Digital Competencies for Psychological Practitioners in IAPT services

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1 Overview

- This report details a framework for digital competencies applicable for all applied psychologists and psychological practitioners, including IAPT practitioners.
- The aim of these competencies is to support the development of digital practice skills by setting standards for digital practice which should inform curriculum design and the definition of learning outcomes in relation to digital practice.
- The framework may also be used by practitioners and trainers to monitor developing digital mental health competencies.
- An interactive version of the framework with detailed definition of competencies can be found at www.digitalhealthskills.com/digitalcompetencies
- The framework was developed by an expert reference group including practitioners, trainers, service leads, commissioners, digital companies, service user and students.
- Two consultations with psychological practitioners, psychologists and trainers in 2019 & 2020 have validated the suitability of this framework for a variety of psychological practitioners and practice settings, including IAPT.
- The competencies are structured into 8 domains, with the first – meta-competencies – detailing overarching factors which inform and overlap with the subsequent seven domains.
- Each competence domain is separated into core (A) Knowledge and (B) Abilities which all psychological practitioners would be expected to achieve.
- Advanced competencies for senior practitioners or those leading on digital service developments are also detailed for some domains.
- The competencies have been assessed in relation to IAPT practice specifically but as the competencies have broad application across organisations they will need to considered locally to ensure fit to the specific clinical setting.

2 Background

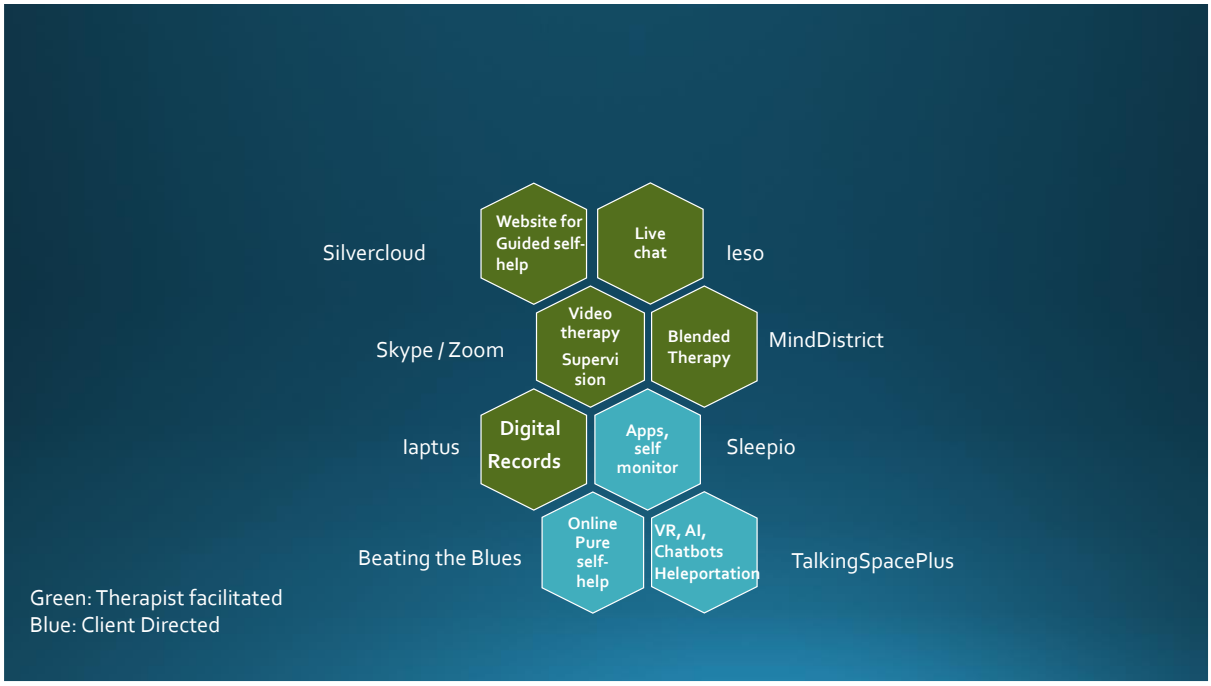
At a policy level there is a top down push for digital solutions to improve the delivery of mental healthcare and address unmet needs (NHS Long Term Plan, 2019). Policies cover both service organisation, digital interventions and informatics in this regard (Topol Review, 2019).

