7. Assessent and treatment planning

7.1. Ability to undertake a comprehensive (biopsychosocial assessments

Effective assessment skills need to be integrated with other areas of this framework:

a. background knowledge about working with children/young people, and engagement and communication skills

b. other assessment and formulation skills (risk assessment, assessing functioning within multiple systems, formulation and discussing the results of assessment).

Assessments need to be comprehensive, identifying biological, psychological and societal factors that may be contributing to the child/young person's strengths and difficulties – usually referred to as a 'biopsychosocial' assessment. The aim is to develop an understanding of the whole person, placing them in the context of their community.

The decision of whether an inpatient admission is right for a child/young person usually rests on a comprehensive assessment (though if an emergency admission is being considered, it may initially need to be based on the information immediately available). The decision will balance the potential benefits against the potential harms, with the containment of risk and need being a primary reason for admission. This issue is considered in greater depth in the Supporting Document that accompanies this framework.

Knowledge of the assessment process

- An ability to draw on knowledge that an initial assessment should ascertain whether the level of risk and need identified by the referrer meets criteria for an inpatient admission, and so indicate whether an admission is in the best interest of the child/young person
- An ability to draw on knowledge that the focus of the assessment process is to create a formulation (including a possible diagnosis) that guides the choice of intervention and aims to improve the quality of life of the child/young person and their family/carers
- An ability to draw on knowledge that assessments generate working hypotheses that need to be updated or corrected in response to further information that emerges during the course of contact

- An ability to draw on knowledge that different parties may have multiple perspectives, and that their aims for intervention can be significantly different
- An ability to draw on knowledge that the assessment process can, in itself, alter views towards a problem

Knowledge of standardised assessment frameworks

- An ability to draw on knowledge of local and national assessment forms, including those that can be completed by several different agencies working together

Ability to coordinate a multidimensional assessment

- An ability to coordinate the assessment process across the team in a way that ensures that different facets and sources of experience are sufficiently explored while not creating repetition, overlap or burden for children/young people and families/carers

- An ability to undertake a 'multidimensional' assessment of the child/young person that is:
  - multimethod: including information from interviews, observations and measures, and any other methods that seem appropriate
  - multisource: including information from the child/young person, family/carers and any other relevant sources
  - multilevel: including information about the child/young person's physical (including sexual), emotional, cognitive, social development, along with cultural and spiritual influences

Ability to identify people and agencies who need to be included in the assessment

- An ability to identify and involve the people and agencies in the child/young person's network of carers, including:
  - identifying the primary carers (e.g. parents, foster parents, residential childcare staff)
  - identifying who has parental rights and responsibilities (e.g. parent, family member, social work department)
  - identifying the professionals and agencies already involved with the child/young person (e.g. CAMHS, social work, youth justice)

Ability to focus assessment

- An ability to develop initial hypotheses based on information from the referral, and an ability to use these to plan the assessment, and:
  - where appropriate and possible, an ability to liaise with any agencies involved with the child/young personprior to the assessment, to determine their roles

- An ability to adapt assessments in response to any significant information that emerges:
  - an ability to draw on knowledge of theory and research around child and family development, mental health, and child protection in order to:
    - focus on topics that appear to be problematic or significant for the child/young person and family (e.g. taking a more detailed developmental history if there are indicators of developmental delays)
    - move away from areas that do not appear problematic for, or salient to, the child/young person and family

Ability to engage the child/young person and their family/carer in the assessment process

- An ability to identify who should attend the assessment sessions
- An ability to discuss confidentiality and its limits (e.g. that child protection information will be shared with other agencies)
- An ability to explain the structure of the assessment and the areas that it will cover
- An ability to explain the relevance of particular areas of the assessment (e.g. the importance of gathering information about family history).
- An ability to respond non-judgmentally to information that emerges during the assessment
- An ability to balance problem-focused questioning with questions that elicit areas of strength and resilience, e.g.:
  - considering the potential for language used in the assessment to convey a negative connotation, and making appropriate adjustments (e.g. describing a task as a challenge rather than difficult)
  - helping the child/young person and their family/carers reach a balanced view of themselves rather than feeling defined by their problems
  - recognising the potential impact on engagement of 'relentless' questioning of problems and difficulties

Ability to adapt the assessment to match the abilities and capacities of the child/young person and their family/carers

- An ability to tailor language to match the abilities and capacities of the child/young person and their family/carers
- An ability to engage children/young people with physical and sensory impairment (e.g. by altering the pace and content, and the modes of discussion)
- An ability to make effective use of interpreters when working with child/young people and families/carers who do not speak the same language as the interviewer

Ability to assess risk of harm[f]

- Ability to assess risk of harm to self and others
- Ability to identify child protection concerns

Ability to take a history

- An ability to make appropriate use of basic interview techniques (e.g. appropriate range of questioning formats, facilitation, empathy, clarification and summary statements)
- An ability to elicit specific detailed and concrete examples of behaviour when assessing and exploring areas of concern

History of presenting problem(s)

