

## Psychological Therapies & Support Framework – Implementation Pack

### 1. Background

The WoSCAN Psychological Therapies and Support Framework was developed by a multi-disciplinary, collaborative group with representatives from West of Scotland NHS Boards, Social Care, and third sector organisations, and ratified by the WoSCAN Regional Cancer Clinical Leads Group (RCCLG) in December 2015.

The purpose of the Framework is to provide a structure to define the service(s) which should be available to all those affected by cancer, and those identified to have specific psychological support needs. The Framework is equally relevant to all services independent of their sector i.e. health, social care and the third sector.

The overall aim is to bring existing services together in a collaborative manner and illustrate a good practice model thereby providing equitable and efficient access to the appropriate services for people affected by cancer.

In order to ensure equitable implementation of the Framework across all collaborative partners in the West of Scotland a robust implementation approach is required.

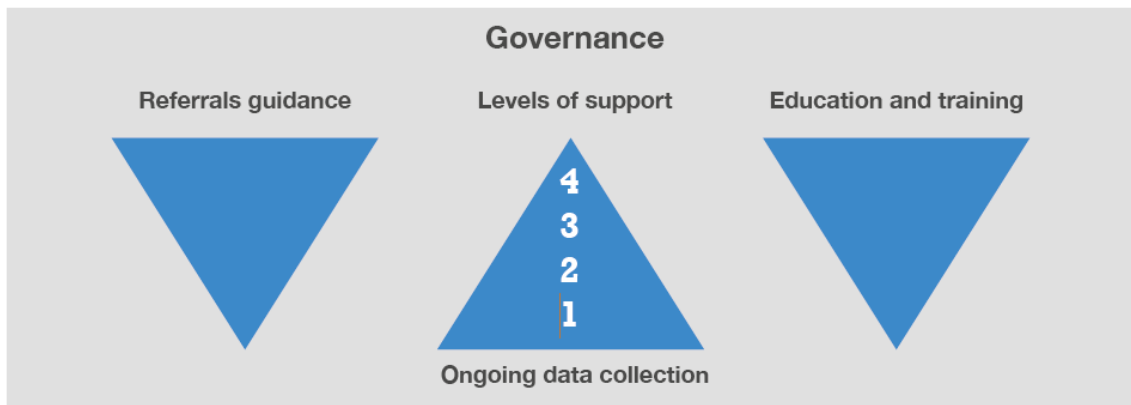
The WoSCAN Psychological Therapies and Support Implementation Steering Group was therefore established in February 2016, under the auspices of the RCCLG, to oversee implementation of the Psychological Therapies and Support Framework.

The role of the WoSCAN Psychological Therapies and Support Implementation Steering Group is to:

- Provide strategic direction and ensure a cohesive regional approach is taken to implementation of the WoSCAN Psychological Therapies and Support Framework across all collaborative partners, including health and social care and the third sector.
- Oversee and support implementation of the Framework, approving the project structure, deliverables, timescales and working responsibilities.

### 2. Workstream Subgroups

Three subgroups were established to take forward specific pieces of work to ensure equitable implementation of the Framework; these also ensured wider inclusiveness of colleagues from across partner organisations. These subgroups have now completed their work. The collective output of the three subgroups forms the Psychological Therapies and Support Framework Implementation Pack.



**Figure 1: Implementation Approach**

## **2.1 Education and Training**

The Education and Training Subgroup, chaired by Chris Hewitt (Consultant Psychologist, NHS GGC) had the following objectives:

- Identify education and training requirements of different staff groups.
- Develop targeted education/ training programme to support implementation.

This group has developed an Education and Training Grid which details the knowledge and competencies required at each staff level (as defined by NICE), the likely interventions utilised by each staff group and recommends core training at each level. The core training tools included have been mapped against the core competencies outlined within ‘A Competence Framework for Psychological Interventions with People with Persistent Physical Health Problems’, work commissioned by NHS Education for Scotland (NES) and launched in 2016. This provided a robust evidence base to support the inclusion of these materials.

NES has agreed to give all non-NHS organisations implementing the Framework access to certain online training tools, while a number of third sector organisations will open up access to internal training for Framework members.

The Grid has been successfully piloted and third sector organisations are now working with NES to further develop training models to ensure suitability.

Appendix 1 outlines in full the Education and Training Grid for implementation.

## **2.2 Referral Patterns and Pathways**

The Referral Patterns and Pathways Subgroup, chaired by David Welch (CEO, Beatson Cancer Charity) until May 2017 and subsequently by Iona Scott (Quality and Service Improvement Manager WoSCAN), had the following objectives:

- Undertake patient pathway mapping identifying key points of interaction with services.
- Develop a referral pathway with clear criteria for referral.

This Subgroup has not replicated any mapping work which has already been undertaken nor developed a services directory (the NHS Inform directory provides this information). Rather the Subgroup developed Referral Guidance, to be used in conjunction with the Education and Training Grid, which provides guidance about how to access psychological support for people affected by cancer.

The Referral Guidance Matrix outlines the criteria at the different levels of support, and the methods for assessment and the range of interventions which could be offered. The organisations represented on the Framework deliver services across all West of Scotland NHS Boards therefore ensuring equity of access.

Appendix 2 outlines in full the Referral Guidance for implementation.

## **2.2 Data Collection and Measurement**

The Data Collection and Measurement Subgroup, chaired by Nic White (Head of Scotland, Breast Cancer Care), had the following objective:

- Identify data routinely collected to establish baseline position and support on-going evaluation of implementation.

This Subgroup collated baseline data regarding the provision of psychological therapies and support from across NHS Boards and third sector organisations. There have been some challenges in the comparability of data, given existing data collection processes across different organisations; however, this represents a significant step forward as this is the first exercise of its kind across WoSCAN.

