

## Ability to undertake a comprehensive assessment

Comprehensive assessment competencies are not a 'stand alone' description of competencies, and should be read as part of the CAMHS competency framework.

Effective delivery of comprehensive assessment competencies depends critically on their integration with:

- a) the knowledge and skills encompassed in the domains of "core competences for work with children" and "generic therapeutic competences"
- b) other areas of skill in assessment and formulation (specifically, risk assessment, assessing the child's functioning within multiple systems, formulation and giving feedback the results of assessment)

### Knowledge of the assessment process

An ability to draw on knowledge that the aim of the assessment process is to create a formulation (including a possible diagnosis) which guides the choice of intervention and aims to improve the quality of life of the child and family.

An ability to draw on knowledge that the initial assessment generates working hypotheses which may need to be updated or corrected in response to obtaining further information during the course of contact with the family.

An ability to draw on knowledge that there are multiple perspectives when assessing a family, and that the child, parents' and school perspectives on problems and aims for intervention can be significantly different.

An ability to draw on knowledge that the assessment process can in itself alter the views of family members towards a problem (e.g. by drawing attention to the links between historical factors or family stresses and the behaviours of the child).

### Knowledge of standardised assessment frameworks

An ability to draw on knowledge of local and national assessment forms including those which can be completed by several different agencies working together (e.g. Integrated Assessment Framework (IAF) (Scotland) and Common Assessment Form (CAF) (England))

### Ability to coordinate a multidimensional assessment

An ability to undertake a "multidimensional" assessment of the child or young person which is:

multimethod: including information from interviews, observations, and measures as well as any other methods which seem appropriate.

multisource: including information from the child, family, and school as well as other sources of particular relevance to an individual family.

multilevel: including information about their physical (including sexual), emotional, cognitive, social development, along with cultural and spiritual influences on them and their family.

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

An ability to identify and involve the individuals and agencies who constitute 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 involved with the child/young person (e.g. social work, youth justice)

**Ability to focus assessment**

An ability to develop initial hypotheses on the basis of information gleaned from the referral, and an ability to use these to plan the assessment
where appropriate, an ability to obtain information from agencies involved with the child prior to an initial appointment in order to determine agency roles and help plan further assessment.

An ability to adapt assessments in response to information that emerges and which appears to be of particular significance:
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 which appear to be problematic or of particular significance 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 which do not appear problematic for, or salient to, the child/young person and family

**Ability to engage the young person and their family in the assessment process**

An ability to identify (with the family/young person/carer) who should attend assessment sessions.
An ability to explore the family's expectations of their involvement with CAMHS and to identify any concerns they may have about engaging with services.
An ability to discuss confidentiality and its limits (e.g. the potential for child protection information which emerges to 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 which emerges during the assessment
An ability to balance problem-focussed questioning with questions that elicit areas of strength and resilience in the family e.g.:
attending to the potential for the language used in assessment to convey a negative connotation, and making appropriate adjustments to counter this (e.g. describing a task as a challenge rather than difficult)
helping the child/young person and family to portray 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 family**

An ability to tailor the language used to match the abilities and capacities of the child and their family

An ability to engage families with physical and sensory impairment (for example by offering them a choice in assessment venue, or altering the pace and content of the session)

An ability to make use of interpreters when working with families who do not speak the same language as the interviewer.

### **Ability to assess risk of harm\***

Ability to assess risk of harm to self and others

Ability to identify child protection concerns

\*Described in detail under 'ability to recognise and respond to concerns about child protection' and 'risk assessment and management'

### **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 consistently to obtain the views of all the members of the family

An ability to elicit specific detailed and concrete examples of behaviour when assessing and exploring the concerns of family members

### **Problem history**

An ability to identify and explore the behaviours/symptoms/risks that are causing concern to the child/young person and their family, 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 and family elaborate the details of problems that concern them including the frequency, duration and intensity of problems.