- An ability to identify and explore the behaviours/symptoms/risks that are causing concern to the child/young person and their family/carers, including:
  - emotional symptoms (including their somatic expressions and any self-harming behaviours)
  - conduct problems (including harm to others)
  - developmental delays
  - relationship difficulties
- An ability to help the child/young person and family/carers elaborate the details of problems that concern them, including the frequency, duration and intensity
- An ability to analyse the function of specific problematic behaviours, by identifying:
  - the settings in which the problematic behaviours or symptoms manifest (including the people who are present, and details of places and times)
  - the situations or events that occur immediately before the behaviour, and that appear to trigger it
  - the consequences that immediately follow the behaviour (e.g. the reactions of others)
- An ability to assess the broader impact of symptoms or problems including:
  - the degree of social impairment
  - the degree of distress for the child/young person
  - the degree of disruption to others
- An ability to assess the child/young person's current functioning
- An ability to assess the child/young person's use of drugs and alcohol
- An ability to identify the child/young person's current and past contact with legal services
- An ability to identify previous attempts to solve the problems or manage symptoms (including any previous contacts with services)
- An ability to identify the child/young person and their family/carer's explanations of how behaviours/symptoms have developed

[f] Described in detail under 'Ability to recognise and respond to concerns about child protection' (3.5.) and 'Ability to undertake a collaborative assessment of risk and needs related to suicide and self harm' (7.2.).

Developmental history
■ An ability to obtain information on the child/young person's development, including strengths and interests as well as any delayed or unexpected developmental processes
■ An ability to undertake a detailed developmental assessment across biological, cognitive, communicative, emotional and social domains, including e.g.:
■ the pregnancy and birth
■ developmental milestones
■ reactions to past separations from caregivers
■ temperament, concentration and activity levels
■ sleep, eating and toileting history
■ communication and social skills

Medical history
■ An ability to elicit details of the child/young person's physical health history, including:
■ immunisations, infections, allergies, illnesses and operations
■ prescribed and non-prescribed medication
■ fits/faints, loss of consciousness, head injury
■ hearing and vision problems
■ contact with hospitals and specialist child health services

Relationship history
■ An ability to ask about the child/young person's friendships, e.g.:
■ first/early friendships (and how long they have lasted)
■ how many friends in primary school and beyond
■ what they did with their friends
■ An ability to assess the child/young person's interpersonal functioning (e.g. in their family, close friendships, friendship networks)
■ An ability to ask about the child/young person's intimate relationships, e.g.:
■ the history of any partnerships
■ the quality of their relationship with any current partners (and any other significant others who they are in regular contact with)
■ An ability to ask about the influence of sexuality and gender diversity on the child/young person's identity and their experience of relationships, and:
■ an ability to discuss any adverse experiences associated with the child/young person's sexuality or experience of gender diversity (e.g. difficulties accepting their sexuality, homophobic and/or transphobic bullying)

Abuse and neglect	
■ An ability to identify whether the child/young person has been exposed to traumatic experiences, abuse and neglect, e.g.:	
	■ physical abuse
	■ exposure to domestic violence
	■ psychological abuse
	■ financial or material abuse or exploitation
	■ sexual abuse or exploitation
	■ neglect
	■ abuse in an organisational context

Family history	
■ An ability to identify areas of resilience within the family, as well as any stresses that may contribute to the problem presentation or to difficulties in the relationships between parent/carer and child/young person or within the family	
■ An ability to draw a family tree and obtain demographic details about each family member	
■ An ability to ask about family relationships, extended family, social networks and social support	
■ An ability to ask about both recent and past transitions experienced by the family (e.g. marriage, divorce, loss of family members, new additions to the family)	
■ An ability to ask parents about their own history, including:	
	■ their own experience of being parented
	■ school and employment
	■ stressful life events, loss, trauma, neglect or abandonment
	■ mental ill health, learning difficulties, drugs and alcohol

Educational history	
■ An ability to obtain details of the strengths and interests and achievements shown by the child/young person within the education system as well as any difficulties	
■ An ability to obtain a comprehensive educational history from the child/young person, parent, including:	
	■ pattern of attendance including information on absences from school
	■ pattern of contacts with school professionals (e.g. teachers, educational psychologists, special educational needs assistants)
	■ academic ability and achievement
	■ pattern of social relationships, play, and any experiences of bullying
	■ emotional/behavioural, concentration or social difficulties

Routine screening for neurodevelopmental disorders (ASD and learning disability)	
■ An ability to draw on knowledge of diagnostic criteria for learning disabilities and for autism spectrum disorder, and use this to:	
	■ routinely screen for neurodevelopmental disorders
	■ identify whether and how a neurodevelopmental disorder may contribute to the child/young person's presentation, resources and needs
	■ identify the implications for the child/young person's care

Ability to assess the child/young person and family/carer's cultural and social context

Social	
■ An ability to draw on knowledge of the incidence and prevalence of mental health concerns across different cultures/ethnicities/social classes	
■ An ability to ask about potential protective factors in the child/young person's social environment (e.g. social support, proximity to extended family or access to community resources)	
■ An ability to ask about any potential stresses in the child/young person's physical or social environment (e.g. overcrowding, poor housing, neighbourhood harassment, problems with gangs)	
■ An ability to ask about the child/young person's membership of peer groups (e.g. friendship groups, clubs)	
■ An ability to ask about the child/young person's experience and membership of gangs	

Cultural	
■ An ability to draw on knowledge of the child/young person and family/carers cultural, racial and religious background when carrying out an assessment of their behaviours, beliefs, and the potential impact of this perspective on their views of problems	
■ An ability to understand cultural influences on gender roles and gender identity, parenting practices, and family values	
■ An ability to identify the limits of one's own cultural understanding, and:	
	■ an ability to seek out further information about the child/young person and family/carer's religious, racial and cultural background from them and other sources

