

Knowledge of, and ability to operate within, professional and ethical guidelines

An ability to draw on knowledge that ethical and professional guidance represents a set of principles that need to be interpreted and applied to unique situations
An ability to draw on knowledge of mental health legislation relevant to professional practice
An ability to draw on knowledge of the relevant codes of ethics and conduct that apply to all professions, and to the profession or organisation to which the worker belongs
An ability to draw on knowledge of local and national policies in relation to:
capacity and consent
confidentiality
data protection

Autonomy

An ability for practitioners to recognise the boundaries of their own competence and not attempt to practise an intervention for which they do not have appropriate training, supervision or (where applicable) specialist qualification
An ability for practitioners to recognise the limits of their competence, and at such points:
an ability to refer to colleagues or services with the appropriate level of training and/or skill
an ability for practitioners to inform clients when the task moves beyond their competence, in a way that maintains their confidence and engagement with services

Ability to identify and minimise the potential for harm

An ability to respond promptly when there is evidence that the actions of a colleague put a client or another colleague at risk of harm, by:
acting immediately to address the situation (unless there are clear reasons why this is not possible)
reporting the incident to the relevant authorities
cooperating with internal and external investigators
When supervising colleagues, an ability to take reasonable steps to ensure that they recognise the limits of their competence and do not attempt to practise beyond them
An ability to consult or collaborate with other professionals when additional information or expertise is required

Ability to gain consent from clients

An ability to help clients make an informed choice about a proposed intervention by setting out its benefits and its risks, along with providing this information in relation to any alternative interventions
An ability to ensure that the client of services grants explicit consent to proceeding with an intervention
If consent is declined or withdrawn, and the nature of the person's presentation means intervention without consent is not warranted, an ability to respect their right

to make this decision
If an individual withholds consent, but the nature of their presentation warrants an immediate intervention:
an ability to evaluate the risk of the intervention and, where appropriate , proceed as required
an ability to attempt to obtain consent, although this may not be possible
an ability to ensure the person is fully safeguarded

Ability to manage confidentiality

An ability to ensure that information about clients is treated as confidential and used only for the purposes for which it was provided
When communicating with other parties, an ability:
to identify the parties with whom it is appropriate to communicate
to restrict information to that needed in order to act appropriately
An ability to ensure that clients are informed when and with whom their information may be shared
An ability to restrict the use of personal data:
for the purpose of caring for clients
to those tasks for which permission has been given
An ability to ensure that data is stored and managed in line with data protection legislation

Sharing information to maintain safety

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:
place the client or others (e.g. family members, significant others, professionals, or a third party) at risk of significant harm
prejudice the prevention, detection or prosecution of a serious crime
lead to an unjustified delay in making enquiries about allegations of significant harm to others

An ability to judge when it is in the best interest of the client to disclose information, taking into account their wishes and views about sharing information, and holding in mind:
that disclosure is appropriate if it prevents serious harm to a person who lacks capacity
the immediacy of any suicide risk (e.g. the degree of planning; the type of suicide method planned or already attempted; circumstances such as being alone, refusing treatment, drinking heavily, or being under the influence of drugs)

An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members/significant others, or providing them with non-person specific information about managing a crisis or seeking support
An ability to judge when sharing information within and between agencies can help to manage suicide risk
An ability to discuss concerns about disclosure with colleagues (e.g. by discussing the case without revealing the person's identity)

Ability to maintain appropriate standards of conduct

An ability to ensure that clients are treated with dignity, respect, kindness and consideration	
An ability for practitioners to maintain professional boundaries, e.g. by:	
	ensuring that they do not use their position and/or role in relation to clients to further their own ends
	not accepting gifts, hospitality or loans that may be interpreted as attempting to gain preferential treatment
	maintaining clear and appropriate personal and sexual boundaries with clients, their families and significant others
An ability for practitioners to recognise the need to maintain standards of behaviour , that conform with professional codes both in and outside the work context	
An ability for practitioners to represent accurately their qualifications knowledge, skills and experience	

Ability to maintain standards of competence

An ability to draw on knowledge of the best available evidence of effectiveness when employing therapeutic approaches	
An ability to maintain and update skills and knowledge through participation in continuing professional development	
An ability to recognise when fitness to practice has been called into question and report this to the relevant parties (including local management and the relevant registration body)	

Documentation

An ability to maintain a record for clients that:	
	is written promptly
	is concise, legible and in a style that is accessible to its intended readership
	identifies the person who has entered the record (i.e. is signed and dated)
An ability to ensure that records are maintained after each contact with clients or with professionals connected with them	
An ability, where necessary, to update existing records in a clear manner that does not overwrite existing elements (e.g. in order to correct a factual error)	
An ability to ensure records are stored securely, in line with local and national policy and guidance	

Ability to communicate

An ability to communicate clearly and effectively with clients and other practitioners and services	
An ability to share knowledge and expertise with professional colleagues for the benefit of clients	

Knowledge of, and ability to work with, issues of capacity, confidentiality and consent

All professional codes relating to confidentiality make it clear that where there is evidence of imminent risk of serious harm to self or others, confidentiality can be breached and relevant professionals and family members/significant others informed.

