

How to use the therapies capability framework

	Prioritisation of therapies for the application of this framework will be guided by:
	1. Professional scope of practice and credentials
	2. Clinical Division Service Plans
	3. PCS content
Step 1	clinician nominates a specific therapy in consultation with team leader and clinical practise supervisor e.g. cognitive behaviour therapy (CBT) for depression, acceptance and commitment therapy
Step 2	apply the Therapy Capability and Practice Framework to the specific therapeutic approach
Step 3	<ul style="list-style-type: none"> • In collaboration with the clinical practice supervisor, use each domain to reflect on the clinician’s “best fit” capability level for that specific therapy. • Reflecting on each domain will ensure that the capability level is not only determined by knowledge and skills but also elements of autonomy, leadership and dealing with complexity in practice. <p>The capability levels 2 and 3 were designed to demonstrate the difference between a trained, supervised and skilled therapist versus a clinical practitioner influenced or informed by a specific therapy. The framework also outlines the leadership roles expected of higher-level therapists within the MSAMHS.</p>
	<ul style="list-style-type: none"> - Capability Level 1 - Foundation Practitioner - Capability Level 2 - Practice Informed Practitioner - Capability Level 3 - Practitioner - Capability Level 4 - Advanced Practitioner.
	General summaries of each level are provided via link
Step 4	<ul style="list-style-type: none"> • Determine the capability level (1 to 4) for each domain which will guide the clinician’s overall capability and practice level for that therapy. • Consultation between clinician, clinical practice supervisor and team leader is essential.
Step 5	<ul style="list-style-type: none"> • The overall capability level for the specific therapy is documented in the clinician’s PAD and monitored by the team leader and the clinical practice supervisor. • The team leader and professional leaders will also utilise this information for workforce development and support strategies.

In collaboration with his/her clinical supervisor, the five capability domains are used as a tool for self-reflection by each clinician for each priority therapy indicated by the clinical unit (e.g. CBT). The “best fit” capability level for each of the five domains is determined during supervision. Reflecting on every domain will prompt the supervisor and supervisee to recognise that overall capability is not just determined by knowledge and skills, but other parallel elements including autonomy and leadership.

Table 1: TCF capability domains and therapy capability levels matrix case scenario

Capability Domains	Therapy Capability Levels			
	Foundation Practitioner	Practice-Informed Practitioner	Therapist	Advanced Therapist
Therapy knowledge and practice skills		✓		
Autonomy and support required and provided in therapy	✓			
Dealing with complexity in therapy		✓		
Supervision role and credentials		✓		
Research and evidence-based practice roles	✓			

Case scenario

For example, a nurse may consider his/her capability level for CBT for domain 1 (knowledge and skill) to be at a Therapist level (level 3) due to completion of advanced CBT training. However, during the course of discussion with their professional practice supervisor, they realise that CBT only influences their practise, and they do not strictly adhere to CBT techniques nor participate in CBT supervision. This would indicate an overall capability level of a Practice-Informed Practitioner (level 2).

Level Descriptors

General summary: descriptors for each capability level - please use full version during self reflection			
Foundation Practitioner	Practice informed Practitioner	Practitioner	Advanced Practitioner
<p>The practitioner has a fundamental basis for understanding and working with mental health consumers and receives regular practice supervision The practitioner has a basic knowledge of § assessment § alliance building § diagnosis § formulation in the context building a therapeutic alliance The practitioner is able to appropriately link therapy principles to connectedness and recovery-oriented practice Awareness of best available evidence in relation to therapy practice and ACU models of care</p>	<p>The practitioner has a basic and general introductory knowledge of the therapy assessment and treatment modalities as well as appropriate clinical frameworks, models, and core practice skills The practitioner has received introductory training in the therapy and is able to appropriately combine therapeutic practice with connectedness and recovery oriented principles Therapy techniques are used as a limited range of interventions that can enhance current clinical practice and are applied safely as sub-skills of routine treatment Knowledge of best available evidence in relation to therapy practice</p>	<p>The practitioner has a sound overview of assessment and treatment for the therapy as well as appropriate clinical frameworks, processes and specific therapy techniques Certified core training in the specific therapy Applies recovery and social inclusion principles to enhance therapy in a mental health context The practitioner clinically applies the specific therapy in relation to the best available evidence and supports the skill development of others The practitioner provides supervision and training to less advanced practitioners Regular active participation in peer review, therapy evaluation and development</p>	<p>The practitioner has a contemporary and in-depth knowledge of the therapy assessments and interventions, therapy specific clinical frameworks, processes and specific technical skills The practitioner applies recovery and social inclusion practices in therapy and leads the effective evaluation of the effectiveness of therapy interventions The practitioner selects the therapy in relation to the best available evidence and tailors it appropriately The practitioner provides supervision and training to less proficient practitioners and leads service initiatives The practitioner contributes to the evidence base by driving evaluation or research</p>

Feedback from focus group participants –

Two focus groups

Group 1 - PL = Practitioner level (clinicians assessed at Foundation or Practice-Informed Practitioner capability levels for all therapies)

Group 2 - ThL = Therapist level (clinicians assessed at Therapist or Advanced Therapist capability levels for any therapy)

Most participants in both groups believed that the TCF could influence changes to the case management model and support clinicians to become proficient and at least practice informed, in the provision of psychosocial therapies. A PL participant stated, *'this therapy capability framework is showing us that the case management model has to change to accommodate (therapies).'*

Both focus groups' participants also believed that the TCF could be beneficial in supporting a clinician's professional development pathway, specifically for therapy capabilities, as well as developing a strategic service-wide workforce planning profile: *'The capability framework allows some of that to be teased out, because you identify whether you're practice-informed or whether you're a therapist or whatever and so, down the track, maybe it allows some room for those skills to be further identified.'* (PL)

ThL participants articulated how the TCF Process had extended meaningful discussions regarding evidence-informed therapies to the rest of the multi-disciplinary team to promote relevant team-based professional development planning: *'It was a tool to see where you sit and map against for different therapies, and we, as a team, had added some extra things and we're using it as a tool across therapies [development].'*

Majority of participants from both groups understood the differences between the various TCF levels and described how the terminology of the Practitioner Level criteria was an accurate description of core therapy capabilities for all clinicians: *"I really like the beginning, the framework. My understanding is it wants to get everyone to be at least [practice-informed] enough to provide a level of therapeutic input"* (ThL).

The capability framework will give you an overview of who's trained in [therapy], to what level, what level supervision they are getting, ...then you would know how many people you need to train, how many people you need to get from this level to the other level and how many people you need to be at the higher levels in order to implement this [therapy]. Then the framework will be well connected to the service provision

How and why the TCF has changed:

Findings from the original study highlighted a need to align the TCF and TCF Process with structured service-level governance strategies. A key message that emerged is the need to strengthen engagement between staff, line managers and leaders across the organisation for psychosocial therapy strategic planning prior to the TCF mapping process.

A strategic model for person-centred psychosocial therapies has since been established at MSAMHS. This model promoted shared participation, distributed leadership, and led to the evolution and collaborative development of the TCF tailored to four different areas. These specific capability frameworks were developed by therapy leaders and case managers across the organisation and include (a) Consumer, Carer and Family Engagement, (b) Trauma-informed Care, (c) Physical Health Care, and (d) Cognitive and Behavioural Therapy versions of the TCF. It is imperative that the implementation of these bespoke TCFs strengthen collaboration and emphasise leadership across all roles in the organisation to enhance the provision of evidence-informed care.