Ability to make use of observation of the child/young person, and of interactions between them and their family/carers during assessment

Knowledge	
■ An ability to draw on relevant knowledge to help structure observations, including:	
	the usual trajectories of child development
	common neurodevelopmental conditions and mental health difficulties
	theories relevant to understanding the child's interactions with caregivers (e.g. attachment theory)

Observation of the child/young person

- An ability to observe the child/young person in relation to domains including:
  - physical appearance
  - levels of activity and attention
  - quality of social interactions and communication
  - emotional state
  - complexity and use of language
- An ability to observe and consider the impact of the assessment situation on the child/young person's presentation and behaviour when evaluating the validity and generalisability of any observations

Observation of the interactions between child/young person, carer, and family

- An ability to observe the interactions between the child/young person and caregiver(s)
- An ability to observe how family members interact with each other, e.g.:
  - how much sensitivity and warmth is shown by family members to each other
  - how much criticism is shown by family members
  - the ways that the parents/carers monitor the child/young person and set limits, and how the child/young person reacts to limit setting
  - whether the child/young person's behaviours appear to be reinforced by other family members
  - whether there are particular alignments between family members or hierarchies within the family
  - the language family members use to describe one another (i.e. as an indicator of their attitudes and feelings towards each other)
- An ability to include knowledge of the family's social and cultural background in any consideration of family interaction patterns

Ability to draw on information obtained from other agencies

- An ability to identify any agencies and/or key professionals currently or previously involved with the child/young person and the family/carers
- An ability to obtain consent prior to seeking information from an agency
  - an ability to draw on knowledge of local policies on confidentiality and information sharing when obtaining (and sharing) information about the child/young person and their family/carers
- An ability to obtain relevant records from agencies and identify and draw on information likely to be relevant

7.2. Ability to undertake a collaborative assessment of risk and needs related to suicide and self harm

There are three closely linked areas of assessment: undertaking a collaborative assessment of risk and needs; assessing the child/young person's wider circumstances and assessing their functioning across contexts.

The focus of this section is on working with children/young people who are presenting as suicidal or self-harming in a CAMHS inpatient setting. Descriptions of competences for undertaking comprehensive mental health assessments can be found in the framework for children/young people seen in CAHMS services (www.ucl.ac.uk/core/competence-frameworks).

Practitioners should use their judgment about the scope of a specific session of assessment. If a child/young person is acutely distressed and/or judged to be at high risk of self-harm, this will need to be the focus and a more detailed and/or broader assessment should take place once the child/young person's immediate needs are appropriately contained.

Knowledge

- An ability to draw on knowledge that assessment of risk:
  - is more likely to be helpful (both to the child/young person and the practitioner) if it focuses on engaging the person in a personally meaningful dialogue
  - is less effective (and useful) if carried out as a 'checklist' that tries to cover all bases, whether or not they are relevant to the child/young person

- An ability to draw on knowledge that because it is difficult to accurately predict future suicide attempts, even comprehensive risk assessments can only offer a poor estimate of risk
- An ability to draw on knowledge that although many factors have been identified as associated with risk:
  - they cannot be relied on to predict risk with any certainty
  - they are subject to change (i.e. assessments of risk can only relate to the short-term outlook)

- An ability to draw on knowledge that talking about suicide does not increase the likelihood of suicide attempts, and that it is helpful to maintain an open and frank stance to discussion
- An ability to draw on knowledge that self-harm and suicidal acts reflect high levels of psychological distress, and serve different functions for different people (and for the same person, at different times)
- An ability to draw on knowledge that (by building hope and identifying specific ways forward) a collaborative assessment can be a powerful intervention in its own right

- An ability to draw on knowledge that the aims of a collaborative assessment are to:
  - help the child/young person understand the key factors leading them into crisis
  - assess the nature, frequency and severity of self-harm and (if this has changed) whether this indicates an imminent risk of suicide
  - assess the degree of intent, planning and preparation (as potential signs of imminent risk)
  - identify risk and protective factors (to help estimate the child/young person's risk of suicide and self-harm)
  - identify co-occurring psychiatric disorders that may contribute to self-harming and suicidal behaviour
  - determine the most appropriate level and type of intervention
  - identify which risk factors are likely to be modifiable through the intervention
  - develop a management plan

Engagement

- An ability to conduct an assessment in a compassionate and collaborative manner that aims to:
  - actively engage the child/young person in the assessment process
  - help the child/young person identify the factors generating and maintaining crisis
  - identify interventions that will help to keep them safe
- An ability to help the child/young person manage the potential distress associated with discussing difficult material by:
  - ensuring that they understand the rationale for the assessment questions
  - discussing how they might like to manage distress both during and after the interview (e.g. by taking a break)
  - helping them manage their distress if this becomes apparent and/or overwhelming

- An ability to draw on knowledge that the process of assessment needs to be responsive to any interpersonal issues that threaten the integrity of the assessment, e.g. where there is evidence that the child/young person:
  - has negative expectations based on prior adverse and/or traumatising experiences with the health or social care system
  - perceives the assessor as an authority figure who is judging them
  - expects the assessor to fail them