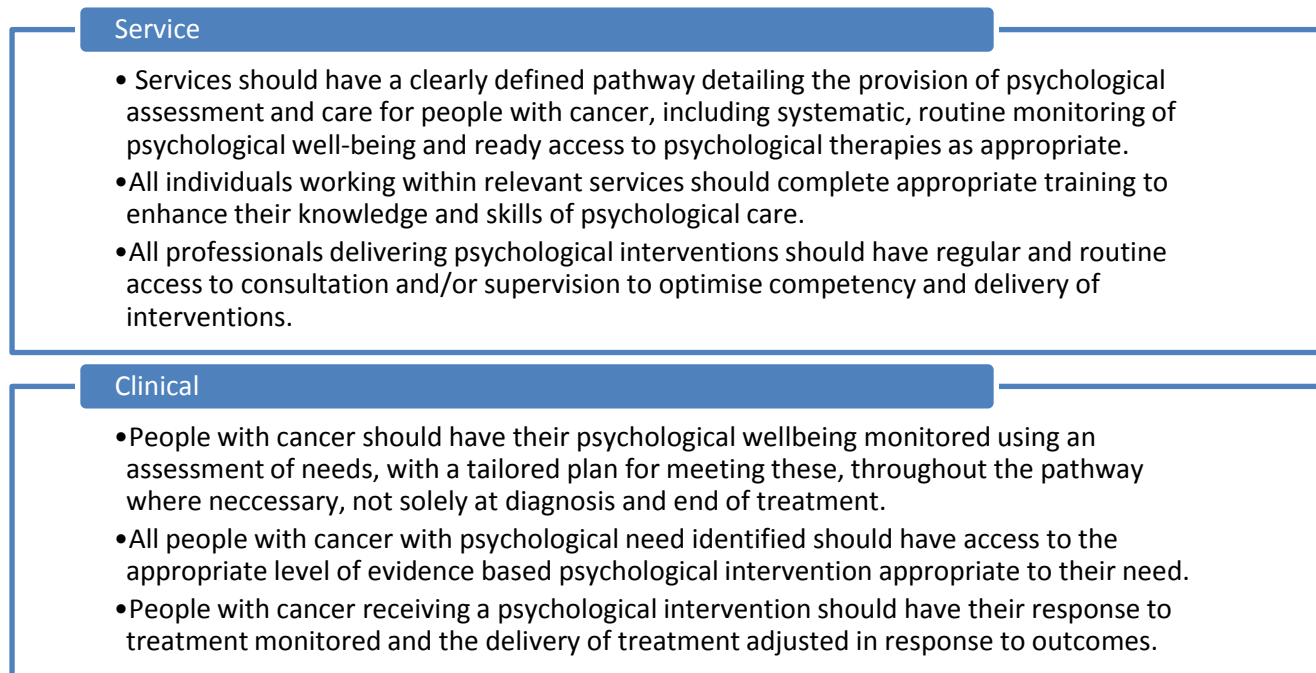
Partner organisations, however, have made a commitment to consolidating data collection to ensure data is more easily compared in future. Specific quality measures, aligned to data regularly captured, have been developed to inform and measure improvements within organisations at a local level whilst allowing for regional and cross organisations comparisons and benchmarking to be undertaken. The aim of Framework implementation is to work towards achieving these standards across the West of Scotland.

The self assessment template, which details data measures, is included in Appendix 3.

## **2.4 Implementation Governance**

In order to achieve ongoing monitoring and evaluation of implementation and to drive quality improvement in the provision of psychological therapies and support a set of quality statements has been developed. These have been adapted from those developed by Scottish National Advanced Heart Failure Service to ensure consistency across services.

Specific quality measures, within confines of data regularly captured, have also been developed to inform and measure improvements within organisations at a local level. These allow for regional and organisational comparisons and benchmarking to be undertaken.



**Figure 2: Quality Statements**

To oversee the successful implementation of the Framework the following actions have been agreed:

- The Implementation Steering Group remains in place with a revised remit. This group, with a refreshed membership, would review the benchmarking exercise, take forward any relevant actions and make further recommendations to ensure successful Framework implementation.
- A self assessment benchmarking exercise (see appendix 3) including the updating of baseline data is undertaken by Boards/partner organisations by November 2017.
- Annual self assessment and data submission to the Implementation Steering Group by partner organisations.
- Regular ongoing updates with an annual progress report through RCCLG would be provided by the Implementation Steering Group.

### **3. Barriers/Risks**

The following risks to successful implementation of the Psychological Therapies and Support Framework have been identified:

- Ownership and buy-in at a local Board/Organisation level.
- Common understanding of Framework levels and how individual services provided relate to these.
- Managing capacity and demand for psychological therapies and support services.
- Collection of consistent and comparable data with which to measure progress of implementation.

#### 4. Success Factors

Successful implementation and adherence to the Framework will ensure:

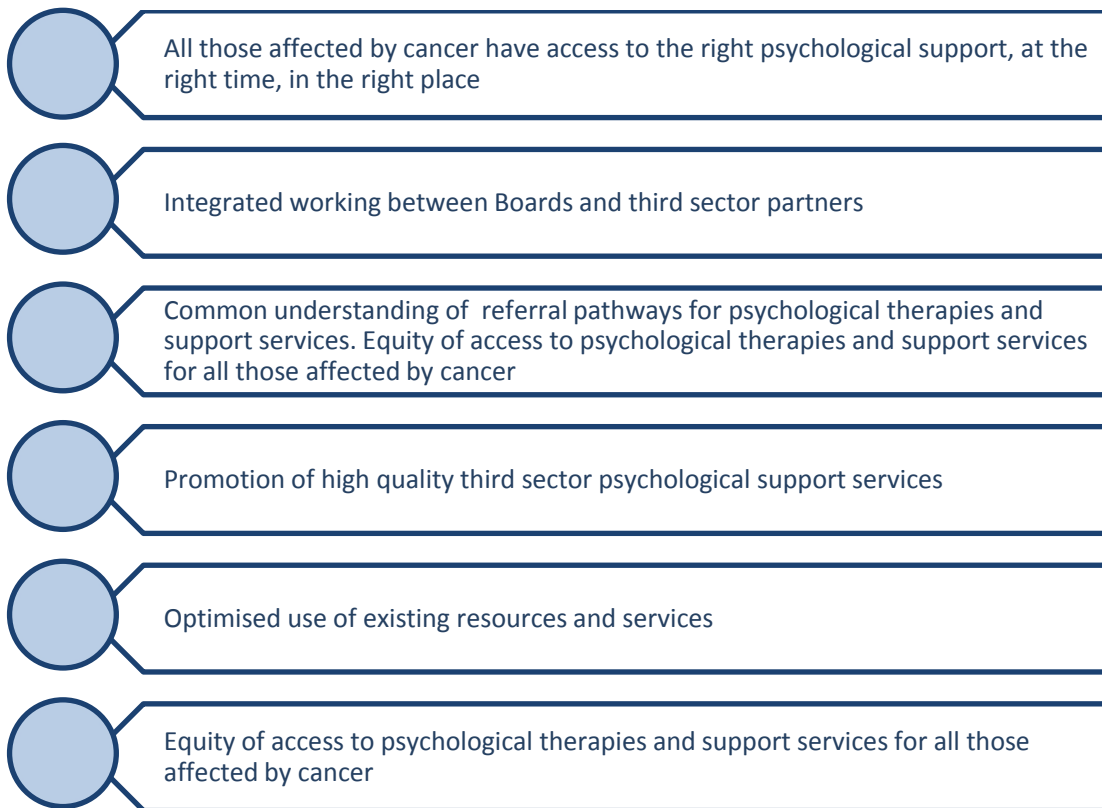


Figure 3: What does success look like?