Decisions about issues of confidentiality and consent may be influenced by judgments about the individual's capacity.

Knowledge of policies and legislation

An ability to draw on knowledge of local and national policies on confidentiality and information sharing, both within and between teams or agencies

An ability to draw on knowledge of the application of relevant legislation relating to legal capacity

Knowledge of legal definitions of consent to an intervention

An ability to draw on knowledge that valid legal consent to an intervention is composed of three elements:

the person must be capable of consenting (legally competent)

the consent must be given voluntarily

the person must be suitably informed

An ability to draw on knowledge that individuals have a right to withdraw or limit consent at any time

Knowledge of capacity

An ability to draw on knowledge relevant to the capacity of individuals to give consent to an intervention

An ability to draw on knowledge that relevant legislation on capacity applies to adults over the age of 16 who (because of mental health problems or an inability to communicate because of physical disability) may be deemed to lack capacity if they meet one or more of the following criteria, and are incapable of:

taking action, or

making decisions, or

communicating decisions, or

understanding decisions, or

retaining the memory of decisions

Ability to gain informed consent to an intervention

An ability to give clients the information they need to decide whether to proceed with an intervention, e.g.:

what the intervention involves

the potential benefits and risks of the proposed intervention

what alternatives are available to them
An ability to use an interpreter where a client's first language is not that used by the practitioner and their language skills indicate that this is necessary
Where clients have a disability, an ability to ensure that information is provided in an accessible form (e.g. using an interpreter for a person who has a hearing impairment)
An ability to invite, and to actively respond to, questions about the proposed intervention
An ability to address any concerns or fears over the proposed intervention
An ability to draw on knowledge that after consent has been granted, it is usual to revisit this issue when introducing specific aspects of an assessment or intervention

Ability to draw on knowledge of confidentiality

An ability to draw on knowledge that a duty of confidentiality is owed:
to the person to whom the information relates
to any people who have provided relevant information on the understanding it is to be kept confidential
An ability to draw on knowledge that confidence is breached where the sharing of confidential information is not authorised by the person who provided it or to whom it relates
An ability to draw on knowledge that there is no breach of confidence if:
information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in accordance with that understanding
there is explicit consent to the sharing

Sharing information to maintain safety

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:
place a client or others (e.g. family members, significant others, professionals, or a third party) at risk of significant harm
prejudice the prevention, detection or prosecution of a serious crime
lead to an unjustified delay in making enquiries about allegations of significant harm to others
An ability to judge when it is in the best interest of a client to disclose information, taking into account their wishes and views about sharing information, holding in mind:
that disclosure is appropriate if it prevents serious harm to a person who lacks capacity
the immediacy of any risk of suicide or self-harm (e.g. the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, or drinking heavily or being under the influence of drugs)
An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of family members/significant others, or providing them with non-person specific information about managing a crisis or seeking support
An ability to judge when sharing information within and between agencies can help to manage suicide risk
An ability to discuss concerns about disclosure with colleagues (e.g. by discussing the case without revealing the person's identity)

Ability to inform all relevant parties about issues of confidentiality and information sharing

An ability to explain to all relevant parties (e.g. clients, significant others and other professionals) the limits of confidentiality and circumstances in which it may be breached (e.g. when an individual is considered to be at risk)
An ability to inform all relevant parties about local service policy on how information will be shared, and to seek their consent to these procedures (e.g. how information about the assessment and intervention will be shared with referrers)
An ability to revisit consent to share information if:
there is significant change in the way the information is to be used
there is a change in the relationship between the agency and the individual
there is a need for a referral to another agency who may provide further assessment or intervention
An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality

Ability to assess the capacity to consent to information sharing

An ability to gauge the individual's capacity to give consent by assessing whether they:
have a reasonable understanding of what information might be shared, the main reason(s) for sharing it and the implications of sharing or not sharing the information
appreciate and can consider the alternative courses of action open to them
express a clear personal view on the matter (as distinct from repeating what someone else thinks they should do)
are reasonably consistent in their view on the matter (i.e. are not changing their mind frequently)

