

A Competency Based Curriculum for Specialist Training in Psychiatry

Specialist Module in Rehabilitation Psychiatry



Royal College of Psychiatrists

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SPECIALIST IN REHABILITATION PSYCHIATRY

Specialists in Rehabilitation Psychiatry work with others to assess, manage and treat people with severe and enduring mental health problems, and contribute to the development and delivery of effective services for these people and their relatives and carers. The culture of services reflects the prime importance of personal and social outcomes over conventional cure of symptoms.

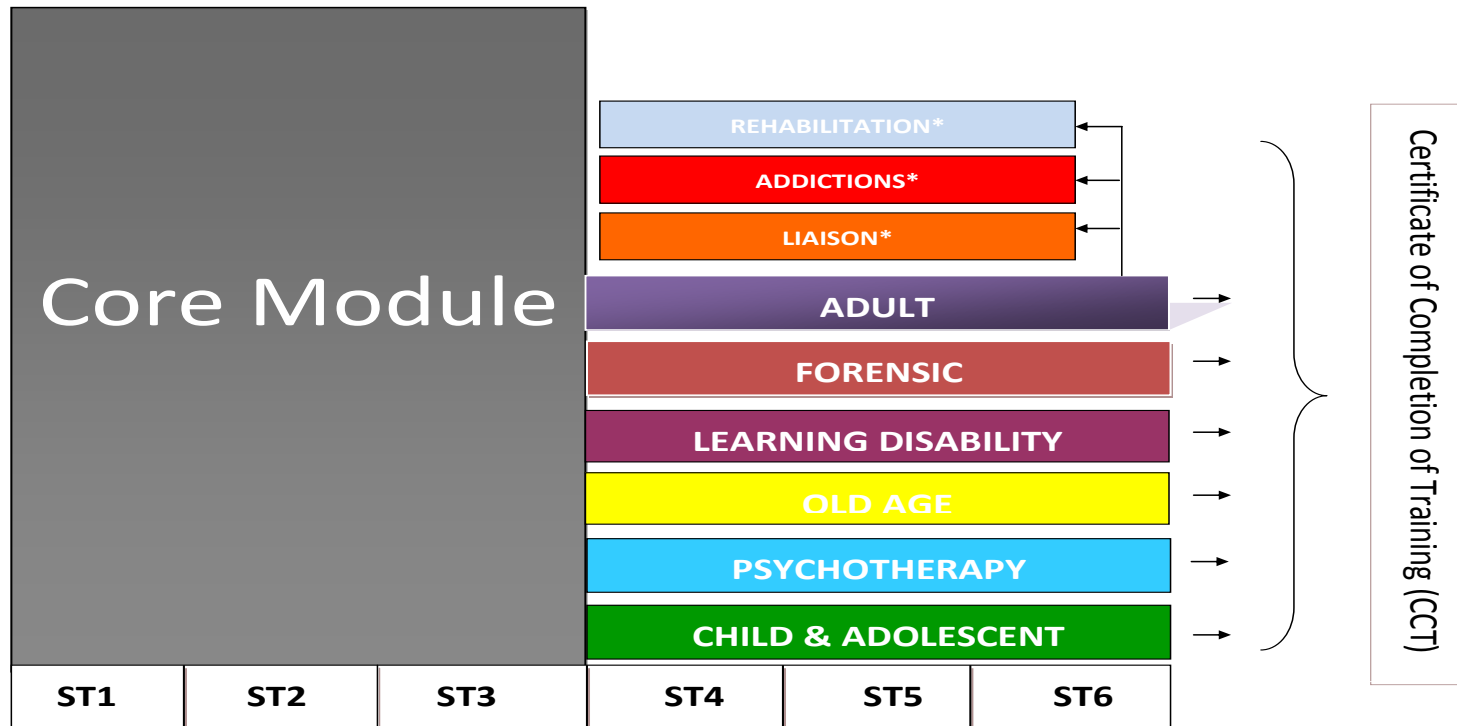
This Curriculum is written for doctors who are following the Specialist Module in Adult (General and Community) Psychiatry Module and wish to have their Certificate of Completion of Training (CCT) endorsed with the sub-specialty of Rehabilitation Psychiatry. Doctors pursuing this option should therefore also pursue the Learning Outcomes in the Adult (General and Community) Psychiatry Module.