#### 5. Conclusion

A robust implementation approach for the WoSCAN Psychological Therapies and Support Framework has been developed along with a proposed governance structure to oversee and support consistent implementation across the Region.

Ongoing updates on implementation highlighting any barriers and areas of success and good practice across the Network will be provided regularly to RCCLG.



## Appendix 1A: Psychological Therapies and Support Framework

### Education and Training Grid

The grid below details the knowledge and competencies required across each staff level, alongside likely interventions utilised by each group. Core training tools recommended at each level by the Psychological Therapies and Support Framework Implementation Steering Group are also noted. A detailed overview of training tools is provided in appendix 1. The grid provides examples of training which is available, and does not represent an exhaustive list.

The core training tools included have been mapped against the core competencies outlined within ‘A Competence Framework for Psychological Interventions with People with Persistent Physical Health Problems’ which was launched in Scotland in March 2016. This competence framework was commissioned by NHS Education for Scotland and the Improving Access to Psychological Therapies (IAPT) programme in England ([https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/pdfs/Physical\\_Health\\_Problems/Physical\\_Background\\_Doc.pdf](https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/pdfs/Physical_Health_Problems/Physical_Background_Doc.pdf)).

**Please note: lower intensity training tools / interventions are still relevant across higher levels.**

CORE COMPETENCIES	INTERVENTIONS	TRAINING TOOLS
<b>LEVEL 1A – All those working in cancer care</b>		
<ul style="list-style-type: none"> <li>Understand concept of distress and the importance of recognising psychological needs.</li> <li>Basic awareness of the range of specific psychological problems (e.g. anxiety and depression).</li> <li>Basic listening and communication skills.</li> <li>Ability to recognise psychological needs.</li> <li>Ability to offer general support and to communicate honestly and compassionately.</li> <li>Treat patients and carers with kindness, dignity and respect.</li> <li>Knowledge of when and how to refer on to senior colleagues or appropriate agencies.</li> <li>Knowledge of the range of emotional and support services available.</li> </ul>	<ul style="list-style-type: none"> <li>Effective information giving</li> <li>Supportive relationships</li> <li>Compassionate communication</li> <li>Avoid causing psychological harm</li> </ul>	<p><b>Emotion Matters</b></p> <p><b>ADDITIONAL TRAINING TOOLS (where specific requirement of role)</b></p> <p><b>Suicide prevention (ASIST)</b></p> <p><b>Foundation level communication skills (Rapport, SAGE &amp; THYME)</b></p> <p><b>Bereavement training</b></p>

CORE COMPETENCIES	INTERVENTIONS	TRAINING TOOLS
<b>LEVEL 1B – All those working in cancer care</b>		
<ul style="list-style-type: none"> <li>• Knowledge or experience in working with psychological issues experienced by people with cancer/palliative care needs.</li> <li>• Knowledge and competency in the use of assessment tools as appropriate.</li> <li>• Recognise boundaries of own professional responsibility and competence and to refer on as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Within defined role undertake needs assessment, and signpost to support services or specialist psychological support as necessary</li> </ul>	
<b>LEVEL 2 – All those working in cancer care with additional expertise in psychological support</b>		
<ul style="list-style-type: none"> <li>• Knowledge or experience in working with psychological issues experienced by people with cancer/palliative care needs.</li> <li>• Knowledge of psychological processes of adjustment and loss.</li> <li>• Knowledge and ability to communicate ‘bad news’, and/or offer supportive interventions at this time.</li> <li>• Knowledge and competency in the use of assessment tools as appropriate.</li> <li>• Elicit worries and concerns by establishing trust and listening in a permissive and non-judgemental manner.</li> <li>• Ability to enhance patients’ and carers’ capacity to cope and meet their own needs for support, making use of family, friends, self-help and support groups.</li> <li>• Offer appropriate psycho-educational and problem-solving techniques.</li> <li>• Ability to access and use appropriate case work supervision and training.</li> <li>• Recognise boundaries of own professional responsibility and competence and to refer on as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake needs assessment and risk stratification</li> <li>• Refer on for specialist psychological support as necessary</li> <li>• Psychological techniques such as problem solving</li> </ul>	<p><b>Developing Practice<sup>1</sup></b></p> <p><b>Advanced clinical communication skills</b></p> <p><b>ADDITIONAL TRAINING TOOLS (where specific requirement of role)</b></p> <p><b>Health behaviour change / motivational interviewing</b></p> <p><b>ASSET (Astley Ainslie Psychological Skills and Education Training)</b></p> <p><b>Suicide prevention (STORM)</b></p> <p><b>Cancer related cognitive impairment</b></p>

<sup>1</sup> Discussions are underway regarding the development of a condensed version of Developing Practice

