Criteria for the Accreditation of Postgraduate Training Programmes in Clinical Psychology of the Committee on Training in Clinical Psychology of The British Psychological Society Membership and Qualifications Board

National minimum standards of expected capabilities that trainee clinical psychologists should gain to fit them for work with older people, with guidance on minimum supervised practice and academic teaching

PSIGE

Psychology Specialists working with Older People
A Faculty of the Division of Clinical Psychology
British Psychological Society

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1.0 Purpose of this document

PSIGE recognizes that training of Clinical Psychologists to meet the needs of older people needs an effective partnership between Older Adult specialists, other specialties, and training courses. PSIGE will continue to be an active contributor to this partnership.

This document has been prepared by the PSIGE Training Subcommittee (see Appendix 1 for membership) and the PSIGE National Committee based upon responses to a Consultation Draft circulated in February 2003 to the PSIGE membership, the Committee on Training in Clinical Psychology (CTCP), individual courses and other interested bodies (Details of the circulation are given in Appendix 2).

1.1 Results of consultation process

A list of responders is given in Appendix 2. PSIGE would like to thank the hundreds of Clinical Psychologists who participated in the consultation. Responses ranged from outright rejection to wholesale acceptance; reflecting a tension within the accreditation criteria between local flexibility and national minimum standards. The PSIGE membership was broadly supportive, while courses were more variable in their responses, with recurrent concerns about the practical feasibility of minimum supervised practice. No response disagreed with the need to ensure that all trainees were capable of effective work with older people. Those responders who thought that the suggested minimum standards were excessive did not suggest alternative levels of capability or experience. The most consistent theme across both groups was the need to ensure flexibility in the application of minimum standards while maintaining these at a level commensurate with demonstrable capability. This document has been revised to address these concerns in a balanced way.

2.0 Introduction

Nearly a fifth (19.5%) of people in the UK are aged 65 or older. They are consumers of 50% of health and social care spending. Older people have at least equivalent rates of psychological distress generally as compared to younger people and show significant levels of depression and suicide as well as dementia.

However, just over 5% of the Clinical Psychology workforce specialises in work with older adults (DoH and BPS National Workforce Survey 2003) and fewer than 10% of clinical psychology contacts are with older people (DOH), reflecting historical imbalances in resource allocation, under diagnosis and under treatment. The recent Workforce Survey of Applied Psychologists conducted jointly by the British Psychological Society and the Department of Health showed no proportionate growth in services to older people over the last decade.

The NSF for Older People emphasised the need to root out ageist practice across health and social care to ensure that older people get access to both general services as well as specialist services for older people. Therefore, psychologists in all specialisms can expect

to have regular contact with older people as part of their normal clinical practise and will need to have an adequate understanding of this population as well as the clinical skills to address their needs. This can occur in Primary Care as directly referred clients of the service, in Adult Mental Health as parents and/or carers; Child and Adolescent Mental Health as grandparents; and in Learning Disabilities as clients and parents/carers. In addition, this will also be the case for all elective areas of work when age boundaries are eliminated.

PSIGE therefore believes that generic Clinical Psychology training should equip all Clinical Psychologists with the basic capability to meet the fundamental psychological needs of older people, including knowing when to refer on to specialist older adult services. In addition, the training experience must encourage sufficient trainees to specialise in Older People's services post qualification.

3.0 Drivers for this document

There are two drivers for the production of this document, one being the National Service Framework for Older People in England published in 2001 and the other being the recent changes to the Criteria for the Accreditation for courses, introduced by CTCP in 2002.

3.1 The National Service Framework for Older People and the Older People's Skills and Competencies Framework

The most relevant current national policy frameworks for training in work with older people are the National Service Framework for Older People (which laid down the main priorities for services for this client group) and the developing Older People's Skills and Competency Framework. A summary of the NSF for Older People is given in Appendix 3. It is recognized that the NSF applies only to England, but this is suggested as a widely accepted framework with equal relevance to the rest of the United Kingdom.