The Specialist modules of the College curriculum, including this one, build on the Core Module in two ways.

Firstly, Specialty Registrars in Psychiatry all continue to achieve the competencies set out in the Core Module throughout training, irrespective of their psychiatric specialty. This involves both acquiring new competencies, particularly in aspects such as leadership, management, teaching and appraising, and developing core competencies such as examination and diagnosis to a high level and, as an expert, serving as a teacher and role model.

Secondly, the specialist modules set out those competencies that are a particular feature of each specialty. These include competencies that are specific to that specialty, or that feature more prominently in the specialty than they do elsewhere, or that need to be developed to a particularly high level (mastery level) in specialty practice.

TRAINEES' PROGRESSION FROM ST1 TO CCT IN PSYCHIATRIC SPECIALTIES



*Please use the relevant subspecialty curricula in conjunction with Adult (General and Community) Psychiatry curriculum.

The Intended Learning Outcomes

Some of the intended learning outcomes set out in the Core Curriculum are not included in this specialty module. However, for consistency, the numbering system for the intended learning outcomes has been left unchanged here. Therefore, there are gaps in the sequence below.

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- ***Presenting or main complaint***
- ***History of present illness***
- ***Past medical and psychiatric history***
- ***Systemic review***
- ***Family history***
- ***Socio-cultural history***
- ***Developmental history***

Intended learning outcome 2

The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

Intended learning outcome 4

Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

Intended learning outcome 5

Based on the full psychiatric assessment, the doctor will demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

Intended learning outcome 7

To be able to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

Intended learning outcome 9

To demonstrate the ability to work effectively with colleagues, including team working

Intended learning outcome 10

Develop appropriate leadership skills

Intended learning outcome 15

Develop the ability to teach, assess and appraise

Intended learning outcome 16

To develop an understanding of research methodology and critical appraisal of the research literature

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- **Presenting or main complaint**
- **History of present illness**
- **Past medical and psychiatric history**
- **Systemic review**
- **Family history**
- **Socio-cultural history**
- **Developmental history**

Knowledge	Skills	Attitudes demonstrated through behaviours
	<p>Evaluate through information obtained from patients, their families and other relevant sources, the patient's strengths, disabilities, risks and vulnerabilities</p> <p>Apply in practice the principles of assessment of disability associated with primary and secondary impairment and tertiary handicap</p> <p>Demonstrate in clinical practice the use of structured tools used in the assessment of psychosis, disability, social function, quality of life and to monitor change</p> <p>Assess change in social function and predict capability</p>	<p>Understand the individual as a person with a narrative and how they conceptualise their illness in relation to this</p> <p>Understand how this affects their self esteem, sense of autonomy and motivation</p>

	to move between settings	
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Intended learning outcome 2
The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

Knowledge	Skills	Attitudes demonstrated through behaviours
	Be able to determine capacity, based on an understanding of the concepts	

Intended learning outcome 4
Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

Knowledge	Skills	Attitudes demonstrated through behaviours
Understand the range of potential risk behaviours which service users with SMI/complex needs may exhibit and how these may overlap and interact (e.g. risk of physical aggression/self harm, physical aggression/		

