Knowledge of a model of therapy, and the
ability to understand and employ the model in practice

Knowledge of therapeutic models

An ability to draw on knowledge of the theory and principles underpinning therapeutic models commonly applied in CAMHS setting, and particularly those applied in the setting within which the practitioner is working e.g.:
behavioural therapies
cognitive behavioural therapy
systemic therapies
interventions based on social learning theory
psychodynamic therapies

An ability for practitioners to draw on detailed knowledge of any therapeutic models that they are applying

An ability to draw on knowledge of the evidence base as it relates to the models employed in CAMHS services (e.g. through clinical guidelines such as NICE or SIGN), and to:
up-to-date this knowledge regularly (e.g. as new guidelines are published through research digests, or through reading original research reports)
apply this knowledge to inform decision-making about the range of interventions employed

An ability to draw on knowledge of factors common to all therapeutic approaches*:
supportive factors:
a positive working relationship between therapist and client characterised by warmth, respect, acceptance and empathy, and trust
the active participation of the client
therapist expertise
opportunities for the client to discuss matters of concern and to express their feelings
learning factors:
advice
correctional emotional experience
feedback
exploration of internal frame of reference
changing expectations of personal and interpersonal effectiveness
assimilation of problematic experiences
action factors:
behavioural regulation
cognitive mastery
encouragement to face fears and to take risks
reality testing
experience of successful coping

An ability to draw on knowledge of the principles which underlie the intervention being applied, using this to inform the application of the specific techniques which characterise the model

An ability to draw on knowledge of the age group or developmental level for whom the intervention is appropriate

An ability to draw on knowledge of the principles of the intervention model in order to implement therapy in a manner which is flexible and responsive to client need, but which also ensures that all relevant components are included:

> an ability to adapt the techniques used in an intervention so as to match them to the age and developmental level of the child/young person.

* classification adapted from:
Lambert, M.J. and Ogles, B.M (2004) The efficacy and effectiveness of psychotherapy pp139-193 in M.J. Lambert Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change (5th Edition) New York: Wiley

Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view'

In relation to child and adolescent work (and throughout this document) the term 'client' can refer to the child/young person, carer/parent or family.

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 therapist and client
consensus between therapist and client regarding the techniques/methods employed in the therapy
consensus between therapist and client regarding the goals of therapy
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 which increase the probability of forming a positive alliance:
being flexible and allowing the client 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 which reduce the probability of forming a positive alliance:
being rigid
being critical
making inappropriate self-disclosure
being distant
being aloof
being distracted
making inappropriate use of silence

Capacity to develop the alliance

An ability to listen to the client's concerns in a manner which is non-judgmental, supportive and sensitive, and which conveys a comfortable attitude when the client describes their experience
An ability to ensure that the client is clear about the rationale for the intervention being offered
An ability to gauge whether the client understands the rationale for the intervention, has questions about it, or is skeptical about the rationale, and to respond to these concerns openly and non-defensively in order to resolve any ambiguities
An ability to help the client express any concerns or doubts they have about the therapy and/or the therapist, especially where this relates to mistrust or skepticism
An ability to help the client articulate their goals for the therapy, and to gauge the degree of congruence in the aims of the client and therapist

Capacity to grasp the client's perspective and 'world view'

An ability to apprehend the ways in which the client characteristically understands themselves and the world around them
An ability to hold the client's world view in mind throughout the course of therapy and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions
An ability to hold the client's world view in mind, while retaining an independent perspective and guarding against identification with the client

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 therapy
An ability to deploy appropriate interventions in response to disagreements about tasks and goals:
An ability to check that the client is clear about the rationale for treatment and to review this with them and/or clarify any misunderstandings
An ability to help clients understand the rationale for treatment through using/drawing attention to concrete examples in the session
An ability to judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client (rather than explore factors which are giving rise to disagreement over these factors)
An ability to deploy appropriate interventions in response to strains in the bond between therapist and client:
An ability for the therapist to give and ask for feedback about what is happening in the here-and-now interaction, in a manner which invites exploration with the client
An ability for the therapist to acknowledge and accept their responsibility for their contribution to any strains in the alliance
Where the client recognises and acknowledges that the alliance is under strain, an ability to help the client make links between the rupture and their usual style of relating to others
An ability to allow the client to assert any negative feelings about the relationship between the therapist and themselves
An ability to help the client explore any fears they have about expressing negative feelings about the relationship between the therapist and themselves

Sources:
Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy: Theory, Research, Practice, Training, 38*, 171–185.

