

Certificate in psychosocial interventions, programme descriptor for registered nurses and midwives

Item type	Other
Authors	Health Service Executive (HSE); Office of the Nursing and Midwifery Service Director, Health Service Executive (HSE)
Citation	Certificate in psychosocial interventions, programme descriptor for registered nurses and midwives. Dublin: HSE; 2013.
Downloaded	5-Nov-2017 18:04:18
Link to item	http://hdl.handle.net/10147/619959



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Certificate in Psychosocial Interventions



PROGRAMME DESCRIPTOR

For Registered Nurses & Midwives



Office of the
Nursing & Midwifery
Services Director



*This programme is currently submitted to Quality and Qualifications Ireland for accreditation as a Level 8 (National Qualifications Authority of Ireland) Special Purpose Award and is awaiting this accreditation.

ISBN 978-1-906218-68-3

September 2013

**Office of the Nursing & Midwifery Services Director
Health Service Executive
Dr Steevens' Hospital
Dublin 8**

<http://www.hse.ie>



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Certificate in Psychosocial Interventions



PROGRAMME DESCRIPTOR

For Registered Nurses & Midwives



Office of the
Nursing & Midwifery
Services Director



Abbreviations

CBT	Cognitive Behaviour Therapy
DASS	Depression, Anxiety, Stress Scale
KGV	Krawiecka, Goldberg and Vaughn - Modified Symptom Scale
NICE	National Institute for Health and Care Excellence
PSI	Psychosocial Interventions
QQI	Quality and Qualifications Ireland
SIGN	Scottish Intercollegiate Guideline Network.



Foreword

Psychosocial Interventions (PSI) including Family work and Cognitive Behaviour Therapy (CBT) are integral to the design and delivery of recovery orientated evidence based mental health services for people with mental health problems. PSI is the term used to describe collaborative work with service users which integrates a range of biological, social and psychological evidence-based interventions delivered within the recovery perspective. These interventions are primarily directed towards a functional improvement for the service user: expanding the individual's opportunities to live in the community and to participate in societal life.

PSI are an effective treatment option for many mental health problems. The evidence for the efficiency of PSI is drawn from studies that have found that the delivery of these interventions are associated with a range of benefits including reduced rates of re admission, reduced rates of relapse, improved mental state, greater adherence to medication, greater opportunities for employment and reduced cost of care.

The Office of the Nursing & Midwifery Services Director (ONMSD) in the Health Service Executive (HSE) in their nursing strategy *A Vision for Psychiatric/Mental Health Nursing – a Shared Journey for Mental Health care in Ireland* (2012) identified the requirement for all psychiatric/mental health nurses to expand their scope of practice and develop additional skills and competencies to provide service users and their families with a greater range of psychological interventions and treatments including PSI. Expanding their practice in this way will enable nurses to lead out on and deliver the type of care envisioned in *A Vision for Change – Report of the Expert Group on Mental Health Policy 2006*. However, there is a recognition that nurses will require education to support them with this change process.

This programme of education *Certificate in Psychosocial Interventions for Nurses** aims to equip nurses with the knowledge and skills to apply psychosocial intervention safely and appropriately with service users and their families/carers within his/her scope of nursing practice. It is proposed that nurses who successfully complete this programme of education will be more confident, recovery orientated practitioners who can lead out on the types of services planned for in *A Vision for Change – Report of the Expert Group on Mental Health Policy 2006*. The development of this programme was informed by the work of the Institute of Mental Health, Nottingham who promote excellence in how



mental health services are delivered through ground breaking research and pioneering educational activities. We would like to acknowledge their work and the work and commitment of the Curriculum Development Group in the development of this programme.

