

## **Metacompetences for work with children and young people with physical health conditions**

### **Working with children/young people, families and the systems around them**

An ability to ensure that the child's needs remain paramount and to judge how best to assure their involvement in the process of assessment, goal planning, intervention and evaluation

An ability to judge how best to ensure that the child, or young person's presentation is understood in the context of their family life and their wider interpersonal context

An ability to integrate thinking about the emotional and psychological impact of a physical health condition and its treatments, along with an understanding of the physical impact of the condition itself

An ability to judge when physical health difficulties are impacting on a child/young person's ability to engage with assessment or interventions, and to make appropriate adaptations

an ability to adapt 'standard' psychological interventions for mental health conditions so as to accommodate the impact of physical health conditions

An ability to adapt communication and interventions to the child/young person's developmental stage

When children/young people and their parents/ carers are seen together, an ability to maintain a balanced and non-critical focus on all parties, such that all individuals feel included and regarded

An ability to hold in mind knowledge about mental health issues across the lifespan and consider their relevance to the ways that specific families function and present

An ability to adapt practice to accommodate the context in which the child and family are being seen (e.g. managing confidentiality in ward settings; delivering interventions in context where there are frequent interruptions)

An ability to judge the adaptations that schools and other systems need to make when balancing their concerns about the impact of health difficulties against the need for the child to engage with education or other pertinent activities, and to support them in implementing these changes

Where an assessment concludes that an intervention is not required but there are indications that the situation is unstable or could worsen, an ability to judge what form of monitoring and review is required and how this should be implemented

### **Team working with other healthcare professionals**

An ability to encourage the integration of thinking about physical and psychological health and the reciprocal impact each has on the other

An ability to recognise the value of alternative perspectives discussed by colleagues and to integrate different explanatory models into the overall approach, but to do so on the basis of a reasoned formulation

When sharing information with others, an ability to judge what information needs to be shared, and with whom, titrating the level of confidentiality against the need for colleagues to have sufficient information if they are to act in the interests of the child/young person
When undertaking work with other agencies, an ability to make a judgment about the potential impact of factors such as differences in statutory responsibilities and the operation of service constraints, and to take these into account when planning a shared intervention,
Where colleagues/other agencies identify differing priorities and aims for an intervention, an ability to derive a collaborative treatment plan that balances these differing perspectives while maintaining a focus on the best interests of the child and family
An ability to judge when there is sufficient evidence that professional colleagues are not performing their roles appropriately, or are performing them incompetently, and to act in line with professional, organisational and legal obligations

### **Safe practice and supervision**

An ability for clinicians to recognise the limits of their competence, and to judge when they should seek advice and/or supervision from more experienced colleagues
An ability to judge when an assessment or intervention is creating unhelpful emotional demands and to take steps to put in place appropriate levels of self-care

### **Legal and ethical issues**

An ability to interpret legal and ethical frameworks in relation to the individual case
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### **Working with clients from a range of backgrounds**

An ability for practitioners to maintain an awareness of their own values about parenting and family customs, and to reflect on the ways that these assumptions impact (positively and negatively) on the families with whom they are working
Where families discuss parenting practices at variance with the norms and values of the practitioner, an ability to judge when this difference should be respected and when it represents a concern that should be responded to
Where there is evidence that social and cultural difference is likely to impact on the accessibility/acceptability of an intervention, an ability to make appropriate adjustments to the intervention and/or the manner in which it is delivered, with the aim of maximising its potential benefit

### **Working with the evidence base relating to children/young people**

An ability to make informed use of the current evidence base to guide decision-making about the interventions that are indicated
Where a child/young person presents with multiple problems and conditions, an ability to adapt treatment protocols so that they can be applied to the individual case in a manner that is:
informed by the case formulation / diagnosis
congruent with the treatment principles inherent in the protocol

An ability to plan interventions in a manner consistent with the available evidence-base, but to judge when and how to move beyond the evidence base where there are indications that this is appropriate, e.g.:

where the child/young person is finding it difficult to engage with the evidence-based approach

where there is evidence of a lack of progress with a competently-delivered evidence-based intervention

#### **Capacity to implement interventions in a flexible but coherent manner**

An ability to implement an intervention or a model of therapy in a manner which is flexible and which is responsive to the issues clients raise, but which also ensures that all relevant components of the intervention are included

An ability to judge when and how to balance adherence to a ‘protocol’ against the need to attend to any issues which arise in the therapeutic alliance

An ability to maintain adherence to an intervention model/therapy without inappropriate switching between modalities in response to minor difficulties (i.e. difficulties which can be readily accommodated by the model being applied)

#### **Capacity to adapt interventions in response to feedback**

An ability to accommodate issues that children/young people or their parents/carers raise explicitly or implicitly, or which become apparent as part of the process of the intervention:

an ability to respond to, and openly to discuss, *explicit* feedback which expresses concerns about important aspects of the intervention

an ability to detect and respond to *implicit* feedback which indicate concerns about important aspects of the therapy (e.g. as indicated by non-verbal behaviour, verbal comments or significant shifts in responsiveness/engagement)

an ability to identify when it seems difficult for ‘clients’ to give feedback which is “authentic” (i.e. responding in accordance with what they think the clinician wishes to hear, rather than expressing their own view) and discussing this with them

an ability to be aware of, and respond to, emotional shifts occurring in each session, with the aim of maintaining an optimal level of emotional arousal (i.e. ensuring that clients are neither remote from or overwhelmed by their feelings)