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*, 1–33

Safran J.D. and Muran J.C. (2000) *Negotiating the therapeutic alliance* New York: Guilford Press

Ability to deal with the emotional content of the session

Management of strong emotions which interfere with effective change

An ability to help the child/young person/ carer process emotions, by acknowledging and/or containing emotional levels that are too high (e.g. anger, fear, despair) or too low (e.g. apathy, low motivation)
An ability to deal effectively with emotional issues that interfere with effective change (e.g. hostility, anxiety, excessive anger, avoidance of strong affect).
An ability to introduce techniques designed to manage strong emotions (such as aggressive behaviour), and which are appropriate to the developmental stage of the child/young person e.g.:
naming emotions exhibited by the child/young person.
stating the "rules" of the therapy room, and indicating what behaviour is appropriate/inappropriate.
use of time out procedures
An ability to help parents/carers to support the child/young person's capacity to express emotion in an appropriate manner in the session.

Eliciting emotions that facilitate change

An ability to help the child/young person or carer access, differentiate and experience his/her emotions so as to facilitate change.
An ability to explore children/young people's emotions using developmentally appropriate techniques (e.g. by exploring play themes, by ascribing feelings to characters in the child/young person's play, or through role play exercises)

Ability to reflect on the young person's emotional expression/behaviour

An ability to understand that the child/young person/carer'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 one's interpretation of its meaning
an ability to check with the child/young person or carer whether they agree with the interpretation.
An ability for the clinician to reflect on their own reaction to the emotional/behavioural expression and their influence on the child/young person/carer's behaviour
an ability for the clinician to make use of supervision to reflect (and if need be act) on these issues

Ability to manage endings and service transitions

Knowledge

An ability to draw on knowledge of national and local guidance on the assessment of risk relating to a family ending contact with a service, including policies, procedures and standards in relation to:

child protection.
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 the child/young person may be referred at the end of contact with CAMHS (e.g. adult mental health services.)

Working with planned endings

An ability to prepare the child/young person carer for ending therapy by explicitly referring to the time limited nature of the therapy at the outset, and throughout therapy, as appropriate (e.g. in connection with discussions about loss)
An ability to assess any risks to the child/young person that may arise during or after termination with the service
An ability to help the child/young person/carer express feelings about termination, including any feelings of hostility and disappointment with the limitations of the intervention and of the therapist.
An ability to help the child/young person/carer make connections between their feelings about ending and other losses/separations.
An ability to help the child/young person/carer explore any feelings of anxiety about managing without the clinician.
An ability to reflect on the process of the treatment as well as what they have learnt and gained from the intervention.
An ability to prepare the child/young person/carer for any transition to another service (e.g. by providing them with information about what the service offers, or arranging joint appointments with the new service).

Working with premature or unplanned terminations

Where possible, an ability to explore with the child/young person and their family why they wish to terminate contact with the service earlier than originally planned.
An ability to establish which members of the family wish to terminate contact early (i.e. the extent to which this is a consensual family decision, or is a view held by some, but not all, family members).
An ability to explore with the family whether their concerns about the intervention or service can be addressed.
An ability to assess any risk to the child/young person from early termination with the service
An ability to contact relevant agencies regarding early termination
An ability to review contact with the family verbally or through a discharge letter.

Ability to work with groups of
children/young people and/or parents/carers

Knowledge

An ability to draw on knowledge of the characteristics of the target group population for whom the group intervention is designed e.g. age/developmental stage, presenting problems etc.
An ability to draw on knowledge of the theory or model of therapy underpinning the group intervention (e.g. social learning theory, CBT, psychodynamic theory)

Ability to plan the group

An ability to estimate the likely demand for the group by identifying the number of clients who:
meet the criteria for the group (e.g. age, presenting difficulties).
are likely to be receptive to a group approach.
would be able to attend the group at a specified time and on a regular basis.
An ability to ensure that there is managerial/ team support for the group (e.g. obtaining appropriate accommodation, resources and referrals)
An ability to plan the basic structure and content of the group, such as:
practicalities (e.g. setting, timing, refreshments, child care facilities)
outline content of sessions
roles of all staff running the group
any additional/ specific resources required for group sessions
any evaluation procedures

Ability to recruit service users to the group

An ability to specify and apply inclusion and exclusion criteria for the group.
An ability to explore collaboratively with service users the appropriateness of the group for their needs:
an ability to provide information on the content and likely effectiveness of the group intervention.
an ability to outline any alternative intervention options or services which may be more acceptable to the service user.
An ability to explore (and where possible address) any barriers to participation in the group, such as:
practical barriers (e.g. transport, childcare, need to take time off work etc)
social barriers (e.g. worries about the stigma of attending)
emotional barriers (e.g. feeling blamed for child's problems, impact of mental health difficulties, attributional style or sense of self-efficacy, social anxiety)
historical factors (e.g. previous negative experiences of groups)
An ability to negotiate individualised goals with each group member.