James Lynch

Nurse Tutor & Programme Lead

Ken Brennan

Director RCNE HSE DNE

Eithne Cusack

Director NMPDU & ONMSD Lead for Mental Health

Curriculum Development Group Membership



Mr. James Lynch (Chairperson)	Nurse Tutor, Regional Centre of Nurse & Midwifery Education, Connolly Hospital.
Ms. Rose Bennett	Nurse Practice Development Co-ordinator, HSE Dublin North Mental Health Services.
Ms. Anne Brennan	Nurse Practice Development Co-ordinator, St Vincent's Hospital, Fairview, Dublin 3.
Ms. Imelda Noone	Nurse Practice Development Co-ordinator, HSE North West Dublin Mental Health Services.
Ms. Martina McGuinness	Nurse Practice Development Co-ordinator, HSE Dublin West/ South West, Kildare/ West Wicklow, Dublin South & Wicklow Mental Health Services.
Mr. Con Buckley	Registered Psychiatric Nurse (Retired) & Expert by Experience.
Ms. Antoinette Hughes	Community Mental Health Nurse, St Vincent's Hospital, Fairview, Dublin 3.
Ms. Kathleen McGrath	Community Mental Health Nurse, HSE North West Dublin Mental Health Services.
Ms. Anna Maria Luddy	Specialist Co-ordinator, Regional Centre of Nurse & Midwifery Education, Connolly Hospital.
Ms. Jayne Campbell	Clinical Nurse Specialist, HSE Dublin West/ South West Mental Health Service.
Ms. Maria McCarron	Cognitive Behaviour Therapist, St Vincent's Hospital, Fairview, Dublin 3.
Ms. Anne Bolger	Clinical Nurse Specialist, Liaison Psychiatry, Connolly Hospital.
Ms. Jean Morrissey (External Expert)	Lecturer, Psychotherapist/Supervisor (IACP Accredited), School of Nursing & Midwifery, University of Dublin Trinity College.





Table of Contents

Context	10
Programme Aim	12
Programme Learning Outcomes	12
Teaching and Learning Strategies	12
Programme Modules	13
Clinical Supervisors	15
References	16
Appendix 1	18

Currently in Ireland, mental health services are facing much change with associated unprecedented challenges. The drivers of this exceptional change are Ireland's national mental health policy document *A Vision for Change: Report of the Expert Group on Mental Health Policy* (Department of Health & Children, 2006) and the reforming Mental Health Legislation (Government of Ireland, 2001). The core focus of these changes is the reorientation of the delivery of mental health services to community based services. It is accepted that there is the need for a new paradigm that is a partnership model with service providers working in collaboration with service users and their families. This partnership will facilitate and support service user's recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services. The recovery ethos and associated principles, underpin the recommendations in *A Vision for Change* (2006). More recently *A Vision for Psychiatric/Mental Health Nursing* (2012) concurs with mental health services adopting a recovery approach. This report advocates that the principles and values of the recovery approach should inform psychiatric/mental health nursing practice in all areas of care and service delivery.

Increasingly there is recognition that the education and development of the workforce is critical to the type of care that is envisioned. Having a quality, well educated and motivated workforce is crucial for the successful implementation of the directives outlined in *A Vision for Change: Report of the Expert Group on Mental Health Policy* (Department of Health & Children, 2006) and *The Quality Framework for Mental Health Services in Ireland* (MHC 2007). In particular Higgins et al. (2010) stated that this education should focus beyond the development of knowledge to the development of clinical competency in a number of key areas including psychotherapeutic interventions and recovery and social inclusion. Specifically they (Higgins et al, 2010) argue that contemporary mental health practitioners require specific knowledge and expertise in therapeutic approaches that are less dependent on the traditional model of care and more focused on recovery oriented practices. Practitioners working with people who experience mental health problems not only require core values, attitudes, knowledge, and competencies, but they also need the ability to apply these in practice, across a range of clinical contexts. Similarly, *A Vision for Psychiatric/Mental Health Nursing* (2012) recommends that in future psychiatric nurses will provide a more expanded scope of practice to increase clinical capacity and will continue to develop additional skills and competencies to provide a greater range of evidence based interventions and professional services



for service users and their carers/family members.