Assessment

- An ability to conduct a risk assessment that explores and understands the specific functions of self-harm for the child/young person and offers personalised risk management and intervention opportunities
- An ability to identify and utilise historical information in a way that mitigates the impact of repeated assessments (e.g. by summarising what is already known), while recognising that information may change and need updating

- An ability to assess potential key factors, including:
  - the severity and method of self-harm, and the motivations behind the behaviour
  - links between self-harm and suicidal ideation and behaviours
  - suicidal ideation and behaviours that are linked to suicidal intent
  - psychiatric conditions (including any psychiatric history and/or recent discharge from in-patient or crisis mental health services)
  - psychological vulnerabilities (e.g. hopelessness)
  - psychosocial vulnerabilities (e.g. recent loss)
- An ability to work with the child/young person to identify behaviours (both currently and in the past) that relate to suicidal intent (e.g. preparing a will, writing a note, saying goodbye to significant others, acquiring the means to end life)

- An ability to discuss with the child/young person the specific characteristics of suicide attempts (e.g. level of intent to die, level of regret about not dying, function of the attempt, whether precautions against discovery were taken), and use this to estimate the likelihood of future acts
- An ability to help the child/young person identify protective factors that may be associated with decreased thoughts of suicide or feelings that life was not worth living, e.g.:
  - attitudes or beliefs (e.g. hopefulness, reasons for living, a wish to live, a belief that suicide goes against their moral code)
  - a sense that it may be possible to manage the problem area associated with the suicidal crisis
  - a supportive social network
  - a fear of death, dying or suicide

Assessing cognitive factors associated with self-harm and/or suicide

- An ability to work with the child/young person to identify cognitions that focus on suicide (including their content, duration, frequency and intensity of suicidal thinking, and the level of intent to die):
  - currently
  - at their most severe, in the immediate past and previously

Assessing interpersonal factors associated with self-harm and/or suicide
■ An ability to assess a sense of social isolation, e.g.:
■ the perceived absence of caring, meaningful connections to others
■ the absence of friends or relatives the child/young person can call/ contact when upset
■ recent losses through death or relationship breakdown
■ conflict with peers or bullying
■ An ability to assess a sense of the child/young person being a burden on significant others, e.g.:
■ expressing the view that others would be better off if they were gone
■ expressing the view that they are a burden on other people
■ recent stressors that undermine a sense of self-competence (e.g. job loss, exam failure)
■ An ability to assess markers that indicate the development of a capability to carry out suicide or self-harm (usually experiences that foster a diminished fear of pain and self-inflicted injury), e.g.:
■ current markers, e.g.:
▪ fearlessness about injury or death
▪ prolonged ideation and/or preoccupation about suicide
▪ highly detailed and concrete plans for suicide
▪ specified time and place for suicide
▪ if self-harm has taken place, an intent to die at the time of injury
■ current and past experiences, e.g.:
▪ previous suicide attempts (especially multiple suicide attempts)
▪ aborted suicide attempts
▪ regret at surviving attempts
▪ self-harming behaviours
▪ exposure to childhood physical and/or sexual violence
▪ participation in painful and provocative activities (e.g. jumping from high places, engaging in physical fights)
■ patterns of self-harm associated with substance use, e.g.:
■ previous self-harm attempts that have occurred when drinking
■ changes in thought patterns associated with drinking that are associated with self-harm
■ failure to control excess drinking that is associated with self-harming behaviour or suicide attempts

Assessing internet use and online life
■ An ability to draw on knowledge of the potential risks as well as the potential benefits of internet use in relation to suicidal behaviour and self-harm e.g.:
■ its potential to increase risk by normalising self-harm, and by triggering and competition between users or acting a source of unhelpful peer influence
■ its potential to decrease risk by creating a sense of community, offering crisis support and reducing social isolation

- An ability to draw on knowledge that increased use of the internet to view suicide-related material is a potential marker of suicide risk
- An ability to ask directly about the child/young person's online life and internet use, e.g.:
  - the sites or applications that they access regularly and the purpose or intention of use
  - the frequency with which they access sites or applications
  - the impact on their mood, suicidal ideation, daily life and functioning
- An ability to respond to disclosure of potentially adverse experiences (e.g. exposure to cyberbullying or being encouraged to self-harm) by helping the child/young person identify ways to mitigate the impact of these experiences

Developing a risk management plan

- An ability to develop a risk management plan that balances the need for safety and the need for autonomy and agency in the child/young person's life
- An ability to judge the appropriate level of intervention, guided by the presence and strength of risk and protective factors, and to evaluate the need for:
  - inpatient, outpatient or community-based crisis or intensive support
  - additional follow-up meetings to assess and manage ongoing risk
  - referral to other agencies
  - signposting to other organisations
  - obtaining more information from other sources
  - informing other clinicians or agencies of the level of risk
  - informing family members/significant others of the level of risk

7.3. Undertaking structured behavioural observation

Planning the observation

- An ability to identify when behavioural observations can contribute to the assessment and formulation process (usually when behavioural issues are relevant to, or are the focus of, the intervention)
- An ability to identify a specific focus for observation (e.g. a particular behaviour, interaction or event)
- An ability to draw on knowledge of the main strategies used in behavioural observations, in order to select the most appropriate method
- An ability to draw on information from the assessment to establish when, where and for how long observations should take place (e.g. drawing on information about the settings or circumstances are most likely to elicit particular behaviours, or the frequency of a specific behaviour)
- An ability to reflect on one's own perceptual or attitudinal biases and maintain an objective, open-minded stance
- An ability to draw on knowledge of the ways that subjective judgments can introduce bias (e.g. where the meaning of a behaviour is ambiguous, or where previous observations of the child/young person in other contexts influence the observer's judgments)
- Where possible, an ability to obtain consent from the child/young person and/or their carer(s) to carry out the observation

