

## Specific knowledge of mental health problems in children and young people

An ability to draw on knowledge of an awareness of the range of mental health problems and neurodevelopmental conditions that children and young people can present with at different stages of development
An ability to draw on knowledge of the usual pattern of symptoms associated with mental health problems
An ability to draw on knowledge of the social, psychological, family and biological factors associated with the development and maintenance of mental health problems
An ability to draw on knowledge of the influence of normal child development and developmental psychopathology on the ways in which mental health difficulties present (e.g. younger children may be more likely to somatise, rather than verbalise, emotional difficulties)
An ability to draw on knowledge of the ways in which mental health problems can impact on functioning (e.g. maintaining intimate family and social relationships, or the capacity to maintain education)
An ability to draw on knowledge of the impact of impaired functioning on mental health
An ability to draw on knowledge of the ways in which mental health problems can lead to interpersonal difficulties, and to use this knowledge to avoid escalating or compounding a child's or young person's condition
an ability to draw on knowledge of the ways in which mental health problems in children and young people can impact on family functioning
An ability to draw on knowledge of factors that promote wellbeing and emotional resilience (e.g. good physical health, high self-esteem, secure attachment to caregiver, higher levels of social support)

## **Ability to collaboratively engage children and young people with the treatment options open to them**

An ability to engage a child or young person in a collaborative discussion about the treatment options open to them (which may include medication), informed by the information gathered during assessment, the formulation emerging from the assessment, and their aims and goals

An ability to convey information about treatment options in a manner that is tailored to a child's or young person's capacities, context and circumstances and that encourages them to raise and discuss queries and/or concerns

An ability to provide a child or young person with sufficient information about the treatment options open to them, such that they are:

aware of the range of options available to young people in the service

in a position to make an informed choice from among the options available to them

An ability to ensure that a child or young person has a clear understanding of the treatments being offered to them (e.g. their broad content and the way they usually progress)

While maintaining a positive stance, an ability to convey a realistic sense of:

the effectiveness and scope of each treatment

any challenges associated with each treatment

An ability to use clinical judgement to determine whether a child's or young person's agreement to pursue a treatment is based on an age-appropriate collaborative choice (rather than being a passive agreement, or an agreement that they feel is imposed on them)

## Ability to foster and maintain a good therapeutic alliance

Work with children and young people often includes work with their families and/or carers, as part of an integrated intervention or in the form of a parallel treatment. As such, each party is potentially the 'person' referred to in this document.

### Understanding the concept of the therapeutic alliance

An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:

the relationship or bond between the therapist and the person

consensus between the therapist and the person regarding the techniques/methods used in an intervention

consensus between the therapist and the person regarding the goals of an intervention

An ability to draw on knowledge that all three components contribute to the maintenance of the alliance

### Knowledge of therapist factors associated with the alliance

An ability to draw on knowledge of therapist factors that increase the probability of forming a positive alliance:

being flexible and allowing a person to discuss issues which are important to them

being respectful

being warm, friendly and affirming

being open

being alert and active

being able to show honesty through self-reflection

being trustworthy

Knowledge of therapist factors that reduce the probability of forming a positive alliance:

being rigid

being critical

being distant

being aloof

being distracted

making inappropriate use of silence

### Knowledge of individual factors associated with the alliance

An ability to draw on knowledge of individual factors that affect the probability of forming a positive alliance, for example:

interpersonal issues (e.g. a person assuming that the therapist will dismiss their perspective)

involuntary presentation (e.g. sectioned under the Mental Health Act, or attending because of external pressures)

issues related to substance misuse

service-related issues (e.g. previous negative experiences)

cultural factors (e.g. cultural expectations about who should be involved in any intervention)
influence of family or carers and peers (e.g. families or carers who encourage or discourage a child or young person from maintaining contact with services, or peers who stigmatise them for having treatment)

### **Capacity to develop the alliance**

An ability to listen to a person's concerns in a manner that is non-judgemental, supportive and sensitive, and which conveys an accepting attitude when they describe their experiences and beliefs
An ability to validate a person's concerns and experiences
An ability to ensure a person understands the rationale for the intervention being offered
An ability to gauge whether a person understands the rationale for the intervention, has questions about it, or is sceptical about the rationale, and to respond to these concerns openly and non-defensively to resolve any ambiguities
An ability to help a person express any concerns or doubts about the planned intervention and/or the therapist, especially where this relates to mistrust or scepticism
An ability to help a person form and articulate their goals for the intervention, and to gauge how similar these are to those of the therapist