Therefore, if this modernisation agenda and the vision for quality mental health services articulated in all of the recent publications are to be realised; then the provision of quality education and training that is responsive, relevant, accessible, and evidence based is essential. Education in Psychosocial Interventions (PSI) is a programme which can prepare and equip mental health practitioners to deliver this profound change in how mental health services are delivered. PSI is a term used to describe collaborative work with service users which integrate a range of medical, social, and psychological evidence-based interventions delivered within the recovery perspective (Sin & Scully 2008). Rossaler and Haker (2003) identify that interventions qualify as psychosocial if 'they are primarily directed towards a functional improvement: expanding the individual's opportunities to live in the community and to participate in societal life'. According to NICE (2002) PSI are integral to the design and delivery of recovery oriented evidence based mental health services for people with psychosis. Additionally, there is increasing evidence that PSI offer more positive outcomes for people with bipolar disorder than medication and routine clinical care alone (Miklowitz, 2006; Scott & Gutierrez, 2004; Huxley, Parikh & Baldessarini, 2000). These interventions such as cognitive behaviour therapy (CBT), solution focused brief therapy, family work, early intervention, relapse prevention and motivational interventions, delivered to individuals or through groups, have come to prominence through their effectiveness with people who experience serious and complex mental health problems and their carers. When tested in randomised controlled trials, evidence-based psychosocial interventions were found to reduce levels of affect, distress, hospital admission and relapse, and improve family functioning and quality of life (Pitschel-Walz et al 2001, Pilling et al 2002, Velleman et al 2006). Consequently these are considered core first line treatments of serious mental health problems (Scottish Intercollegiate Guideline Network (SIGN) 1998, 2005; National Institute for Health & Care Excellence (NICE) 2002, 2009).

Mental health nurses are well placed to provide PSI because of the close involvement they have with the delivery of care. This is further highlighted by the critical relationship between service user outcomes and mental health nursing practice previously established in the literature (Rydon 2005). So it would seem that mental health practitioners and in particular mental health nurses who routinely incorporate psychosocial interventions into their interactions with service users will significantly influence the achievement of a quality, holistic, seamless, socially inclusive, recovery



and empowering oriented mental health service, which fosters active partnerships between service users/carers and professionals. This programme of education is designed to enable and support mental health nurses to become skilled and confident to incorporate psychosocial interventions into their practice and thereby lead out on the modernisation agenda of mental health services.

Programme Aim

The aim of the education programme *Certificate in Psychosocial Interventions for Nurses* is to ensure that upon successful completion the learner is equipped with the knowledge and skills to apply psychosocial interventions safely and appropriately with service users and their families/carers within his/her scope of nursing practice.

Programme Learning Outcomes

Upon successful completion of the programme, the learner should achieve the following minimum intended learning outcomes:

1. Demonstrate a systematic understanding of evidence-based psychosocial interventions and how these promote and support recovery-oriented nursing care;
2. Critically utilise evidence based knowledge and skills when applying psychosocial interventions in the process by which he/she provides safe, patient centred, recovery-oriented nursing care;
3. Apply professional judgement and clinical decision making skills in relation to applying psychosocial interventions within his/her scope of nursing practice;
4. Critically reflect on his/her responsibility and accountability when applying psychosocial interventions in his/her nursing practice;
5. Demonstrate effective communication skills in advancing the use of psychosocial interventions within the multidisciplinary team in the interest of promoting mental health services that are recovery-oriented.

Teaching and Learning Strategies

Communication is an integral component of nurse education and it is of particular relevance for this programme as essentially psychosocial



interventions are methods which nurses utilise to communicate with those in their care. Training in these psychosocial interventions will assist the nurses participating on this programme to engage more effectively with the people in their care and to provide care that is recovery oriented (Roter et al. 1995; Kameg et al. 2009). This provides challenges for nurse educators to identify innovative techniques to ensure that learners acquire the knowledge and skills to confidently apply psychosocial interventions in his/her practice. The specific teaching and learning strategies for this programme will consist of:

- Didactic lectures that will orientate the learner in the subject or interventions being taught;
- Problem based activities using either suggested examples or first hand experiences;
- Training in the micro skills of psychosocial interventions through;
 - Demonstration of the skills on DVD;
 - Rehearsing the skills through role-rehearsal and feedback;
 - Refinement of the skills through filmed role-rehearsal and feedback.

Programme Modules

The programme consists of two modules, a theoretical module (Module 1) and a clinical practice module (Module 2). It is proposed that the programme will be accredited with Quality and Qualifications Ireland (QQI) as a Level 8 (National Qualifications Authority of Ireland) Special Purpose Award and An Bord Altranais agus Cnaimhseachais na hEireann for Post-Registration Category 2 Approval. The proposed credit value for each module is 10 ECTS credits.

- 1. Certificate in Psychosocial Interventions for Nurses (Module 1).** This module consists of five theoretical days delivered over two weeks in the Regional Centre of Nursing & Midwifery Education. This module will be assessed with a learning statement (20%) and a written assignment (80%). See Appendix I.