There are some specific messages for workforce development, training and education in these policy documents:

- By 2024 all patients in primary care must have the option of appointments by video call
- Within 20 years, 90% of all jobs in the NHS will require digital skills.
- Digital competence and confidence of healthcare staff is a challenge in implementation and roadmaps of competencies need developing
- Staff need time and training to familiarise themselves with these new models of digital practice and packages of care
- The role of trainees may be crucial in moving the digital agenda forward
- Digital mental health is a significant area of potential growth.

2.1 What is Digital Mental Health?

Digital mental health covers a whole range of digital data management tools and digital interventions to address mental health problems and promote wellbeing. These use different levels of automation and types of technology, and may be client directed or therapist facilitated or a blend of both (see Figure 1 and Fairburn & Patel (2016) for a review).



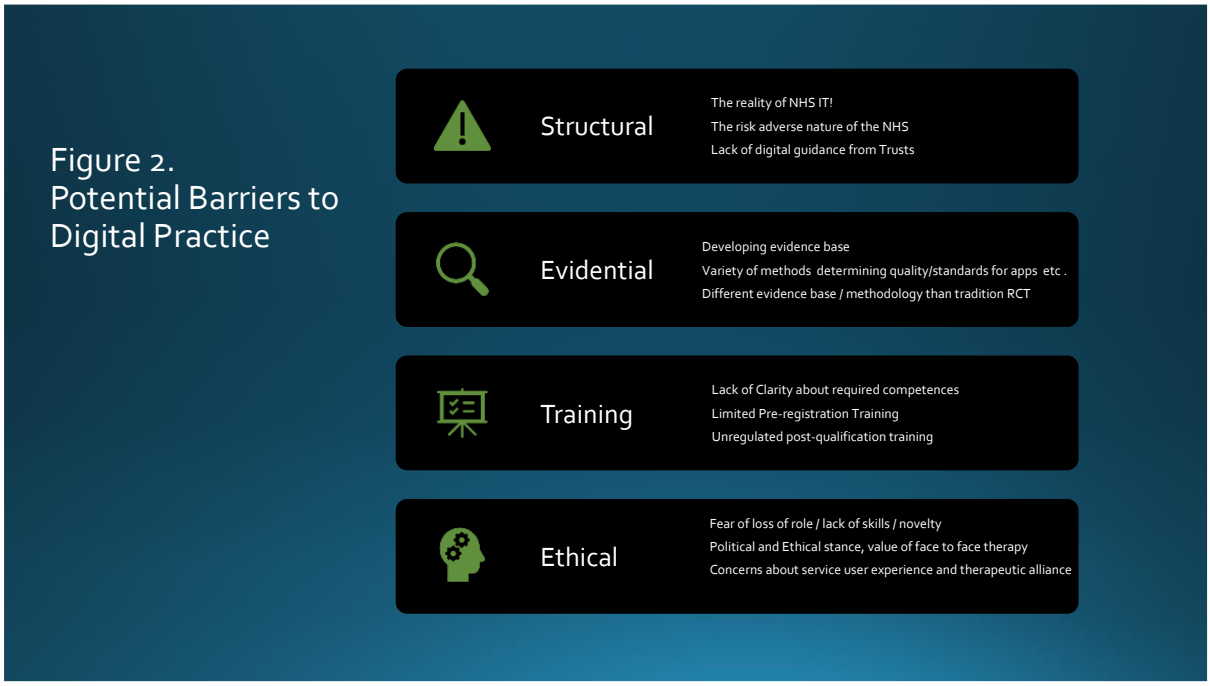
2.2 The Need for Digital Mental Health Competencies

For effective mental health service delivery, a trained and competent workforce is crucial, and whilst competencies have been developed for CBT and other evidence-based therapies (Roth & Pilling, 2007) digital mental health competencies are lacking.