CORE COMPETENCIES	INTERVENTIONS	TRAINING TOOLS
<b>LEVEL 3 – Trained and accredited psychological therapists</b>		
<ul style="list-style-type: none"> <li>• Knowledge and critical understanding of the evidence-based rationale for the use of specified therapies.</li> <li>• Knowledge of psychological theory and models that are most relevant to cancer &amp; palliative care, including advanced knowledge of the nature of adjustment and loss.</li> <li>• Knowledge of professional guidelines and local and national NHS policies to ensure high standards of service delivery.</li> <li>• Expertise in a specific psychotherapeutic model, and experience of applying their skills with individuals, families and groups appropriate to their level of training.</li> <li>• Ability to provide supervision, support and education about psychological issues and interventions.</li> <li>• Ability to promote high quality psychological care by providing consultation to and working with members of the multidisciplinary team.</li> </ul>	<ul style="list-style-type: none"> <li>• Assess for psychological distress and diagnose some psychopathology</li> <li>• Counselling and specific psychological interventions delivered according to a specific theoretical framework</li> </ul>	<p><b>Appropriate professional qualification</b></p> <p><b>CPD in line with professional regulatory body</b></p> <p><b>ADDITIONAL TRAINING TOOLS (where specific requirement of role)</b></p> <p><b>Further training in specific models of counselling / psychological interventions e.g. ACT, CBT, mindfulness, person centred counselling.</b></p> <p><b>Oncology specific induction, e.g. anatomy and oncology for non-clinicians, CBT for people with cancer.</b></p>
<b>LEVEL 4 – Counselling or clinical psychologist/psychiatrist</b>		
<ul style="list-style-type: none"> <li>• Specialist knowledge and experience of assessing and intervening with complex and severe mental health problems.</li> <li>• Specialist knowledge of, and expertise in, a range of psychological therapies appropriate to the needs of people with life threatening illness and their carers. This includes detailed knowledge of the care of people with mental health needs, and/or of the use of psychotropic medication.</li> <li>• An ability to undertake a comprehensive psychological risk assessment taking into account relevant social, familial and</li> </ul>	<ul style="list-style-type: none"> <li>• Assess complex psychological problems</li> <li>• Specialist psychological and psychiatric interventions for managing moderate to severe mental health problems</li> </ul>	<p><b>Appropriate doctoral level professional qualification</b></p> <p><b>CPD in line with professional regulatory body</b></p> <p><b>ADDITIONAL TRAINING TOOLS (where specific requirement of role)</b></p> <p><b>Further training in specific models of</b></p>



CORE COMPETENCIES	INTERVENTIONS	TRAINING TOOLS
<p>cultural.</p> <ul style="list-style-type: none"> <li>• An ability to use clinical experience and judgement, objective testing and access appropriate medical and mental health history in order to identify presenting mental health/psychological problems and develop a meaningful formulation which guides evidence based interventions.</li> <li>• Skills to provide organisational leadership for specialist psychological services.</li> <li>• Ability to act as a specialist resource to local cancer and palliative care services by providing expertise in consultation, education, supervision and research.</li> <li>• An ability to work and liaise at an organisational and strategic level to promote the provision of high standards of psychological care.</li> </ul>		<p><b>psychological intervention</b></p> <p><b>Oncology specific induction, e.g. Anatomy and Oncology for non-clinicians, CBT for people with cancer</b></p>

**Please note:** Given the different skill set required for treating patients under 25 years of age a specific Paediatric Training Portfolio is available from the [NHS Education for Scotland website](#).

## Appendix 1: Brief Description of Existing Training Packages

LEVEL 1	
Course Title / Topic	Description
Emotion Matters	<p><b>What does it cover?</b> Emotion Matters is an e-learning module was developed as a joint project between the Psychology Directorate (Physical Health and Psychological Interventions Teams) and Self Management Team in NMAHP in NHS Education for Scotland. The aim of the resource was to increase understanding and awareness of the psychosocial implications of living with a long term condition as well as provide some skills that will enable holistic, collaborative and person centred care.</p> <p><b>Why and who is this resource for?</b> Emotion Matters is for all health and social care professionals working with adults with long term physical health issues and will provide fundamental skills of communication and emotional support.</p> <p><b>How long should it take?</b> The online module is designed to take one hour to complete and is available at: <a href="http://elearning.scot.nhs.uk:8080/intralibrary/open_virtual_file_path/i5128n1335963t/Emotion%20Matters.pdf">http://elearning.scot.nhs.uk:8080/intralibrary/open_virtual_file_path/i5128n1335963t/Emotion%20Matters.pdf</a></p>
ASIST Applied Suicide Interventions Training	<p><b>What does it cover?</b> ASIST is based on certain fundamental assumptions about suicide:</p> <ul style="list-style-type: none"> <li>• suicide is a community-wide health problem</li> <li>• suicide is not mental illness</li> <li>• thoughts of suicide are understandable, complex and personal</li> <li>• suicide can be prevented</li> <li>• most people with thoughts of suicide want to live</li> <li>• most people with thoughts of suicide indicate, directly or indirectly, that they want help to live</li> <li>• help-seeking is encouraged by open, direct and honest talk about suicide</li> <li>• the best way to identify people with thoughts of suicide is to ask them directly about their thoughts</li> <li>• relationships are the context of suicide intervention</li> <li>• intervention should be the main suicide prevention focus</li> <li>• cooperation is the essence of intervention</li> <li>• intervention skills are known and can be learned</li> <li>• large numbers of people can be taught intervention skills</li> <li>• evidence of effectiveness should be broadly defined.</li> </ul> <p><b>Why and who is this resource for?</b> ASIST is intended as 'suicide first-aid' training. It is for anyone in a position of trust and aims to help them to become more willing, ready and able to recognise persons at risk of suicide and intervene effectively.</p> <p><b>How long should it take?</b> Comprising a two day practical workshop, the course is delivered locally by a network of ASIST trainers. Find a course at: <a href="http://www.chooselife.net/Training/index.aspx">http://www.chooselife.net/Training/index.aspx</a></p>

LEVEL 1	
Course Title / Topic	Description
<b>Rapport</b>	<p><b>What does it cover?</b> Aims of the Rapport programme:</p> <ul style="list-style-type: none"> <li>• Better awareness of how patients and carers want to be communicated with, particularly when anxious, vulnerable and afraid.</li> <li>• Support staff to have increased awareness of what we do well and, by implication, what we do badly.</li> <li>• Raised compassion and empathy leading to the establishment of rapport, particularly in first minutes of interaction when all can be won or lost with patients.</li> <li>• Support staff in having a clearer understanding of communication issues.</li> <li>• For staff to undertake a 'personal contract' to improve their own service.</li> </ul> <p><b>Why and who is this resource for?</b> This intervention is generic in terms of role and profession, and indeed proves most effective when all members of a multidisciplinary team participate.</p> <p>The programme is simple in terms of not requiring any specific level of academic ability, either to deliver or to participate.</p> <p><b>How long should it take?</b> Each programme takes no longer than ninety minutes to complete.</p>
<b>SAGE &amp; THYME</b>	<p><b>What does it cover?</b> The SAGE &amp; THYME model can be taught to any member of staff (e.g. healthcare assistants, nurses, AHP's, doctors, administrators, students, volunteers) in contact with distressed people (not just patients) and in any setting (e.g. hospital, patient's home, nursing home, hospice, social care).</p> <p><b>Why and who is this resource for?</b> The SAGE &amp; THYME model can be taught to any member of staff (e.g. healthcare assistants, nurses, AHP's, doctors, administrators, students, volunteers) in contact with distressed people (not just patients) and in any setting (e.g. hospital, patient's home, nursing home, hospice, social care).</p> <p><b>How long should it take?</b> Comprising a 3 hour workshop, usually run by 3 facilitators, teaching up to 30 delegates.</p> <p>SAGE &amp; THYME is offered via Macmillan's Learning and Development Prospectus. For more information contact Macmillan Scotland's Learning and Development Team: <a href="mailto:ScotlandLearning@macmillan.org.uk">ScotlandLearning@macmillan.org.uk</a></p>
<b>Bereavement</b>	<p><b>What does it cover?</b> These 9 modules, produced by Cruse Bereavement Care Scotland in conjunction with NHS Scotland are available on LearnPro, the e-learning platform favoured by most health boards in Scotland.</p> <p>The modules include:</p> <ul style="list-style-type: none"> <li>• Course 0: Before You Begin</li> <li>• Course 1: Introduction to Loss and Grief</li> </ul>