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 specific details of places and times)

the situations or events which occur immediately before the behaviour, and which appear to trigger it.

the consequences that immediately follow the behaviour (such as the reactions of the parents).

An ability to assess the broader impact of symptoms or problems including:

the degree of social impairment

the degree of distress for the child

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 assess the family's previous attempts to solve the problems or manage symptoms (including any previous contacts with services).
An ability to identify the family and young person's explanations of how behaviours/symptoms have developed.

### **Developmental history**

An ability to obtain information on the child's development, including both 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 for example:
the pregnancy and birth
developmental milestones
the child's reactions to past separations from caregivers
the child's temperament, concentration and activity levels
the child's sleep, eating and toileting history
the child's play, 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, 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.

### **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 and child 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

### **Nursery and school history**

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

### **Ability to assess the family'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 family'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 family'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 family's cultural, racial and religious background when carrying out an assessment of the family's behaviours, beliefs, and the potential impact of this perspective on their views of problems.
An ability to understand the cultural influences on gender roles, parenting practices, and family values.
An ability to identify the limits of one's own cultural understanding.
An ability to seek out further information about the family's religious, racial and cultural background from the family and other sources.

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

**Knowledge**

An ability to draw on relevant knowledge to help structure observations:	
	knowledge of the usual trajectories of child development
	knowledge of common neurodevelopmental conditions and mental health difficulties .
	knowledge of 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 in relation to domains which include:	
	physical appearance
	levels of activity and attention
	quality of social interactions and communication
	emotional state
	complexity of language, drawings, imaginative play
	play themes
An ability to observe and consider the impact of the assessment situation on the child's presentation and behaviour when evaluating the validity and generalisability of the observations.	

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

An ability to observe the interactions between the child and caregiver (e.g. during play and interview sessions, and during separations and reunions that take place in the waiting room).	
An ability to observe how family members interact with each other, including:	
	the degree of sensitivity and warmth shown by family members to each other.
	the degree of criticism shown by family members.
	the ways in which parents monitor their child and set limits, and the ways in which the child reacts to limit setting.
	whether the child's behaviours appear to be reinforced by other family members.
	whether there are particular "alignments" 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 and family.	
An ability to obtain consent from the family 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 and their family
An ability to obtain relevant records from involved agencies and identify and draw on information likely to be relevant to the present referral.	

**Ability to undertake separate (individual) sessions with the child/young person**

An ability to conduct assessment sessions in which the child is seen alone, including an ability to discuss with the child:

the reasons for them being seen alone

confidentiality and its limits

An ability to take the child's developmental level into account when deciding on the session format (e.g. whether the session will be playbased or centred around directed questioning and worksheets).

An ability to show sensitivity to the inevitable power differential between the interviewer and child and attempt to address it, for example by:.

providing them with information on the assessment session and by giving them some choice of activities.

emphasising that their views and questions are important and useful

acknowledging when they have superior knowledge or expertise (e.g. in relation to a particular activity or hobby)

An ability to tailor the language used to match the child/young person's developmental level.

An ability to develop a sense of the child's view of their world by taking into account what they say, draw, and produce during play.

An ability to ask the child about their:

strengths, interests and aspirations at home and at school.

friends and relationships

current and past life situation

perception of any difficulties, including related physical symptoms, cognitions and feelings.

An ability to ask the child about their aims for any potential intervention work.

An ability to encourage the child to ask questions, and talk about any worries that they have about engaging with the CAMHS service.

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## Clinical risk assessment and management

Competences associated with the assessment of clinical risk are not 'stand alone' competencies and should be read as part of the CAMHS competency framework.

Effective delivery of competences associated with the assessment of clinical risk depends on their integration with the knowledge and skills set out in the core competency and generic therapeutic competency columns as well as being dependent on comprehensive assessment skills.

Risks related to harm from others are described in the child protection section of the competency framework

### Knowledge of policies and legislation

An ability to draw on knowledge of national and local strategies standards, policies and procedures regarding clinical risk assessment and risk management.