Therapist competence is defined as "the extent to which a therapist has the *knowledge* and *skills* required to deliver a treatment to the standard needed for it to achieve its expected effects" (Fairburn & Cooper, 2011).

Fairburn & Cooper (2011), outline three reasons why therapist competence is important to mental health services. Firstly, for client recovery, therapists must be able to deliver appropriate psychological treatments in a competent manner. Secondly, mental health services must be able to disseminate evidence-based psychological treatments at scale. Training sufficient numbers of therapists to deliver these evidence-based interventions competently is challenging, particularly where the mode of delivery is novel as is the case with digital tools. Thirdly, for valid conclusions to be drawn from research and service evaluation we need to be sure that interventions are being delivered competently. Without a standardised framework for describing and measuring therapist digital mental health competencies, IAPT services will be impeded on all three fronts.

Services and training programmes need to address a range of barriers if digital implementation is to be successful (see Figure 2.). Training barriers and the need to define clearly the competencies required for digital practice are one significant barrier and the focus of this report.



As the NHS and IAPT services expand their digital capabilities, the need for additional staff training to support implementation has become clear. Improving not only ability-based competencies but offering opportunities to understand the evidence base and clients' perceptions of digital practice, to address some therapists' scepticism about the potential of digital practice (Meisel, Drury, & Perera-Delcourt, 2018). The rapid acceleration to online working as a result of the Covid-19 pandemic has made psychological practitioners acutely aware of the need for further training in this area.

Previous surveys of practitioners (e.g. Perle et al., 2013) have concluded that both trainee and qualified practitioners have considerable trepidation about practicing digitally and some stigmatised attitudes about this way of working. Although CBT practitioners held more favourable opinions than other practitioners, only one-fifth felt they had sufficient training to support practice. Importantly three-quarters of practitioners said they would be willing to utilise digital methods with further training.

The Topol report (2019) detailed that all NHS trainees need to develop specific competencies in the use of technology with digital literacy to be built into training programmes, career pathways and placements. They proposed that Professional, Statutory and Regulatory Bodies "*need to identify the knowledge, skills, professional attributes and behaviours needed for healthcare graduates to work in a technologically enabled service, and then work with educators to redesign the curricula for this purpose.*"

2.3 Existing Digital Mental Health Guidelines

The competencies framework outlined in this report is the first comprehensive outline of the digital mental health knowledge and skills needed by all psychological practitioners in the UK. It draws on a range of UK guidelines and standards for digital practice developed by the NHS and professional bodies (e.g. British Association for Counselling and Psychotherapy (2016) Telephone and e-Counselling Training Curriculum). It is also informed by international competence standards for applied psychologists and therapists primarily from Europe, America and Australia (e.g. American Psychological Association (2012) Guideline for the practice of telepsychology.

The framework complements the Health Education England Health and Care Digital Capabilities Framework (2018). This details competencies across all health and care specialisms for a range of technical and digital practice domains. Profession specific competencies are not detailed by HEE and the current framework for psychological practitioners forms profession specific competencies which fall across levels two to four of the HEE capabilities – from some experience of digital approaches to expert practitioners.

3 Development of the Digital Competencies Framework

This report was commissioned by London Digital IAPT to detail a digital competence framework for IAPT. The digital competencies developed are applicable for all applied psychologists and psychological practitioners, including IAPT practitioners. The framework has been developed over 2 years under the direction of the Digital Healthcare Sub-Committee of the Division of Clinical Psychology, British Psychological Society, as the framework was originally developed for clinical psychologists.

The aim of the framework is to set standards for digital practice and inform training and curricula.

The method for developing the competence framework involved the following 7 steps:

1. Development of a UK digital competencies expert reference group consisting of Psychologists, IAPT practitioners, Researchers & Trainers, NHS Trust Leads for Psychological Services, Students, Commissioners and Digital Mental Health Company representatives.
2. Review of UK and International digital guidelines and standards for digital practice.
3. Survey of Digital Mental Health Training for Clinical Psychologists
4. Outline Digital Competencies Framework for Clinical Psychology
5. Consultation Survey for psychological practitioners to adapt competencies
6. Focus groups with IAPT workers and digital leads to adapt competencies
7. Final competence Framework for all psychological practitioners

The report will detail findings from the final consultation with IAPT staff (underlined) which ensured that the competencies were applicable and relevant for an IAPT context. It will then detail the digital competence framework itself.