LEVEL 1	
Course Title / Topic	Description
	<ul style="list-style-type: none"> <li>• Course 2: The Grieving Process</li> <li>• Course 3: Interventions and Skills</li> <li>• Course 4: Supporting Bereaved Staff</li> <li>• Course 5: Bereaved Children</li> <li>• Course 6: Bereavement Following Sudden Death</li> <li>• Course 7: Bereavement Following Child Death</li> <li>• Course 8: Bereavement Care After Pregnancy</li> </ul> <p><b>Why and who is this resource for?</b> Suitable for all staff throughout the NHS, social care and other caring professions from level 1.</p> <p><b>How long should it take?</b> Cruse can arrange access for people in organisations which do not use LearnPro as their learning management system.</p> <p>Further information from your NHS Learning and Development department or from <a href="mailto:e-learning@crusescotland.org.uk">e-learning@crusescotland.org.uk</a></p>

LEVEL 2	
Course Title / Topic	Description
<b>Developing Practice</b>	<p><b>What does it cover?</b> The theoretical orientation for the course is based on both CBT and systemic perspectives as well as specialised psychological approaches that help participants understand the process of coping and adjustment to chronic physical illness. Participants will learn and increase their confidence and competence in twenty psychosocial tools.</p> <p><b>Why and who is this resource for?</b> This course is aimed at Level 2 staff i.e. all health and social care staff with specialised training who are providing care to people with a diagnosis of cancer (e.g. nurse specialists, GPs, AHPs, oncologists).</p> <p>The skills learnt are in line with Level 2 knowledge in the NICE Palliative and Supportive care for Adults with Cancer (2004) framework which enables participants to be able to screen for psychological distress and offer low level psychological interventions for people with physical health conditions.</p> <p><b>How long should it take?</b> Comprising six one day workshops, the course is offered by practitioner psychologists over a six month period, to ensure that skills taught are practiced in the workplace with participants completing tasks in between workshops.</p>
<b>Advanced communication skills</b>	Generally run locally by Hospices, Macmillan Cancer Support etc.
<b>Health Behaviour Change /</b>	<p><b>What does it cover?</b> Level 1 will enable you to:</p> <ul style="list-style-type: none"> <li>• describes health behaviour change and why it is important;</li> </ul>

LEVEL 2	
Course Title / Topic	Description
<b>Motivational Interviewing</b>	<ul style="list-style-type: none"> <li>examine the relationship between health behaviours, health outcomes and health inequalities;</li> <li>clarify your role in supporting health behaviour change; and</li> <li>raise lifestyle issues.</li> </ul> <p>Level 2 will enable you to:</p> <ul style="list-style-type: none"> <li>gain in-depth knowledge of health behaviour change techniques;</li> <li>examine the relationship between public health, health behaviour change and health inequalities;</li> <li>to discuss lifestyle issues more fully, supporting individuals through the process of change.</li> </ul> <p><b>Why and who is this resource for?</b>  Level 1: Intended for anyone with a role in promoting health behaviour change (for example, about smoking, alcohol, physical activity, healthy weight or healthy diet) or an interest in improving the health of patients or clients.   Level 2: This more in-depth training in behaviour change is designed for anyone with a role in supporting patients or clients in making lifestyle changes (concerning smoking, alcohol, physical activity, healthy weight or healthy diet) to improve their health, going beyond the level of knowledge and skill required to raise the issue initially.</p> <p><b>How long should it take?</b>  Level 1: The online module is designed to take 30-60minutes  Level 2: The online module is designed to take 60-90minutes  Both courses are available at:  <a href="https://elearning.healthscotland.com/course/index.php?categoryid=108">https://elearning.healthscotland.com/course/index.php?categoryid=108</a></p>
<b>AsSET</b>  Astley Ainslie Psychological Skills and Education Training	<p><b>What does it cover?</b>  The course provides a theoretical background to the management of long term conditions and issues of behavioural change. Using an evidence-based consultation approach with work-based follow up and support for 1 year it aims to help staff understand and embrace the self management approach to create a cultural change in patient management that is sustainable within teams.</p> <p><b>Why and who is this resource for?</b>  The AsSET course aims to meet the needs of staff supporting patients with Long Term Conditions in the Community. It is aimed at Level 2 staff i.e. all health and social care staff with specialised training who are providing care to people with a diagnosis of cancer (e.g. nurse specialists, GPs, AHPs, oncologists).</p> <p><b>How long should it take?</b>  Comprising two full days training ideally developed with a one month gap between.</p>

