity treatments differ from low intensity working. This module will, therefore, equip PWPs with an understanding of the complexity of people's health, social and occupational needs and the services which can support people to recovery. It will develop PWPs decision making abilities and enable them use supervision and to recognise when and where it is appropriate to seek further advice, a step up or a signposted service. Skills teaching will develop PWPs clinical management, liaison and decision making competencies in the delivery of support to patients, particularly where people require intervention or advice outside the core low-intensity evidence-based interventions taught in module 2.

### **Learning Outcomes:**

- 1) Demonstrate competence in managing a caseload of people with common mental health problems efficiently and safely.
- 2) Demonstrate knowledge of, and competence in using supervision to assist the worker's delivery of low-intensity psychological and/or pharmacological treatment programmes for common mental health problems.

- 3) Appreciate and critically evaluate a range of employment, occupational and wellbeing strategies to assist patients manage their emotional distress and disturbance.
- 4) Demonstrate knowledge of, and competence in gathering patient-centred information on employment needs, wellbeing and social inclusion.
- 5) Demonstrate an appreciation of the worker's own level of competence and an understanding of how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the worker alone.
- 6) Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work.
- 7) Demonstrate knowledge of, and competence in liaison and signposting to other agencies delivering employment, occupational and other advice and services.
- 8) Critically appraise how the complex systems of community, statutory and voluntary sector provision of services work together.

### **Competencies**

These learning outcomes subsume a much larger list of competencies in the 'Job Description for Workers Providing Low-Intensity Interventions'. In particular, this module will address competencies C1-C6, C11-C16, W2-6, RKC3, RKC7, RKC9, PPD1-5, GWB4, SI3-7, O2-4. S1-13, CM3-CM6.

### **Learning and Teaching Strategy**

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

### **Assessment Strategy**

- A standardised role-play scenario where trainees are required to demonstrate skills in preparing for and using supervision. This will be videotaped and assessed by teaching staff using a standardised assessment measure. Workers must also provide a 1000 word reflective commentary on their performance. Both parts must be passed.
- An exam to assess module knowledge against the learning outcomes
- Successful completion of the following practice outcomes:
  - 1) The effective management of a caseload to ensure prompt and efficient access to care for patients on the worker's caseload including referral to step up and signposted services
  - 2) Demonstrating the ability to use regular scheduled supervision to the benefit of effective case management and personal development.
  - 3) Integration of worklessness and employment initiatives into daily clinical practice to the benefit of all patients.

Knowledge assessments are at undergraduate and/or postgraduate level and assessed using percentage criteria. Skills based competency assessments are independent of academic level and must be achieved using a pass/fail criteria.

**Duration**

10 weeks, 10 days in total, running parallel with module 3:

- one day per week for 10 weeks, half the time to be spent in class in clinical simulation and theoretical teaching, the other half in the workplace undertaking supervised practice.

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