Syllabus/Indicative Content of Module 1

- Concept of recovery in mental health, values that inform recovery practice, Petals of Recovery (Mental Health Commission, 2008), The 10 Commitments: Essential Values of the Tidal Model (Buchanan-Barker, 2004); the use of psychosocial interventions in promoting recovery oriented nursing practice.



- Relevant national and international mental health policy including strategy and framework documents.
- Engagement and management of the therapeutic alliance.
- Stress Vulnerability Model as a framework when working with people experiencing mental health difficulties.
- Psychosocial assessment using e.g. DASS (Depression, Anxiety, Stress Scale), KGV Modified Symptom Scale, Social Functioning Scale, Social Network Map.
- Solution-focused nursing – problem free talk, exploring the person's preferred future, scaling questions, attending to levels of motivation and confidence, coping strategies, next steps, celebrating change.
- Brief introduction to basic cognitive behaviour therapy (CBT) and its relevance to psychosocial interventions.
- Using cognitive behavioural approaches to facilitate assessment of the person's experiences, producing a formulation for the client. Introduction to some of the basic strategies used in CBT – agenda setting, identifying and testing negative thoughts, using guided discovery ("Socratic questioning"), goal setting and the use of behavioural experiments. and treatment planning – demonstration and role modeling of techniques.
- Wellness Recovery Action Planning – developing own unique wellness recovery action plan.
- Early Warning Signs and relapse prevention – engagement and education, identification of a relapse signature, development of a relapse drill, rehearsal and monitoring, clarification of the relapse signature and the relapse drill.
- Family centred care – introduction to systemic thinking and its relevance to psychosocial interventions with clients and their families, collaborating with clients and their families/carers, building on the strengths of each, using a structured approach to work through problems, clarify communication and assisting families to cope with mental health issues.
- Practicing mindfulness as a psychosocial intervention to support recovery.
- Incorporating psychosocial interventions into the process of assessing, planning, implementing and evaluating nursing care.

Certificate in Psychosocial Interventions for Nurses (Module 2).

Module 2 consists of a fourteen week placement in the learners usual clinical work environment. It will be assessed with a case study and an oral presentation. See Appendix I.



The learner will be eligible to commence the clinical practice module having attended the first three days of the theoretical module in the Regional Centre of Nursing & Midwifery Education. The learner will be required to commit ten hours per week to applying psychosocial interventions. Over the fourteen weeks the learner will also be required to avail of four episodes of clinical supervision with each episode lasting for ninety minutes. During the placement the learner must complete the Clinical Practice Portfolio. This portfolio will consist of

1. The Clinical Supervision Contract;
2. Three signed Records of Clinical Supervision;
3. The Clinical Supervisors Report.

The learner is required to submit the completed portfolio as an appendix with the assessment project which is due for submission on completion of the clinical placement. The portfolio will contribute in partial fulfilment of the requirements to pass the project. The documents in the portfolio will make a significant contribution towards the overall body of evidence which will contribute towards the grade awarded for the project. It will also reflect the learner's achievement of the learning outcomes of the module.

Clinical Supervisors

Prior to commencing the *Certificate in Psychosocial Interventions for Nurses* programme, each learner must have a designated clinical supervisor who will provide guidance, supervision, and feedback on learners' performance and support them in the achievement of the stated learning outcomes for the duration of the programme.

This clinical supervisor (a registered nurse) will ideally be a clinical nurse manager/clinical nurse specialist/advanced nurse practitioner who is experienced using psychosocial interventions. The clinical supervisor will have undertaken a relevant programme of professional development approved by An Bord Altranais agus Cnaimhseachais na hEireann and a Higher Education Institute or any other recognised provider of education e.g. Irish Association for Counselling and Psychotherapy, Institute of Mental Health, Nottingham etc.

The Programme Co-ordinator will be responsible for liaising with clinical supervisors and ensuring they are fully cognisant of the requirements of the programme. A briefing workshop for the clinical supervisors will be held in the Regional Centre of Nurse Education prior to the clinical practice placement commencing.



References

Department of Health and Children (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy*. Dublin: Stationary Office.

Government of Ireland (2001) *Mental Health Act*. Dublin: Stationary Office.

Health Service Executive. (2012) *A Vision for Psychiatric/Mental Health Nursing: A shared journey for mental health care in Ireland*. Dublin: The Stationary Office.