Broadly the competencies identified within these documents require that all psychologists:

- Are able to recognize and address discriminatory attitudes and practices.
- Are able to assess the individual in terms of needs and preferences.
- Are aware of and can integrate factors to do with physical ill health, sensory impairment, disability and experience of health services into their routine practice.
- Are able to assess and intervene at the appropriate level with the main mental health problems occurring in older people.
- Have the knowledge and ability to promote healthy lifestyles in later life.

3.2 The new criteria for Clinical Psychology training programmes

The changes to the criteria for training programmes were introduced partly in response to the development of a competency framework more widely within the NHS, education and applied psychology but primarily to allow for expansion of training places. Restrictions

on expansion have been primarily to do with availability of placements in a number of specialties, Older People's services being one of the hardest to obtain, even though most supervisors in this specialty supervise continually and some take more than one trainee at a time.

PSIGE officers and members were actively involved in the consultation for the revised criteria and many of their concerns were addressed in the final document.

The current Criteria for the Accreditation of Postgraduate Training Programmes in Clinical Psychology specify that:

> *Programmes should refer to the minimum standards which are identified and revised from time to time by the Division of Clinical Psychology's Faculties and Special Interest Groups for guidance in relation to the expected capabilities which a trainee should gain to fit them for work with specific populations and groups (Section A6).*
>
> *The national standards as set out by the Division of Clinical Psychology's Faculties and Special Interest Groups (see section B.2.5) will provide the reference information for the minimum supervised practice commensurate with competence in an area of work (Section 7.2)*
>
> *The development of the syllabus should be informed by consultation with DCP Faculties and Special Interest Groups (Section 9.1).*

The following points are of particular relevance to Older People:

> *Programmes will be expected to structure the training patterns of their cohorts so that they reflect workforce-planning requirements within the NHS. These requirements will be shaped in part by National Service Frameworks and national policies (Section B.2.5)*
>
> *A fundamental principle is that trainees must work with clients across the lifespan, such that they see a range of clients whose difficulties are representative of problems across all stages of development (Section B.2.6.1)*
>
> *While it is appropriate that Programmes should differ in their emphases and orientations, they must all provide academic teaching relevant to the full range of client groups and a wide range of clinical methods and approaches. This will include teaching on children, people with learning disabilities and older people (Section 9.2)*

4.0 Minimum standard of expected capabilities which trainees should gain to fit them for work with older people

In order to assist in the implementation of the revised criteria, PSIGE has developed minimum standards to enable training programmes to provide trainees with the expected capabilities to fit them for work with older people.

Although these are listed individually for the sake of clarity, effective work with older people depends upon their effective integration. This can be learned and demonstrated in a number of ways including supervised practice, exercises and simulations, and academic work. PSIGE recognizes that different courses will approach this in different ways and wishes to support the development and evaluation of new ways of demonstrating and evaluating capabilities.

Recommendation 1. *All trainees should have demonstrated the capabilities in Table 1 by the end of training.*

Table 1 Expected areas of capability for newly qualified Clinical Psychologists

Capability	NSF Standard	Accreditation Standard
1a Personal and professional recognition and understanding of how to address age discrimination	**1**	**B1.1.6** **B1.2.4**
1b Able to recognise and manage the effects of differences in age between Psychologist and older people particularly in the implementation of psychological therapies	**1**	**B1.1.2** **B1.2.2**
1c Able to encourage and support older people, their carers, and staff to increase autonomy, choice and psychological well-being. Able to effective work to increase motivation when it is low.	**1**	**B1.1**
1d Able to recognise and minimise psychological barriers to older people' independence.	**2**	
1e Able to demonstrate cultural sensitivity, and address culture specific expectations of ageing.	**2**	**B1.1.2**
1f Able to effectively communicate with older people Able to overcome cognitive and sensory impairments to enable effective work to take place. Able to provide written information in the right format for an individual older person	**2**	**B1.1.1**
1g Able to determine psychological formulations for older people with complex, multiple problems. For example, clients with co-existing dementia, depression, social isolation, substance abuse, and poverty.	**2-7**	**B1.1.1** **B1.2.1** **B1.2.3**
1h Able to effectively intervene, both directly and indirectly, to improve the lives of older people, and their carers, using psychological understanding and techniques based on a scientist-practitioner and reflective-practitioner model.	**2**	**B1.1.1** **B1.1.4** **B1.2.3**