4 Consultation with Psychological Practitioners to Adapt the Competencies Framework

The consultation used a two-fold approach to gather feedback on the original competencies. The first phase was an online survey and the second comprised three focus groups.

After reviewing the written and audio feedback a content analysis was completed on the survey and focus groups data. The feedback was categorised in relation to overarching themes to be altered in the framework as well as specific modifications to individual competencies. A set of proposed changes to ensure the framework would relate to IAPT services were reviewed by the Expert Reference group before finalising the framework.

4.1 Survey

4.1.1 Survey Design and Scope

To validate the competence framework across psychological practitioners staff in IAPT and other psychological services were invited to complete a 38-item online survey designed specifically for this purpose. The survey was constructed using the Qualtrix platform and sent out to participants through a variety of professional networks from January to April 2020. Note that this period of data collection was extended to account for service interruptions as a result of Covid-19.

The survey questions were designed by the digital expert reference group that developed the original competence framework in 2019. The first nine questions collected demographic and job role information and asked participants about their experience and confidence in digital practice. The remaining questions focused on the framework for digital competencies, enquiring about the validity and relevance of each domain in relation to practitioners own digital practice and work setting. Participants were asked to offer qualitative comments and suggested edits in relation to each competence.

4.1.2 Respondents

Fifty-four psychological practitioners completed the survey; 45 women and 9 men. There was a spread of ages with 60% being below the age of 45. See Table 1 for breakdown of participants' ages.

Table 1. Participant ages (online survey).

AGE (YEARS)	N = 54	**%**
18-25	4	7%
26-35	18	33%
36-45	11	20%
46-55	12	22%
56-66	7	13%
65+	2	4%

Most respondents were either CBT therapists (N=13, 21%), Clinical Psychologists (N=14, 22%) or Trainees (N=12, 19%). The sample also included PWPs (N=5, 8%), Applied Psychologists (N=3, 4%), Counsellors (N=4, 6%) and Heads of Service (N=5, 8%). Four participants were in other roles (6%). Seven participants had multiple job roles and at least 18 staff were working solely in an IAPT setting.

Staff had a range of experience in mental health, almost half had under 10 years experience (N=24, 44%), with the remainder having 10-20 years experience (N=15, 28%) or 20+years experience (N=19, 35%).

4.1.3 Survey Findings

4.1.3.1 Digital Experience and Confidence

Respondents represented both those using digital technologies now (N=19, 37%) and those who may engage in this way of working in the future (N=35, 63%). A minority of staff (N=19, 37%) of staff had received digital training, primarily through Silvercloud training, with a few doing personal training/study in the area. The remainder of participants had no previous digital training (N=32, 63%).

There was variability in staff confidence levels when working digitally to deliver psychological interventions, with almost one-third lacking confidence to some degree (N=14, 27%). See Table 2 for staff reported confidence levels.

Table 2. Confidence with digital mental health practice (survey).

Confidence level	N = 53	%
Extremely Confident	6	11%
Very Confident	14	26%
Somewhat confident	19	36%
Somewhat unconfident	8	15%
Very unconfident	4	8%
Extremely unconfident	2	4%

4.1.3.2 Feedback about Competencies

All participants responded to each competency domain. Across all psychological practitioners, there was overwhelming agreement that the domains described the competencies they required for working digitally across a range of practice settings.

For the purposes of this report specific feedback is provided on responses from those who were solely working in an IAPT setting. They firstly rated whether the competence was required for working digitally, in essence an assessment of the applicability of the competence for IAPT:

- Five out of eight digital competence domains had 100% agreement that they were applicable to IAPT settings and roles; meta competencies, clinical information governance, assessment and formulation, leadership and consultation and personal and professional skills and values.