LEVEL 2	
Course Title / Topic	Description
<b>STORM</b>  Skills-based training on risk management for suicide prevention	<p><b>What does it cover?</b></p> <p>STORM focuses on developing the skills needed to assess and manage a person at risk of suicide. The STORM package is designed to be flexible and adaptable to the needs of a service. Training is given with the goal of four members of staff receiving training to let them deliver STORM to the remainder of their organisation.</p> <p>There are two packages in suicide prevention:</p> <ol style="list-style-type: none"> <li>1. Adults - a generic package for front line staff working in adult services of all ages</li> <li>2. Children and Young Adults (CYA) - a package for frontline staff working in children and young adults services.</li> </ol> <p><b>Why and who is this resource for?</b></p> <p>STORM (skills-based training on risk management for suicide prevention) is intended for frontline workers in health, social and criminal justice services.</p> <p><b>How long should it take?</b></p> <p>STORM consists of four half-day modules:</p> <ul style="list-style-type: none"> <li>• Assessment concentrates on the skills needed to assess the risk of suicide (compulsory)</li> <li>• Crisis Management focuses on the skills needed to keep a person safe once the risk of suicide has been identified (compulsory)</li> <li>• Problem Solving involves helping a person take control of their problems (optional)</li> <li>• Crisis Prevention focuses on developing a plan for the future in the event that the risk of suicide may arise again (optional).</li> </ul> <p>Find a course at: <a href="http://www.chooselife.net/Training/index.aspx">http://www.chooselife.net/Training/index.aspx</a></p>
<b>Cancer Related Cognitive Impairment</b>	<p>1-day training will be offered to Psychologists and Specialist Occupational Therapists via NES. Two dates offered – one in Dec and one in Jan. Attendees will be provided with all materials required for delivery including training resources and patient handouts. For more information contact: <a href="mailto:Christopher.Hewitt@ggc.scot.nhs.uk">Christopher.Hewitt@ggc.scot.nhs.uk</a></p> <p><b>Self-management resources are available for patient use:</b></p> <p>Videos (3 x videos – Introduction to attention and memory changes, Attention Changes, Memory Changes):  <a href="https://www.youtube.com/playlist?list=PLmuRxztsS0NwaXZ132kWemjESZ9pg25v4">https://www.youtube.com/playlist?list=PLmuRxztsS0NwaXZ132kWemjESZ9pg25v4</a>  Leaflet: <a href="https://www.woscan.scot.nhs.uk/wp-content/uploads/CRCC-Info-Leaflet.pdf">https://www.woscan.scot.nhs.uk/wp-content/uploads/CRCC-Info-Leaflet.pdf</a></p>

LEVEL 3 & 4	
Course Title / Topic	Description
<b>Oncology Specific Induction</b>	For Example: Anatomy and Oncology for non-clinicians. O'Halloran Consultancy. 3 day course

## Appendix 2: Psychological Therapies and Support Framework

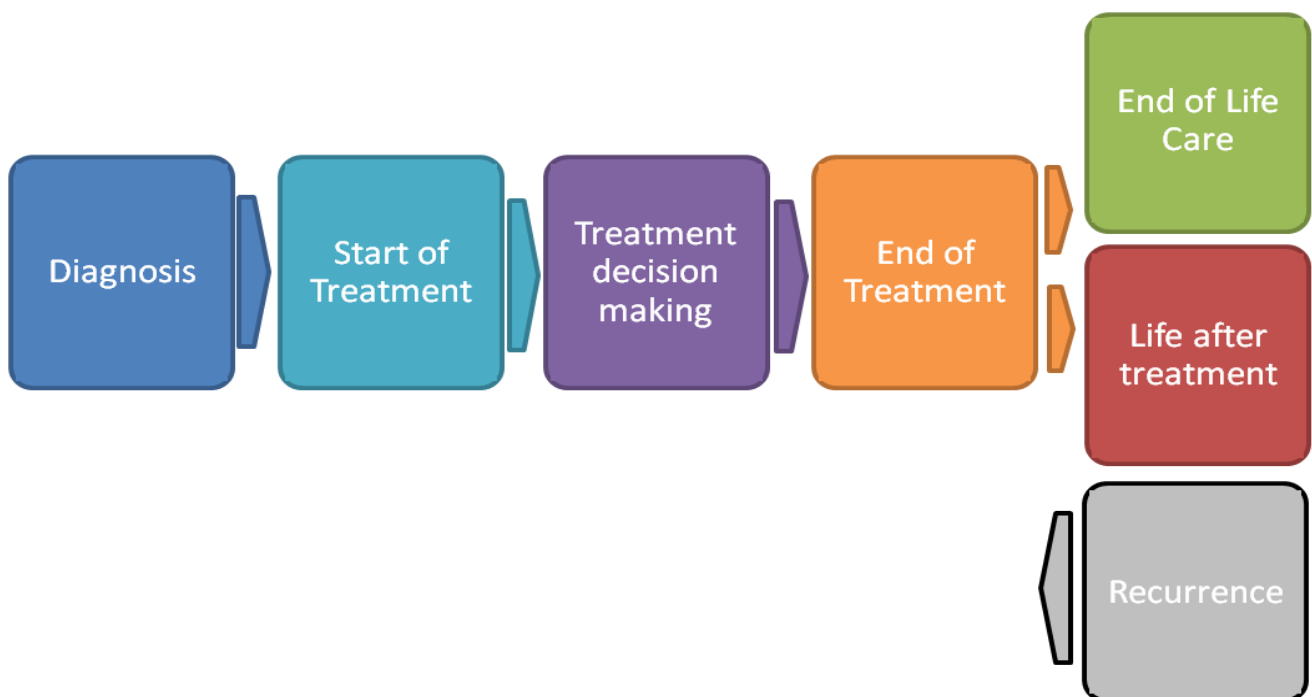
### Referral Guidance

A diagnosis of cancer understandably causes distress. People can get support from many sources including family, friends, Clinical Nurse Specialists, GPs and other cancer professionals. However, distress extends along a continuum and some people will require additional help from a psychologist or counsellor to help them cope.

This document is to provide guidance for staff working in cancer care about how to access psychological support for people affected by cancer.

All psychological care should be provided within the framework of the model of psychological and supportive care for people with cancer developed by NICE (2004). This model outlines different levels of support which may be required by people affected by cancer and specifies which staff working in cancer care would have the competencies to provide support at each level.

There are particular points in the patient pathway at which we might expect people to be more vulnerable and when we should be assessing the need for help:



When bereavement occurs, support for carers and families is available from a number of services.

The table below details the referral criteria, method of assessment and possible interventions at each level of support. The criteria at each level are not exhaustive rather they are designed to provide an indication of support needs. Case study examples of clinical cases at each of the four levels are provided in appendix 1 to help health and social care professionals assess and refer patients appropriately given presenting criteria.

