

11. Competences requiring specialist training



11.1. Working with complex needs in a CAMHS inpatient context

■ An ability to draw on knowledge that most children/young people admitted to an inpatient unit will have both complex needs and coexisting conditions/presentations, accompanied by a level of severity that warrants an inpatient stay, and:

- an ability to draw on knowledge of ways of adapting and integrating interventions into a coherent care plan that
 - stays close to the evidence base for specific presentations, but accommodates the needs and preferences of the individual
 - draws on knowledge of evidence-based psychological and pharmacological interventions for specific presentations

■ An ability to draw on knowledge that children/young people whose presentations are not comorbid or severe are usually more appropriately treated in the community, and as such may be adversely impacted by an admission (e.g. those with a conduct disorder, substance misuse, trauma, an eating disorder, autism spectrum disorders, mild learning difficulties)

Comprehensive assessment and formulation

■ An ability to draw together information from comprehensive assessments to derive a case formulation and a care plan that:

- reflects both personal meaning and evidence-based understanding
- reflects shared decision making
- encompasses risk and all relevant issues
- pre-empts and attends to potential obstacles to engagement or intervention, such that these can be mitigated
- flags any priorities for intervention
- identifies a risk management plan
- indicates the sequence of interventions
- indicates who is responsible for each aspect of the intervention
- promotes the use of appropriate interventions and inhibits those that may be harmful (e.g. starting a psychological therapy when a short-term admission is planned)

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■ An ability to ensure that the whole team are agreed on, and own, the formulation, e.g.:

- by making it explicit
- by explaining its rationale
- by being open to debate and discussion of the formulation, such that a formulation is not 'imposed' on team members

■ An ability to recognise that formulations are hypotheses that need to be collaboratively developed with young people and parents/families/carers and tested in the context of intervention plans, and should be subject to iterative review

Applying and reviewing the formulation

■ An ability to apply the formulation such that it organises and drives the sequence of interventions

- an ability to systematically review and reevaluate the formulation in the light of new information, and in relation to what works and, especially, what does not work
- an ability to ensure that the young person and their families/carers can input to the process of review, and where relevant their feedback is integrated into an updated formulation

Setting an achievable care plan

■ An ability to ensure that the care plan realistically reflects

- the resources available in the unit (e.g. available staff, resources of parents/carers)
- the quality of service delivery (e.g. appropriate training of staff who are expected to carry out specific roles)
- the quality of the 'therapeutic milieu' (and therefore the quality of the context into which specific interventions will locate)
- the likely length of an admission
- the readiness of the young person
- the motivation of the young person and indicators of their likely engagement (e.g. an expression of interest in an intervention)

■ An ability to modify the care plan if there are indications that it is unlikely to be achievable (e.g. if unexpected staff absences restrict available resources)

■ An ability to identify how members of the team will contribute to the agreed plan of care



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Monitoring progress

- An ability to put in place and make systematic use of systems that track outcomes using:
 - holistic assessment methods (drawing on multiple sources of information (including self-report) and multiple informants)
 - measures that are relevant to the issues and conditions/presentations being addressed
 - indicators of positive behaviour
 - goals that are determined by the child/young person and are meaningful to them (even if not equivalent to those set by the team)
- An ability to monitor and track the effectiveness of the care plan and revise both the formulation and the care plan as required
- An ability to document and record progress in a manner that is accessible to all those who need to access this information
- An ability to review progress against the initial care plan in order to identify and guard against 'therapeutic drift' (e.g. where new [but iatrogenic] difficulties emerge and command attention, and where a continued admission may be against the best interests of the young person)

Planning for discharge and transitions of care

An ability to put in place proactive planning for continuing care and support after the child/young person leaves inpatient care (e.g. maintaining links with services already involved in their care and actively involving community services in the discharge plan)

11.2. Knowledge of evidence-based interventions for specific conditions and relevant competence frameworks

- An ability to draw on knowledge of the practical application of:
 - national guidance on evidence-based interventions for specific presentations
 - competence frameworks for specific presentations and specific interventions
- An ability to apply and integrate knowledge of guidelines and interventions to the specific needs of each individual in the context of an inpatient setting

Examples of NICE guidance on interventions for specific presentations in children/young people^f

Topic	Link to full guideline PDF
Antisocial behaviour and conduct disorders in children and young people	NICE guideline CG158
Attention deficit hyperactivity disorder	NICE Guideline NG87
Autism in under 19s: recognition, referral and diagnosis	NICE guideline CG128
Autism in under 19s: support and management	NICE guideline CG170
Borderline personality disorder	NICE Guideline CG78
Child abuse and neglect: recognising, assessing and responding	NICE Guideline NG76
Child maltreatment (when to suspect)	NICE Guideline CG89
Children's attachment	NICE guideline NG26
Depression in children and young people	NICE Guideline NG134
Eating disorders	NICE Guideline NG69
Harmful sexual behaviour among children and young people	NICE Guideline NG55
Learning disabilities and behaviour that challenges	NICE Guideline NG93
Mental health problems in people with learning disabilities	NICE Guideline NG54
Obsessive-compulsive disorder	NICE Guidelines CG31
Post-traumatic stress disorder	NICE Guideline NG116
Psychosis and schizophrenia in children and young people	NICE Guideline CG155
Self-harm in over 8s: short-term management	NICE Guideline CG16
Self-harm in over 8s: long-term management	NICE Guideline CG133
Social anxiety disorder	NICE Guideline CG159
Violence and aggression	NICE Guideline NG10

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^f Where relevant, please also see [SIGN guidance](#). Also see the [NICE website](#) for other guidance, new guidance and updates.



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Frameworks

Autism spectrum disorder	https://skillsforhealth.org.uk/wp-content/uploads/2020/11/Autism-Capabilities-Framework-Oct-2019.pdf
Learning disabilities	https://www.skillsforhealth.org.uk/images/services/cstf/Learning%20Disability%20Framework%20Oct%202019.pdf
Psychological interventions for people with eating disorders	All frameworks accessed via: https://www.ucl.ac.uk/CORE/competence-frameworks
Psychological interventions for people with personality disorder	
Psychological interventions for people with psychosis and bipolar disorder	
Self-harm and suicide prevention competence framework	
Psychological interventions in child and adolescent mental health services	

Examples of competence frameworks relevant to the delivery of specific psychological therapies

Cognitive analytic therapy	All frameworks accessed via: https://www.ucl.ac.uk/CORE/competence-frameworks
Cognitive behavioural therapy	
Humanistic therapy	
Interpersonal therapy	
Psychoanalytic/psychodynamic therapy	
Systemic therapy	www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/Specific%20psychological%20interventions/DBT%20Competencies%20web%20May%202015.pdf
Dialectical behaviour therapy	
Mentalisation-based therapy	www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/Specific%20psychological%20interventions/Mentalisation%20Based%20Therapy%20web%20May%202015.pdf