Ability to follow the model of group therapy

An ability to implement the components of the group therapy, including:
structuring the group (e.g. ordering and timing of material, use of media, homework).
specific intervention techniques
management of group and change processes
For manualised groups, an ability to adhere to the sequence of activities outlined in the manual.
an ability to draw on knowledge of manualised activities so that they can be introduced fluently and in a timely manner.

Ability to manage group process

Establishing the group

An ability to apply knowledge of group processes to establish an environment which is physically and emotionally safe, by:
discussing the 'ground rules' of the group (e.g. maintaining the confidentiality of group members, taking turns to speak, starting and ending the group on time) in a manner that is appropriate to the developmental stage of group members.
"safeguarding" the ground rules by drawing attention to any occasions on which they are breached, in a manner that is sensitive to the developmental stage of group members
helping all group members to participate by monitoring and attending to their emotional state.
monitoring and regulating self-disclosure by both members and group leaders in order to maintain an environment where members can share
An ability to identify and manage any emotional or physical risk to group leaders, group participants and children of group members.

Engaging group members

An ability to engage group members in a manner that is appropriate to their developmental stage and congruent with the therapeutic model being employed
An ability to match the content and pacing of group sessions, presentations and discussions to the characteristics of group members (e.g. in terms of age range, ability levels, attention span, cultural characteristics)
An ability to build positive rapport with individual members of the group:
an ability to monitor the impact of these individual relationships on other members of the group, and if necessary address and manage any tensions that emerge
An ability to manage the group environment in a way that helps all members to participate on a level with which they feel comfortable.
When appropriate to the model of therapy, an ability to use modelling and explicit social reinforcement to encourage the participation of group members.

Managing potential challenges to group engagement

An ability to promote and encourage regular attendance, while not stigmatising those who fail to attend sessions.
An ability to recognise when individuals form subgroups and to manage the impact of these relationships on overall group dynamics
Where appropriate to the model of therapy, an ability to circumvent behaviour problems by actively redirecting and re-engaging young children who are distracted and selectively attending to prosocial behaviours.
An ability to plan for, reflect on, and manage potential challenges to the group including:

	disruptive behaviour displayed by young children
	persistent lateness/absence, or non-engagement in sessions
	group members who leave the group early
	members who are over voluble or who dominate the group
	high levels of distress displayed by a group member

		where the emotional states of individuals impact on the other members of the group, an ability to attend to this so as to ensure others do not become overwhelmed or disengaged

Ability to manage the ending of the group

An ability to prepare group members for the ending of the group by signalling the ending of the therapy at the outset and throughout group sessions, as appropriate.
An ability to draw on knowledge that the ending of the group may elicit feelings in the group member connected to other personal experiences of loss/separation. .
An ability to help the group member express any feelings of anxiety, anger or disappointment that they may have about ending the group.
An ability to review the themes covered in the group, in a manner that is appropriate to the developmental stage of the service user and the model being applied.
An ability to reflect on progress made as a result of participation, and to celebrate this in a manner that is appropriate to the developmental stage of the service user and model being applied

Ability to evaluate the group

An ability to review the child/young person and/or carer's goals for the group
An ability to draw on knowledge of appropriate strategies and tools for evaluation, and:

	to draw on knowledge regarding the interpretation of measures
	to draw on knowledge of the ways in which the reactivity of measures and self-monitoring procedures can bias service user report
	to provide a rationale for the evaluation strategy to children/young people and/or parents/carers
	to feedback evaluation in a sensitive and meaningful manner

Ability to use supervision

An ability to use supervision to reflect on group processes
An ability for group leaders to reflect on their own impact on group processes

References

Barrett, P.M. (2004) *FRIENDS for life group leaders' manual for children* Australian Academic Press

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Stock-Whitaker, D. (1985). *Using Groups to Help People*. London: Routledge & Kegan Paul.

Webster-Stratton, C. *The Incredible Years: School Age* Basic Series

Webster-Stratton, C. (1990) *The Incredible Years: The Children's Small Group Training Series. Therapist's Guide for 'Dinosaur School' Treatment Program*.