### **Capacity to understand a person's perspective and 'world view'**

An ability to comprehend the ways in which the person characteristically understands themselves and the world around them
An ability to hold a person's world view in mind throughout the course of an intervention and to convey this understanding through interactions with the person, in a manner that allows them to correct any misinterpretations
An ability to establish a person's point of view by exploring their position in an open and accepting manner, taking their concerns at face value and suspending any tendency to disbelief
An ability to hold a person's perspective in mind while gathering all relevant information in a sensitive manner
An ability to hold a person's world view in mind, while retaining an independent perspective and guarding against colluding with them

### **Capacity to maintain the alliance**

#### **Capacity to recognise and to address threats to the therapeutic alliance ('alliance ruptures')**

An ability to recognise when strains in the alliance threaten the progress of an intervention
An ability to deploy appropriate interventions in response to disagreements about tasks and goals, and to:
check that the person understands the rationale for the intervention, review this with them and clarify any misunderstandings
judge when it is best to refocus on tasks and goals that the person sees as relevant or manageable (rather than keep exploring issues that lead to disagreement)
An ability to deploy appropriate interventions in response to strains in the alliance between the therapist and the person, for example:

for the therapist to give and ask for feedback about what is happening in the here-and-now interaction, in a manner that invites exploration
for the therapist to acknowledge and accept responsibility for their contribution to any strains in the alliance
when the person recognises and acknowledges that the alliance is under strain, an ability (when appropriate) to help the person make links between the current difficulties and their usual style of relating to others
to allow the person to express any negative feelings about their relationship with the therapist
to help the person explore any fears about expressing negative feelings about their relationship with the therapist

## **Ability to understand and respond to the emotional content of sessions**

### **Eliciting emotions that facilitate change**

An ability to help a child or young person access, differentiate and experience their emotions in a manner that best facilitates change

### **Management of strong emotions which interfere with effective change**

An ability to help a child or young person recognise and accurately label emotions

An ability to help a child or young person process emotions, by acknowledging and/or containing emotional levels that are too high (e.g. anger, fear, despair) or too low (e.g. apathy)

An ability to deal effectively with emotional issues that interfere with positive change (e.g. excessive levels of anxiety, anger or hostility, or avoidance of strong affect)

An ability to help a child or young person express their emotions while also monitoring their capacity to tolerate emotional expression and to deploy in-session strategies that help to manage any difficulties that emerge, for example by:

ensuring that discussion moves at a child's or young person's pace (i.e. their readiness and capacity to discuss an issue)

'pulling back' if areas appear to be too difficult and returning to them at a later stage

helping a child or young person to stay with the emotion without escalating it

An ability to introduce techniques designed to manage unhelpfully strong emotions (such as aggressive behaviour or extreme fear), for example:

helping a child or young person to name emotions and the 'messages' that they convey

indicating what behaviour is appropriate in the session (setting limits)

When families or carers are participants in the session, an ability to help them support the capacity of the child or young person to express emotion in an appropriate manner (in the session)

### **Ability to reflect on the expression of behaviours and emotions**

An ability to understand that a child's or young person's emotional expression (including aggressive behaviour) is a form of communication

An ability to reflect on the meaning of the behaviour/emotional expression and its relation to the current and past context

An ability to describe the emotion/behaviour and elicit a child's or young person's interpretation of its meaning

an ability to discuss any such interpretations with a child or young person

An ability for the practitioner to reflect on their own reaction to the emotional/behavioural expression and their influence on a child's or young person's behaviour

an ability for the practitioner to make use of supervision to reflect (and if need be act) on these issues

## Ability to manage endings and service transitions

### Working with planned endings

Where the 'contact' will be for a fixed length of time, an ability to work collaboratively with a child or young person to manage endings and set in place any future support
An ability to prepare a child or young person for endings by explicitly referring to the limits of the intervention at the outset, and throughout therapy, as appropriate (e.g. in connection with discussions about loss)
An ability to assess any risks that may arise during or after leaving the service
An ability to help a child or young person express feelings about endings, including any feelings of hostility and disappointment with the limitations of the intervention and of the therapist
An ability to help a child or young person make connections between their feelings about endings and other losses or separations
An ability to help a child or young person explore any feelings of anxiety about managing without the therapist
An ability to help a child or young person reflect on the process of the intervention as well as what they have learned and gained from it
Where there is a planned transition to another service, an ability to prepare a child or young person appropriately (e.g. by providing them with information about what the service offers and its style of working, or by arranging joint appointments with the new service)