Gathering data

- An ability to draw on knowledge of the main strategies used for naturalistic behavioural observation (including their strengths and weaknesses)
- An ability to engage relevant members of the team in collecting and maintaining diary records
- An ability to explain the rationale for, and procedures used in, behavioural observation (i.e. the need to gather accurate information about a behaviour to plan an intervention)
- An ability to make use of diary records (a chronological record of behaviour made after it occurs), and:
  - an ability to draw on knowledge of the potential limitations of diary records (e.g. consistency and accuracy of recording, observer bias, the risk that unstructured recording will result in too much detail)
- An ability to make use of a 'running record' (a sequential record made while the behaviour is occurring, which identifies the circumstances surrounding particular events or activities)
- An ability to make use of 'time sampling' (recording the frequency with which behaviours occur within a given period of time)
- An ability to make use of event sampling (recording the frequency of behaviours that occur when a particular event or activity takes place), and:
  - an ability to draw on knowledge of the potential limitations of event sampling (e.g. the challenge of applying this to covert behaviours, its inefficacy for behaviours that only occur infrequently)

- Across all approaches to observation, an ability accurately to record:
  - the frequency of target behaviours
  - the content of target behaviours
  - environmental factors that may be temporally related to target behaviours

Ability to monitor the child/young person's environment using an ABC chart

- An ability to draw on knowledge of the use an ABC chart to monitor the child/young person's environment and to identify:
  - Antecedents: setting conditions and specific triggers for the target behaviour
  - Behaviour: a record of target behaviour and any variations in severity and frequency in different settings and contexts
  - Consequences: what happens after the target behaviour occurs, identifying, possible reinforcers (both positive and negative)
- An ability to draw up an ABC chart that includes:
  - a clear operational definition of the behaviours to be observed
  - any guidance that is needed to obtain reliable recordings (e.g. criteria for defining when one incident ends and another begins)
- An ability to select the contexts and situations to be monitored, guided by knowledge of the contexts and people associated with a greater likelihood of the target behaviour occurring
- An ability to engage other people in completing the chart, where required, offering appropriate training and checking inter-rater reliability

Ability to minimise 'reactance'

- An ability to reduce the risk that the process of observation produces significant changes to behaviour:
  - where the observer is in close proximity to the child/young person, an ability to maintain an unobtrusive stance and minimise interaction with them
  - an ability for the observer to place themselves in a position that minimises their visibility and their impact on the behaviour being observed

Ability to draw appropriate inferences from the observation

- An ability to ensure that conclusions about behaviour need to be based on adequate evidence
- An ability to recognise when inferences about the causes of, or relationship between behaviours are being made and to record them as needed
- An ability to draw on knowledge of cultural differences in the meaning of behaviour and communication, when attempting to understand the function of those behaviours

- An ability to draw on knowledge of developmental and learning theories to help understand:
  - how the activities of the people interacting with the child/young person impact on that person's behaviour
  - how the activities of the child/young person impact on their environment
- An ability to include an account of the child/young person's perspective when interpreting their behaviours or circumstances (e.g. their capacity to understand the impact of their behaviour)

7.4. Ability to assess the child/young person's functioning within multiple systems

The competences in this subdomain describe basic systemic assessment skills that should be held in mind by practitioners from all therapeutic backgrounds.

A substantial body of systemic theory and research informs the practice of more specialised family therapy assessments and interventions. These are described elsewhere in this framework and in more detail in the framework for systemic psychotherapy, available at: www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm.

Knowledge of the relevance of systems and the basic principles of social constructionism

- An ability to draw on knowledge that psychological problems and emotional distress are usually better understood by taking into account the 'systems' in which the child/young person and their family/carers are located
- An ability to draw on knowledge that the patterns of relationships within systems may play a significant role in shaping and maintaining psychological problems
- An ability to draw on knowledge of the basic principles of social constructionism, i.e.:
  - that people understand themselves and the world around them through a process of social construction
  - that meaning is generated through social interactions, and through the language used in different social interactions
  - that power relationships (e.g. a person's position in a system) and different cultural contexts (e.g. gender, religion, age, ethnicity) have an important influence on the development of meaning, relationships, feelings and behaviour
- An ability to draw on knowledge that the inpatient ward itself is a system that can influence the assessment process

Assessment

- An ability to draw on knowledge that the multiple contexts/environments in which the child/young person and their family/carers are located need to be considered in any assessment, and that these will include:
  - family, peer group, and other significant relationships
  - school or place of employment
  - social and community setting
  - professional network(s) involved with them
  - their cultural setting
  - their sociopolitical environment, and:

- an ability to draw on knowledge that all of these different contexts are connected and likely to interact

- An ability to draw on knowledge of the contexts/environments that the child/young person is part of and that may be relevant to their presentation (e.g. the beliefs and practices of a faith group, or the beliefs associated with their peer group)