Young Minds (2011*). Talking about Talking Therapies: Thinking and planning how best to make good and accessible talking therapies available to children and young people.*

Ability to select and use measures and diaries

Knowledge of commonly used measures

An ability to draw on knowledge of measures commonly used in CAMHS settings, such as:
measures of the child/young person's functioning (e.g. The Children's Global Assessment Scale (CGAS), Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA))
measures of the parent's functioning (e.g. General Health Questionnaire (GHQ))
measures of family functioning (e.g. Family Assessment Device (FAD))
symptom-specific measures (e.g. Children's Depression Inventory)
service satisfaction questionnaires (e.g. Experience of Service Questionnaire (ESQ))

Knowledge of the purpose and application of measures

An ability to draw on knowledge of the purpose of the measure (i.e. what it specifically aims to detect or to measure), for example:
brief measures used in screening non-clinical populations (e.g. in schools).
measures used in a comprehensive assessment to assess particular clinical symptoms (e.g. symptoms of depression).
measures used in outcome evaluation that are sensitive to therapeutic change.
An ability to draw on knowledge relevant to the application of a measure, e.g.:
psychometric properties (including norms, validity, reliability)
the qualifications required in order to administer the measure
scoring and interpretation procedures
guidance on the confidentiality of the measure and how results should be shared with other professionals and families.
characteristics of the test that may influence its use (e.g. brevity, or 'user-friendliness')
An ability to draw on knowledge of procedures for scoring and for interpretation of the measure.

Ability to administer measures

An ability to judge when a child/young person or parent may need assistance when completing a scale.
Where relevant, an ability to administer parallel versions of a scale to children/young people, parents and teachers.
An ability to take into account the child and/or parent'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 information obtained by other means.

An ability to select outcome measures

An ability to draw on knowledge that a single measure of outcome will fail to capture the complexities of the child/young person and family's functioning, and that these complexities can be assessed by:
measures focusing on the child's functioning drawn from different perspectives (e.g. child, parent, teacher, therapist).
measures of the functioning of different family members (e.g. child, parent).
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 school 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 the use of retrospective ratings.

Ability to use diaries

Knowledge

An ability to draw on knowledge of the ways in which systematic recording is 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 and demonstrate the use of parent-completed frequency charts (designed to record the frequency of child behaviours)
An ability to explain and demonstrate the use of parent-completed behavioural diaries (designed to record problematic child behaviours and their antecedents and consequences).
An ability to explain the function of structured charts to children/young people, and to help them use charts to monitor their own behaviour.
An ability to gauge when children/young people and parents would benefit from a graduated approach to systematic monitoring
where indicated, an ability initially to introduce a simpler recording system which is made more complex at a later stage (e.g. starting with a simple frequency count before recording the behaviour along with its antecedents and consequences).
An ability to review completed frequency charts and behaviour diaries with parents and children/young people in order to:
find out the parent and/or child/young person's interpretation of the data
find out how easy it was for the parent or child/young person 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.

Ability to make use of "Star Charts"

An ability to draw on knowledge that the function of star charts is to draw attention to desirable child behaviours
An ability to draw on knowledge of learning theory in order to design charts which offer positive reinforcement
An ability to introduce and explain the use of star charts
An ability to review completed star charts with parents and children in order to:
identify the presence and extent of desirable child behaviours and the parent's ability to reinforce them
identify whether the parent had any difficulties using star charts
motivate them to use further charts and other forms of positive reinforcement

References:
Bergin, A.E., & Garfield, S.L. (Eds.) (1994). *Handbook of psychotherapy and behaviour change.* (fourth edition). New York: Wiley

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Roth, A., & Fonagy, P. (2004). *What works for whom? A critical review of psychotherapy research.* 2nd edition New York: Guilford Press.

Ability to make use of supervision

An ability to hold in mind that a primary purpose of supervision and learning is to enhance the quality of the treatment clients receive

An ability to work collaboratively with the supervisor

An ability to work with the supervisor in order to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts which specify these factors)

An ability to help the supervisor be aware of your current state of competence and your training needs

An ability to present an honest and open account of clinical work undertaken

An ability to discuss clinical work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive

An ability to present clinical material to the supervisor in a focussed manner, selecting the most important and relevant material

Capacity for self-appraisal and reflection

An ability to reflect on the supervisor's feedback and to apply these reflections in future work

An ability to be open and realistic about your capabilities and to share this self-appraisal with the supervisor

An ability to use feedback from the supervisor in order further to develop the capacity for accurate self-appraisal

Capacity for active learning

An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into clinical practice

An ability to take the initiative in relation to learning, by identifying relevant papers, or books, based on (but independent of) supervisor suggestions, and to incorporate this material into clinical practice

Capacity to use supervision to reflect on developing personal and professional roles

An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to maintaining the likely effectiveness of clinical work

An ability to use supervision to reflect on the impact of clinical work in relation to professional development

Capacity to reflect on supervision quality

An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others where:

| there is concern that supervision is below an acceptable standard |
| where the supervisor's recommendations deviate from acceptable practice |
| where the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships) |