An ability to draw on knowledge of national and local child protection standards, policies and procedures

An ability to draw on knowledge of the principles of the relevant mental health Acts (e.g. Mental Health and Treatment Act/ Mental Health Act, Mental Capacity Act)

An ability to draw on knowledge of local policies on confidentiality and information sharing.

An ability to draw on knowledge of the statutory responsibilities of adults (e.g. parents, carers, school staff) to keep children and young people safe from harm)

### Knowledge of risks

An ability to draw on knowledge of the different forms of clinical risk routinely assessed for in clinical practice, including:

risk of harm to self:

suicide risk

self-harm without apparent suicidal intent e.g.: deliberate self-poisoning or self-injury, self-harm related to eating disorders or substance abuse, impulsive behaviour, sexual behaviour that puts the individual at risk,

risk of self-neglect

risk of harm to others (e.g. violent, and challenging behaviour)

### Knowledge of the risk assessment and management process

An ability to draw on knowledge that the aim of the risk assessment is to develop a formulation and management plan which improves the quality of life of the child and family, and prevents or minimises the risk of negative events or harm.

An ability to draw on knowledge of the benefit of a structured approach to risk assessment which combines clinical and actuarial information so that systemisation and clinical flexibility are included.

An ability to draw on knowledge of the limitations of assessing risk and making predictions in relation to an individual because of the multiple and interrelated factors underlying their behaviour

An ability to draw on knowledge that the assessment of risk may need to be an ongoing process.

An ability to draw on knowledge of the main risk factors for self-harm, self-neglect, and harm to others
An ability to draw on knowledge that there are different types of risk factor which can be:
static and unchangeable historical events (e.g. a history of child abuse).
dynamic but chronic, with only slow change over time (e.g. social deprivation).
dynamic and acute, and can change rapidly (e.g. access to lethal weapons, or conflict with parents and/or peers).

An ability to draw on knowledge that risk assessment tools may be a useful part of risk assessment.
An ability to draw on knowledge of the benefits, limitations and training requirements of risk assessment tools or measures.
An ability to draw on knowledge that there are different stages and forms of risk assessment which may include:
identification of risks during an initial assessment
an in-depth structured risk assessment which includes a systematic evaluation of known risk factors.
a highly specialised structured assessment of risk of violence to others (usually conducted in a forensic service, and which may include the use of specialised risk assessment tools)
An ability to draw on knowledge that the different stages and forms of risk assessment can be carried out by different clinicians and agencies.

## **Skills in Risk Assessment and Management**

### **Assessment of clinical risk**

In the context of conducting a comprehensive assessment, an ability to carry out an in-depth structured risk assessment which combines information from clinical interviews, measures, observations and other agencies, comprising:
the development of a good working alliance with the child/young person and family and other significant members of the network.
a systematic assessment of the demographic, psychological, social and historical factors known to be risk factors for self harm, self neglect or harm to others
an ability to identify the child/young person and family's view of their experience, including their view of possible trigger factors to harmful events, and ideas about interventions or changes in their environment that might be helpful in reducing the risk of future harm
an ability to consider how the child/young person's developmental stage may affect their perception, understanding and behaviours in relation to risk.
an ability to identify the extent to which the adults involved in the child's care (e.g. parents/ carers, school staff) are able to assess and manage risks).
An ability to integrate risk assessment with knowledge of the individual child and family and their social context, including their strengths and any resilience factors
An ability to conduct a risk assessment to gauge:
how likely it is that a harmful/negative event will occur.
the types of harmful/negative events
how soon a harmful/negative event is expected to occur.
how severe the outcome will be if the harmful/negative event does occur.