- Two out of eight digital competence domains had a 95% agreement that they were applicable to IAPT settings and roles; communication and teaching, psychological intervention.
- The final digital competence domain, evaluation and research, had an 84% agreement that it was applicable for IAPT settings and roles.

Specific additions to the competencies were suggested through content analysis of the qualitative feedback. A key theme was the need for additional competencies related to supervision, CPD and the therapist's ability to reflect on their own practice e.g. "Supervision is not given enough thought, it protects client, therapist and NHS".

A further theme identified was the level of competencies required by different clinicians within an IAPT setting, with some staff requiring only certain digital competencies to fulfil their job role, e.g. "I do not think that every clinician using digital technology would need to meet all these competencies. I think it might be useful to distinguish those which are needed by someone setting up the technology, and someone merely using it -if they are in a work context where the choosing, and setting up, and evaluation of technology is undertaken by a project lead".

4.2 Focus Groups

4.2.1 Design and Scope of Focus Groups

Focus groups were used to gather more detailed feedback on the digital competencies and enable groups of IAPT clinicians to consider together the implications of being trained in these competencies.

All focus groups were conducted online via a Zoom meeting and lasted 90 minutes each. The focus groups followed a similar structure to the survey with participants giving demographic and job role information before discussing their experience and confidence with digital practice. Participants had been sent the draft competence framework approximately one week before the focus group in order for them to familiarise themselves with the structure and read the detail of the competencies. During the focus group they were guided through a series of questions related to each competence domain and were asked to consider changes required to make the competence framework applicable to their IAPT service.

4.2.2 Participants

The sample comprised of 15 participants, 11 female and 4 males. See Table 1 for breakdown of participants' ages. The first focus group had 5 participants, the second had 6 participants and the final group had 3 participants.

Table 2. Participant ages (focus groups).

AGE (YEARS)	N = 12*	%
18-25	1	8%
26-35	7	59%
36-45	2	17%
46-55	2	17%
56-65	0	0%
66+	0	0%

*note 3 focus group participants did not offer demographic and work role data

All participants were working exclusively within IAPT services and represented a wide array of services across London. Job roles were; CBT Therapists (N=8, 53%), Psychological Wellbeing Practitioners (N=6, 40%) and an assistant psychologist (N=1, 7%). All participants were digital champions for their IAPT service.

There was a range of experience working in mental health, with half the sample (N=6, 50%) having less than five year's experience and a further 17% having less than 10 years experience (N=2). The remainder had 10-20 years experience (N=14, 34%).

4.2.3 Focus Group Findings

4.2.3.1 Digital Experience and Confidence

The participants in the focus group were confident in their digital practice skills. The majority reported they were somewhat confident in working digitally in mental health (N=7, 58%) and the remainder reported feeling very confident (N=5, 42%).

Digital practice experience was varied, with 75% currently working digitally using at least one platform, see Table 3 for a breakdown. However, training in digital practice was limited with 33% (N=4) of participants expressing that they had had no formal training, and 66% (N=8) only receiving brief training on a specific digital intervention, primarily Silvercloud.

Table 3. Experience in digital practice (focus groups)

EXPERIENCE IN DIGITAL PRACTICE	N = 12	%
VERY LITTLE	3	25%
USES SILVERCLOUD	6	50%
IESO	1	8%
RUNNING SOCIAL MEDIA	1	8%
DIGITAL THERAPY IN PRIVATE PRACTICE	1	8%

4.2.3.2 Feedback about Competencies

Focus group participants offered comments across all eight competence domains. The IAPT workers agreed that the competencies reflected their digital practice.

They suggested specific expansion of the competencies in relation to three key themes. The first was the importance of supervision competencies and CPD to support changes to the therapist role when working digitally. For example, there was discussion about some forms of digital practice, such as Slivercloud, which participants felt required a more active engagement stance by therapists to encourage clients to use new digital platforms and participate in self-guided psychoeducation remotely. The opportunity and ability to use supervision specific to digital practice was seen as critical in supporting therapists' development in this regard.