1i Able to recognise and manage risk in older people.	**2-7**	
1j Have a basic knowledge of the range of services and agencies available for older people and how to access them.	**3**	**B1.1.3**
1k Able to work effectively with other providers of services for older people to address psychological aspects of health and healthcare	**3**	**B1.1.3, B1.1.4**
1l Able to recognise and manage boundary issues when working with older people in different settings, e.g. patients' homes, medical wards.	**2-4.**	**B1.2.4**

5.0 Recommendations for meeting National Minimum Standards

5.1. Minimum supervised practice

Supervised practice in work with older people has three functions: firstly, to enable the development of fundamental clinical skills and knowledge with wide applicability across all client groups; secondly, the provision of specific experiences, particularly those where a number of capabilities have to be integrated; and thirdly the direct assessment of clinical competencies in these areas.

Recommendation 2. *Specific clinical experiences should be gained, at least in part, in a specialised Older Persons' service under the supervision of a Clinical Psychologist who specialises in work with older people.*

Recommendation 3. *Sufficient time should be spent within a specialist service for older people to allow the inter-disciplinary and inter-agency aspects of work to be understood.*

If this is not achievable, particular care will be needed, on the part of the Training Programme, to ensure that the trainee is able to integrate his or her experiences with older people in to a coherent whole; for example through seminars, case discussions or clinical or academic teaching. Joint working between Older Adult supervisors and supervisors from other specialties may be beneficial. A number of unintegrated disparate experiences with older people in order to tick off a number of discrete competencies with older adults are unlikely to be adequate.

Supervised practice should be arranged to allow trainees to gain and demonstrate the capabilities identified above. Though some of these may be transferable from other settings or client groups, they cannot be assumed to have been transferred without evidence. PSIGE recognises that means of evaluating transferable skills need to be developed, and wishes to contribute to this process.

Not all placements can guarantee all experiences and for some trainees minimum supervised practice will be over a series of placements.

Recommendation 4. *Trainees should have, within their placement experience, opportunities to reflect on the personal effects of working with older adults, especially in relation to feelings about ageing; including successful, robust aging as well as dependency, chronic ill health, loss and mortality, in order to develop the personal awareness required to address the individual client's needs.*

Recommendation 5. *Trainees' supervised experience should include the majority of the following:*

> ***5a.*** *Substantive experience with a number of older people (an indicative number would be eight or more) to ensure that appropriate clinical expertise in assessment and interventions is developed for the main presenting problems. This would usually include contact with at least one person with: stroke, dementia, depression, a late life event(e.g. bereavement, terminal illness, or retirement), poor physical health, substance abuse or drug dependency, and complex problems (the co-existence of at least 3 of the above). Experiences should reflect the age span within this group - i.e. people in their 7th, 8th and 9th decades of life.*
>
> ***5b.*** *A number of these cases should include neuropsychological and other psychometric assessments of intellectual function.*
>
> ***5c.*** *A number of these cases should include direct interventions using recognised psychological models; for example reminiscence therapy or cognitive or psychodynamic therapies.*
>
> ***5d.*** *A number of these cases should involve indirect interventions. They should include at least one with joint working with a non-NHS agency.*
>
> ***5e.*** *At least one case should involve contact with family members*
>
> ***5f.*** *At least one older person should be seen at home.*
>
> ***5g.*** *At least one older person should be seen in a long-term care setting: for example, a nursing or residential home.*
>
> ***5h.*** *At least one person should be seen in a ward, day hospital, or other NHS setting.*
>
> ***5i.*** *A number of interventions should be evaluated using formal measures such as questionnaires or observational scales.*
>
> ***5j.*** *There should be participation in service or practice developments that reflect the integration of psychological models into service delivery.*
>
> ***5k.*** *There should be sufficient involvement with users and carers to grasp their personal experiences within the service system.*

