

Therapy Capability Framework

Manual

Therapy Capability Framework

Welcome

Welcome to the [Therapy Capability Framework](#). We hope this becomes a useful and valuable resource for your clinical skill development.

All clinicians will use this framework during supervision as a continuing professional development tool. *It is not intended for and should not be used for performance management purposes.*

The framework creates a platform for continual improvement at both clinician and organisation levels.

Its structure mirrors the *Dreyfus* Model of Skill Acquisition (1980)*. Therefore, it is in nature an easy to use tool providing guidance for measuring capability in the context of therapies.

* *Dreyfus, Stuart E.; Dreyfus, Hubert L. (February 1980). A Five-Stage Model of the Mental Activities Involved in Directed Skill Acquisition, Washington, DC: Storming Media. Retrieved June 13, 2010.*

Our Mission

To support practitioners to share common goals and objectives that contribute to the consumers' recovery journey, to which the strengths of each member of the team contribute in a coordinated manner, in accordance with his/her clinical capabilities, whilst respecting those of others.

(Adapted from "Health manpower requirements for the achievement of health for all by the year 2000 through primary health care", WHO Technical Report Series, No 717 (p. 89))

What does the Framework aim to achieve?

The [Therapy Capability Framework](#) was created under the premise that clinical practice improvement will improve outcomes for the consumer (and carer).

In developing the [Therapy Capability Framework](#) we aim to identify:

- a) Current therapy skills and developmental needs that guide clinical practice
- b) Future supervision and continuing professional development opportunities

The goals of the framework are to strengthen:

- *Consistent access to therapeutic practice informed by the best available evidence for all mental health consumers*
- *Clinical capability requirements for therapies in each of the Divisions*
- *Individual learning and development pathways to the clinical capabilities required across all services*
- *Staff recognition and reward based on clinical expertise*
- *Clinical and professional leadership in the delivery of therapeutic services for consumers*
- *Decision making for learning, development and practice supervision priorities for each Academic Clinical Unit*

When is the framework used?

The [Therapy Capability Framework](#) is used when:

- *a new clinician commences within the MSAMHS*
- *a clinician transfers between Divisions*
- *the Professional Appraisal and Development (PAD) tool is reviewed*

However, don't feel restricted by this. The [Therapy Capability Framework](#) can be used at any time to guide clinical improvement in therapies.



How is capability different to competency?

Capability is:

- The practitioner's capacity to apply values, knowledge and skills to overcome a variety of challenges, some of which may be unusual from normal

Competency is:

- The appraisal of a practitioner's ability to successfully undertake set tasks/techniques within specific contexts

What is a 'Clinical Capability Framework'?

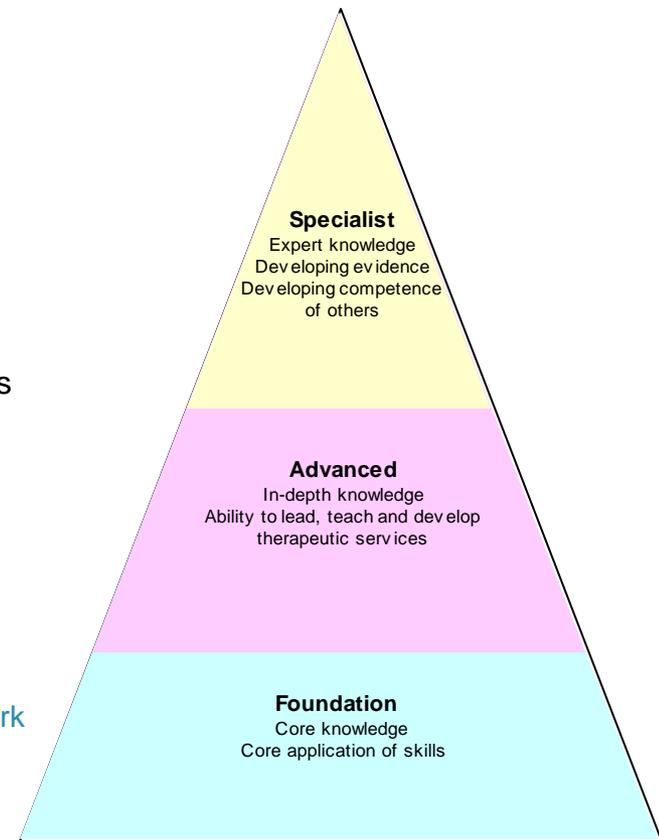
A Clinical Framework refers to a:

- Well-structured and systematic approach to learning and development

Therefore, a Clinical Framework captures:

- Layered hierarchical core values, clinical knowledge and skills
- Central aspects for clinical practice in all fields at its foundation
- Additional knowledge and skills specific to individual levels and domains built on top of these foundations

Basic clinical
capability framework



Therapeutic pillars

It is important to note that the Pillars do not denote all areas of intervention, practice and therapy being offered at MSAMHS, but rather highlights areas of practice that will be emphasised through education and training, as well as through supervision, research and service development.