### **Ability to develop a risk management plan**

An ability to develop a risk formulation which estimates the risk of harm by:
identifying factors which are likely to increase risk (including predisposing, perpetuating and precipitating factors)
identifying factors which are likely to decrease risk (i.e. protective factors)
An ability to create a risk management plan, in collaboration with the child and family, which:
is closely linked to the risk formulation.
takes into account the views of the child and family.
identifies the actions to be taken by the child and family and relevant services, should there be an acute increase in risk factors and/or the family perceives itself to be in crisis.
explicitly weighs up the potential benefits and harms of choosing one action or intervention over another.
details interventions or supports that reduce or eliminate risk factors for the harmful/negative event(s).
details interventions or supports that encourage the child/young person's strengths and resilience factors.
manages any tensions arising from restrictions the plan places on the lifestyle of the child/young person or family,
An ability to identify when it is appropriate to employ interventions that involve an element of risk (usually because the potential positive benefits outweigh the risk).
An ability to use the risk formulation to judge whether and when to schedule a reassessment with the child and family.
An ability to communicate the risk management plan to children and families, including information on the potential benefits and risks of a decision, and the reasons for a particular plan.

### **Equality and Diversity**

An ability to consider whether any assumptions or stereotypes about particular demographic groups (rather than knowledge of researched risk factors) lead to underestimation or over-estimation of actual risk.
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### **Interagency working**

An ability to collaborate with all potentially relevant agencies when undertaking a risk assessment
An ability to ensure that there is timely communication with all agencies involved in the case, both verbally and in writing.
An ability to communicate the risk management plan to other agencies including information on the potential benefits and risks of a decision, and the reasons for a particular plan.

An ability to maintain a clear and detailed record of assessments and of decisions regarding plans for managing risk, in line with local protocols for recording clinical information
an ability to identify and record the actions individuals within each agency will be undertaking
An ability to escalate concerns (within own or other agencies) when the implementation of the risk management plan is problematic.
An ability to refer to, and to work with, more specialised agencies (e.g. inpatient units or forensic teams) in line with local referral protocols.

### **Ability to seek advice and supervision**

An ability to recognise the limits of one's own expertise and to seek advice from appropriate individuals e.g.:
supervisors and/or other members of the clinical team.
specialist forensic teams (e.g. where there are threat of serious violence).
specialist self-harm teams
Caldicott Guardian (regarding complex confidentiality issues).
social workers (e.g. where there are possible child protection issues)

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## Ability to assess the child's functioning within multiple systems

Assessment competencies are not a 'stand alone' description of competencies, and should be read as part of the CAMHS competency framework.

Effective delivery of assessment competencies depends critically on their integration with the knowledge and skills set out in the core competency and generic therapeutic competency columns

The competences set out in this section describe basic systemic assessment skills that should be held in mind by clinicians 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 the CAMHS map and in the framework for Systemic Psychotherapy (available at: [www.ucl.ac.uk/clinical-psychology/CORE/competence\\_frameworks.htm](http://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 and their family 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:

that people understand themselves and the world around them through a process of social construction

that meaning is generated through social interactions, and the language used in different social interactions

that power relationships (e.g. an individual's position in a system) and different cultural contexts (such as gender, religion, age, ethnicity) have an important influence of the development of meaning, relationships, feelings and behaviour

## Assessment

An ability to draw on knowledge that the multiple contexts in which the child/young person and their family is located need to be considered taken 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 socio-political environment
an ability to draw on knowledge that these different contexts are connected and are likely to interact
An ability to draw on knowledge of the contexts/environments of which the child/young person is a part and which may be relevant to their presentation (e.g. the beliefs and practices of a particular school, or the beliefs associated with their peer group).

An ability to gather further information from relevant individuals in the system to help determine:
whether and how to proceed with a CAMHS 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 CAMHS.
An ability to use the assessment process to engage with relevant members of the system including, where appropriate, the wider team, 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) which 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.

## Ability to formulate the child's problem

Formulation competencies are not a 'stand alone' description of competencies, and should be read as part of the CAMHS competency framework.