- An ability to gather further information from relevant people in the system to help determine:
  - whether and how to proceed with any intervention
  - who to involve
  - when and where to meet
- An ability to gather and clarify information from relevant members of the system, including information about the decision to seek help and any concerns/dilemmas about engaging with services
- An ability to use the assessment process to engage with relevant members of the system including, where appropriate, referring agencies, education services and support services
- An ability to identify in conjunction with the child/young person, family and the wider system:
  - perceived problem areas and the beliefs concerning them
  - the potential strengths of the child/young person (and the wider system) that may support therapeutic change
  - the solutions that have been tried or have been thought about
  - the achievements in the child/young person's life
- An ability to draw on knowledge that different members of the system will describe the child/young person differently as:
  - there are always multiple perspectives and descriptions of any interaction/relationship
  - the child/young person's behaviour is influenced by the different set of contextual factors present in each setting

7.5. Ability to conduct a Mental State Examination

Knowledge of the aims of the Mental State Examination (MSE)

- An ability to draw on knowledge that the MSE is an ordered summary of the clinician's observations of the child/young person's mental experiences and behaviour at the time of interview
- An ability to draw on knowledge that the purpose of a MSE is to identify evidence for and against a diagnosis of mental illness, and (if present) to record the current type and severity of symptoms
- An ability to draw on knowledge that the MSE should be recorded and presented in a standardised format

- An ability to draw on detailed observations of the child/young person to inform judgements of their mental state, including observations of:
  - their appearance (e.g. standard and style of clothing, physical condition, etc.)
  - their behaviour (e.g. tearfulness, restlessness, distractible, socially appropriate, etc.)
  - their form of speech (e.g. quality, rate, volume, rhythm, and use of language, etc.)

- An ability to draw on knowledge of the child/young person's developmental stage, and to tailor questions to their level of understanding
- An ability to draw on knowledge that children/young people vary in their ability to introspect and assess their thoughts, perceptions and feelings
- An ability to structure the interview by asking general questions about potential problem areas (e.g. depressed mood), before asking specific follow-up questions about potential symptoms
- An ability to respond in an empathic manner when asking about the child/young person's feelings, thoughts, and perceptions
- An ability to ask questions about symptoms that the child/young person may feel uncomfortable about in a frank, straightforward and unembarrassed manner
- An ability to record the child/young person's description of significant symptoms in their words
- An ability to avoid colluding with any delusional beliefs by making it clear to the child/young person that the clinician regards the beliefs as a symptom of mental illness, and:
  - an ability to avoid being drawn into arguments about the truth of a delusion

Ability to enquire into specific symptom areas

- An ability to ask about the symptoms characteristic of both uni-polar and bi-polar depression, and:
  - to notice and enquire about any discrepancy between the child/young person's report of mood and objective signs of mood disturbance

- An ability to ask about thoughts of self-harm, and:
  - to assess suicidal ideation
  - to assess suicidal intent
  - to ask about self-injurious behaviour
- An ability to ask about symptoms characteristic of the different anxiety disorders, and:
  - to ask about the nature, severity and precipitants of any symptoms, as well as their impact on the child/young person's functioning
- An ability to ask about abnormal perceptions, and:
  - to clarify whether any abnormal perceptions are altered perceptions or false perceptions
  - to explore evidence for the different forms of hallucination
- An ability to elicit abnormal beliefs
- An ability to interpret the nature of abnormal beliefs in the context of the child/young person's developmental stage, family, social and cultural context, and:
  - to distinguish between primary delusions, secondary delusions, over-valued ideas and culturally sanctioned beliefs
- An ability to assess cognitive functioning, and:
  - to assess level of consciousness
  - to assess the child/young person's orientation to time, place and person
  - to carry out basic memory tests
  - to estimate the child/young person's intellectual level, based on their level of vocabulary and comprehension in the interview, and their educational achievements
  - to conduct or refer for formal cognitive assessment if there are indications of a learning disability
- An ability to assess the child/young person's insight into their difficulties, and:
  - to assess attitude towards any illness
  - to assess attitude towards treatment

7.6. Ability to formulate the child/young person's presentation

Formulation is a way of making sense of difficulties in order to develop solutions.

In an inpatient setting, formulation is a process (rather than an end point) with different functions, which include exploring, understanding and improving team responses to problems, as well as collaboratively co-constructing shared meaning with children/young people directly.

Formulation can take different forms, including conversations, diagrams, and narratives, and these should be used to reflect the needs, preferences and skills of the child/young person, family/carers and team.

Knowledge

- An ability to draw on knowledge that the aim of a formulation is to understand the development and maintenance of the child/young person's difficulties, and that formulations:
  - are tailored to the individual child/young person and their family/carers
  - comprise a set of hypotheses or plausible explanations that draw on theory and research to understand the details of the child/young person's presentation (as identified through assessment)
- An ability to draw on knowledge that models of formulation include:
  - generic formulations, which draw on biological, psychological and social theory and research
  - model-specific formulations, which conceptualise a presentation in relation to a specific therapeutic model and usually overlap with the generic formulation
- An ability to draw on knowledge that the formulation should usually be explicitly shared and co-constructed with the child/young person and their family/carers
- An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges during ongoing contact with all parties