Ability to share information appropriately and securely

An ability to ensure that when decisions are made to share information the practitioner draws on knowledge of information sharing and guidance at national and local level, and:
shares it only with the person or people who need to know
ensures that it is necessary for the purposes for which it is being shared
check that it is accurate and up-to-date
distinguishes fact from opinion
understand the limits of any consent given (especially if the information has been provided by a third party)
establishes whether the recipient intends to pass it on to other people, and ensure the recipient understands the limits of any consent that has been given
ensures that the person to whom the information relates (or the person who provided the information) is informed that information is being shared, where it is safe to do so
An ability to ensure that information is shared in a secure way and in line with relevant local and national policies

Ability to work with difference

There are many factors that need to be considered in the development of culturally competent practice, and finding a language that encompasses all of them is a challenge. For example, issues in relation to gender, disability or sexual orientation may vary across cultural groups. Nonetheless, the competences required to work in a culturally competent manner are similar, because they relate to the capacity to value diversity and maintain an active interest in understanding the ways in which people who use services may experience specific beliefs, practices and lifestyles, while considering any implications for the way in which an intervention is carried out.

There are, of course, many ways in which practitioners and the people they work with may vary in beliefs, practices and lifestyles. Some may not be immediately apparent, leading to their erroneous assumption that they do not exist. It is the individual's sense of the impact of specific beliefs, practices and lifestyles that is important (the meaning these have for them) rather than the factors themselves. Almost any encounter requires the practitioner to carefully consider potential issues relating to specific beliefs, practices and lifestyles, and their relevance to the intervention being offered.

Finally, it is worth bearing in mind that (because issues around specific beliefs, practices and lifestyles often relate to power imbalances and to inequalities) practitioners need to be able to reflect on the ways in which power dynamics play out, both in the context of the service they work in and when working with clients and their families/significant others.

Stance

An ability to draw on knowledge that when working with specific beliefs, practices and lifestyles, it is stigmatising and discriminatory attitudes and behaviours that are problematic rather than the beliefs, practices and lifestyles of clients, their significant others and families, and hence:

practitioners should equally value all people for their particular and unique constellation of characteristics and be aware of (and challenge) stigmatising and discriminatory attitudes and behaviours in themselves and others

there is no 'normative' state from which people and families may deviate, and hence no implication that a 'normative' state is preferred and other states problematic

Knowledge of the significance for practice of specific beliefs, practices and lifestyles

An ability to draw on knowledge that it is the individualised impact of background, lifestyle, beliefs or religious practices which is critical
An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area
An ability to draw on knowledge that users of services will often be a member of more than one 'group' (for example, a gay person from a minority ethnic community); as such the implications of combinations of lifestyle factors needs to be held in mind by practitioners

An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including:
ethnicity
culture
gender, gender identity and gender diversity
sexual orientation
religion/belief
socioeconomic deprivation
class
age
disability
For all people with whom the practitioner works, an ability to draw on knowledge of the relevance and potential impact of social and cultural factors on the effectiveness and acceptability of an assessment or intervention

Knowledge of social and cultural factors which may impact on access to the service

An ability to draw on knowledge of cultural issues which commonly restrict or reduce access to interventions, e.g.:
language
marginalisation
mistrust of statutory services
lack of knowledge about how to access services
the range of cultural concepts, understanding and attitudes about mental health which affect views about help-seeking, treatment and care
stigma, shame and/or fear associated with mental health problems (which makes it likely that help-seeking is delayed until/unless problems become more severe)
stigma or shame and/or fear associated with being diagnosed with a mental health disorder
preferences for gaining support via community contacts/contexts rather than through 'conventional' referral routes (e.g. their GP)

An ability to draw on knowledge of the potential impact of socioeconomic status on
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access to resources and opportunities
An ability to draw on knowledge of the ways in which social inequalities impact on development and on mental health
An ability to draw on knowledge of the impact of factors such as socioeconomic disadvantage or disability on practical arrangements that impact on attendance and engagement (e.g. transport difficulties, poor health)

Ability to communicate respect and valuing of clients, significant others and families

Where people from a specific sociodemographic group are regularly seen within a service, an ability to draw on knowledge of relevant beliefs, practices and lifestyles
An ability to identify protective factors that may be conferred by membership of a specific sociodemographic group (e.g. the additional support offered by an extended family)
An ability to take an active interest in the social and cultural background of users of services, and therefore to demonstrate a willingness to learn about their socio/cultural perspective(s) and world view

Ability to gain an understanding of the experience of specific beliefs, practices and lifestyles.