Effective delivery of formulation competencies depends critically on their integration with the knowledge and skills set out in the core competency column, generic therapeutic competency column as well as assessment activities set out in the assessment column

### Knowledge

An ability to draw on knowledge that the aim of a formulation is to explain the development and maintenance of the child's difficulties, and that formulations:
are tailored to the individual child and their family
comprise a set of hypotheses or plausible explanations which draw on theory and research to explain the details of the clinical presentation obtained through an 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 (e.g. psychodynamic, cognitive-behavioural or systemic models) and which usually overlap the generic formulation
An ability to draw on knowledge that different therapeutic models vary in the extent to which the formulation is explicitly shared and constructed with the family
An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges during ongoing contact with the child and family.

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. low IQ, 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 once they have developed (e.g. poor coping strategies, inadvertent reinforcement of problem behaviours).
protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. high IQ, good family communication, high parental self-efficacy).
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.
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 child and adolescents (which are often higher than those made by parents or teachers).
parent or teacher ratings of conduct problems (which are often higher than those made by the child/young person)
when a young person's behaviour differs depending on the context .
An ability to understand the child'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 which significantly influence the development of the presenting problem(s), drawing on sources of information such as:
the child and family'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 well-being (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 (in order 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 which records the antecedents and consequences of a particular behaviour.

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## **Ability to feedback the results of the assessment and formulation and agree a treatment plan**

Assessment feedback competencies are not a 'stand alone' description of competencies, and should be read as part of the CAMHS competency framework.

Effective delivery of assessment feedback competencies depends critically on their integration with the knowledge and skills set out in the core competency and generic therapeutic competency columns as well as the assessment activities set out in the assessment column

### **Ability to provide feedback on the assessment and formulation**

#### **Ability to provide information on the assessment and formulation**

An ability to discuss with the child/young person and their family/carers how they would like information about the assessment and the formulation to be conveyed:	
	identifying whether they would like information to be conveyed to the family as a whole, or to parents/carers and the child/young person separately
	identifying the most effective methods of conveying information for the family (e.g. verbal, written summaries, diagrams etc).
An ability to outline the presenting problem(s), as seen by different family members.	
An ability to maintain an empathic, neutral and non-blaming stance when talking about the presenting problems.	
An ability to describe predisposing, precipitating and maintaining factors for the presenting problem(s), explicitly linking this description to information gathered during the assessment	
An ability clearly to explain any diagnoses, including information on aetiology, epidemiology and the usual course of the condition.	
An ability to discuss protective factors and strengths shown by the child/young person and family/carers.	

#### **Ability to adapt feedback**

An ability to adapt the pace, amount of information and level of complexity to:	
	the family's level of understanding
	the family's emotional readiness to accept the information.
An ability to match feedback to the child/young person's level of understanding (e.g. by simplifying the way in which concepts are expressed, or by explicitly and frequently checking their understanding).	
An ability to adapt written information for younger people or children with a disability (e.g. by using pictures or child-friendly booklets)	

### **Ability to seek the views of the child and their family/carers**

An ability to check regularly that the child/young person and family/carers understand what is being said to them, and whether they agree with the information being conveyed.
An ability to ensure that sessions are structured so as to allow time for the family/carers to ask questions or make comments.
An ability to help the child/young person and family/carers feel comfortable and confident to ask questions when they are uncertain or confused (e.g. by responding positively to questions, validating the appropriateness of questions, or actively prompting them to ask questions).
An ability to provide answers to questions in an honest and straightforward manner: an ability for the therapist to be clear when they need more information in order to answer questions, and to seek this information from an appropriate authority or source.