- An ability to draw on knowledge that a generic formulation usually includes consideration of:
  - risk factors that might predispose to the development of psychological problems (e.g. trauma, neurodevelopmental difficulties, insecure attachment to caregiver, caregiver marital difficulties)
  - precipitating factors that might trigger the onset or exacerbation of difficulties (e.g. acute life stresses such as illnesses or bereavements, or developmental transitions such as starting school or the birth of a new child in the family)

- maintaining factors that might perpetuate psychological problems (e.g. unhelpful coping strategies, inadvertent reinforcement of behaviours that challenge)
- protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. a child/young person's capacity to reflect on their circumstances, good family/carer communication and support)

- An ability to draw on knowledge that one of the main functions of a formulation is to help guide the development of an intervention plan, and:
  - an ability to draw on knowledge that the intervention plan usually aims to reduce the effects of identified maintaining factors, and to promote protective factors

Ability to construct a formulation

- An ability to generate a comprehensive list of all the presenting problems
- An ability to appraise and resolve any apparently contradictory reports of a problem, e.g.:
  - when informants focus on different aspects of a problem or situation, or represent it differently, e.g.:
    - self-reports of emotional difficulties made by the child/young person (which are often higher than those made by parents/carers)
    - parent/carer ratings of conduct problems (which are often higher than those made by the child/young person)
  - when a child/young person's behaviour differs depending on the context
- An ability to understand the child/young person's inner world, affective and interpersonal experiences and frame them in a developmental and contextual perspective

- An ability to evaluate and integrate assessment information obtained from multiple sources and methods, and to identify salient factors that significantly influence the development of the presenting problem(s), drawing on sources of information e.g.:
  - the child/young person and family/carer's perception of significant factors and their explanation for the presenting problem(s)
  - theory and research that identifies biological, developmental, psychological and social factors associated with an increased risk of mental health difficulties
  - theory and research that identifies biological, psychological and social factors associated with mental wellbeing (e.g. secure attachment with primary caregiver, good physical health, good parental adjustment, good social support network)
  - knowledge of normal child development and developmental processes (to identify delays in the child's development)
  - associations between the onset, intensity and frequency of presenting problem(s) and the presence of factors in the child's psychosocial environment (e.g. traumatic life events or parental ill health)

	■ the results of a functional analysis that records the antecedents and consequences of a particular behaviour (i.e. what leads up to the behaviour, and what happens afterwards)

■	An ability to construct a comprehensive account that demonstrates an understanding of the child/young person's inner world, affective and interpersonal experiences, and frame them in a developmental and contextual perspective

Implementing the formulation

■	An ability to identify an intervention plan that accommodates and addresses the issues identified by the assessment and the formulation
■	An ability to revise the formulation in the light of feedback, new information or changing circumstance
■	An ability to use team reflections and responses, alongside evidence, to make sense of the maintenance of difficulties and identify team-level changes that might need to be made to address these

7.7. Communicating and recording the outcomes from an assessment and formulation

- An ability to communicate the findings from an assessment:
  - verbally:
    - with other members of the team
    - with the child/young person
    - with parents/carers of the child/young person
    - with agencies/people who made the referral or who have a responsibility for the child/young person's care
  - in writing:
    - in the child/young person's case/care records, in accordance with local procedures and policy
    - in reports to agencies/people who made the referral or who have a responsibility for the child/young person's care

- An ability to adapt the pace, amount of information and level of complexity to the recipient(s) of information to ensure that it is legible and relevant to them, and conforms to general principles of confidentiality

7.8. Ability to select and use measures and diaries when working with children/young people

Service-level needs to collect data should be balanced against the personal preferences, needs and goals of the child/young person

- An ability to draw on knowledge that measures/scales should be used as an adjunct to assessment
- An ability to engage a child/young person in the use of measures such that this is a participative exercise (e.g. explaining how they can be useful and discussing the meaning and significance of any results)

Knowledge of commonly used measures

- An ability to draw on knowledge of measures commonly used as part of an assessment in an inpatient context
- An ability to draw on knowledge relevant to the application of a measure, e.g.
  - its psychometric properties (including norms, validity, reliability)
  - the training required in order to administer the measure
  - scoring and interpretation procedures
  - characteristics of the test that may influence its use (e.g. its length, or its user friendliness)

Ability to administer measures

- An ability to judge when a child/young person needs help to complete a scale
- An ability to take into account a child/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 from the scale in the context of assessment and evaluation information obtained from other sources

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 progress will fail to capture the complexities of a person's functioning, and that these complexities can be assessed by:

- measures focusing on a person's functioning drawn from different perspectives (e.g. the child/young person themselves, family members, professional colleagues)
- measures using different technologies, e.g. global ratings, specific symptom ratings and frequency of behaviour counts
- measures that assess different symptom domains (e.g. affect, cognition and behaviour)

- An ability to select measurement instruments that are clinically relevant and designed to detect changes in the aspects of functioning that are the targets of the intervention
- An ability to draw on knowledge that concurrent measures are a more rigorous test of improvement than the use of retrospective ratings

- An ability to provide clear information about how measurement information will be used and with whom it will be shared

Ability to use systematic recordings

Knowledge

- An ability to draw on knowledge of how systematic recording can be used to help identify the function of specific behaviours by analysing its antecedents and consequences (i.e. what leads up to the behaviour, and what happens afterwards)

Ability to integrate systematic 'diary recordings' into assessment and intervention