An ability to work collaboratively with the users of services and their families/significant others to develop an understanding of their culture and world view, and the implications of any culturally specific customs or expectations for a therapeutic relationship and how problems are described and presented			
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An ability to take an active and explicit interest in the client's experience of the beliefs, practices and lifestyles pertinent to their community:			
<table border="1"> <tr> <td>to help them to discuss and reflect on their experience</td> </tr> <tr> <td>to identify whether and how this experience has shaped the development and maintenance of their presenting problems</td> </tr> <tr> <td>to identify where they locate themselves if they 'straddle' cultures</td> </tr> </table>	to help them to discuss and reflect on their experience	to identify whether and how this experience has shaped the development and maintenance of their presenting problems	to identify where they locate themselves if they 'straddle' cultures
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An ability to discuss the ways in which individual and family relationships are represented in the client's culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of any interventions			

Ability to adapt communication

Where the practitioner does not share the same language as the client, an ability to identify appropriate strategies to ensure and enable their full participation in the assessment or intervention, and:
where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies that need to be in place for an interpreter/advocate to work effectively and in the interests of the client
An ability to adapt communication with clients who have a disability (e.g. using communication aides or altering the language, pace and content of sessions)

Ability to employ and interpret standardised assessments and measures

Where standardised assessments or measures are employed in a service, an ability to ensure that they are interpreted in a manner which takes into account the demographic membership of the client and their significant others, e.g.:
if the measure is not available in their first language, an ability to consider the implications of this when interpreting results
if a bespoke translation is attempted, an ability to crosscheck the translation to ensure that the meaning is not inadvertently changed
if standardised data (norms) is not available for the client's demographic group, an ability to explicitly reflect this in the interpretation of results

Ability to adapt psychological interventions

An ability to draw on knowledge of the conceptual and empirical research base that informs thinking about the impact of social and cultural factors on the effectiveness of psychological interventions
Where there is evidence that specific beliefs, practices and lifestyles are likely to impact on the accessibility of an intervention, an ability to make appropriate adjustments to the intervention and/or the manner in which it is delivered, with the aim of maximising its potential benefit
An ability to draw on knowledge that culturally adapted treatments should be judiciously applied, and are warranted:
if evidence exists that a particular clinical problem encountered by a person is influenced by membership of a given community
if there is evidence that people from a given community respond poorly to certain evidence-based approaches

Ability to demonstrate awareness of the effects of the practitioner's own background

An ability for all practitioners to draw on an awareness of their own group membership and values, and how these may influence their perceptions of the client, their problem and the therapeutic relationship
An ability for the practitioner to reflect on power differences between themselves and the client

Ability to identify and to challenge inequality

An ability to identify inequalities in access to services and take steps to overcome these, and:
an ability to consider how access to, and use of, services may need to be facilitated for clients with whom the practitioner is working (e.g. home visiting, flexible working, linking families with community resources)
where it is within the remit/role of the practitioner, an ability to identify groups whose needs are not being met by current service design/procedures, to identify potential reasons for this, and to identify and implement potential solutions

Ability to make use of supervision

Supervision is understood differently in different settings. Here, supervision is defined as an activity that gives practitioners the opportunity to review and reflect on their clinical work. This includes talking about areas which are experienced as difficult or distressing for the practitioner.

This definition distinguishes supervision from line management or case management.

Supervisors should be more senior practitioners with sufficient training in, and experience of, EMDR.

An ability to hold in mind that a primary purpose of supervision and learning is to enhance the quality of the treatment received by users of services

Ability to work collaboratively with the supervisor

An ability to work with the supervisor in order to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts which specify these factors)

An ability to help the supervisor be aware of your current state of competence and your training needs

An ability to present an honest and open account of the work being undertaken

An ability to discuss work with the supervisor as an active and engaged participant, without becoming passive, avoidant, defensive or aggressive

An ability to present material to the supervisor in a focused manner, selecting (and so concentrating on) the most important and relevant issues

Capacity for self-appraisal and reflection

An ability to reflect on the supervisor's feedback and to apply these reflections in future work

An ability to be open and realistic about your capabilities and to share this self-appraisal with the supervisor

An ability to use feedback from the supervisor in order to further develop the capacity for accurate self-appraisal

Capacity for active learning

An ability to act on suggestions for relevant reading made by the supervisor, and to incorporate this material into practice

An ability to take the initiative in learning, by identifying relevant papers or books based on (but independent of) supervisor suggestions, and to incorporate this material into practice

Ability to use supervision to reflect on developing personal and professional roles

An ability to use supervision to discuss the personal impact of the work, especially where it is relevant to maintaining the likely effectiveness of the work

An ability to use supervision to reflect on the impact of the work in relation to professional development
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Ability to reflect on supervision quality

An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others if:
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there is concern that supervision is below an acceptable standard

the supervisor's recommendations deviate from acceptable practice

the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual [sexual] relationships)