<p>vulnerability to aggression from peers in inpatient settings, self-neglect/fire-setting)</p> <p>Understand the epidemiological factors which may increase risk of harm to others in populations with long term severe mental disorders, how these overlap with factors in the general population and how these factors may interact (e.g. social deprivation, substance misuse, adverse early life experience)</p> <p>Understand the various aspects of mental health legislation including those aspects which relate to courts/Criminal Justice System</p> <p>Understand the range of structured risk assessment tools available (including those used in CJS) including their strengths (e.g. structured way of collating factors which may contribute to risk which may then contribute to development of formulation) and weaknesses (e.g. predict risk in populations only, not individuals and do not cover important areas of risk assessment/formulation including situational and victim factors)</p>	<p>Use mental health legislation including those aspects which relate to courts/Criminal Justice System</p> <p>Apply a the range of structured risk assessment tools available (including those used in CJS)</p>	
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<p>Understand the way in which clinical features of psychosis may increase the likelihood that risk behaviours will occur (e.g. positive psychotic symptoms particularly 'threat/control over-ride' type, high arousal, impulsivity secondary to cognitive difficulties, limited insight leading to non-adherence with medication regimes)</p> <p>Understand the way in which other factors may contribute to increasing the likelihood of risk behaviours occurring (e.g. substance misuse, personality, lifestyle and lack of social supports)</p> <p>Understand the way in which characteristics of the victim and their relationship with the service user may increase the risk of violence or other risk behaviours (e.g. family members in high EE situations, specific victim groups for particular individuals which may derive from content of persecutory positive symptoms)</p> <p>Understand the way in which the particular circumstances surrounding a risk incident may have contributed to that incident occurring (e.g. over stimulating environment in an inpatient setting, lack of support, other social</p>	<p>Consider clinical features of psychosis, associated factors which may increase likelihood of risk behaviour occurring, characteristics of the victim and their relationship with the service user and particular circumstances surrounding a risk incident in the context of previous history of risk behaviours collated from the widest possible range of sources to contribute towards development of formulation (e.g. consistent patterns of risk behaviour in similar circumstances, changes in pattern or escalation, new behaviours emerging)</p> <p>Consider protective factors and strengths which may reduce the likelihood of such a risk behaviour occurring in the future, to contribute towards development of formulation (e.g. motivation to take medication, stable lifestyle, empathy towards others)</p> <p>Work collaboratively with the service user to explore all of these issues in such a way that s/he can increase understanding, insight and motivation and view self-management of risk</p>	
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<p>stresses or real threats within the environment such as being arrested etc)</p>	<p>as an essential part of the Recovery process.</p> <p>Work collaboratively with the service user to develop a coherent shared formulation of risk using all of the above information.</p> <p>Work collaboratively with the service user to identify early signs of deterioration in mental state and behaviour plus potential triggers and situational factors which may lead to risk behaviours recurring</p> <p>Work collaboratively with the service user to develop a coherent plan aimed towards reducing the likelihood of risk behaviours recurring in future, identifying clearly the service user's own role and that of other people including care co-ordinator/MDT members.</p> <p>Work collaboratively with service user to incorporate this risk management plan into a comprehensive care plan which is agreed and shared with all involved parties including carers and other involved agencies (CPA - Care Programme Approach).</p> <p>Work collaboratively with service user to</p>	
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	<p>incorporate this risk management plan into a comprehensive care plan which is agreed and shared with all involved parties including carers and other involved agencies (CPA - Care Programme Approach).</p> <p>Ensure that all involved parties, including service user and carers, are aware of easy and reliable routes to receive support quickly when there are early signs of deterioration.</p> <p>Support service users in the development of advanced statements/directives in relation to their care.</p>	
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Intended learning outcome 5
Based on the full psychiatric assessment, the doctor will demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

Knowledge	Skills	Attitudes demonstrated through behaviours
	Competence to assess and manage carers' needs and stress including the provision of psycho-education	