- An ability to explain the function of structured charts to children/young people, and to help them use charts to monitor their own behaviour, e.g.:
  - explaining and demonstrating the use of self-completed frequency charts (to record the frequency of target behaviours)
  - explaining and demonstrating the use of self-completed behavioural diaries (to record problematic or desired behaviours, and their antecedents and consequences)
- An ability to review completed frequency charts and behaviour diaries with a child/young person, 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

7.9. Ability to foster participation of the child/young person with plans for the admission and intervention

- An ability to engage the child/young person in a collaborative discussion of the psychological and pharmacological options that emerge from the assessment, the formulation that emerges, and the child/young person's aims and goals
- An ability to convey information about treatment plans in a manner:
  - that is tailored to the child/young person's capacities, context and circumstances
  - that helps them raise and discuss queries/concerns

- An ability to provide the child/young person with sufficient information about the intervention options open to them, so that:
  - they are aware of the range of choices available to them, and the rationale for any limits on these choices
  - they are in a position to make an informed choice from the options available to them
- An ability to ensure that the child/young person has a clear understanding of the plans for the admission and interventions being offered to them (e.g. their broad content how they usually progress)
- While maintaining a positive stance, an ability to convey a realistic sense of:
  - the effectiveness and scope of each intervention
  - any challenges associated with each intervention

- An ability to use clinical judgment to determine whether the child/young person's agreement to the admission and treatment plan:
  - is based on an informed and collaborative choice, or:
    - appears to be a passive agreement, or an agreement that they experience as imposed on them
  - where the child/young person and the team have a significant difference of view regarding the admission and treatment plan, an ability to acknowledge it openly (e.g. by discussing the reasons for the admission or for any restrictions on their choices)

- Where a young person is admitted under the Mental Health Act, an ability to:
  - acknowledge anger or upset about an admission to which they did not consent
  - attempt to open a dialogue about the rationale for the admission and why it is considered to be in their best interest
  - help them identify the areas where they do and do not have choice about the treatment they receive

7.10. Observation of children/young people at risk of self-harming

- An ability to draw on knowledge that the aim of observation is to maintain the safety of children/young people who have been appropriately assessed and identified as being at high risk of self-harming
- An ability to draw on knowledge that observation of children/young people who are self-harming is an intervention in its own right
- An ability to draw on knowledge that the integrity of continuous or intermittent scheduled observation can be compromised:
  - when carried out by practitioners who are untrained or lack direct experience of children/young people who are very distressed and actively at risk of self-harming
  - when carried out by practitioners who are not familiar with the child/young person and their history
  - when carried out as a 'tick-box' exercise (e.g. where observation comprises a minimal or very brief check-in)
- An ability to draw on knowledge that the effectiveness of observation can be compromised if the practitioner is unclear about their remit and so restrict the extent of observation, e.g.:
  - not checking when the child/young person is in their bedroom because of concerns about invading a 'private' space
  - feeling unable to check that the child/young person is safe when they are in bed and under covers (and observation would involve disturbing them)
- An ability to draw on knowledge that observation can be distressing and experienced as punishing, shaming or degrading for the child/young person (e.g. if continuous monitoring means that the child/young person has no/limited privacy when carrying out activities, particularly related to personal hygiene)

Conducting observations

- An ability to use observation as a constructive opportunity:
  - to interact with and engage the child/young person and gain their trust
  - to engage in purposeful activities with the child/young person
  - to understand the sources of their distress and help them to express themselves
  - to help assess mental state
- An ability to draw on a range of communication skills to respond to distress, with the aim of helping the child/young person express their feelings and make use of basic coping skills

- An ability to adapt observation to the moment-to-moment needs of the child/young person e.g.
  - interacting and/or engaging in activities, if the child/young person is open to this
  - if the child/young person is uncomfortable or distressed by contact, being silent or reducing proximity to them

- An ability to detect to indications of impending aggression or violence and to respond appropriately (e.g. by withdrawing to a safer distance or using de-escalation techniques)

- An ability to detect when observations may be inadvertently reinforcing risk behaviours and to contribute to an multidisciplinary team care plan on how to manage this most appropriately

Organisational competences

- An ability to ensure that observation is seen as the responsibility of the multidisciplinary team
- An ability to draw on knowledge that because observation can become reinforcing (increasing the likelihood of risk behaviour occurring), the way observations are conducted needs to be monitored and reviewed by the multidisciplinary team
- An ability to ensure that, as far as possible, observation is seen as a partnership, and so informing the child/young person and their family/carers/significant others
  - about observational policies and procedures
  - about the reasons for the level of observation
  - about any changes to the level and frequency of observation

- An ability to ensure that the multidisciplinary team has procedures in place to ensure:
  - that the frequency of observations is matched to the estimation of active risk
  - that observations are carried out at the rate agreed by the service
  - that the frequency of observations is continually reviewed, in relation to assessments of the child/young person, their mental state and their needs
  - that the frequency of observations is reviewed regularly, to assess whether it is reducing risk behaviours
  - that there is a robust system in place that identifies who is responsible for conducting observations ay any one time

- An ability to ensure that observations are conducted by people who have had training in observation, have an appropriate level of background training, and who understand their role and responsibilities
- An ability to ensure that practitioners conducting observations are supported and supervised, in line with their level of experience

- An ability to ensure that practitioners are briefed about how to respond (and who to alert) when there is a serious threat to observation that may place the child/young person at risk (e.g. leaving a ward by themselves without permission)