### **Ability to work towards and negotiate an agreed formulation**

An ability to consider the reasons for any significant differences between the family's and the clinician's view of the diagnosis or the formulation, including whether:
information has been clearly explained in a sensitive non-blaming manner that highlights the family's strengths as well as difficulties.
the links between contextual factors and the child's behaviour have been made clear.
the family's reaction to a diagnosis or aspect of a formulation is a normal adjustment reaction to difficult news.
there are factors in the parent/child's presentation and history that may make it hard for them to accept difficult news or specific aspects of the formulation.
the assessment fully explored the concerns and/or beliefs of the family (e.g. a parent who strongly believes the child has ADHD and so rejects the idea that behavioural difficulties are inadvertently reinforced by parental reactions).
the assessment and formulation has taken into account the social and cultural context and its influence on the family's belief system.

### **Ability to plan an intervention that draws on the agreed formulation**

An ability to draw on the formulation constructed with the child/young person and family/carers (which includes their ideas about how aspects of themselves, or their environment could change).
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### **Knowledge**

An ability to draw on knowledge of research into the efficacy of psychological and pharmacological interventions, and the possible side-effects or negative effects of interventions.
An ability to draw on knowledge of the range of psychological interventions offered within the team and by other statutory and non-statutory agencies.
An ability to draw on knowledge of community resources and projects relevant to the promotion of mental health (e.g. youth clubs, drop-in centres, sports facilities etc).

**Ability to identify when a CAMHS intervention is not required and/or not appropriate**

An ability to recognise when no further intervention is required, and to discuss the reasons for this with the child and their family, for example:
when the process of assessment has (in itself) enabled the family to resolve the presenting problem
when the assessment process has helped the family resolve their concerns (e.g. when a child's "problems" are actually recognised to be developmentally appropriate behaviour)
An ability to recognise and discuss with the child and family that (rather than a CAMHS intervention) their needs might be best met by other services (e.g. education, adult mental health, marital counselling)

**Ability to identify when the child and family require more specialist assessment (from within the CAMHS team or by other agencies)**

An ability to recognise when the child and their family require further, more specialist, assessment in order to determine the most appropriate intervention (e.g. referral for language assessment, cognitive assessment, or motor skills assessment).
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**Ability to identify potential CAMHS interventions**

An ability to draw on the formulation and decisions regarding diagnosis to identify the indicated evidence-based CAMHS interventions.
An ability to draw on the formulation and decisions regarding diagnosis to identify when interagency work is required, including:
work with schools
referral and parallel working, for example:
with adult mental health services
with social work services
with counselling services, community projects etc.
referral to and ongoing communication with the legal system (e.g. the Children's Reporter System (Scotland) or Youth Justice System (England))

**Ability to promote informed choice and agree a plan for intervention**

An ability to provide the family with information on the various options for intervention, including information on their likely efficacy
An ability to discuss with the family any negative effects or side-effects of the intervention(s)
An ability to seek the family's views on each intervention option.
An ability to gauge family members' motivation and preference for particular intervention options.
An ability to discuss any differences in the intervention preferences of various family members, including those of children and young people.
An ability to discuss whether the family anticipates any difficulties with engaging with an intervention(s), including their attendance at a clinic.
An ability to reach agreement on an appropriate intervention plan
An ability to help the child/young person and family identify goals for the intervention(s)
an ability to identify goals that are shared by all family members, and to identify where family members have different goals in mind
An ability to reach agreement on the sequencing and timing of intervention(s)
An ability to plan the length of the intervention and/or to set a review date

Where an external agency is involved in the intervention plan, an ability:
to draw on knowledge of consent and confidentiality procedures, and to identify when the safeguarding needs of the child/young person take precedence over obtaining parental/carer consent.
to obtain consent to share information with external agencies e.g. school.
to obtain consent to refer to external agencies (e.g. adult mental health, social work).
to discuss with the family options for self-referral or access to community resources (e.g. advisors on employment, housing, benefits, debt, recreational activities, etc).

An ability to include evaluation procedures in the intervention plan, for example:
an ability to record the child/young person and family/carer's identified goals for an intervention(s), with the aim of evaluating whether they have been met by review dates or at the end of the intervention.
an ability to identify suitable pre- and post-intervention measures and any arrangements required for their administration.