While these pillars have been separated into separate domains to provide detailed guidance and support for practice, it is intended that they be used together for a robust, broad formulation that informs the direction of care and services. As such, these pillars are interrelated and will have features of overlap and correspondence, e.g. working with a consumer who has experienced trauma will require consideration of their broader context including lived experience, family relations and supports, their physical health and possible substance use, as well as maladaptive cognitions and behaviours, thus incorporating all pillars when working with consumers and carers.

Consumer, Carer and Family Engagement

Active engagement of consumers, families and carers in their therapeutic process over the duration of care.

Physical Health Care

Whole-of-person care focusing on mental and physical quality of life and wellbeing.

Cognitive and Behavioural Therapies

Understanding and addressing thought process that govern behaviour and emotions.

Trauma Informed Care

Sensitivity and consideration to the impact of trauma and the importance of considering trauma when understanding a consumer's or carer's presentation.

Lived Experience

Acknowledging and learning from the experiences of people with a lived experience of mental illness and the therapeutic benefits of a peer lived experience workforce.

Trauma-Informed Care and Practice for Aboriginal and Torres Strait Islander Peoples

A guide to working well with Aboriginal and Torres Strait Island Peoples



How will the framework assist me?

The [Therapy Capability Framework](#) can help clinicians to:

- **Self-assess** against a number of key criterion for clinical development
- **Identify strengths** for maintaining improvement
- **Recognise key barriers** for improvement, relating to specific contexts (e.g. Academic Clinical Unit or profession)
- **Plan** for sustainability of improvement efforts (e.g. training, education, mentoring and support needs)
- **Monitor** progress over time

How do I use the Therapy 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 (created by best available evidence)
3. PCS content

Step 1 Identify priority therapies

- a) Clinician nominates a specific therapy in consultation with team leader and clinical practice supervisor (e.g. cognitive behaviour therapy (CBT) for depression, acceptance and commitment therapy (ACT), etc.)
- b) If using one of the pillars, the Clinician nominates a specific framework in consultation with team leader and clinical practice supervisor .

Pillars

- Consumer, Carer and Family Engagement
 - Physical Health Care
 - Trauma Informed Care
 - Cognitive and Behavioural Therapies
 - Lived Experience
- 

How will the framework assist me cont...

Step 2 determine capability levels for each clinician

- 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.

The capability level 2 was designed to demonstrate the difference between a trained, supervised and skilled Practitioner versus a clinical practitioner influenced or informed by a specific therapy. The framework also outlines the leadership roles expected of higher level Practitioners within the MSAMHS. The 'best fit' capability level for each of the five domains is determined during supervision.

- Determine the capability level (1 to 4) for each domain which will guide the clinician's overall capability and practice level for that therapy/pillar.
 - Consultation between clinician, clinical practice supervisor and team leader is essential.
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- Capability Level 1 - Foundation Practitioner
 - Capability Level 2 - Practice Informed Practitioner
 - Capability Level 3 - Practitioner
 - Capability Level 4 - Advanced Practitioner.

General summaries of each capability level are provided in the appendix.

Important: Please use the [full version](#) of the [Therapy Capability Framework](#) during self-reflection and supervision.

Step 3 Data collection and analysis

- 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. This workforce capability map represents capability levels for various therapies for every case manager across the work unit.
- The data regarding the capability levels of case managers for a range of therapies, can be examined and used to identify current workforce gaps and future priorities for the team.

What happens if agreement on capability levels cannot be achieved?

Should the clinician, practice supervisor and team leader disagree with the rating and a resolution is not achieved, the decision is referred to the relevant division leadership group and, if required, an expert therapy reference group for final review. The clinical practice supervisor and team leader are to guide the practitioner through this process.



Appendix

General Summary: Descriptors for each capability level

1. Foundation Practitioner	2. Practice-informed Practitioner	3. Practitioner	4. Advanced Practitioner
<p>The practitioner has a fundamental basis for understanding and working with mental health consumers and receives regular practice supervision</p> <p>The practitioner has a basic knowledge of</p> <ul style="list-style-type: none"> ■ assessment ■ alliance building ■ diagnosis ■ formulation <p>in the context building a therapeutic alliance</p> <p>The practitioner is able to appropriately link therapy principles to connectedness and recovery-oriented practice</p> <p>Awareness of best available evidence in relation to therapy practice and DIVISIONS 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</p> <p>The practitioner has received introductory training in the therapy and is able to appropriately combine therapeutic practice with connectedness and recovery-oriented principles</p> <p>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</p> <p>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</p> <p>Certified core training in the specific therapy</p> <p>Applies recovery and social inclusion principles to enhance therapy in a mental health context</p> <p>The practitioner clinically applies the specific therapy in relation to the best available evidence and supports the skill development of others</p> <p>The practitioner provides supervision and training to less advanced practitioners</p> <p>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</p> <p>The practitioner applies recovery and social inclusion practices in therapy and leads the effective evaluation of the effectiveness of therapy interventions</p> <p>The practitioner selects the therapy in relation to the best available evidence and tailors it appropriately</p> <p>The practitioner provides supervision and training to less proficient practitioners and leads service initiatives</p> <p>The practitioner contributes to the evidence base by driving evaluation or research</p>

Useful link: http://en.wikipedia.org/wiki/Dreyfus_model_of_skill_acquisition

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