Intended learning outcome 7

To be able to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

1-7a Management of severe and enduring mental illness

Knowledge	Skills	Attitudes demonstrated through behaviours
Understand the psychological effects of chronic illness on interpersonal relationships and intrapersonal structures	Contribute a psychotherapeutic perspective to the multidisciplinary assessment and management of patients with severe and enduring mental illness	Help professionals from different backgrounds to understand and use psychotherapeutic concepts in managing this patient group
Describe local and national protocols, laws, benefits and policies relating to mental health service provision in hospitals, residential work, educational settings and other social settings	Use high level communication, negotiation and liaison skills with other stakeholders, including primary care, general adult, forensic and substance use services, Criminal Justice System, prisons and Probation Services and other independent providers as appropriate to develop flexible, integrated and comprehensive services	Provide psychotherapeutic assessment and specific evidence based interventions for people with chronic, disabling and complex mental health problems
The pharmacological management of psychosis resistant to conventional regimes such as NICE and BNF guidelines	Sustain optimism that instils hope for recovery in individuals and those around them	Ensure that care plans are consistent with the patient's strengths and level of function and that access to interventions is not precluded by disability
Know how to ensure the development of a variety of care settings which allow individuals to pick the least	Balance the risks of disengagement from	

<p>dependent and restrictive and the most socially inclusive environment appropriate as close to where they want to live as possible</p>	<p>services with the potential benefits of challenging unwillingness to face issues or progress</p> <p>When crisis arises, recognise the dynamics in the individuals environment which may contribute and address them sensitively in so far as possible to avert the crisis</p> <p>Attend to the practical needs of the patient, including housing, benefits, education, work and activities of daily living</p> <p>Attend to social and leisure needs</p> <p>Employ evidence based psychological approaches for treatment of disorders resistant to pharmacological intervention</p> <p>Identify strengths and tensions in the relationship of patients with their families and carers and address appropriately</p> <p>Assess and manage risk as part of a comprehensive package of recovery-based support for people with severe</p>	<p>Maintain a strategic focus on the provision of work, leisure, social and educational services for patients with severe mental illness</p>
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	<p>mental illness/complex needs within a wide range of settings from inpatient services to the community</p> <p>Provide comprehensive adapted rehabilitation programmes for service users with cognitive deficits associated with severe mental illness/co-morbid conditions</p>	
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Intended learning outcome 9

To demonstrate the ability to work effectively with colleagues, including team working

Knowledge	Skills	Attitudes demonstrated through behaviours
	Liaise effectively with a range of stakeholders, including user organisations, Advocacy Services, Independent service providers, Criminal Justice System, Probation Services, patients' legal representatives in developing care plans and understand the different roles and responsibilities of those bodies	Work with staff and carers to address challenging behaviour in a manner that is sensitive to the individual and sustains the therapeutic relationship Inspire, encourage and support other professional staff to work long-term with patients with severe and enduring mental illness

Intended learning outcome 10

Develop appropriate leadership skills

Knowledge	Skills	Attitudes demonstrated through behaviours
	<p>Sustain staff to work long-term with patients and their families with complex problems where progress is slow and where social function, quality of life, confidence and autonomy take precedence over "cure"</p> <p>Use negotiation and management skills to promote and develop rehabilitation services for patients with severe and enduring mental illness and to develop strategies to tackle adverse commissioning cultures</p>	<p>Promote enthusiasm for and satisfaction with work with long term and enduring condition, amongst trainees and other staff</p> <p>Promote a social psychiatry/recovery culture amongst staff of services delivering rehabilitation</p>

Intended learning outcome 15

Develop the ability to teach, assess and appraise

Knowledge	Skills	Attitudes demonstrated through behaviours
	<p>Sensitively develop understanding of staff in partner services/agencies, such as residential and community support staff, of concepts and culture of recovery, social inclusion and social psychiatry both in the immediate</p>	

	clinical situation and through teaching programmes	
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Intended learning outcome 16
To develop an understanding of research methodology and critical appraisal of the research literature

Knowledge	Skills	Attitudes demonstrated through behaviours
Demonstrate understanding of research methodologies that identify benefits from services to patients whose long-term conditions are resistant to conventional physical and psychological treatments		

Appendix 1

Curriculum competencies – Rehabilitation: Risk

Competency: assess and manage risk as part of a comprehensive package of recovery-based support for people with severe mental illness (SMI)/complex needs in a wide range of settings from secure hospital environments to independent community living

Understanding general context

Need to be able to:

- Understand the range of potential risk behaviours which service users with SMI/complex needs may exhibit and how these may overlap and interact (e.g. risk of physical aggression/self harm, physical aggression/vulnerability to aggression from peers in inpatient settings, self-neglect/fire-setting)

- Understand the epidemiological factors which may increase risk of harm to others in populations with long term severe mental disorders, how these overlap with factors in the general population and how these factors may interact (e.g. social deprivation, substance misuse, adverse early life experience)
- Use of mental health legislation including those aspects which relate to courts/Criminal Justice System (CJS)
- Understand the range of structured risk assessment tools available (including those used in CJS) including their strengths (e.g. structured way of collating factors which may contribute to risk which may then contribute to development of formulation) and weaknesses (e.g. predict risk in populations only, not individuals and do not cover important areas of risk assessment/formulation including situational and victim factors)

Working with individual service users

Need to be able to:

- Understand the way in which clinical features of psychosis may increase the likelihood that risk behaviours will occur (e.g. positive psychotic symptoms particularly 'threat/control over-ride' type, high arousal, impulsivity secondary to cognitive difficulties, limited insight leading to non-adherence with medication regimes)
- Understand the way in which other factors may contribute to increasing the likelihood of risk behaviours occurring (e.g. substance misuse, personality, lifestyle and lack of social supports)
- Understand the way in which characteristics of the victim and their relationship with the service user may increase the risk of violence or other risk behaviours (e.g. family members in high EE situations, specific victim groups for particular individuals which may derive from content of persecutory positive symptoms)
- Understand the way in which the particular circumstances surrounding a risk incident may have contributed to that incident occurring (e.g. over stimulating environment in an inpatient setting, lack of support, other social stresses or real threats within the environment such as being arrested etc)
- Consider all the above in the context of previous history of risk behaviours collated from the widest possible range of sources to contribute towards development of formulation (e.g. consistent patterns of risk behaviour in similar circumstances, changes in pattern or escalation, new behaviours emerging)

- Consider protective factors and strengths which may reduce the likelihood of such a risk behaviour occurring in the future, to contribute towards development of formulation (e.g. motivation to take medication, stable lifestyle, empathy towards others)
- Work collaboratively with the service user to explore all of these issues in such a way that s/he can increase understanding, insight and motivation and view self-management of risk as an essential part of the Recovery process
- Work collaboratively with the service user to develop a coherent shared formulation of risk using all of the above information
- Work collaboratively with the service user to identify early signs of deterioration in mental state and behaviour plus potential triggers and situational factors which may lead to risk behaviours recurring
- Work collaboratively with the service user to develop a coherent plan aimed towards reducing the likelihood of risk behaviours recurring in future, identifying clearly the service user's own role and that of other people including care co-ordinator/MDT members
- Work collaboratively with service user to incorporate this risk management plan into a comprehensive care plan which is agreed and shared with all involved parties including carers and other involved agencies (CPA - Care Programme Approach)
- Ensure that the role of social aspects such as accommodation, meaningful occupation, financial stability and social support are recognised as important factors in reducing future risk
- Ensure that all involved parties, including service user and carers, are aware of easy and reliable routes to receive support quickly when there are early signs of deterioration
- Support service users in the development of advanced statements/directives in relation to their care

Developing/using appropriate services

Need to be able to:

- Develop service systems which are responsive and flexible and can react quickly when there are early signs of deterioration to restore a safe situation using the least restrictive intervention necessary (e.g. increased support, medication review, inpatient care)

- Develop individual support packages for potentially 'high risk' service users in the community as an alternative to hospitalisation/residential care
- Understand the strengths and limitations of the various settings which care for high risk service users in terms of physical environment, security procedures and staff skills
- Understand the importance of structured activity, correct level of stimulation, peer group factors in reducing risk behaviours in inpatient settings
- Develop coherent and realistic plans for service users already within a secure setting to safely progress to less secure conditions (involves consideration of both the strengths/needs of the service user/ the characteristics of the setting including consideration of physical environment/security procedures/ staff skills/peer group/occupational facilities/ease of access for carers/ gender and diversity issues)
- Understand the range of agencies and services which may be required to support high risk services users, including role of CJS, MAPP meetings, accessing secure services, health commissioners and funding issues and how to access these when necessary

