A programme of talking therapy workshops aimed to help student mental health nurses take on a more active role with service users

Training student nurses in talking therapies

In this article...

- Why training in talking therapy approaches is needed
- The effectiveness of a workshop-based training programme
- Plans for continuing professional development

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The Nursing and Midwifery Council Code states that mental health nurses ‘must use different methods of engaging service users to help improve service outcomes’.

A recent report from the independent Mental Health Task force (2016) highlighted a disparity in the delivery of key interventions such as counselling across the NHS.

This is despite the creation of the Department of Health’s Improving Access to Psychological Therapies programme (IAPT), designed to help NHS staff implement the National Institute for Health and Care Excellence (NICE) guidelines for people with depression (NICE, 2009).

Faced with the demands of balancing theory and practice, student mental health nurses often find themselves struggling to apply basic principles of ‘talking therapy’ when they meet service users. Basic principles include active listening, paraphrasing and Socratic questioning.

Informal feedback gathered from second-year student mental health nurses, following their clinical placements, revealed a need for more exposure to, and training in, the application of basic psychological interventions.

While it is important to ensure preregistration students develop the skills to become competent, confident and reflective in the future, we also need to acknowledge the unique opportunities they have to engage in therapeutic relationships while still a student nurse (NMC, 2015).

A new role for student nurses

It is important to recognise that, although students form part of the clinical team, they are unable to take clinical decisions. Despite being guided by professional accountability and competence, they will also at times find themselves outside their prescribed role, such as when talking informally to service users. This role could take the form of ‘confidant’ or ‘helper’. Student nurses must build and maintain therapeutic relationships while incorporating counselling and therapy skills into their practice.

Ballantine Dykes et al (2014) use the term ‘helper’ to describe a person who, while not a fully trained counsellor, has learned some general counselling skills that can be used to enhance or complement the services of another healthcare professional.

Whether we call unqualified nurses on clinical placements ‘student nurses’ or ‘helpers’, one constant remains – an opportunity for them to engage with service users in a structured, evidence-based and caring way.

Workshop aims

The talking therapy workshops conducted by University of Wolverhampton had three main aims:

Key points

1. There is a disparity in the delivery of key psychological interventions across the NHS
2. Mental health student nurses are in a unique position to provide early engagement with service users
3. Student mental health nurses need to receive more training in the application of basic psychological techniques
4. There is the potential for a new informal role for student mental health nurses in clinical practice — that of ‘confidant’ or ‘helper’
5. Introducing mental health nurses to other philosophies and skills is vital to their professional development

Student nurses were encouraged to use role-play techniques during the workshops
The workshops were designed to equip student nurses with the ability to offer talking therapy on clinical placements, while encouraging growth and experimentation. The theory and skills teaching took place in a classroom setting and all third-year mental health student nurses (senior students) following the RN DipHE (nursing studies) curriculum were offered the opportunity to learn about SFBT and CBT.

In a workshop structure the ‘norms’ of didactic teaching and learning are replaced with a more collaborative and dynamic ethos, encouraging independent thinking. One technique used in the workshops was role play, which encouraged student nurses to play multiple roles of nurse, service user and observer.

The classroom setting enabled educators to outline specific clinical theory and practice skills (in SFBT and CBT), which would not only provide the students with academic and experiential learning opportunities, but also support their interactions with service users in clinical practice. The format used interactive workshops so each student could challenge current mental health nursing philosophy, practice and roles in a supportive peer environment. The workshops were designed to complement the theory and skill elements of the students’ course. They were delivered over a single four-and-a-half day week, during which two-and-a-half days were allocated to SFBT, followed by two days of CBT. Students were offered a half-day break between the sessions on each therapy.

Each workshop was delivered by two senior lecturers – one qualified in CBT and the other in SFBT – and incorporated a variety of teaching approaches, including specifically designed booklets, group work, role play, case scenarios, video and discussion. Content delivered during the workshops included history, assessment, basic model, problem list, scaling and exception seeking.

Results

Over a seven-year period, incorporating 13 student mental health nurse cohorts, the workshops provided an insight into the skills and techniques required in two specific talking therapies: CBT and SFBT. The workshops were also an opportunity for students to consider how the varying philosophical positions held by both approaches differed from current mental health nursing philosophies. Similarly, the workshops enabled students to discuss, challenge and consider how they would apply these different philosophical positions.

To date, 391 mental health students have participated in the workshops. After completion, students received an evaluation document comprising six numerical questions (with the answers provided on a scale of 1–5) (Table 2) and five open questions (Table 3). Across the 13 nursing cohorts there was a 95.3% completion rate (see sample results in Figs 1 and 2).

Overall, the workshops resulted in positive outcomes for students. Their experience of the workshops – both individually and collectively – showed that their understanding of new skills and techniques had been enhanced by the opportunity to take ownership of their learning in a collaborative environment.

In the workshop structure itself, the integration of new philosophies, theories and skills from the two psychological approaches encouraged students to reflexively challenge their position.

Evaluation comments from students were consistently positive, supporting the numerical data provided. Table 3 shows some of the comments from students, which broadly highlighted the importance of the following themes:

- Collaborative working;
- Deeper learning;
- Extending useful clinical skills;
- Challenging their role or position;
- Need for mandatory module and/or continuing professional development.

Discussion

The workshops were designed to address the increasing requirement (and opportunity) for mental health nurses to be trained in the delivery of basic psychological interventions. Before the workshops began, third-year student mental health nurses had received little (if any) theory or practice in the delivery of these therapies and their training had focused on nursing skills underpinned by person-centred care and humanistic philosophy. It was thought that introducing these students to other philosophies and skills would be vital to their professional development.

Although the students raised some initial reservations (primarily concerning the introduction of new philosophies), they collectively embraced the opportunity to
rédefine and extend their roles, as well as learning useful new skills. The introduction of new philosophies in the workshops enabled the student’s role to become more informal, fluid and changeable. Feedback from students who had completed the workshops included comments on their increased confidence and competence when supporting service users in distress.

The use of workshops resulted in a far deeper learning process, which most, but not all students, embraced. Students who found this deeper level of learning challenging or difficult were supported through the collaborative nature of the workshops by their peers.

**Conclusion**

Through the delivery of a series of educational workshops, the authors have significantly increased the numbers of senior mental health student nurses accessing training in psychological interventions, specifically SFBT and CBT. They have also shown the value of senior student mental health nurses being able to provide service users with immediate, low-intensity psychological interventions, further underpinning the importance of ‘making every contact count’.

The students appreciated the workshops, indicating that they were different from any teaching methods they had experienced before (within modular teaching), while the authors of workshops were able to bring about change in areas of clinical practice within pre-registration mental health nursing. Feedback received from student nurses and clinical practice partners clearly demonstrated the usefulness of the new knowledge and skills provided by the workshops and the programme was supported by further collaborative partnership working with a local NHS trust.

Feedback from the 391 students who participated in the workshops supported the continuation of the programme. As a result the workshop structure has been further developed and validated as a module for the BSc Nursing (mental health) curriculum at the University of Wolverhampton. The authors are currently gathering and collating feedback from mental health nursing students taking the new module and this will be used to provide an updated review of the training.

**References**


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