

K

Factors promoting emotional equilibrium and quality of life

An ability to draw on knowledge of factors thought to maintain or help clients regain emotional equilibrium and quality of life, including:

biological factors e.g.:

shorter duration and course of illness

circumscribed physical symptoms

good general health and physical fitness

cognitive factors e.g.:

their sense of control regarding illness management

their sense of self-efficacy in relation to the illness itself as well as their general life situation

their tendency to positively connote their experiences

their acceptance of the illness

their perception that the social support they receive is appropriate

behavioural factors e.g.:

setting and working towards goals

Knowledge of the range of presenting issues and diagnostic criteria in people with physical health problems

Knowledge of the impact of physical health conditions in the context of life-stage

Knowledge of relationships between life-stage and adjustment to illness

An ability to draw on knowledge that in younger people the relationship between chronological age and developmental stage is not fixed, and hence there can be considerable variation in the capacity for understanding illness variation across individuals of the same age

An ability to draw on knowledge that (in normative developmental terms) positive adjustment to illness can be thought of as the maintenance of positive emotional well-being, age appropriate behaviour and developmentally appropriate self-esteem/self-worth at the same time as following (potentially complex) healthcare regimens

An ability to draw on knowledge that illness whose onset is perceived as 'age-appropriate' may be easier to adjust to than when the onset is unusual for the person's life-stage

Adolescent and young adult's understanding of illness and its management

An ability to draw on knowledge of the ways in which their

Factors promoting emotional equilibrium and quality of

Promoting the client's capacity for adjustment

This section should be read in the context of other core competences in this framework, particularly those which set out:

'Knowledge of generic models of adjustment to long term health conditions'

'Knowledge of behaviour change and strategies to achieve it' and

'Supporting the client's capacity for self-management'

An ability to help clients recognise that adjustment is an outcome of their understanding of their condition and to make use of resources (including their own capacity for self-management) to achieve optimum psychological and physical functioning whilst living with their condition

An ability to help the client shift their focus from the condition itself to the personal and interpersonal resources they can draw on for its management (not only 'what' the condition is but 'who' has it)

Promoting reflection on the adverse impact of illness

An ability to acknowledge and help the client discuss potentially challenging emotional reactions to their illness (including grief associated with loss of the healthy 'self', despair, anger, shame, and resentment of healthy others)

An ability to acknowledge and help the client discuss mood changes associated with the illness, including depression and anxiety about the future

An ability to identify and help the client to challenge 'write-off' thinking in response to an unwelcome diagnosis (i.e. catastrophic thinking such as "my life is over", or "nothing will be the same again")

An ability to help the client to reflect on any ways in which their condition impacts on relationships with significant others, and the extent to which they wish to involve them in discussion of their condition and its management

Promoting reflection on adaptation to illness

An ability to help clients to review and reflect on the nature of their condition and its possible causes (including any contribution from their 'lifestyle') with the aim of containing emotional responses and allowing a gradual shift of focus to managing in the present

An ability to help clients (and their relatives) to recognise when their condition will not be improved by further medical intervention and to work with them to consider other approaches (such as self-management, psychological interventions or adjunctive approaches such as exercising)

An ability to help the client identify realistic expectations of outcome, particularly where these are initially either over-optimistic or overly pessimistic with regard to treatment options

Identifying the client’s aims for adjustment, and their resources for achieving this

An ability to help the client specify their own sense of what positive adjustment would look like for them
an ability to hold in mind that what constitutes adjustment will differ from person to person (e.g. returning to employment may be important for one person, but not for another)
An ability to help the client to ‘weigh up’ the pros and cons of treatment options in relation to their alignment with their values and beliefs and their aims for adjustment
an ability to help clients consider how they can represent their choices to health professionals, especially where these relate to lifestyle choices and choices between treatment options
An ability to help the client identify the personal resources on which they habitually draw when confronting new challenges
an ability to promote optimistic thinking by identifying successful outcomes

Adopting strategies to facilitate adaptation

An ability to introduce and facilitate the client’s skills in self-management*
An ability to help the client build optimistic beliefs about their capacity to self-manage by:

Knowledge of models of behaviour change and strategies to achieve it

An ability to draw on knowledge that models of health behaviour suggest that achieving behaviour change is a process driven by a number of factors, all of which may be relevant when planning an intervention, including:

the person's sense of the seriousness of a potential illness and their susceptibility to it

the person's 'common-sense understanding' of their illness (or the threat of an illness), influenced by:

their experience of physical symptoms and emotions

social influences

their interactions with (and beliefs about) healthcare providers

the person's capability to perform the behaviour (for example, their physical and emotional capacity)

the person's sense of self-efficacy (their confidence that they can carry out and maintain the behaviour)

the person's motivation to perform the behaviour

the person's intention to perform the behaviour, shaped by:

their attitude toward the behaviour (e.g. their expectations regarding its likely benefit)

their perception of their ability to perform the behaviour

the person's opportunities to carry out the behaviour

the influence of the person's social context (which shapes their sense of what is (or is not) normative, and within which behaviour is learned and enacted)

the external (environmental) support that an individual receives, such as support from family or friends

An ability to draw on knowledge of principles that help to explain how behaviours develop, are maintained and may be changed (particularly the principles associated with theories of learning such as operant and classical conditioning, and social learning theory)

An ability to draw on knowledge that behaviour change can be conceptualised as a process, and that:

it can be characterised as a series of steps (achieving the motivation and intention to change, 'actioning' change and maintaining change)

each step can be revisited as the process of change takes place

each step requires planning and the identification of potential barriers to change

Promoting behavioural change

Engaging the client in a collaborative process

An ability to draw on knowledge that any proposed behavioural changes should take account of the client's beliefs and values about their health condition

Where the client's beliefs and values are linked to unhelpful behaviours, working with them to explore whether they can consider different perspectives (while taking care not to suggest that their account is incorrect or invalid), for example, by:

helping them to assess the short and long-term consequences of their behaviours for their health

enhancing their belief in their ability to change (promoting their sense of self-efficacy)

An ability to maintain change by planning for, and guarding against flare-