CRITERIA	ASSESSMENT	INTERVENTION
<b>LEVEL 1: All those working in cancer care</b>		
<ul style="list-style-type: none"> <li>Mild or recent worry/anxiety related to cancer.</li> <li>Need for information to empower, enhance understanding and participate in key discussions about how their cancer is managed and impacts life.</li> </ul>	<p>Informal / Conversational</p> <p>Recognition of psychological needs</p>	<ul style="list-style-type: none"> <li>Effective information giving</li> <li>Compassionate communication</li> <li>General psychological and emotional support</li> <li>Effective listening</li> <li>Peer to peer support</li> <li>General group support</li> <li>Complementary therapies</li> <li>Feel good workshops</li> <li>Signposting to levels 2, 3 or 4 as required</li> </ul>
<b>LEVEL 2: All those working in cancer care with additional expertise in psychological support</b>		
<ul style="list-style-type: none"> <li>Moderate, or mild and longer term, worry/anxiety related to cancer.</li> <li>Symptomatic i.e. pain, fatigue</li> <li>Worsening quality of life</li> <li>Mild adjustment difficulties</li> </ul>	<p>Screening for psychological distress, e.g. needs assessment, GAD7</p>	<ul style="list-style-type: none"> <li>Active listening</li> <li>Emotional support</li> <li>Facilitated group support</li> <li>Stress management and problem solving</li> <li>Specialist psychological intervention i.e. mindfulness based stress reduction course</li> <li>Relaxation techniques</li> <li>Specialist information giving and front line psychological support for immediate cancer related distress</li> </ul>



CRITERIA	ASSESSMENT	INTERVENTION
<b>LEVELS 3 &amp; 4*</b>		
<p>Patients should be referred for additional psychological intervention (i.e. level 3 or 4 support) if the following criteria are present:</p> <p><b>1. Significant problems of mood:</b></p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety with or without panic</li> <li>• Anger</li> <li>• Hopelessness</li> <li>• Suicidal ideation</li> </ul> <p><b>2. Treatment related difficulties:</b></p> <ul style="list-style-type: none"> <li>• Claustrophobia, procedural-related distress, conditioned nausea or vomiting</li> <li>• Personality change as a result of CNS tumour</li> <li>• Patients requiring assistance in making decisions about treatment</li> <li>• Coping with fatigue and/or pain (for which medical interventions have been exhausted)</li> <li>• Emotional distress that prevents/hinders engagement with medical treatment</li> <li>• Feeling overwhelmed with demands of treatment and home/family life</li> </ul> <p><b>3. Life after cancer / rehabilitation issues</b></p> <ul style="list-style-type: none"> <li>• Adjustment to loss and change in life roles and aspirations</li> <li>• Difficulty re-engaging with aspects of life post-treatment, e.g. employment, social life, relationships</li> <li>• Coping with how cancer affects self-esteem and sense of</li> </ul>	<b>LEVEL 3: Trained and accredited psychological therapists</b>	
	Evaluation of psychological distress – semi-structured interview.	<ul style="list-style-type: none"> <li>• Counselling and specific psychological interventions</li> </ul>
	<b>LEVEL 4: Counselling or Clinical Psychologists or Psychiatrists</b>	
	Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem.	<ul style="list-style-type: none"> <li>• Specialist psychological/psychiatric intervention</li> </ul>

CRITERIA	ASSESSMENT	INTERVENTION
<p>self</p> <ul style="list-style-type: none"> <li>• Adjustment to loss and change in physical functioning and/or appearance</li> <li>• Living with uncertainty (e.g. persistent intrusive worry/imagery, particularly associated with cancer recurrence)</li> <li>• Adjustment to loss and change in sexual functioning and intimacy</li> </ul> <p><b>4. End of life issues</b></p> <ul style="list-style-type: none"> <li>• Facing one's mortality</li> <li>• Making decisions to end active treatment</li> </ul>		

\* Asking the following questions can help pre-determine if a case is level 3 or level 4 and which pathway a referral should be made. If you answer 'yes' to at least one of these questions then consider referral to a level 4 service:

- Does the patient have previous mental health history?
- Has the patient had other stressful life events in recent past, e.g. bereavements, significant relationship breakdown, accidents to self or other family member etc.?
- Is the patient significantly hopeless or suicidal? Is the patient self-harming?
- Are presenting problems of a complexity that will require significant multi-disciplinary liaison?
- Is there any evidence of trauma like symptoms, e.g. thoughts and/or images related to cancer that are uncontrollable and overwhelming?
- Is the person motivated to work collaboratively with a psychological therapist to address difficulties?

Referrals to a level 4 service can usually only be made by an appropriately trained/qualified individual.

**If you think you require a level 4 service, in the first instance it would be helpful to speak to someone in your care team to discuss onward referral.**

## Appendix 2A: Case Studies

These examples are not the development of a single case over time, but each example is an illustration of four separate hypothetical cases of increasing complexity.

### 1. Mrs Smith

Mrs Smith, 42, is married and the mother of two children (a boy, 12 and a girl, 15). She has been diagnosed with breast cancer which is being treated with a lumpectomy, chemotherapy and radiotherapy.

<b>LEVEL 1 – All those working in cancer care</b>	
Her prognosis is hopeful but still uncertain. She is approaching the end of her chemotherapy and has been off work for six months. She is fatigued, describes herself as a bit flat and listless. She finds herself thinking about her cancer a lot and feels unusually irritable with her husband and children.	
<b>Assessment</b>	<b>Intervention</b>
Informal / conversational	Effective information giving, compassionate communication and general psychological and emotional support; ‘normalising’ her experience in this context.
<b>LEVEL 2 – All those working in cancer care with additional expertise</b>	
In addition to the above, Mrs Smith feels she often does not want to see people. She frequently expresses worry about the future and about bodily symptoms, which are aggravated by uncomfortable side-effects from chemotherapy and radiotherapy. There are times when she can enjoy herself but often she feels a bit anxious and low in mood. On the whole, however, she feels that she is coping.	
<b>Assessment</b>	<b>Intervention</b>
Needs assessment	As above with additional behavioural activation and relaxation techniques.
<b>LEVEL 3 – Trained and accredited psychological therapists</b>	
Mrs Smith has been feeling low for several months. She feels tired and achy, overwhelmed with household tasks and worries that she is not able to be a good mother and that she has become a burden on her family. She is convinced that the cancer will return. She feels that she has lost the person she used to be, feels disfigured and unattractive and that she is drifting apart from her husband. He appears unable to talk about her fears and has stopped touching her. She has begun dreading a return to work and has lost confidence; she had her first panic attack going out last week.	
<b>Assessment</b>	<b>Intervention</b>
Evaluation of psychological distress – semi-structured interview	As above. Also counselling to help Mrs Smith process experiences. May include psycho-education for anxiety and cognitive restructuring for problems such as poor body image and fear of cancer recurrence.
<b>LEVEL 4 – Counselling or Clinical Psychologists or Psychiatrists</b>	
Mrs Smith feels hopeless and depressed and has thoughts of ‘just ending it all’. This frightens her as it reminds her of the nervous breakdown she had five years ago when her mother died of breast cancer. She is convinced that her daughter will ‘inherit’ breast cancer too and feels devastatingly guilty about this. Meanwhile biopsy showed tumour spread and eventually she had to have mastectomy; now she feels an ‘ugly freak’, and this evokes feelings about when she had anorexia nervosa as a teenager. Her husband is frustrated with her withdrawal and, feeling angry and helpless, has started spending a lot of time at the pub. His work is suffering and that increases her fears about finances. Their daughter seems more withdrawn and their son has been getting into trouble at school a lot.	
<b>Assessment</b>	<b>Intervention</b>
Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem.	Specialist psychological or psychiatric intervention consisting of techniques as above and also systemic therapeutic interventions driven by formulation.