5.2 Academic teaching and syllabus

Recommendation 6. *Teaching and other academic components of the Programme must provide a coherent body of knowledge relating to the needs of older people together with the skills needed for finding, evaluating, and applying this knowledge.*

Not all of this should be within a single module, but when teaching is dispersed, care must be taken to demonstrate that trainees have been able to integrate the different topics. Similarities with and differences from other areas of work should be clear. As with supervised experience, transfer of knowledge from other areas needs to be explicit within training documents and demonstrated by trainees

Recommendation 7. *As a minimum, trainees will have explored ageist stereotypes in teaching and will have received teaching in the majority of the following areas:*

> *7**a.** Models of individuality and personhood that recognise the diversity of older people and the heterogeneity of their needs.*
>
> *7**b.** A life-span developmental perspective that recognises the importance of cohort and longitudinal effects, and includes gerontological theories of adjustment in later life, and the developmental tasks and roles of later life.*
>
> ***7c.** Present and likely future individual experiences of old age; physical, social, psychological, spiritual, cultural, and sexual.*
>
> *7**d.** Effects of ageing on cognitive function including "normal" or successful ageing and dementia and related conditions. This should include an understanding of the psychometric properties of assessments when used with older people.*
>
> *7**e.** Understanding of legal, moral, and ethical issues, e.g. capacity, powers of attorney, protection and over-protection, do not resuscitate orders, euthanasia, choice, and consent, and their relationships to duties of care (e.g. Bournewood guidance).*
>
> ***7f.** Models of healthy living and healthy communities, and interventions to promote good physical and mental health in older people.*
>
> ***7g.** Models and techniques for older adult involvement in service planning and delivery.*
>
> ***7h.** National policy frameworks (NSF) and other significant policy documents e.g. Forget me Not and the development of services within these.*

*7**i.** The social context of older people and current social policy e.g. Better Government for Older People, and financial benefits and pensions.*

*7**j.** Care frameworks and pathways including statutory, voluntary, and independent providers.*

*7**k.** Roles of other professions who work with older people.*

*7**l.** Abuse of vulnerable older people.*

*7**m.** Common problems of old age including bereavement, different types of dementia, late-life depression, stroke, and physical health problems This should include current NSF target areas: for example falls and fear of falling, continence, pain, disability and quality of life, and end of life issues and palliative care.*

*7**n.** Models of psychological interventions for the common problems of older people at the individual, family, and systems level with the evidence base for their effectiveness.*

*7**o.** Suitable outcome measures including quality of life, independence, and symptom report measures.*

*7**p.** Essential psychological components of the medical care of older people.*

*7**q.** Preventative interventions for the common problems of later life.*

*7**r.** Pharmacology and older people including use and abuse of prescription and illicit drugs.*

6.0 Programme Organisation

Recommendation 8. *PSIGE recommends that one member of a Programme's staff is responsible and accountable for overseeing the implementation of these standards.*

This person should be of appropriate seniority, needs adequate resources to discharge the responsibility and should have some experience of working in older people's services.

Recommendation 9. *PSIGE recommends that Programmes work closely with local PSIGE groups for support and advice on implementation of the standards.*

Recommendation 10. *Assessment of clinical competence, either within a specialist placement, or over the whole of a training course if a specialist placement has not been possible, should be by a Clinical Psychologist who has substantive experience in work with older people.*

PSIGE supports the audit of trainees' experiences and the extent to which they meet these minimum standards.

7.0 Programmes that are unable to provide minimum supervised practice or academic teaching

Recent national surveys have shown that a minority of Programmes would be unable to meet these minimums in 2002/3. The Accreditation Criteria require that

Each Programme must be able to identify its own limitations and to indicate how it hopes to rectify these. This might include any limitations in providing teaching and placement experiences with particular client groups or in particular clinical or service settings, and should indicate the likely impact of this for prospective trainees, commissioners and employers. (Section 1.5)

PSIGE Geographical Groups will work with Programmes to provide the best practical application of these guidelines and develop plans to remedy limitations over time.