Understanding management of acute/serious risk

Need to be able to:

- Operate safely in a range of settings and community situations to minimise risk to self, colleagues, service users
- Use verbal de-escalation techniques effectively
- Understand the issues around acute management of serious aggression in inpatient settings in terms of benefits and risks to both service user and staff/peers, value judgements and cultural factors surrounding options (such as physical restraint, rapid tranquillisation, social isolation/seclusion)

Methods of achieving competency in this domain

- studying relevant literature
- clinical work with range of service users under supervision in hospital/community including practice of all of the above aspects and formal presentations
- attending relevant training courses relating to risk assessment and risk management

- being familiar with standardised risk assessment tools and their content, as representing some of the identified factors which increase risk in populations (even if not formally trained in the use of these instruments)

Appendix 2

Rehabilitation for people with cognitive deficits associated with schizophrenia and/or co-morbid conditions

- Understand the common cognitive deficits associated with schizophrenia and the impact these deficits may have on level of function, behaviour and ability to engage successfully in therapeutic and rehabilitation programmes
- Understand the potential effects of common co-morbid conditions such as brain injury and substance misuse on cognitive function for people with severe mental illness
- Adapt communication style to meet the needs of people with cognitive difficulties, including using simple means of enhancing understanding and learning (such as visual cues, prompts, etc) in this client group
- Undertake a global assessment of a service user with severe mental illness and cognitive deficits, including strengths, needs, functional abilities and behaviour in order to produce a formulation and comprehensive care plan to address these needs
- Use physical investigations and psychometric assessments to assist in the global assessment of people with severe mental illness and cognitive deficits, understanding their usefulness and limitations
- Simplify standard basic psychosocial interventions such as mental illness psycho-education, relapse prevention planning and adherence work to meet the needs of service users with cognitive difficulties
- Use pharmacological treatments appropriately for people with severe mental illness and cognitive difficulties, understanding their special needs in relation to medication effects as well as the importance of co-morbid physical healthcare issues in this client group
- Advise on how environment and level of support may be adapted to meet the needs of people with cognitive deficits in such a way as to enable them to function at their best possible level, reduce the impact of disability and enable them to achieve their chosen lifestyles, regardless of the setting in which they are living

- Understand the ways in which cognitive deficits may impact upon the ability of service users with severe mental illness to achieve their occupational, educational and recreational goals and be able to offer advice around skills training and support options which may increase the likelihood of successful outcome
- Be able to assess capacity across a wide range of potential decision-making scenarios for this client group, and be able to use the relevant mental health and mental capacity legislation appropriately.

Appendix 3

Psychological Therapies in Rehabilitation:

Working with individual service users, the trainee needs to be able to:

- review all psychological treatments previously offered and identify gaps as well as useful avenues previously pursued, in order to create a new psychological treatment plan.
- reassess the patient by talking with them, seeking to understand their life story and history of engagement with mental health services, and crucially their aspirations for the future.
- use NICE guidelines to provide evidence based talking treatments for the range of disorders presenting within contemporary rehabilitation services, including co-morbid substance misuse. These would include:
 - a. CBT for psychosis.
 - b. Family intervention
 - c. Social skills training
 - d. Cognitive rehabilitation
 - e. Motivational interviewing
 - f. Dialectical behaviour therapy
 - g. Cognitive analytic therapy
 - h. Recovery oriented interventions

- i. Narrative based interventions
- j. Behavioural and operant conditioning techniques in challenging behaviour, and cognitive deficit and negative symptoms of psychosis
- k. System knowledge of team dynamics
- l. Developing a behavioural management plan to address challenging behaviour
- m. Ability to work effectively on a psychological level with carers (the major implication of this being that rehabilitation services offer the range of evidence based treatments described above and that trainees will have access to supervised practice in the psychological treatments that are on offer within the service. This has implications for training requirements).