## 2. Mr Brown

Mr Brown, 55, was diagnosed with bowel cancer. He has been married for 30 years, no kids and is a self-employed freelance consultant. His wife is a teacher. He has had surgery and now has a temporary stoma which will be reversed in 12 months time. His stoma is well-functioning and he rarely has any problems with it.

LEVEL 1 – All those working in cancer care	
Mr Brown's prognosis is good. He is currently unable to work but looking forward to returning in next few weeks. He finds himself thinking about cancer recurrence regularly but is able to distract himself during the day. However, sometimes it takes him a bit longer to get to sleep at night as he feels he has a lot on his mind.	
Assessment	Intervention
Informal / conversational	Effective information giving, compassionate communication and general psychological and emotional support; 'normalising' his experience in this context.

LEVEL 2 – All those working in cancer care with additional expertise	
Since his diagnosis and surgery, Mr Brown is developing a sleep problem. He finds himself waking up at night and lying awake for an hour or so thinking about the cancer and its impact on his life. He is struggling to return to the gym as he is feeling self-conscious about his stoma and is worried it will leak and is starting to feel nervous about return to work. He is also feeling down because he believes they cannot plan holidays and find affordable insurance.	
Assessment	Intervention
Needs assessment	As above plus specific behavioural techniques such as sleep hygiene and behavioural activation.

LEVEL 3 – Trained and accredited psychological therapists	
Mr Brown is developing a pattern of avoiding going out anywhere: he no longer meets up with friends in the pub, he is not exercising at all and he won't go out with his wife anymore as he is concerned about the stoma leaking. He feels low much of the time and is noticing he is spending more time ruminating about how cancer has ruined his life. He is feeling less hopeful about a return to work and is concerned about his finances and the future. He is also noticing he is less tolerant and seems to be arguing more with his wife.	
Assessment	Intervention
Evaluation of psychological distress – semi-structured interview.	As above. Therapy to address Mr Brown's worries and concerns; may be person-centred or CBT.

LEVEL 4 – Counselling or Clinical Psychologists or Psychiatrists	
In addition to the above, Mr Brown is only sleeping about two hours a night, feeling significantly low in mood and overwhelmingly hopeless. He is seeing parallels with how he felt ten years ago when he was made redundant. He has started to sleep in a separate bedroom as he believes his stoma is disgusting and does not wish his wife to see it. They are arguing frequently, their sex life is non-existent and he feels she no longer understands how much cancer has ruined his life. He hasn't left the house in four weeks, other than for medical appointments. He refuses to speak with friends on the 'phone and will not allow any family or friends to visit.	
Assessment	Intervention
Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem.	Specialist psychological or psychiatric intervention consisting of techniques as above and also systemic therapeutic interventions driven by formulation.

### Appendix 3: Self Assessment Template

The following self assessment template should be completed to detail your organisations position against the agreed quality statements.

Quality Statement	Measure/s	Current Position	Actions	Timescale
Services should have a clearly defined pathway detailing the provision of psychological assessment and care for people with cancer, including systematic, routine monitoring of psychological well-being and ready access to psychological therapies as appropriate	<p><i>Description of current pathway / processes for assessing psychological needs and risk stratification, including:</i></p> <ul style="list-style-type: none"> <li>• Overview of psychological therapies pathway in place</li> <li>• No. of patients seen by service in 2016 (by intervention level) including detail on location (NHS Board) of residence if available</li> <li>• No. of carers seen by service in 2016 (by intervention level)</li> </ul>			
All individuals working within relevant services should complete appropriate training to enhance their knowledge and skills of psychological care	<p><i>Description of current training in place, including:</i></p> <ul style="list-style-type: none"> <li>• Has the Training Grid been used to determine the training needs of staff/volunteers?</li> <li>• Training access issues/ opportunities?</li> <li>• Number of staff working at each level?</li> <li>• No. of staff/volunteers undertaken emotion matters module</li> <li>• No. of staff undertaken developing practice module</li> </ul>			
All professionals delivering psychological interventions should have regular and routine access to consultation and/or supervision to optimise competency and delivery of	<p><i>Description of current process regarding supervision, including:</i></p> <ul style="list-style-type: none"> <li>• Outline of supervision process</li> </ul>			

Quality Statement	Measure/s	Current Position	Actions	Timescale
interventions	<ul style="list-style-type: none"> <li>Dates of supervision</li> </ul>			
People with cancer should have their psychological wellbeing monitored using an assessment of needs, with a tailored plan for meeting these, throughout the pathway where necessary, not solely at diagnosis and end of treatment	<p><i>Description of current pathway / processes for assessing psychological needs and risk stratification, including:</i></p> <ul style="list-style-type: none"> <li>What is organisations assessment approach?</li> <li>Are there any specific tools utilised?</li> </ul>			
All people with cancer with psychological need identified should have access to the appropriate level of evidence based psychological intervention appropriate to their need	<p><i>Description of current services provided, including:</i></p> <ul style="list-style-type: none"> <li>What is mechanism to access services?</li> <li>What is the process for cross referral to other organisations (please include number of cross referrals, if available)?</li> </ul>			
People with cancer receiving a psychological intervention should have their response to treatment monitored and the delivery of treatment adjusted in response to outcomes	<p><i>Description of outcome monitoring process in place, including:</i></p> <ul style="list-style-type: none"> <li>Do you have a process of outcome monitoring/evaluation of response?</li> <li>What is cross referral mechanism, both across levels of need internally and with other organisations?</li> </ul>			

**Completed by:**

**Date:**