### Working with premature or unplanned endings

#### Knowledge

An ability to draw on knowledge of national and local guidance on the assessment of risk relating to children and young people ending contact with a service, including policies, procedures and standards in relation to:
risk assessment and management
consent, confidentiality and information sharing
An ability to draw on knowledge of local procedures in response to 'failure to attend' appointments
An ability to draw on knowledge of local services to which a child or young person may be referred at the end of contact with local services

### Working with unplanned endings

Where possible, an ability to explore with a child or young person why they wish to end contact with the service earlier than originally planned
An ability to explore with a child or young person whether their concerns about the intervention or service can be addressed
An ability to assess any risk arising from leaving the service early
An ability to contact relevant agencies regarding leaving the service early
An ability to review contact with a child or young person verbally or through a discharge letter
When working with families and carers, an ability to establish which family members or carers wish to end contact early (i.e. the extent to which this is a consensual decision, or

is a view held by some, but not all, family members or carers)



## **Ability to make use of measures (including monitoring of outcomes)**

An ability to draw on knowledge that measures and scales should not be used as the basis for predicting future self-harm or suicidal behaviours because there is clear evidence that they are not suited to this purpose

an ability to draw on knowledge that measures and scales should only be used as an adjunct to assessment

## **Knowledge of commonly used measures**

An ability to draw on knowledge of measures commonly used as part of an assessment for self-harm or suicide prevention

An ability to draw on knowledge relevant to the application of a measure, such as

its psychometric properties (including norms, validity, reliability)

the training required in order to administer it

scoring and interpretation procedures

characteristics that may influence its use (e.g. brevity, or 'user friendliness')

## **Ability to administer measures**

An ability to judge when a child or young person may need assistance when completing a scale

An ability to take into account a child or young person's attitude to the scale (and their behaviours while completing it) when interpreting the results

An ability to score and interpret the results of the scale using the scale manual guidelines

An ability to interpret information obtained from the scale in the context of assessment and evaluation information obtained by other means

## **An ability to select and make use of outcome measures**

An ability to integrate outcome measurement into an assessment and any intervention

An ability to draw on knowledge that a single measure of outcome will fail to capture the complexities of a child or young person's functioning, and that these complexities can be assessed by:

measures focusing on a child or young person's functioning drawn from different perspectives (e.g. the child or young person themselves, a family member or carer and a professional)

measures using different technologies such as global ratings, specific symptom ratings and frequency of behaviour counts

measures assessing different domains of functioning (e.g. home and work functioning)

measures that assess different symptom domains (e.g. affect, cognition and behaviour)

An ability to select measurement instruments that are designed to detect changes in the aspects of functioning that are the targets of the intervention

An ability to draw on knowledge that pre- and post-intervention measures are a more rigorous test of improvement than retrospective ratings

An ability to use sessional measures to inform on progress in therapy and to discuss the implications of this with a child or young person

### **Ability to use systematic recordings**

#### **Knowledge**

An ability to draw on knowledge of the ways in which systematic recording can be used to help identify the function of a specific behaviours by analysing its antecedents and consequences (i.e. what leads up to the behaviour, and what happens after the behaviour has occurred)

### **Ability to integrate systematic 'diary recordings' into assessment and Intervention**

An ability to explain the function of structured charts to a child or young person, and to help them use charts to monitor their own behaviour, for example by explaining and demonstrating the use of:

self-completed frequency charts (designed to record the frequency of target behaviours)

self-completed behavioural diaries (designed to record problematic or desired behaviours and their antecedents and consequences)

An ability to review completed frequency charts and behaviour diaries with a child or young person in order to:

find out their interpretation of the data

find out how easy it was for them to record information

motivate them to carry out any further data collection

An ability to use diary and chart information to help assess the frequency of problems, degree of distress caused, antecedents and patterns of behaviour and reinforcement