Higgins, A., Creaner, M., Alexander, J., Maguire, G., Rani, S., McCann, E., O'Neill, O., Watts, M. & Garland, M (2010) *Current Education/Training Available for Professionals Working In Mental Health Services in the Republic of Ireland: A Scoping Study*. Dublin : Mental Health Commission.

Huxley, N., Parikh, S., & Baldessarini, R. (2000) Effectiveness of psychosocial treatments in bipolar disorder: State of evidence. *Harvard Review of Psychiatry*, 8(3), 126-140. doi:10.1093/hrp/89.3.126

Mental Health Commission (2007) *Quality Framework: Mental Health Services in Ireland*. Dublin : Mental Health Commission.

Miklowitz, D (2006) A review of evidence-based psychosocial interventions for bipolar disorder. *Journal of Clinical Psychiatry*, 67(suppl. 11), 28-33.

National Institute for Clinical Excellence (2002) *Schizophrenia. Core Interventions in the Treatment and Management of Schizophrenia in Primary and Secondary Care*. London: National Collaborating Centre for Mental Health.

National Institute for Clinical Excellence (2009) *Schizophrenia. Core Interventions in the Treatment and Management of Schizophrenia in Adults in Primary and Secondary Care*. London: NICE. www.nice.org.uk/CG82 Accessed 08/06/2012.

Pilling, S., Bebbington, P. & Kuipers, E. (2002) Psychological Treatments in psychosis: Meta-analysis of family intervention and cognitive behaviour therapy. *Psychological Medicine*, 32, 1, 1-19.

Pitschel-Walz, G., Leucht, S. & Bauml, J. (2001) The effect of family



interventions on relapse and rehospitalisation in schizophrenia: a meta analysis. *Schizophrenia Bulletin*, 27, 1, 73-92.

Rossler, W. & Haker, H. (2003) Conceptualizing psychosocial interventions. *Current Opinion in Psychiatry* 16, 709-712.

Rydon, S. (2005) The attitudes, knowledge and skills needed in mental health nurses: The perspective of users of mental health services. *International Journal of Mental Health Nursing*, 14, 78-87.

Scottish Intercollegiate Guideline Network (1998) Psychosocial Interventions in the Management of Schizophrenia. *SIGN Publication No. 30*. www.sign.ac.uk/pdf/qrg30.pdf. Accessed 08/06/2012.

Scottish Intercollegiate Guideline Network (2005) Bipolar Affective Disorder. SIGN Publication No. 82. www.sign.ac.uk/pdf/sign82.pdf. Accessed 08/06/2012.

Scott, J., & Gutierrez, M.J. (2004) The current status of psychological treatments in bipolar disorders: A systematic review of relapse prevention. *Bipolar Disorders*, 6(6), 498-503. doi:10.1111/jl399-5618.2004.00153.x

Sin, J. & Scully, E. (2008) An evaluation of education and implementation of psychosocial interventions within one UK mental healthcare trust. *Journal of Psychiatric and Mental Health Nursing* 15, 161-169.

Velleman, R., Davis, E. & Smith, G. (2006) *Changing Outcomes in Psychosis*. London: Blackwell.



Appendix 1

Programme Title: Certificate in Psychosocial Interventions for Nurses Programme Flowchart

Programme Week	Module	Content/Allocation	Assessment
Week 1	Module 1	Three Day Theory	
Week 2	Module 2	Clinical Practice	
Week 3	Module 1	Two Day Theory	
Week 4	Module 2	Clinical Practice (1st Clinical Supervision Episode)	Learning Statement (Module 1)
Week 5	Module 2	Clinical Practice	
Week 6	Module 2	Clinical Practice	
Week 7	Module 2	Clinical Practice	
Week 8	Module 2	Clinical Practice (2nd Clinical Supervision Episode)	Written Assignment (Module 1)
Week 9	Module 2	Clinical Practice	
Week 10	Module 2	Clinical Practice	
Week 11	Module 2	Clinical Practice	
Week 12	Module 2	Clinical Practice (3rd Clinical Supervision Episode)	
Week 13	Module 2	Clinical Practice	
Week 14	Module 2	Clinical Practice	Oral Presentation (Module 2)
Week 15	Module 2	Clinical Practice	
Week 16	Module 2	Clinical Practice (Final clinical supervision episode)	
Week 17			Project (Module 2)