Another theme that emerged was therapists' competence in supporting the client with basic online tasks, such as connecting to the internet, and giving the client choice of modality according to the digital resources they had at their disposal, e.g. "sometimes people do not have access to broadband or WiFi, or have limited access. I had a client that only did sessions from work because she did not have WiFi access at home.",

The final theme from the focus groups was expanding the section referring to knowledge of confidentiality and data security. They felt they needed competencies in the data security requirements of different software platforms used within IAPT services. They also needed the ability to explain this to clients, e.g. "Questions from clients regarding what will happen to their data, this is quite hard to answer"; "Some of us didn't understand the information given by the provider well enough to give a full response to the client", "You need to be up to date on what you do if things get breached, and how to you report that".

4.3 Conclusions and Adaptations to the Framework

The consultation showed the competence framework was applicable to a range of psychological practitioners and psychologists working in a variety of services, including IAPT settings.

Based on the feedback from IAPT practitioners the competencies were expanded to include more detail on (i) supervision, (ii) data security, (ii) ability to support clients in the process of digital work.

As the feedback analysis highlighted that some of the competencies were not applicable to all IAPT practitioners a decision was made to distinguish between CORE and ADVANCED competencies, described below.

5 Description of the Digital Competencies Framework

The aim of these competencies is to support the development of digital practice skills for all applied psychologists and psychological practitioners. They may be used by practitioners and trainers to monitor competencies and for curriculum design and the definition of learning outcomes in relation to digital practice. As these competencies have broad application organisations will need to consider the fit to their particular clinical setting.

These Digital Competencies were prepared by an expert reference group, Digital Healthcare Sub-Committee for Division of Clinical Psychology, British Psychological Society. The work was initiated by Prof Helen Pote & Dr Alesia Moulton-Perkins and the expert reference group drew together UK academics, clinical psychologists, psychological practitioners and trainers, services users, digital mental health companies and commissioners all with experience in digital mental health. The competencies were prepared for Clinical Psychologists in 2019 and then expanded to be applicable for all psychological practitioners, including those within IAPT settings in 2020. Two consultations with psychological practitioners and trainers in 2019 & 2020 have validated the suitability of this framework for a variety of psychological practitioners and practice settings.

An interactive version of the framework can be found here

www.digitalhealthskills.com/digitalcompetencies

The competencies are structured into 8 domains, with the first – meta-competencies – detailing overarching factors which inform and overlap with the subsequent seven domains. Each competence domain is separated into (A) Knowledge and (B) Abilities which psychological practitioners would be expected to achieve.

The 8 digital competence domains are:

1. Meta Competencies
2. Clinical Information Governance
3. Assessment and Formulation
4. Psychological Intervention
5. Evaluation and Research
6. Communication and Teaching
7. Supervision, Leadership and Consultation
8. Personal and Professional Skills and Values

For some competencies we have provided further definition and detail of core and advanced competencies distinguishing between:

- CORE knowledge and abilities; which all practitioners would be expected to achieve, including trainee applied psychologists and PWPs.
- ADVANCED knowledge and abilities; which might only be achieved by experienced applied psychologists, experienced CBT therapists or those practitioners with specific responsibilities for digital practice development in their service.

These are detailed at the end of the framework (hyperlinks in the online version).

Use of the framework must be underpinned by usual ethical and professional practice guidelines in an ethical statement accompanying the competence framework: *In using these digital competencies and working within the digital sphere with clients and other professionals it is important that practitioners adhere to the usual professional and ethical guidelines that guide their practice. When working within a digital realm practitioners should pay particular attention to issues of client consent and participation, equity of access and choice.*

The competence framework should be used to inform the structure and scope of digital training curricula, and the learning outcomes for specific modules. Plans to develop an elearning packages to accompany this framework are already underway.

The framework may also be used to inform learning targets and continuing professional development plans for individual trainees or qualified staff. A range of monitoring tools may be developed to support the use of the framework as a competence monitoring tool.

6 References

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7 Appendix: The Digital Competencies Framework for Applied Psychologists & Psychological Practitioners

See attached PDF.