8.0 Post Qualification Training

PSIGE recognizes that further, post-qualification, training will be needed to fully equip Clinical Psychologists to meet all the requirements of older people. This might include those working in other specialty areas who feel that they need additional training to supervise on older adult issues as well as those who feel the need to update or consolidate understanding and expertise for their own practice. PSIGE would welcome and support initiatives in this area.

9.0 Future work

PSIGE recognises that implementation of these standards will be a challenge for some Training Programmes.

PSIGE will work in partnership with other specialties and Training Programmes to develop ways of flexibly training Clinical Psychologists to have the minimum capabilities identified in this document. There are many examples of existing good practice, some of which are noted in Appendix 4.

Specific areas of work that PSIGE would like to develop further are: tools for auditing trainee experiences, methods for supporting supervisors in other specialties who are providing experiences with older people, ways of assessing transferable competencies, and a model curriculum.

Key Documents

PSIGE Task group for training (1998) Core competences for work with older people. PSIGE, Division of Clinical Psychology, The British Psychological Society.

Department of Health (2001) National Service Framework for Older People. London.

Committee on Training in Clinical Psychology (2002) Criteria for the Accreditation of Postgraduate Training Programmes in Clinical Psychology. Membership and Qualifications Board, The British Psychological Society.

English National Board for Nursing, Midwifery and Health Visiting (2001) An educational response to the National Service Framework for Older People. London.

Skills for Health (2003) Draft competency framework for Older People's services. London.

Division of Clinical Psychology, The British Psychological Society and Department of Health. (2003) English Survey of Applied Psychology, Leicester and London.

Department of Health (2003) Workforce activity figures for England, doh.gov.uk.

Appendix 1

Members of the PSIGE Training Committee

Cathy Amor (until October 2002)

Steve Boddington, Consultant Clinical Psychologist, Southwark MHOA Psychology Service, Maudsley Hospital, London

Linda Clare (until Summer 2003), Lecturer in Clinical Psychology, Sub-department of Clinical Health Psychology, University College, London and Consultant Clinical Psychologist, Camden and Islington Mental Health and Social Care NHS Trust

Daniel Collerton, Consultant Clinical Psychologist, South of Tyne and Wearside Mental Health NHS Trust, and Honorary Teacher in Clinical Psychology, University of Newcastle upon Tyne.

Susan Conaghan,

Catherine Dooley (convenor 2003 -), Consultant Clinical Psychologist, South West London and St. George's Mental Health NHS Trust, Barnes Hospital, London SW14 8SU

Jan Oyebode (convenor until summer 2003), Senior Lecturer and Course Director,

Alistair Smith,

Bob Woods, Professor of Clinical Psychology of Older People, Dementia Services Development Center, Wales

Appendix 2

Consultation on initial draft

The draft was circulated for comments in February 2003 to:

All PSIGE geographical groups
Chairs of GTiCP, CTCP, MPTB, DCP
Chairs of DCP Faculties and Special Interest Groups
Directors of Clinical Psychology Training Programmes (via GTiCP)

By mid September 2003, replies had been received from

All PSIGE geographical groups
Faculty of Addictions
Directors of seven Training Programmes

Appendix 3

The NSF for Older People specifies eight aims for Older Peoples' services:

1. To ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age

2. To ensure that older people are treated as individuals and they receive appropriate and timely packages of care which meet their needs as individuals, regardless of health and social services boundaries.

3. To provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living.

4. To ensure that older people receive the specialist help they need in hospital and that they receive the maximum benefit from having been in hospital.

5. To reduce the incidence of stroke in the population and ensure that those who have had a stroke have prompt access to integrated stroke care services.

6. To reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen.

7. To promote good mental health in older people and to treat and support those older people with dementia and depression.

8. To extend the healthy life expectancy of older people

Appendix 4

Examples of Good Practice

The Northern Group of PSIGE, in collaboration with the Newcastle and Teesside Training Programmes, is auditing Trainee placement experiences against these standards.

Newcastle and Teeside Training Programmes jointly fund an annual away day for older adult supervisors to plan placement capacity and allocation, and update supervision skills.